



FY 2015/16 LEON COUNTY BOARD OF COUNTY COMMISSIONERS STRATEGIC PLANNING RETREAT



SERVING CITIZENS. SHAPING COMMUNITY.



Monday, December 7, 2015

9:00 a.m. – 2:00 p.m. (Breakfast/Refreshments Available at 8:30 a.m.)

Tallahassee Automobile Museum
6800 Mahan Drive, Tallahassee, Florida 32308

PEOPLE FOCUSED. PERFORMANCE DRIVEN.

Serving Citizens. Shaping Community.

FY 2015/16 Board of County Commissioners Strategic Planning Retreat
 Monday, December 7, 2015, Tallahassee Automobile Museum
 9:00 a.m. – 2:00 p.m. (Breakfast/Refreshments Available at 8:30 a.m.)

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1. Welcome

Retreat Overview

The 2015 annual Board retreat is themed “Serving Citizens. Shaping Community”, which reflects not only the work scheduled for the day, but also our continued focus on serving Leon County citizens and advancing the Vision the Board established for the Leon County community in a manner consistent with our Core Values.

Over the past several years our community has faced tough economic times, and we are now in a period of slow economic recovery. It is critical during these times that we continue to build and maintain strong partnerships with our citizens, our institutions, our businesses, and fellow service providers – as we leverage resources to achieve our organizational and community goals.

To this end, the day is broken into two sections: (1) Shaping Our Community; and (2) Executing Our Plan.

Section One: Shaping Our Community

As agreed upon by the Board, the first part of the day is intended for the Board to engage in discussion to consider six specific issues the Board asked to be agendaed for the retreat. These issues represent a broad range of policy issues the County is expected to take considerable next steps on in the coming year in continuing to shape our community.

- Board Retreat Issues - Information on each of these is included in the Board’s retreat materials (see Sections 4.1 through 4.6), and a brief presentation is planned for each issue during the retreat. New FY 2016 Strategic Initiatives associated with these issues are proposed for Board consideration.
 1. Strengthening the Community Human Service Partnership (CHSP)
 2. Development of the Community Paramedic Program
 3. Opportunities to Further Enhance the Cascades Amphitheater
 4. Crafting the LIFE Program Guidelines
 5. Planning Ahead: The Urban Services Boundary and Available Future Housing
 6. Examining Essential Components of Our Economic Vitality

Section Two: Serving Our Citizens : Executing Our Plan

During the second part of the day, the Board will build upon the strategic planning actions it has taken over the past four years so that Commissioners have continued consensus, and staff have clear direction, as to the Board’s vision, priorities, and strategic initiatives.

Ground Rules for the Retreat

Everyone's participation, working together to exchange ideas and build consensus, is needed to accomplish the goals established for the Board's retreat. The following ground rules have been identified to help ensure this year's retreat is both positive and productive:

- Listen carefully to each other's contributions. Be open to new ideas. Avoid thinking about how to express your own response or concerns while someone else is sharing.
- Seek clarification when you do not understand another's point or terminology.
- Everyone participates. No one dominates. Be patient and do not interrupt others.
- Avoid "side-bar" discussions.
- Dig deep, think, and reflect.
- Honor time limits.
- Seek out differences of opinion – it is okay to disagree. Do not react in a way that may be perceived as judgmental.

2. Introduction

There is little precedent for leading a local government organization through economic times as tough as those faced over the past few years. Today we are experiencing a slow recovery through moderate growth in property values, increased State Sales Tax collection, and enhanced local development activity. The FY 2015/2016 adopted budget of \$238,553,913 reflects this slow recovery with a nominal increase of 4.4% over the prior year's budget. This increase would have been only 3.4% barring the increase in the fire service agreement with the City, and the requirement to fund the presidential preference primary election cycle. This uptick comes on the heels of six years of budget reductions, and cumulative decrease of \$62.3 million (22%) from FY 2007/2008 to FY2013/2014. During this period through steady leadership and vision of the Board of County Commissioners, Leon County has developed a high performance model of governance providing a framework to excel even in tough economic times.

At the Board's Retreat in 2011, a renewed focus on strategic planning was initiated to ensure the optimized resources of the organization were aligned with the newly created Vision, Strategic Priorities, and Core Values. A cultural shift was instituted throughout the organization to create our people focused, performance driven culture and an emphasis on strengthening our partnerships, conveying our relevance and demonstrating results. While prior Board retreats focused on projects and actions the County would pursue during the year, the 2011 retreat focused on a strategic approach to ensuring that the County fulfill our most important responsibilities of the day, with an eye toward planning for the long term.

Consistent with this model, the 2011 retreat was themed "Charting the Course for Leon County's Future." During the retreat, the Board defined its Vision for the Leon County community, and established four Strategic Priorities: Economy, Environment, Quality of Life, and Governance. These Strategic Priorities are high level areas of focus which consider the desired future condition, and are critical to the success of the community and consistent with major areas of Leon County government's responsibilities.

Subsequent to receiving the Board's direction during its 2011 retreat, extensive efforts were undertaken from December 2011 to February 2012 to identify 84 Strategic Initiatives, adopted by the Board on February 28, 2012, which bring the four Strategic Priorities into action.

As it was the second year of the Strategic Plan, the December 2012 retreat provided the Board with an opportunity to review and update the plan, and it was appropriately themed "Steering the Course for Leon County's Future." During the retreat, the Board refined some of its Strategic Priorities and Strategic Initiatives, and identified 25 new Strategic Initiatives. Additionally, the Board made a minor, yet meaningful, revision to its Vision Statement: Leon County government was not to be "a" catalyst, but "the" catalyst for engaging citizens, community and regional partners. The updated Strategic Plan was adopted on January 29, 2013.

For the 2013 retreat, the Board adopted 15 more Strategic Initiatives, and transitioned to a five-year planning cycle with continued annual reviews and updates, and semi-annual status reports. Leon County's FY 2012 – FY 2016 Strategic Plan, adopted on January 21, 2014, includes a total of 124 Strategic Initiatives.

Moving into the fourth year of the strategic planning cycle discussion focused on four key topics: mental health delivery in the community, the solid waste management facility, partnering to promote skilled workforce opportunities and the comprehensive plan. As a result of those discussions, the Commission added 12 new Strategic Initiatives to the FY 2012 through FY 2016 Strategic Plan resulting in 136 initiatives in total.

As a result of this strategic approach, game changing projects have been conceived and delivered including: DOMI - incubator and co-working space intent on building community and accelerating growth of high-impact startup companies; Cascades Park - a stormwater project cleverly disguised as our new “central park”; Gaines Street - which continues to spark revitalization along this critical connector and private sector investment in the urban core; and Apalachee Regional Park - which is drawing top local, state, and national talent to cross country running events.

Leveraging resources and strong partnerships have been critical to the success of projects such as these. In addition, Leon County government continues to engage citizens like never before to create new partnerships and realize the talent and resources available in our community to achieve our goals and imagine our future.

Consistent with the Board’s focus on building community, forging strong partnerships, and leveraging resources to achieve greater impact and value, during part of the 2015 annual retreat discussion will focus on six issues that the Board asked to be included as part of this retreat:

1. Strengthening the Community Human Service Partnership (CHSP)
2. Development of the Community Paramedic Program
3. Opportunities to Further Enhance the Cascades Amphitheater
4. Crafting the LIFE Program Guidelines
5. Planning Ahead: The Urban Services Boundary and Available Future Housing
6. Examining Essential Components of Our Economic Vitality

The remainder of the retreat provides the Board with an opportunity to review, affirm, or amend its Strategic Plan, including its Vision Statement, Strategic Priorities, and Strategic Initiatives, to assure Commissioners have continued consensus and staff have clear direction as to the execution of the Board’s priorities.

The 2015 Board Retreat serves as the last update year in a 5-year cycle in guiding the FY 2012 – 2016 Strategic Plan. Next year’s December 2016 Board Retreat will be the renewal year and will feature a format to facilitate the development of the FY 2017 – 2021 Strategic Plan. As with the establishment of the current strategic plan, in late fall 2016, the Board will again participate in an in-depth reflection and planning effort, which may utilize established planning techniques such as SWOT process (strengths, weaknesses, opportunities, and threats). Utilizing this reflection and feedback, the Board will have the opportunity to establish new strategic priority areas, giving life to a fresh slate of Strategic Initiatives for staff to act on. The planning schedule is summarized below.

Plan Year	Action	Board Retreat	Plan Adoption by the Board
1	Renewal Year	December 2011	Adopted February 28, 2012
2	Update Year	December 2012	Revised January 29, 2013
3	Update Year	December 2013	Revised January 21, 2014
4	Update Year	December 2014	Revised January 27, 2015
5	Update Year	December 2015	Adoption anticipated in January 2016
New-Yr. 1	Renewal Year	December 2016	Adoption anticipated in February 2017

3. Strategic Initiatives Status Report

Subsequent to receiving the Board’s direction during its December 2011 retreat, extensive efforts were undertaken from December 2011 through February 2012 to identify 84 Strategic Initiatives that would bring the Board’s four Strategic Priorities into action. Those Strategic Initiatives were approved by the Board on February 28, 2012.

The December 2012 retreat provided the Board with an opportunity to update the Strategic Plan it had established in 2011. During the retreat, the Board refined some of its existing Strategic Initiatives, and identified 25 new Strategic Initiatives, which were adopted by the Board on January 29, 2013.

The Board identified 15 additional Strategic Initiatives during its 2013 retreat. Additionally, during the 2013 retreat the Board approved transitioning to a five-year planning cycle, with continued annual reviews and updates, and semi-annual status reports. The Board adopted Leon County’s revised FY 2012 – FY 2016 Strategic Plan on January 21, 2014.

Each of these 136 Strategic Initiatives (84 FY 2012, 25 FY 2013, 15 FY 2014 and 12 FY2015) aligns with and advances one or more of the Board’s Strategic Priorities, which in turn supports and advances the Board’s Vision. The Vision Statement, Strategic Priorities and Strategic Initiatives are documented in the Board’s Strategic Plan.

A status report on the Board’s Strategic Initiatives is presented twice a year: during the budget process and during the Board’s annual retreat. The status of the Strategic Initiatives is detailed in Attachments #1 and #2:

- Attachment #1 – A summary report, presented in the same order as the Strategic Initiatives appear in the Strategic Plan; and
- Attachment #2 - A detailed report of the Strategic Initiatives, sorted by lead County entity.

Timeline	Status		
	Complete	In Progress	Total
As of Preparation of December 2015 Status Report	124 (91%)	12 (9%)	136
Projected Status as of December 31, 2015	125 (92%)	11 (8%)	136
Status by Main Strategic Priority Alignment			
Economy	28	0	28
Environment	22	3	25
Quality of Life	42	5	47
Governance	32	4	36
Total	124	12	136

Please note that many of the initiatives recorded as “Complete” do not “stop” - rather they will have continued impacts (such as the Domestic Partnership Registry, the Citizens Engagement Series, and the expanded community gardens program). Additionally, some of the initiatives recorded as “Complete” are still in process, but require no further Board direction and will be carried out as part of staff’s work plan.

The following provides a brief snapshot of the status of all the Strategic Initiatives, categorized by each initiative’s main Strategic Priority alignment (Economy, Environment, Quality of Life, or Governance), without the details found in the Attachments #1 and #2.

Status in Brief

ECONOMY - Within the area of the Economy, completed initiatives follow. Note all initiatives in this area have been completed.

- | | | |
|----|---------|--|
| 1 | 2012-09 | Consider policy to continue suspension of fees for environmental permit extensions |
| 2 | 2012-20 | Evaluate sales tax extension and associated community infrastructure needs through staff support of the Leon County Sales Tax Committee |
| 3 | 2012-22 | Identify local regulations that may be modified to enhance business development |
| 4 | 2012-23 | Implement Leon County 2012 Job Creation Plan |
| 5 | 2012-24 | Implement strategies to support the Leon County Research and Development Authority at Innovation Park and promote commercialization and technology transfer, including being a catalyst for a stakeholder’s forum (rev. 2015) |
| 6 | 2012-25 | Evaluate competitive sports complex with the engagement of partners such as KCCI |
| 7 | 2012-29 | Consider policy to waive EMS fees for uninsured or underinsured veterans |
| 8 | 2012-46 | Develop job search kiosk for veterans |
| 9 | 2012-47 | Consider policy to allocate a portion of Direct Emergency Assistance funds to veterans |
| 10 | 2012-48 | Provide job search assistance for County Probation and Supervised Pretrial Release clients through private sector partners |
| 11 | 2012-50 | Identify revisions to future land uses which will eliminate hindrances or expand opportunities to promote and support economic activity |
| 12 | 2012-51 | Consider policy to encourage redevelopment of vacant commercial properties |
| 13 | 2012-81 | Support VIVA FLORIDA 500 |
| 14 | 2012-82 | Develop Capital Cuisine Restaurant Week |
| 15 | 2012-83 | Support Choose Tallahassee initiative |
| 16 | 2013-16 | Extend the term of Leon County's Local Preference Ordinance |
| 17 | 2014-01 | Work with FSU on the Civic Center District Master Plan to include the potential partnership to realize the convention center space desired by the County and to bring back issues related to the County’s financial and programming roles and participation for future Board consideration |
| 18 | 2014-04 | Engage in a needs assessment for the Bradfordville Study Area |

- 19 2014-05 Ensure projects being considered for funding associated with the infrastructure Sales Tax extension represent geographic diversity throughout the County
- 20 2014-06 Ensure projects being considered for funding associated with the infrastructure Sales Tax extension address core infrastructure deficiencies in rural areas
- 21 2014-07 Engage with local economic development partners to build and expand upon the success of Entrepreneur Month and community connectors
- 22 2014-09 Support sector planning for the area surrounding Veterans Affairs' outpatient clinic
- 23 2014-15 Continue to work with FSU to bid and host NCAA cross country national and regional championships at Apalachee Regional Park
- 24 2015-03 Evaluate and identify the projected unmet local market for middle-skill job opportunities
- 25 2015-04 Based upon the projected unmet local market for middle-skill jobs, and with Board approval, collaborate with community and regional partners to host a new "Leon Works" exposition to educate high school students (15-18 years old) on the diverse and exciting middle-skill career and jobs anticipated locally, while raising awareness regarding a wide range of career opportunities
- 26 2015-10 Work with the City of Tallahassee and Blueprint to implement the Sales Tax extension, including the Economic Development portion
- 27 2015-11 Identify projects that may be advance-funded as part of the Sales Tax extension
- 28 2015-12 Coordinate efforts, with institutions of higher learning and other partners, to support local entrepreneurs

ENVIRONMENT - Within the area of the Environment, completed initiatives follow:

- 1 2012-10 Develop Countywide Minimum Environmental Standards
- 2 2012-11 Develop minimum natural area and habitat management plan guidelines
- 3 2012-12 Integrate low impact development (LID) practices into development review process
- 4 2012-13 Update 100-year floodplain data in GIS based on site-specific analysis received during the development review process
- 5 2012-14 Develop examples of acceptable standard solutions to expedite environmental permitting for additions to existing single-family homes
- 6 2012-21 Evaluate start-up of small business lending guarantee program
- 7 2012-31 Complete construction of Leon County Cooperative Extension net-zero energy building
- 8 2012-53 Promote concentrated commercial development in Woodville
- 9 2012-54 Update Greenways Master Plan
- 10 2012-64 Conduct workshop regarding Onsite Sewage Treatment and Disposal and Management Options report
- 11 2012-65 Evaluate and construct glass aggregate concrete sidewalk (deleted 2013)
- 12 2012-74 Pursue opportunities to fully implement a commercial and residential PACE program
- 13 2012-75 Consider policy for supporting new and existing community gardens on County property and throughout the County

- 14 2012-76 Develop energy reduction master plan
- 15 2012-77 Further develop clean - green fleet initiatives, including compressed natural gas
- 16 2012-78 Evaluate Waste Composition Study
- 17 2012-79 Identify alternative disposal options
- 18 2012-80 Explore renewable energy opportunities at Solid Waste Management Facility
- 19 2013-10 Develop examples of acceptable standard solutions to expedite environmental permitting for new construction
- 20 2013-23 Expand the community gardens program
- 21 2013-24 Seek competitive solicitations for single stream curbside recycling and comprehensively reassess solid waste fees with goals of reducing costs and increasing recycling
- 22 2015-08 Protect the rural character of our Rural Land use category

ENVIRONMENT - Within the area of the Environment, work continues on the following initiatives:

- 1 2012-52 Consider mobility fee to replace concurrency management system
- 2 2012-63 Bring central sewer to Woodville consistent with the Water and Sewer Master Plan, including consideration for funding through Sales Tax Extension
- 3 2013-20 Extend central sewer or other effective wastewater treatment solutions to the Primary Springs Protection Zone area within Leon County

QUALITY OF LIFE - Within the area of Quality of Life, completed initiatives follow:

- 1 2012-01 Participate in American Society for the Prevention of Cruelty to Animals (ASPCA) Partnership
- 2 2012-02 Participate in ASPCA ID ME Grant
- 3 2012-03 Consolidate dispatch functions
- 4 2012-15 Develop unified special event permit process
- 5 2012-16 Consider property registration for abandoned real property
- 6 2012-17 Develop process by which public may electronically file legal documents related to development review and permitting
- 7 2012-18 Investigate expanding internet-based building permitting services to allow additional classifications of contractors to apply for and receive County permits via the internet
- 8 2012-19 Investigate feasibility of providing after hours and weekend building inspections for certain types of construction projects
- 9 2012-30 Pursue funding for community paramedic telemedicine
- 10 2012-32 Complete construction of the expanded Lake Jackson Branch Library and new community center
- 11 2012-33 Redevelop Huntington Oaks Plaza, which will house the expanded Lake Jackson Branch Library and new community center, through a sense of place initiative
- 12 2012-34 Complete construction of Public Safety Complex

- 13 2012-35 Evaluate opportunities to maximize utilization of Tourism Development taxes and to enhance effectiveness of County support of cultural activities, including management review of COCA
- 14 2012-45 Hold "Operation Thank You!" celebration annually for veterans and service members
- 15 2012-49 Relocate library services into the expanded Lake Jackson Branch Library
- 16 2012-55 Consider constructing Cascade Park amphitheatre, in partnership with KCCI
- 17 2012-56 Implement design studio
- 18 2012-57 Implement visioning team
- 19 2012-58 Develop performance level design standards for Activity Centers
- 20 2012-59 Revise Historic Preservation District Designation Ordinance
- 21 2012-60 Develop design standards requiring interconnectivity for pedestrians and non-vehicular access
- 22 2012-61 Develop bike route system
- 23 2012-62 Establish Bicycle & Pedestrian Advisory Committee
- 24 2012-67 Develop Miccosukee Greenway Management Plan
- 25 2012-68 Develop Alford Greenway Management Plan
- 26 2012-69 Complete construction of Miccosukee ball fields
- 27 2012-70 Continue to plan acquisition and development of a North East Park
- 28 2012-84 Consider programming Cascade Park Amphitheater
- 29 2013-01 Consider establishing a Domestic Partnership Registry
- 30 2013-02 Seek community involvement with the VIVA FLORIDA 500 Time Capsule
- 31 2013-12 Successfully open the Public Safety Complex
- 32 2013-17 Implement procedures for residents to take full advantage of the NACO Dental Card Program
- 33 2013-18 Develop solutions to promote sustainable growth inside the Lake Protection Zone
- 34 2013-19 Promote communication and coordination among local public sector agencies involved in multi-modal transportation, connectivity, walkability, and related matters
- 35 2013-22 Conduct a workshop that includes a comprehensive review of sidewalk development and appropriate funding
- 36 2013-25 Expand, connect and promote "Trailhassee" and the regional trail system
- 37 2014-08 Continue to pursue funding for community paramedic telemedicine
- 38 2014-10 Work with the City to celebrate the opening of Cascades Park
- 39 2014-11 Focus on improving Leon County's ranking as a bicycle friendly community
- 40 2014-12 Institute as Sense of Place for the fairgrounds
- 41 2014-13 Further establish community partnerships for youth sports development programs
- 42 2015-01 Provide an early budget discussion item regarding primary health care, including mental health care services, and options to maximize resources to meet the healthcare needs of the community including those individuals served through the local criminal justice system

QUALITY OF LIFE - Within the area of Quality of Life, work continues on the following initiatives:

- 1 2012-66 Explore the extension of parks and greenways to incorporate 200 acres of Upper Lake Lafayette
- 2 2012-71 Develop Apalachee Facility master plan to accommodate year-round events
- 3 2012-72 Continue to develop parks and greenways consistent with management plans including Okeeheepkee Prairie Park, Fred George Park and St. Marks Headwater Greenway
- 4 2013-21 In partnership with the City of Tallahassee and community partners, conduct a community-wide conversation on upper league competition with the goal of a higher degree of competition and more efficient utilization of limited fields
- 5 2015-05 Initiate a comprehensive review and revision to the Land Use Element of the Comprehensive Plan

GOVERNANCE - Within the area of Governance, completed initiatives follow:

- 1 2012-04 Conduct LEADS Reviews
- 2 2012-05 Develop and update Strategic Plans
- 3 2012-06 Develop and offer Citizens Engagement Series
- 4 2012-07 Explore posting URL on County vehicles
- 5 2012-08 Develop and provide Virtual Town Hall meeting (one time event for 2012; not continued for 2013)
- 6 2012-26 Explore providing on Demand – Get Local videos
- 7 2012-27 Institute Grants Team
- 8 2012-28 Develop and institute an integrated grant application structure
- 9 2012-36 Institute financial self-service module, document management, and expanded web-based capabilities in Banner system
- 10 2012-37 Revise program performance evaluation and benchmarking
- 11 2012-38 Instill Core Practices through providing Customer Experience training for all County employees
- 12 2012-39 Instill Core Practices through revising employee orientation process
- 13 2012-40 Instill Core Practices through revising employee evaluation processes
- 14 2012-41 Expand electronic Human Resources business processes including applicant tracking, timesheets, e-Learning, employee self service
- 15 2012-42 Evaluate options for value-based benefit design
- 16 2012-43 Revise employee awards and recognition program
- 17 2013-03 Convene periodic Chairman's meetings with Constitutional Officers regarding their budgets and opportunities to gain efficiencies
- 18 2013-04 Consider options to gain continuity of Commissioners' representation on committees, such as multi-year appointments
- 19 2013-05 Identify the next version of "Citizens Engagement" to include consideration of an "Our Town" Village Square concept

- 20 2013-06 Pursue expansion for whistleblower notification
- 21 2013-07 Pursue Sister County relationships with Prince George's County Maryland and Montgomery County, Maryland
- 22 2013-08 Periodically convene community leadership meetings to discuss opportunities for improvement
- 23 2013-09 Expand opportunities for increased media and citizen outreach to promote Leon County
- 24 2013-11 Develop a proposed economic development component for the Sales Tax extension being considered
- 25 2013-13 Identify opportunities whereby vacant, underutilized County-owned property, such as flooded-property acquisitions, can be made more productive through efforts that include community gardens
- 26 2013-14 Develop financial strategies to eliminate general revenue subsidies for business operations (i.e., Stormwater, Solid Waste and Transportation programs)
- 27 2013-15 Consider approval of the local option to increase the Senior Homestead Exemption to \$50,000 for qualified seniors
- 28 2014-02 Develop a proposed partnership for the next iteration of Citizen Engagement, possibly with Village Square, which would be renewable after one year
- 29 2014-14 Create a capital projects priority list for the fifth-cent gas tax (program)
- 30 2015-02 Evaluate the long-term policy implications of the following options, taking into consideration the potential fiscal, environmental, operational and neighborhood impacts: a complete closure of the landfill; redirect Class I Solid Waste from the Transfer Station to the landfill; and a hybrid solution that includes both Class I Solid Waste disposal at the landfill and through the Transfer Station
- 31 2015-06 Reformat the existing on-line Comprehensive Plan to modernize its appearance and increase usability
- 32 2015-07 Evaluate the existing Comprehensive Plan amendment process, and identify opportunities for further streamlining

GOVERNANCE - Within the area of Governance, work continues on the following initiatives:

- 1 2012-44 Utilize new learning technology to help design and deliver Leadership and Advanced Supervisory Training for employees
- 2 2012-73 Pursue Public Works' American Public Works Association (APWA) accreditation
- 3 2014-03 Engage with the private sector to develop property at the corner of Miccosukee and Blair Stone, to include the construction of a Medical Examiner facility
- 4 2015-09 Develop a Leon County "Crisis Management Communication Plan"

Attachments:

- 1. Summary Strategic Initiatives Status Report
- 2. Detailed Strategic Initiatives Status Report

	Lead	Strategic Initiatives/Actions	Status	Complete by Dec '15	Align	Year
1	Animal Cntrl.	Participate in American Society for the Prevention of Cruelty to Animals (ASPCA) Partnership	Complete	Yes	Q2 Q3	2012
2	Animal Cntrl.	Participate in ASPCA ID ME Grant	Complete	Yes	Q2 Q3	2012
3	Comm. & Media	Explore posting URL on County vehicles	Complete	Yes	G1	2012
4	Comm. & Media	Develop and provide Virtual Town Hall meeting (one time event for 2012; not continued for 2013)	Complete	Yes	G3	2012
5	Comm. & Media	Expand opportunities for increased media and citizen outreach to promote Leon County	Complete	Yes	G1, G3	2013
6	Comm. & Media	Develop a Leon County "Crisis Management Communication Plan"	In Progress	Yes	Q2	2015
7	County Admin.	Conduct LEADS Reviews	Complete	Yes	G2	2012
8	County Admin.	Develop and update Strategic Plans	Complete	Yes	G2	2012
9	County Admin.	Develop and offer Citizens Engagement Series	Complete	Yes	G3	2012
10	County Admin.	Consolidate dispatch functions	Complete	Yes	Q2	2012

	Lead	Strategic Initiatives/Actions	Status	Complete by Dec '15	Align	Year
11	County Admin.	Convene periodic Chairman's meetings with Constitutional Officers regarding their budgets and opportunities to gain efficiencies	Complete	Yes	G5	2013
12	County Admin.	Consider options to gain continuity of Commissioners' representation on committees, such as multi-year appointments	Complete	Yes	G5	2013
13	County Admin.	Identify the next version of "Citizens Engagement" to include consideration of an "Our Town" Village Square concept	Complete	Yes	G3	2013
14	County Admin.	Pursue expansion for whistleblower notification	Complete	Yes	G1	2013
15	County Admin.	Pursue Sister County relationships with Prince George's County Maryland and Montgomery County, Maryland	Complete	Yes	G2	2013
16	County Admin.	Periodically convene community leadership meetings to discuss opportunities for improvement	Complete	Yes	G5	2013
17	County Admin.	Consider establishing a Domestic Partnership Registry	Complete	Yes	Q3	2013
18	County Admin.	Seek community involvement with the VIVA FLORIDA 500 Time Capsule	Complete	Yes	Q4	2013
19	County Admin.	Work with FSU on the Civic Center District Master Plan to include the potential partnership to realize the convention center space desired by the County and to bring back issues related to the County's financial and programming roles and participation for future Board consideration	Complete	Yes	EC1, EC4	2014
20	County Admin.	Develop a proposed partnership for the next iteration of Citizen Engagement, possibly with Village Square, which would be renewable after one year	Complete	Yes	EC1, EC4	2014

	Lead	Strategic Initiatives/Actions	Status	Complete by Dec '15	Align	Year
21	County Admin.	Engage with the private sector to develop property at the corner of Miccosukee and Blair Stone, to include the construction of a Medical Examiner facility	In Progress	No	EC1 EC4	2014
22	DSEM	Consider policy to continue suspension of fees for environmental permit extensions	Complete	Yes	EC2	2012
23	DSEM	Develop Countywide Minimum Environmental Standards	Complete	Yes	EN1 EN2	2012
24	DSEM	Develop minimum natural area and habitat management plan guidelines	Complete	Yes	EN1 EN2	2012
25	DSEM	Integrate low impact development (LID) practices into development review process	Complete	Yes	EN1 EN2	2012
26	DSEM	Update 100-year floodplain data in GIS based on site-specific analysis received during the development review process	Complete	Yes	EN1 EN2	2012
27	DSEM	Develop examples of acceptable standard solutions to expedite environmental permitting for additions to existing single-family homes	Complete	Yes	EN1 EN2 G2	2012
28	DSEM	Develop unified special event permit process	Complete	Yes	Q4	2012
29	DSEM	Consider property registration for abandoned real property	Complete	Yes	Q6	2012
30	DSEM	Develop process by which public may electronically file legal documents related to development review and permitting	Complete	Yes	G2	2012

	Lead	Strategic Initiatives/Actions	Status	Complete by Dec '15	Align	Year
31	DSEM	Investigate expanding internet-based building permitting services to allow additional classifications of contractors to apply for and receive County permits via the internet	Complete	Yes	G2 EN4	2012
32	DSEM	Investigate feasibility of providing after hours and weekend building inspections for certain types of construction projects	Complete	Yes	G2	2012
33	DSEM	Develop examples of acceptable standard solutions to expedite environmental permitting for new construction	Complete	Yes	EN1 EN2 G2	2013
34	DSEM	Engage in a needs assessment for the Bradfordville Study Area	Complete	Yes	EC1 Q6 Q7	2014
35	EDBP	Evaluate sales tax extension and associated community infrastructure needs through staff support of the Leon County Sales Tax Committee	Complete	Yes	EC1 G3 G5	2012
36	EDBP	Identify local regulations that may be modified to enhance business development	Complete	Yes	EC2	2012
37	EDBP	Implement Leon County 2012 Job Creation Plan	Complete	Yes	EC2	2012
38	EDBP	Implement strategies to support the Leon County Research and Development Authority at Innovation Park and promote commercialization and technology transfer, including being a catalyst for a stakeholder's forum (rev. 2015)	Complete	Yes	EC2 EC3	2012
39	EDBP	Evaluate competitive sports complex with the engagement of partners such as KCCI	Complete	Yes	EC4 Q1 Q4	2012
40	EDBP	Evaluate start-up of small business lending guarantee program	Complete	Yes	EC2	2012

	Lead	Strategic Initiatives/Actions	Status	Complete by Dec '15	Align	Year
41	EDBP	Explore providing on Demand – Get Local videos	Complete	Yes	G1	2012
42	EDBP	Institute Grants Team	Complete	Yes	G5	2012
43	EDBP	Develop and institute an integrated grant application structure	Complete	Yes	G5	2012
44	EDBP	Develop a proposed economic development component for the Sales Tax extension being considered	Complete	Yes	EC1 G3 G5	2013
45	EDBP	Ensure projects being considered for funding associated with the infrastructure Sales Tax extension represent geographic diversity throughout the County	Complete	Yes	EC1 G5	2014
46	EDBP	Ensure projects being considered for funding associated with the infrastructure Sales Tax extension address core infrastructure deficiencies in rural areas	Complete	Yes	EC1 G5	2014
47	EDBP	Engage with local economic development partners to build and expand upon the success of Entrepreneur Month and community connectors	Complete	Yes	EC2	2014
48	EDBP	Evaluate and identify the projected unmet local market for middle-skill job opportunities	Complete	Yes	EC2 EC6	2015
49	EDBP	Based upon the projected unmet local market for middle-skill jobs, and with Board approval, collaborate with community and regional partners to host a new "Leon Works" exposition to educate high school students (15-18 years old) on the diverse and exciting middle-skill career and jobs anticipated locally, while raising awareness regarding a wide range of career opportunities	Complete	Yes	EC2 EC6	2015
50	EDBP	Coordinate efforts, with institutions of higher learning and other partners, to support local entrepreneurs	Complete	Yes	EC3	2015

	Lead	Strategic Initiatives/Actions	Status	Complete by Dec '15	Align	Year
51	EMS	Consider policy to waive EMS fees for uninsured or underinsured veterans	Complete	Yes	EC5 Q3	2012
52	EMS	Pursue funding for community paramedic telemedicine	Complete	Yes	Q2 Q3	2012
53	EMS	Continue to pursue funding for community paramedic telemedicine	Complete	Yes	Q1 Q2	2014
54	Facilities	Complete construction of Leon County Cooperative Extension net-zero energy building	Complete	Yes	EN4	2012
55	Facilities	Complete construction of the expanded Lake Jackson Branch Library and new community center	Complete	Yes	Q1 EC1 EC6	2012
56	Facilities	Redevelop Huntington Oaks Plaza, which will house the expanded Lake Jackson Branch Library and new community center, through a sense of place initiative	Complete	Yes	Q1 EC1	2012
57	Facilities	Complete construction of Public Safety Complex	Complete	Yes	Q2 EC2	2012
58	Facilities	Identify opportunities whereby vacant, underutilized County-owned property, such as flooded-property acquisitions, can be made more productive through efforts that include community gardens	Complete	Yes	G5	2013
59	Facilities	Successfully open the Public Safety Complex	Complete	Yes	Q2	2013
60	Fin. Stw.	Institute financial self-service module, document management, and expanded web-based capabilities in Banner system	Complete	Yes	G2 EN4	2012

	Lead	Strategic Initiatives/Actions	Status	Complete by Dec '15	Align	Year
61	Fin. Stw.	Revise program performance evaluation and benchmarking	Complete	Yes	G5	2012
62	Fin. Stw.	Evaluate opportunities to maximize utilization of Tourism Development taxes and to enhance effectiveness of County support of cultural activities, including management review of COCA	Complete	Yes	Q4 EC4 G5	2012
63	Fin. Stw.	Extend the term of Leon County's Local Preference Ordinance	Complete	Yes	EC7	2013
64	Fin. Stw.	Develop financial strategies to eliminate general revenue subsidies for business operations (i.e., Stormwater, Solid Waste and Transportation programs)	Complete	Yes	G5	2013
65	Fin. Stw.	Consider approval of the local option to increase the Senior Homestead Exemption to \$50,000 for qualified seniors	Complete	Yes	G5	2013
66	HR	Instill Core Practices through providing Customer Experience training for all County employees	Complete	Yes	G1	2012
67	HR	Instill Core Practices through revising employee orientation process	Complete	Yes	G1	2012
68	HR	Instill Core Practices through revising employee evaluation processes	Complete	Yes	G1	2012
69	HR	Expand electronic Human Resources business processes including applicant tracking, timesheets, e-Learning, employee self service	Complete	Yes	G2	2012
70	HR	Evaluate options for value-based benefit design	Complete	Yes	G4	2012

	Lead	Strategic Initiatives/Actions	Status	Complete by Dec '15	Align	Year
71	HR	Revise employee awards and recognition program	Complete	Yes	G4	2012
72	HR	Utilize new learning technology to help design and deliver Leadership and Advanced Supervisory Training for employees	In Progress	No	G4	2012
73	HSCP	Develop job search kiosk for veterans	Complete	Yes	EC5 EC6	2012
74	HSCP	Consider policy to allocate a portion of Direct Emergency Assistance funds to veterans	Complete	Yes	EC5 EC6 Q3	2012
75	HSCP	Hold "Operation Thank You!" celebration annually for veterans and service members	Complete	Yes	EC5	2012
76	HSCP	Implement procedures for residents to take full advantage of the NACO Dental Card Program	Complete	Yes	Q3	2013
77	HSCP	Provide an early budget discussion item regarding primary health care, including mental health care services, and options to maximize resources to meet the healthcare needs of the community including those individuals served through the local criminal justice system	Complete	Yes	Q3 G2	2015
78	Int. Det. Alt.	Provide job search assistance for County Probation and Supervised Pretrial Release clients through private sector partners	Complete	Yes	EC6 Q2	2012
79	Libraries	Relocate library services into the expanded Lake Jackson Branch Library	Complete	Yes	Q1 EC1 EC6	2012
80	PLACE	Identify revisions to future land uses which will eliminate hindrances or expand opportunities to promote and support economic activity	Complete	Yes	EC2	2012

	Lead	Strategic Initiatives/Actions	Status	Complete by Dec '15	Align	Year
81	PLACE	Consider policy to encourage redevelopment of vacant commercial properties	Complete	Yes	EC2	2012
82	PLACE	Promote concentrated commercial development in Woodville	Complete	Yes	EN1 EN2 Q5	2012
83	PLACE	Update Greenways Master Plan	Complete	Yes	Q1 EC1 EC4	2012
84	PLACE	Consider constructing Cascade Park amphitheatre, in partnership with KCCI	Complete	Yes	Q4 EC1 EC4	2012
85	PLACE	Implement design studio	Complete	Yes	Q6 Q7	2012
86	PLACE	Implement visioning team	Complete	Yes	Q6 Q7	2012
87	PLACE	Develop performance level design standards for Activity Centers	Complete	Yes	Q6 Q7	2012
88	PLACE	Revise Historic Preservation District Designation Ordinance	Complete	Yes	Q6	2012
89	PLACE	Develop design standards requiring interconnectivity for pedestrians and non-vehicular access	Complete	Yes	Q6 Q7	2012
90	PLACE	Develop bike route system	Complete	Yes	Q7	2012

	Lead	Strategic Initiatives/Actions	Status	Complete by Dec '15	Align	Year
91	PLACE	Establish Bicycle & Pedestrian Advisory Committee	Complete	Yes	Q7	2012
92	PLACE	Develop solutions to promote sustainable growth inside the Lake Protection Zone	Complete	Yes	EN1 EN2 G2	2013
93	PLACE	Promote communication and coordination among local public sector agencies involved in multi-modal transportation, connectivity, walkability, and related matters	Complete	Yes	Q7 EC1	2013
94	PLACE	Support sector planning for the area surrounding Veterans Affairs' outpatient clinic	Complete	Yes	EC1 Q6 Q7	2014
95	PLACE	Work with the City to celebrate the opening of Cascades Park	Complete	Yes	Q4	2014
96	PLACE	Focus on improving Leon County's ranking as a bicycle friendly community	Complete	Yes	Q1 EC4	2014
97	PLACE	Institute as Sense of Place for the fairgrounds	Complete	Yes	Q4 EC1 EC4	2014
98	PLACE	Work with the City of Tallahassee and Blueprint to implement the Sales Tax extension, including the Economic Development portion	Complete	Yes	EC1 G5	2015
99	PLACE	Identify projects that may be advance-funded as part of the Sales Tax extension	Complete	Yes	EC1 G5	2015
100	PLACE	Protect the rural character of our Rural Land use category	Complete	Yes	Q6 Q7	2015

	Lead	Strategic Initiatives/Actions	Status	Complete by Dec '15	Align	Year
101	PLACE	Reformat the existing on-line Comprehensive Plan to modernize its appearance and increase usability	Complete	Yes	G1	2015
102	PLACE	Evaluate the existing Comprehensive Plan amendment process, and identify opportunities for further streamlining	Complete	Yes	G1	2015
103	PLACE	Consider mobility fee to replace concurrency management system	In Progress	No	EN1 EN2	2012
104	PLACE	Initiate a comprehensive review and revision to the Land Use Element of the Comprehensive Plan	In Progress	No	Q6 Q7	2015
105	PW	Conduct workshop regarding Onsite Sewage Treatment and Disposal and Management Options report	Complete	Yes	EN1 EC4	2012
106	PW	Evaluate and construct glass aggregate concrete sidewalk (deleted 2013)	Complete	Yes	EN4	2012
107	PW	Develop Miccosukee Greenway Management Plan	Complete	Yes	Q1 EC1 EC4	2012
108	PW	Develop Alford Greenway Management Plan	Complete	Yes	Q1 EC1 EC4	2012
109	PW	Complete construction of Miccosukee ball fields	Complete	Yes	Q1 Q5 EC1 EC4	2012
110	PW	Continue to plan acquisition and development of a North East Park	Complete	Yes	Q1 EC1 EC4	2012

	Lead	Strategic Initiatives/Actions	Status	Complete by Dec '15	Align	Year
111	PW	In partnership with the City of Tallahassee and community partners, conduct a community-wide conversation on upper league competition with the goal of a higher degree of competition and more efficient utilization of limited fields	In Progress	No	Q1 EC1	2013
112	PW	Conduct a workshop that includes a comprehensive review of sidewalk development and appropriate funding	Complete	Yes	Q6 Q7	2013
113	PW	Create a capital projects priority list for the fifth-cent gas tax (program)	Complete	Yes	G5 EC1	2014
114	PW	Further establish community partnerships for youth sports development programs	Complete	Yes	Q4	2014
115	PW	Bring central sewer to Woodville consistent with the Water and Sewer Master Plan, including consideration for funding through Sales Tax Extension	In Progress	No	EN1 Q5	2012
116	PW	Pursue Public Works' American Public Works Association (APWA) accreditation	In Progress	No	G4 G1	2012
117	PW	Explore the extension of parks and greenways to incorporate 200 acres of Upper Lake Lafayette	In Progress	No	Q1 EC1 EC4	2012
118	PW	Develop Apalachee Facility master plan to accommodate year-round events	In Progress	No	Q1 EC1 EC4	2012
119	PW	Continue to develop parks and greenways consistent with management plans including Okeeheepkee Prairie Park, Fred George Park and St. Marks Headwater Greenway	In Progress	No	Q1 Q5 EC1 EC4	2012
120	PW	Extend central sewer or other effective wastewater treatment solutions to the Primary Springs Protection Zone area within Leon County	In Progress	No	EN1	2013

	Lead	Strategic Initiatives/Actions	Status	Complete by Dec '15	Align	Year
121	Res. Stw.	Pursue opportunities to fully implement a commercial and residential PACE program	Complete	Yes	EN2 EN3 EN4	2012
122	Res. Stw.	Consider policy for supporting new and existing community gardens on County property and throughout the County	Complete	Yes	EN3 Q5 EC6	2012
123	Res. Stw.	Develop energy reduction master plan	Complete	Yes	EN4 G5	2012
124	Res. Stw.	Further develop clean - green fleet initiatives, including compressed natural gas	Complete	Yes	EN4	2012
125	Res. Stw.	Evaluate Waste Composition Study	Complete	Yes	EN4	2012
126	Res. Stw.	Identify alternative disposal options	Complete	Yes	EN4	2012
127	Res. Stw.	Explore renewable energy opportunities at Solid Waste Management Facility	Complete	Yes	EN4	2012
128	Res. Stw.	Expand the community gardens program	Complete	Yes	EN3 Q5 EC6	2013
129	Res. Stw.	Seek competitive solicitations for single stream curbside recycling and comprehensively reassess solid waste fees with goals of reducing costs and increasing recycling	Complete	Yes	EN4	2013
130	Res. Stw.	Evaluate the long-term policy implications of the following options, taking into consideration the potential fiscal, environmental, operational and neighborhood impacts: a complete closure of the landfill; redirect Class I Solid Waste from the Transfer Station to the landfill; and a hybrid solution that includes both Class I Solid Waste disposal at the landfill and through the Transfer Station	Complete	Yes	G5 Q1 EN4	2015

	Lead	Strategic Initiatives/Actions	Status	Complete by Dec '15	Align	Year
131	Tourism	Support VIVA FLORIDA 500	Complete	Yes	EC4	2012
132	Tourism	Develop Capital Cuisine Restaurant Week	Complete	Yes	EC4	2012
133	Tourism	Support Choose Tallahassee initiative	Complete	Yes	EC4	2012
134	Tourism	Consider programming Cascade Park Amphitheater	Complete	Yes	Q4 EC4	2012
135	Tourism	Expand, connect and promote "Trailhassee" and the regional trail system	Complete	Yes	Q1 Q5 EC1 EC4	2013
136	Tourism	Continue to work with FSU to bid and host NCAA cross country national and regional championships at Apalachee Regional Park	Complete	Yes	EC4 Q1	2014

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2012-01	Animal Cntrl.	Participate in American Society for the Prevention of Cruelty to Animals (ASPCA) Partnership	Complete		Yes	Q2 Q3
2012-01.1		Approval of Proposed Agreement	Action Completed	Initial annual agreement approved 9/13/11; agreement effective 1/12/12. Second agreement approved 2/12/13; agreement effective 01/1/13 thru 12/31/13		
2012-02	Animal Cntrl.	Participate in ASPCA ID ME Grant	Complete		Yes	Q2 Q3
2012-02.1		Acceptance of Grant	Action Completed	Accepted 02/14/12		
2012-03	County Admin.	Consolidate dispatch functions	Complete		Yes	Q2
2012-03.1		County, City and Sheriff agreed to create joint dispatch operation for public safety agencies	Action Completed	April 2006		
2012-03.10		Second Amendment to the Interlocal Agreement (Public Safety Dispatch Communications Agreement)	Action Completed	Entered into 3/27/13: Addressed concerns raised by FRS so City could be designated as administrator of FRS for Consolidated Dispatch Agency (CDA)		
2012-03.11		Third Amendment to the Interlocal Agreement (Public Safety Dispatch Communications Agreement)	Action Completed	5/14/13 Agenda Item: Addresses City and County responsibilities as it relates to technology needs for CDA		
2012-03.12		Consolidated Dispatch Agency fully operational	Action Completed	CDA became fully operational and a new 606-5800 number was announced 9/17/13		
2012-03.2		Public Safety Communications Board approved Owners' project requirements for a Public Safety Complex	Action Completed			
2012-03.3		Clemons Rutherford Associates and Morris/Allen, a joint venture, commissioned to design the Public Safety Complex	Action Completed	Selection approved 5/12/09; contract entered into 11/02/09		
2012-03.4		Ajax Building Corporation & Construction Support Southeast, a joint venture, commissioned to provide pre-construction and construction services for the Public Safety Complex	Action Completed	Approved selection 10/09; contract entered into 02/02/10; first amendment 09/11/11		
2012-03.5		Approval of Amended Memorandum of Agreement, with City of Tallahassee and Leon County Sheriff, regarding establishment of the Public Safety Communications Board, providing for a termination date of December 31, 2012 (Contract period 11/03/11 to 12/31/12)	Action Completed	Board approved 10/25/2011		
2012-03.6		Approve Interlocal Agreement, with the City of Tallahassee and Leon County Sheriff, for the Operational Consolidation of Dispatch	Action Completed	Board approved 05/22/2012		
2012-03.7		Approval of Interlocal Agreement, with the City of Tallahassee and Leon County Sheriff, regarding telecommunications and technology infrastructure	Action Completed	5/14/13 Agenda Item		

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2012-03.8		Approval of Interlocal Agreement with the City of Tallahassee regarding the operations and maintenance of the Public Safety Complex (Joint Management and Use Agreement)	Action Completed	5/14/13 Agenda Item		
2012-03.9		First Amendment to the Interlocal Agreement (Public Safety Dispatch Communications Agreement)	Action Completed	Entered into 10/4/12: Changed commencement date from 10/01/12 to 4/01/13; term remains 10 years.		
2012-04	County Admin.	Conduct LEADS Reviews	Complete		Yes	G2
2012-04.1		Approval and Ratification of Recommendations and Direction Provided During the August 23, 2011 Workshop on Performance & Community Relevance: County Administrator's Proposed Strategic Approach to Carryout the Board's Vision, Goals and Objectives	Action Completed	Ratified 09/13/11		
2012-04.2		Approval of the FY 11/12 Board Retreat Agenda and the Process to Establish the Board's Vision and Strategic Priorities	Action Completed	Approved 10/25/11		
2012-04.3		LEADS Review Handbook developed	Action Completed	Distributed 01/12/12		
2012-04.4		Training Held	Action Completed	02/02/12 and 02/08/12		
2012-04.5		LEADS Reviews Conducted	Action Completed	27 LEADS Review meetings held in January and February, 2012		
2012-04.6		LEADS Cross Departmental Action Team appointed to identify efficiencies and/or cost savings for the budget development process	Action Completed	Team presented its final report to the Executive Team 5/30/2013, for consideration as part of the Executive Budget Hearings held 6/2013		
2012-04.7		LEADS Cross Departmental Action Team report recommendation presented to the Board	Action Completed	Included as part of the FY 2014 Budget Workshop		
2012-04.8		Conduct 2014 LEADS Reviews and Establish 2014 Cross Departmental Action Teams	Action Completed	Processes were repeated in preparation for the FY 2014/15 budget process		
2012-05	County Admin.	Develop and update Strategic Plans	Complete		Yes	G2
2012-05.1		Approval and Ratification of Recommendations and Direction Provided During the August 23, 2011 Workshop on Performance & Community Relevance: County Administrator's Proposed Strategic Approach to Carryout the Board's Vision, Goals and Objectives	Action Completed	Ratified 09/13/11		
2012-05.2		Approval of the FY 11/12 Board Retreat Agenda and the Process to Establish the Board's Vision and Strategic Priorities	Action Completed	Approved 10/25/11		
2012-05.3		Pre-Retreat Meetings (October – December)	Action Completed	Individual meetings held Oct-Dec 2012		

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2012-05.4		Board Retreat	Action Completed	Held 12/12/11		
2012-05.5		Ratification of Board Actions Taken at the December 12, 2011 Board Retreat (including initial FY 2012 and FY 2013 Strategic Plan)	Action Completed	Ratified 12/13/11		
2012-05.6		Approval of Strategic Initiatives for FY 2012 and FY 2013 (including updated Strategic Plan FY 2012 and FY 2013)	Action Completed	Approved 02/28/12		
2012-05.7		Acceptance of Work Area's Draft Strategic Plans	Action Completed	Approved 5/22/12 (Budget Workshop)		
2012-05.8		Approval of Strategic Plan Update, as part of the 2012 Board Retreat	Action Completed	Update report provided as part of the Board Retreat materials		
2012-05.9		FY 2012 - FY 2016 Strategic Plan revised 01/21/14	Action Completed			
2012-06	County Admin.	Develop and offer Citizens Engagement Series	Complete		Yes	G3
2012-06.1		Approval and Ratification of Recommendations and Direction Provided During the August 23, 2011 Workshop on Performance & Community Relevance: County Administrator's Proposed Strategic Approach to Carryout the Board's Vision, Goals and Objectives	Action Completed	Ratified 09/13/11		
2012-06.2		First of the 2012 series, Leon County Basics: Our Government, Our Community	Action Completed	Held 01/16/12		
2012-06.3		Balancing Budgets and Exercising Fiscal Stewardship: Making Hard Choices in Challenging Times	Action Completed	Held 03/15/12		
2012-06.4		Emergency Medical Services: Preserving Life, Improving Health, Promoting Safety	Action Completed	Held 05/31/12		
2012-06.5		Remainder of 2012 Series: More Than Books: Leon County Library Services On the Frontline: Leon County Solid Waste – Where does all that stuff go?	Action Completed	Library (A Love of Reading, a Life of Learning) - Held 08/30/12; Solid Waste - Held 10/18/12		
2012-06.6		Tourist Development: Leon County Tourism Work\$: Attracting Visitors, Creating Jobs	Action Completed	Held 1/31/13		
2012-06.7		Creating and Sustaining This Special Place: Visioning, Planning, and Developing our Future (Planning & DSEM)	Action Completed	Held 6/20/13		
2012-07	Comm. & Media	Explore posting URL on County vehicles	Complete		Yes	G1
2012-07.1		If pursued, seek funding as part of the FY 2014 budget process, if necessary	Action Completed	Design completed; funding source identified; being installed		
2012-08	Comm. & Media	Develop and provide Virtual Town Hall meeting (one time event for 2012; not continued for 2013)	Complete		Yes	G3
2012-08.1		Board directed staff to prepare agenda item	Action Completed	Requested during 11/15/11 meeting		
2012-08.2		Approved scheduling virtual town hall meeting for June 5, 2012	Action Completed	Scheduling approved 04/10/12		
2012-08.3		Approval of virtual town hall meeting agenda	Action Completed	Agenda approved 05/08/12		
2012-08.4		Hold virtual town hall meeting	Action Completed	Held 06/05/12		

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2012-09	DSEM	Consider policy to continue suspension of fees for environmental permit extensions	Complete		Yes	EC2
2012-09.1		Provide Informational consent agenda item to the Board regarding Legislative action that suspends fees for environmental permit extensions for 2012	Action Completed	Approved 06/26/12		
2012-10	DSEM	Develop Countywide Minimum Environmental Standards	Complete		Yes	EN1 EN2
2012-10.1		Draft Ordinance for Board adoption at Public Hearing	Action Completed	Approved 05/08/12		
2012-11	DSEM	Develop minimum natural area and habitat management plan guidelines	Complete		Yes	EN1 EN2
2012-11.1		No further Board action	Action Completed			
2012-11.2		Develop guidelines	Action Completed	Guidelines finalized 6/2012		
2012-11.3		Distribute guidelines to staff and to the general public	Action Completed	Guidelines posted on the Department's webpage 7/2012		
2012-12	DSEM	Integrate low impact development (LID) practices into development review process	Complete		Yes	EN1 EN2
2012-12.1		Present status report to the Board	Action Completed	A status report agenda item was presented to the Board on 3/12/13, requesting that the Board direct staff to draft an Ordinance to provide for LID standards and incentives.		
2012-12.2		Draft LID Ordinance	Action Completed	Completed 10/28/13		
2012-12.3		Engage the community to obtain feedback	Action Completed			
2012-12.4		Board adoption of Ordinance	Action Completed	First and Only Public Hearing to Consider Adoption of Proposed Ordinance to Establish Low Impact Development Standards and Incentives held 12/10/13		
2012-13	DSEM	Update 100-year floodplain data in GIS based on site-specific analysis received during the development review process	Complete		Yes	EN1 EN2
2012-13.1		No further Board action	Action Completed			
2012-13.2		Coordinate with County GIS	Action Completed	Being implemented on a case-by-case basis. Still coordinating with GIS to develop consistent procedures.		
2012-13.3		Present Status Report to the Board	Action Completed	December 10, 2013 Status Report update presented to the Board.		
2012-13.4		Finalize procedures and implement	Action Completed			
2012-14	DSEM	Develop examples of acceptable standard solutions to expedite environmental permitting for additions to existing single-family homes	Complete		Yes	EN1 EN2 G2

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2012-14.1		Present status report	Action Completed	Vested single family lots have been determined to be exempted from having to provide closed basin volume control standards onsite. The Board accepted a status report regarding this exemption on 8/28/12.		
2012-15	DSEM	Develop unified special event permit process	Complete		Yes	Q4
2012-15.1		Present agenda item to the Board regarding new unified application and application process	Action Completed	Board approved 8/28/12		
2012-16	DSEM	Consider property registration for abandoned real property	Complete		Yes	Q6
2012-16.1		Request to schedule a Public Hearing to consider an Ordinance to require property registration for abandoned real property	Action Completed	An agenda item was presented to the Board on 2/12/13 to request the Public Hearing to consider an Ordinance to require property registration for abandoned real property; services to be provided by in-house by staff.		
2012-16.2		First and only Public Hearing to consider adoption of proposed Ordinance to require property registration for abandoned real property	Action Completed	Public Hearing conducted 3/12/13		
2012-16.3		County Attorney to provide the Board a report regarding the policy	Action Completed	Board direction 9/10/13 Board meeting		
2012-17	DSEM	Develop process by which public may electronically file legal documents related to development review and permitting	Complete		Yes	G2
2012-17.1		Approval of a Submitter License Agreement between Leon County and Simplifile, LLC	Action Completed	Board approved 4/24/12; contract executed (#3796)		
2012-17.2		Coordination with other County agencies such as MIS, OMB and Finance to establish account numbers and track funds	Action Completed	Completed 3/12		
2012-17.3		Coordinate with Simplifile to provide staff training	Action Completed	Completed 5/23/12		
2012-18	DSEM	Investigate expanding internet-based building permitting services to allow additional classifications of contractors to apply for and receive County permits via the internet	Complete		Yes	G2 EN4
2012-18.1		No further Board action	Action Completed			
2012-18.2		Investigate with other permitting jurisdictions that offer web-based permitting to determine initiative viability, further research the Florida Building Code and statutory requirements for legality of possible implementation strategies	Action Completed	Investigations completed in July 2012; determined that the initiative could not be implemented as proposed.		

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2012-18.3		Provide memorandum to the Board regarding the results of the investigation	Action Completed	Memorandum provided to the Board on 08/06/12		
2012-19	DSEM	Investigate feasibility of providing after hours and weekend building inspections for certain types of construction projects	Complete		Yes	G2
2012-19.1		Coordinate with Human Resources for "on-call" pay procedures	Action Completed	Procedures established pursuant to Sec. 5.12 of the Human Resources Policies and Procedures Manual. Action completed 5/12.		
2012-19.2		DSEM division coordination and staff training regarding implementation procedures	Action Completed	Potential regulatory conflicts addressed when an amendment to the Noise Abatement Ordinance was adopted by the Board on 2/12/13		
2012-19.3		Submit proposal to the Board for approval	Action Completed	On 4/9/13 the Board accepted a status report and approved a proposal to provide after-hours and weekend building inspections for certain types of construction projects		
2012-20	EDBP	Evaluate sales tax extension and associated community infrastructure needs through staff support of the Leon County Sales Tax Committee	Complete		Yes	EC1 G3 G5
2012-20.1		Appointed joint County/City Citizen Advisory Committee (Committee) on the sales tax extension, with Leon County serving as the lead staff	Action Completed	Board approved 11/08/11		
2012-20.2		Request to schedule a workshop with the Board to prepare a workshop on the economic development component of the sales tax extension (per the Board's direction on April 26, 2011)	Action Completed	Board approved 4/24/12		
2012-20.3		Board workshop on the economic development opportunities associated with the sales tax extension	Action Completed	Workshop held 7/10/12; actions ratified 7/10/12		
2012-20.4		Consideration of refined County projects list for consideration by the Committee	Action Completed	Presented 10/2012		
2012-20.5		Review of Committee's recommendation for utilization of sales tax extension funds	Action Completed	5/14/2013 Agenda Item extended completion date to 1/31/14		
2012-20.6		Board approved participation of Imagine Tallahassee in the sales tax extension process, with the support of County staff	Action Completed	2/12/13 Board meeting (refer to 2013-11, ED-J)		
2012-20.7		Consideration of setting referendum date for the sales tax extension	Action Completed	Sales Tax extension approved 11/04/14 by 65% of voters		
2012-21	EDBP	Evaluate start-up of small business lending guarantee program	Complete		Yes	EC2

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2012-21.1		Approval to schedule a workshop to consider participating with the state and federal government in a small business loan guaranty program whereby the County and City would guarantee a portion of loans made by banks	Action Completed	Approved 01/24/12		
2012-21.2		Board workshop on a small business lending guarantee program	Action Completed	Workshop held 2/28/12. Awaiting City participation in program.		
2012-21.3		Ratification of Board actions taken at the workshop on a small business lending guarantee program	Action Completed	Workshop actions ratified 3/13/12		
2012-21.4		Consideration of a budget discussion item on a small business lending guarantee program	Action Completed	Budget workshop held 7/09/12; ratified 7/10/12		
2012-21.5		Discussed at City's Financial Viability Target Issues Committee; referred back to City Staff. Request Chairman schedule for discussion at Mayor/Chair meeting.	Action Completed	3/12/13 Status Report/Agenda Item; Mayor/Chair meeting canceled; need to reschedule discussion		
2012-22	EDBP	Identify local regulations that may be modified to enhance business development	Complete		Yes	EC2
2012-22.1		Ratification of the Board's actions taken at the 9/13/11 economic development workshop and the appointment of the Economic Development Regulatory Review (EDRR) LEADS Team	Action Completed	Workshop held 9/13/11; actions ratified 10/11/11		
2012-22.2		Status report on the local regulations that may be modified to enhance business development	Action Completed	Anticipate completion and Board acceptance in December 2015.		
2012-23	EDBP	Implement Leon County 2012 Job Creation Plan	Complete		Yes	EC2
2012-23.1		Ratification of the Board's actions taken at the September 13, 2011 economic development workshop and the appointment of the Economic Development Regulatory Review (EDRR) LEADS Team	Action Completed	Workshop held 09/13/11; actions ratified 10/11/11		
2012-23.2		Approval of the Leon County 2012 Job Creation Plan	Action Completed	Approved 03/13/12		
2012-23.3		Status report on the Leon County 2012 Job Creation Plan	Action Completed	Approved 1/29/13 and 9/24/13		
2012-24	EDBP	Implement strategies to support the Leon County Research and Development Authority at Innovation Park and promote commercialization and technology transfer, including being a catalyst for a stakeholder's forum (rev. 2015)	Complete		Yes	EC2 EC3
2012-24.1		Prepare a stakeholders' forum to serve as a catalyst in harvesting commercialization and technology transfer opportunities	Action Completed	On 4/24/12 the Board approved conducting a workshop on LCRDA for 12/11/12. Stakeholder forum held on 11/16/12.		
2012-24.2		Present Agenda Item	Action Completed	Presented status report to the Board 1/29/13		

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2012-24.3		Budget discussion item regarding urban incubator	Action Completed	Staff report accepted at 7/8/13 Budget Workshop, approved \$250,000 CIP, and directed staff to finalize structure and secure commitments from partner organizations. Ratified 7/9/13.		
2012-24.4		Proposed agreement with Domi Education to operate the Urban Incubator	Action Completed	Approved by the Board 10/29/13		
2012-25	EDBP	Evaluate competitive sports complex with the engagement of partners such as KCCI	Complete		Yes	EC4 Q1 Q4
2012-25.1		Request to schedule a joint meeting of the County and City Commissions following the Board's receipt of market analysis for the sports complex. The proposed meeting will include discussions on the market analysis, the proposed performing arts center, and opportunities for a convention center.	Action Completed			
2012-25.2		Consideration of market analysis performed by Real Estate Insync on the proposed sports complex	Action Completed	Feasibility Assessment Accepted by Board on 7/10/12 Agenda Item; and Assessment to be included in proposed 9/18/12 joint County/City Commission meeting		
2012-25.3		Joint meeting of the County and City Commissions to discuss the market analysis for the sports complex, the proposed performing arts center, and opportunities for a convention center	Action Completed	CRA tabled the discussion of these projects at its 9/24/12 meeting.		
2012-26	EDBP	Explore providing on Demand – Get Local videos	Complete		Yes	G1
2012-26.1		No further Board action - staff will further pursue adding video content to Comcast On-Demand highlighting the role of the County and EDC in economic development	Action Completed	Pursued, however staff was unable to secure without cost to the County		
2012-27	EDBP	Institute Grants Team	Complete		Yes	G5
2012-27.1		No further Board action - staff will formalize a Grants Team from various County departments to help maximize funding opportunities	Action Completed	The Grant Committee met for first time 10/19/12		
2012-28	EDBP	Develop and institute an integrated grant application structure	Complete		Yes	G5
2012-28.1		Approval of grants management software as part of Annual Budget	Action Completed	Funding received; SOP module being developed		
2012-29	EMS	Consider policy to waive EMS fees for uninsured or underinsured veterans	Complete		Yes	EC5 Q3
2012-29.1		Adopt Proposed Policy	Action Completed	Policy adopted 08/28/12		
2012-30	EMS	Pursue funding for community paramedic telemedicine	Complete		Yes	Q2 Q3
2012-30.1		Performance & Community Relevance Workshop	Action Completed	Held 8/23/11		

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2012-30.2		Ratification of Board Actions Taken at Performance & Community Relevance Workshop	Action Completed	Ratified 9/13/11		
2012-30.3		Acceptance of FY11/12 First Quarter Grant Program Leveraging Status Report	Action Completed	Accepted 4/10/12		
2012-30.4		Acceptance of grant	Delete Action	Health Innovation grant not awarded/funded. Robert Wood Johnson Foundation grant not awarded/funded.		
2012-30.5		Will continue to pursue if another source of funding is identified.	Action Completed	Other grant opportunities are being sought; will pursue if another funding source is identified		
2012-31	Facilities	Complete construction of Leon County Cooperative Extension net-zero energy building	Complete		Yes	EN4
2012-31.1		Project complete	Action Completed	Public notification retrofit completion 4/12		
2012-31.2		Grand opening and ribbon cutting	Action Completed	The Grand Opening for the Sustainable Demonstration Center was conducted on 9/14/12		
2012-32	Facilities	Complete construction of the expanded Lake Jackson Branch Library and new community center	Complete		Yes	Q1 EC1 EC6
2012-32.1		Approval of agreement awarding bid	Action Completed	Ram Construction awarded bid 10/25/11; contract executed (contract #3727)		
2012-32.2		Grand opening and ribbon cutting for the Community Center	Action Completed	The library and community center are both complete and operational. The Grand Opening and Ribbon Cutting for the Community Center occurred 2/21/13. Also refer to 2012-49, LI-A regarding library opening.		
2012-33	Facilities	Redevelop Huntington Oaks Plaza, which will house the expanded Lake Jackson Branch Library and new community center, through a sense of place initiative	Complete		Yes	Q1 EC1
2012-33.1		Approval of agreement awarding bid (Facilities)	Action Completed	Ram Construction awarded bid 10/25/11; contract executed (contract #3727)		
2012-33.2		Staff held Huntington Oaks Plaza - Sense of Place Initiative – public workshop	Action Completed	Public workshop held 4/16/12		
2012-33.3		Staff to submit a status report to the Board on the Huntington Oaks "Sense of Place" initiative, and seek approval to rename the Huntington Oaks Plaza to "Lake Jackson Town Center at Huntington"	Action Completed	4/09/13 agenda item; renaming approved		

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2012-33.4		Accepted the Lake Jackson Town Center at Huntington "Sense of Place" initiative, directed \$100,000 as part of the FY 2014 CIP program, followed by \$50,000 annually for plan implementation, and authorized coordination with potential partners such as the City and FDOT.	Action Completed	Public Meeting conducted in 2/12; Library completed 7/12; Library opened 8/21/12; Administrator approved initial Sense of PLACE Initiatives for the Huntington Oaks Plaza 10/2012; Bids for site work approved by Board on 12/11/12; Improved facade, landscaping and pedestrian connections completed as of 5/13. The Huntington "Sense of Place" Initiative report and initial funding request was approved as part of the Board's 6/18/13 agenda. Implementation will be phased-in as funds are made available. Presentation made during the 7/9/13 Board meeting		
2012-34	Facilities	Complete construction of Public Safety Complex	Complete		Yes	Q2 EC2
2012-34.1		Acceptance of Status Report	Action Completed	3/13/12 Presentation to the Board		
2012-34.2		Approval as part of annual budget - operating expenses	Action Completed	Operating budget was approved between City and County, with County's 50% share funded by the Board on 10/1/12		
2012-34.3		Contractor's Substantial Completion; Facilities Mgmt. in possession of facility, and City/County service contracts active	Action Completed	Substantial completion achieved 5/20/13		
2012-34.4		Certificate of Occupancy; Contractor's final completion	Action Completed	Final inspections and COFO 6/2013 for Public Safety Complex Main Building and EMS Logistics Building; completed under budget and on time		
2012-35	Fin. Stw.	Evaluate opportunities to maximize utilization of Tourism Development taxes and to enhance effectiveness of County support of cultural activities, including management review of COCA	Complete		Yes	Q4 EC4 G5
2012-35.1		Present findings and recommendations to the Board	Action Completed	COCA management review presented to the Board on 11/13/12. Issues concerning funding for Arts Exchange, in conjunction with County contracts with COCA, are under review by County and Clerk's internal auditor.		
2012-36	Fin. Stw.	Institute financial self-service module, document management, and expanded web-based capabilities in Banner system	Complete		Yes	G2 EN4

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2012-36.1		Address through the budget approval process	Action Completed	Funding provided within limits for capital improvements to be carried out by MIS and other affected divisions as necessary		
2012-37	Fin. Stw.	Revise program performance evaluation and benchmarking	Complete		Yes	G5
2012-37.1		Address through the budget approval process	Action Completed	Plans will be updated as part of the FY 2014 budget process		
2012-37.2		Presentation of the Annual Financial and Performance Report	Action Completed	12/10/13 agenda item.		
2012-38	HR	Instill Core Practices through providing Customer Experience training for all County employees	Complete		Yes	G1
2012-38.1		No Further Board Action. Customer Experience training program currently being developed.	Action Completed	The Customer Experience Training has been completed countywide to all county employees. Trainings conducted between 12/12 -2/13. Will conduct additional sessions annually in May, September and January.		
2012-39	HR	Instill Core Practices through revising employee orientation process	Complete		Yes	G1
2012-39.1		No Further Board Action. Components of Customer Experience training program and Leon LEADS to be incorporated into new employee orientation.	Action Completed	New Employees are currently receiving Leon Leads Culture material at the time of hire. Leon LEADS values have been incorporated into the advertising and recruitment process as well as offer letters. Additionally, the County Administrator will personally present the Leon LEADS Culture during new employee orientation. A brief overview of the Customer Experience Training has also been incorporated into New Employee Orientation.		
2012-40	HR	Instill Core Practices through revising employee evaluation processes	Complete		Yes	G1

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2012-40.1		No Further Board Action. Employee evaluation tool currently being updated to incorporate principles of Leon LEADS	Action Completed	The revised Employee Evaluation has been developed and completed for Career Service and Senior Management employees and incorporates the Core Values and Core Practices of Leon LEADS. Employees received training on the new evaluation form during Customer Experience Training.		
2012-41	HR	Expand electronic Human Resources business processes including applicant tracking, timesheets, e-Learning, employee self service	Complete		Yes	G2
2012-41.1		No Further Board Action. Employee Self Service program is currently being enhanced to include electronic timesheets. E-Learning solutions being reviewed.	Action Completed	Employees are using the Banner Self-Service (employee and manager), electronic paycheck stub, upgrades to Halogen E-appraisals and Position Control. The new E-timesheet system is currently being used by HR and MIS employees, with approximately 65% of employees utilizing by 12/2013, and remaining by 6/2014. E-recruitment and E-learning have been purchased and are being rolled out.		
2012-41.2		Approval in Annual Budget Process for Applicant Tracking Software	Action Completed	Applicant Tracking Software has been purchased.		
2012-42	HR	Evaluate options for value-based benefit design	Complete		Yes	G4
2012-42.1		Consideration of value based benefit design in health insurance program (to be discussed at Budget Workshop)	Action Completed	Presented as part of the budget workshop held 07/09/12; actions ratified 07/10/12. Value Based Design for Health Insurance included in 2013 Plan Design.		
2012-43	HR	Revise employee awards and recognition program	Complete		Yes	G4
2012-43.1		No Further Board Action. Incorporate Leon LEADS principles into awards and recognition program.	Action Completed	Leon LEADS Core Values and Core Practices are currently being incorporated into Awards and Recognition Program. LEADS Award proposed as part of the FY 2014/15 Budget process.		
2012-44	HR	Utilize new learning technology to help design and deliver Leadership and Advanced Supervisory Training for employees	In Progress		No	G4

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2012-44.1		No Further Board Action. Research new learning technologies available for providing leadership and supervisory training programs.	Action Delayed	Staff has researched new learning technologies for supervisory and leadership training and is in the process of further developing this multi-year initiative.		
2012-45	HSCP	Hold "Operation Thank You!" celebration annually for veterans and service members	Complete		Yes	EC5
2012-45.1		County Commissioners passed a motion 7-0 to approve the proposed Operation Thank You event to honor the service of post-9/11 local armed forces members and veterans. The Board authorized and approved the associated Budget Amendment Request.	Action Completed	Approved 3/13/12		
2012-45.2		No Further Board Action Required. Event scheduled for May 18, 2012.	Action Completed	Operation Thank You event held 5/18/12		
2012-45.3		Operation Thank You - Vietnam-era Veterans	Action Completed	Welcome Home ceremony followed by breakfast served by Leon County Commissioners held 3/30/13		
2012-45.4		Welcome Home Veterans held at Westminster Oaks	Action Completed	Held 5/20/13		
2012-45.5		Honoring WWII Veterans and Remembering the 70th Anniversary of D-Day	Action Completed	Held 6/06/2014		
2012-46	HSCP	Develop job search kiosk for veterans	Complete		Yes	EC5 EC6
2012-46.1		County Commissioners passed a motion 7-0 to authorize staff to proceed with the establishment of a Leon County Veterans Resource Center. The Board approved the Budget Amendment Request for the associated costs.	Action Completed	Approved 3/13/12		
2012-46.2		Ceremonial ribbon cutting	Action Completed	Held 7/11/12		
2012-47	HSCP	Consider policy to allocate a portion of Direct Emergency Assistance funds to veterans	Complete		Yes	EC5 EC6 Q3
2012-47.1		Consider funding during the budget process	Action Completed	Board approved on 10/23/12		
2012-47.2		Agenda item to consider policy to allocate a portion of Direct Emergency Assistance funds to veterans	Action Completed	Board approved on 10/23/12		
2012-48	Int. Det. Alt.	Provide job search assistance for County Probation and Supervised Pretrial Release clients through private sector partners	Complete		Yes	EC6 Q2
2012-48.1		No Further Board Action Required. Contract with private sector vendor for GPS Tracking and Electronic Monitoring Services effective October 1, 2011, and expires September 30, 2013.	Action Completed	Contract with Sentinel Offender Services approved 9/13/11; effective 10/01/11 (contract # 3133A)		
2012-49	Libraries	Relocate library services into the expanded Lake Jackson Branch Library	Complete		Yes	Q1 EC1 EC6
2012-49.1		Relocate library services into the expanded Lake Jackson Branch Library	Action Completed	Grand Opening held 8/21/12		

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2012-50	PLACE	Identify revisions to future land uses which will eliminate hindrances or expand opportunities to promote and support economic activity	Complete		Yes	EC2
2012-50.1		Direct Staff to initiate text amendment to and develop program for future land use category changes	Action Completed	9/24/13 agenda item. Board authorized staff to draft a Board-initiated Comprehensive Plan map amendment regarding revisions to future land uses eliminating areas from the Heavy Industrial Zoning Category, and to bring back a proposed ordinance to expand complementary uses in the Light Industrial (M-1) zoning district		
2012-51	PLACE	Consider policy to encourage redevelopment of vacant commercial properties	Complete		Yes	EC2
2012-51.1		Board accepts status report.	Action Completed	Board accepted status report 5/14/13. All reasonable possible incentives for redeveloping vacant commercial properties are in effect at this time. Additional incentivization measures would either require subsidization of the projects (via funding or waivers of fees) or, in order to further expedite application reviews, increased staff levels. This conclusion is consistent with that of the City of Tallahassee's Growth Management Department, which underwent a similar "dark buildings" study.		
2012-52	PLACE	Consider mobility fee to replace concurrency management system	In Progress		No	EN1 EN2
2012-52.1		Discuss the issue with the Tallahassee Chamber of Commerce, with respect to impacts on the private sector		In progress. Coordination as needed based on feedback from the City and County. The City expects work to begin on this in the later part of 2014.		
2012-52.2		Determination as to whether to initiate a mobility fee program study	Action Completed	Action requires participation both the City and County. An agenda item was presented to the BCC on 3/12/15 at which time the Board voted to continue the issue to a future date.		
2012-52.3		Prepare budget request for FY17 to fund the study.				

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2012-52.4		Contingent upon budget, develop a scope of services and issue an RFP.				
2012-53	PLACE	Promote concentrated commercial development in Woodville	Complete		Yes	EN1 EN2 Q5
2012-53.1		Present status report to the Board	Action Completed	Staff has completed a study of options, with status report on 6/18/2013 Board meeting agenda. Further expansion of concentrated commercial development in Woodville is contingent upon the expansion of central sewer into Woodville, which has been presented as a proposed sales tax extension project (refer to Strategic Initiatives 2012-20 (ED-A) and 2012-63 (PW-A))		
2012-54	PLACE	Update Greenways Master Plan	Complete		Yes	Q1 EC1 EC4
2012-54.1		Presentation to Commission	Action Completed	Mapping of improvements is complete. Public meetings in 1/2013 were combined with Bike Routes Plan outreach. Presentation to Board planned for 5/14/13.		
2012-54.2		Approve update	Action Completed	Updated Tallahassee-Leon County Greenways Master Plan adopted by the Board 5/14/13		
2012-55	PLACE	Consider constructing Cascade Park amphitheatre, in partnership with KCCI	Complete		Yes	Q4 EC1 EC4
2012-55.1		Approve Amphitheatre management plan	Action Completed	Approved by County 8/28/12; City seeks modification prior to its approval. City approved on 7/10/13 and Interlocal Agreement executed 7/11/12 and filed with the Clerk of Court on 8/13/13.		
2012-56	PLACE	Implement design studio	Complete		Yes	Q6 Q7
2012-56.1		No further Board action; DesignWorks studio in place and functioning	Action Completed	Grand opening held 3/7/13		
2012-57	PLACE	Implement visioning team	Complete		Yes	Q6 Q7
2012-57.1		No further Board actions; staff has received appropriate direction and will implement by May 30, 2012	Action Completed	Committee assembled; initial meeting held		
2012-58	PLACE	Develop performance level design standards for Activity Centers	Complete		Yes	Q6 Q7
2012-58.1		Status report to the Board.	Action Completed	Status report accepted by the Board 9/24/13		

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2012-59	PLACE	Revise Historic Preservation District Designation Ordinance	Complete		Yes	Q6
2012-59.1		Proposed ordinance and approval to schedule a Public Hearing	Action Completed	Approved 2/26/13 Board meeting		
2012-59.2		Presentation to Board on proposed Ordinance	Action Completed	Ordinance drafted and in review by DSEM and ARB. Planning Commission hearing 5/2013.		
2012-59.3		Approve revision to Ordinance	Action Completed	First and only Public Hearing continued from 5/14/13 to 5/28/13; Public Hearing held and proposed Ordinance approved		
2012-60	PLACE	Develop design standards requiring interconnectivity for pedestrians and non-vehicular access	Complete		Yes	Q6 Q7
2012-60.1		Status report to the Board.	Action Completed	Standards are in place, staff is reviewing effectiveness. Status report on Board's 6/18/13 meeting agenda. No further Board actions anticipated to be necessary subsequent to status report.		
2012-61	PLACE	Develop bike route system	Complete		Yes	Q7
2012-61.1		Direct staff to implement bike route system	Action Completed	Community meeting held. Final data and graphics complete. Coordinated with TDC. Bike route system presented to and adopted by the Board on 5/14/13.		
2012-62	PLACE	Establish Bicycle & Pedestrian Advisory Committee	Complete		Yes	Q7
2012-62.1		No further Board action – staff has received appropriate direction and will implement by August 30, 2012	Action Completed	Group assembled and initial meeting held.		
2012-63	PW	Bring central sewer to Woodville consistent with the Water and Sewer Master Plan, including consideration for funding through Sales Tax Extension	In Progress		No	EN1 Q5
2012-63.1		Ratification of Board Actions Taken at the Workshop on Infrastructure Sales Tax Extension and Consideration of the Water and Sewer Master Plans	Action Completed	Workshop held 4/12/11; and actions ratified 4/26/11.		
2012-63.2		Additional actions pending results of the Sales Tax Committee Recommendations	Action Completed	Refer to Strategic Initiative 2012-20 (ED-A). Sales Tax extension approved 11/04/14 by 65% of the voters.		
2012-63.3		Submitted for state funding for design of master lift station and force main	Action Completed	Staff is actively seeking grants to provide central sewer in the Woodville Community.		

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2012-63.4		Seek grants and other funding opportunities to leverage Sales Tax Extension funding.		Explore opportunities to leverage Florida Water and Land Conservation Initiative (Amendment 1-2014) funding with Sales Tax Extension funds.		
2012-64	PW	Conduct workshop regarding Onsite Sewage Treatment and Disposal and Management Options report	Complete		Yes	EN1 EC4
2012-64.1		Request to Schedule a Workshop regarding Onsite Sewage Treatment and Disposal and Management Options Report	Action Completed	Requested on 11/13/12		
2012-64.2		Conduct a Workshop regarding Onsite Sewage Treatment and Disposal and Management Options Report	Action Completed	Workshop held on 1/29/13		
2012-64.3		Ratification of Board Actions Taken at the Workshop regarding Onsite Sewage Treatment and Disposal and Management Options Report	Action Completed	Ratified on 2/12/13		
2012-65	PW	Evaluate and construct glass aggregate concrete sidewalk (deleted 2013)	Complete		Yes	EN4
2012-65.1		The Board tabled the issue during its 5/8/12 Board meeting.	Delete Action	Deleted at 2012 Board Retreat		
2012-66	PW	Explore the extension of parks and greenways to incorporate 200 acres of Upper Lake Lafayette	In Progress		No	Q1 EC1 EC4
2012-66.1		Approval of Strategic Initiatives for FY 2012 and FY 2013	Action Completed	Approved 2/28/12		
2012-66.2		Additional actions pending results of the Sales Tax Committee Recommendations	Action Completed	Refer to Strategic Initiative 2012-20 (ED-A). Sales Tax extension approved 11/04/14 by 65% of the voters.		
2012-66.3		Seek grants and other funding opportunities to leverage Sales Tax Extension funding.				
2012-67	PW	Develop Miccosukee Greenway Management Plan	Complete		Yes	Q1 EC1 EC4
2012-67.1		Established the Citizens Advisory Committee	Action Completed	Resolution adopted 08/17/10		
2012-67.2		Acceptance of a Status Report on the Work of the Miccosukee Canopy Road Greenway Citizens Advisory Committee and the Draft Land Management Plan	Action Completed	Accepted 2/14/12		
2012-67.3		Approval of Final Miccosukee Canopy Road Greenway Land Management Plan for Submittal to the Florida Department of Environmental Protection's Office of Greenways and Trails	Action Completed	Board accepted 8/28/12; Acquisition and Restoration Council (ARC) approved 4/19/13		
2012-68	PW	Develop Alford Greenway Management Plan	Complete		Yes	Q1 EC1 EC4
2012-68.1		Established the Citizens Advisory Committee	Action Completed	Resolution adopted 8/17/10		

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2012-68.2		Acceptance of a Status Report on the Work of the J.R. Alford Greenway Citizens Advisory Committee and the Draft Land Management Plan	Action Completed	Accepted 10/23/12		
2012-68.3		Approval of Final J.R. Alford Greenway Land Management Plan for Submittal to the Florida Department of Environmental Protection's Office of Greenways and Trails	Action Completed	Board accepted 5/14/13; submitted to Acquisition and Restoration Council (ARC), and on ARC's 12/13/13 agenda for final review and approval		
2012-69	PW	Complete construction of Miccosukee ball fields	Complete		Yes	Q1 Q5 EC1 EC4
2012-69.1		Approval as Part of the Annual Budget	Action Completed	Planned for FY2013 construction per 7/09/12 budget workshop		
2012-69.2		Approval of Agreement Awarding Bid for Field Construction and Renovations	Action Completed	Bid Delayed until 4/13. Intended bid award issued 6/10/13. Bid awarded to, and agreement approved with, Advon Corporation on 7/9/13. Construction has not commenced due to a conservation easement issue that is being addressed with the School Board. Anticipate resolution in December, with construction resuming soon thereafter. Construction will continue until after 12/2013, but no additional Board action anticipated.		
2012-70	PW	Continue to plan acquisition and development of a North East Park	Complete		Yes	Q1 EC1 EC4
2012-70.1		Consideration of Purchase of Celebration Baptist Church Property	Action Completed	Authorized to enter into an option contract 1/24/11		
2012-70.2		Acceptance of a Status Report Regarding the Acquisition of the Celebration Baptist Church Property for Development of a North East Park	Action Completed	Authorized to execute Purchase and Sale Agreement		
2012-70.3		Land Acquisition (second of three payments) - Approval as Part of the Annual Budget	Action Completed	Land acquisition funded in the FY2013 budget. Development costs were presented to the Sales Tax Committee per Board direction.		
2012-70.4		Land Acquisition (third of three payments) - Approval as Part of the Annual Budget	Action Completed	Approved as part of the FY2014 budget; final payment made 10/2/2013 and closing completed 10/3/2013. Project development continues to be addressed through the Sales Tax Committee.		
2012-71	PW	Develop Apalachee Facility master plan to accommodate year-round events	In Progress		No	Q1 EC1 EC4

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2012-71.1		Approval as Part of the Annual Budget	Action Completed			
2012-71.2		Apply with FDEP for regulatory closure of the Solid Waste facility	Action Completed	Board directed closure of landfill in 4/28/15 Budget Workshop		
2012-71.3		Receive FDEP approval for regulator closure of the Solid Waste facility	Action Completed	(Resource Stewardship)		
2012-71.4		Master Plan developed for Board consideration	Action on Track	Hosting stakeholder and general public meetings in January 2016.		
2012-72	PW	Continue to develop parks and greenways consistent with management plans including Okeeheepkee Prairie Park, Fred George Park and St. Marks Headwater Greenway	In Progress		No	Q1 Q5 EC1 EC4
2012-72.1		Sitting as part of the IA, the Board will be asked to consider allocating Blueprint funds for construction of trailheads, trails and other amenities at the Fred George Greenway and St. Marks Headwater Greenway	Action Completed	Funding transfer was effectuated immediately		
2012-72.2		Approval of Agreement Awarding Bid for Boardwalk and Parking Facilities Construction at the Okeeheepkee Prairie Park (for construction to begin in 2013)	Action Completed	Board awarded bid on 4/14/15, expected completion by 12/15		
2012-72.3		Approval of Agreement Awarding Bid for Construction and Improvements at the Fred George Greenway	Action Completed	Board approved construction agreement 12/9/14, expected completion by 12/15		
2012-72.4		Approval of Agreement Awarding Bid for Construction and Improvements at the St. Marks Headwater Greenway	Action on Track	Phase I (opening of Baum Road trail head) is in currently design and permitting. With Phase I anticipated opening by end of 2016. Phase II (Buck Lake trail head) to follow.		
2012-72.5		Transfer 174-acre property from BP2000 to Leon County for connectivity to J.R. Alford Arm Greenway	Action Completed	Board accepted transfer on 9/23/14		
2012-73	PW	Pursue Public Works' American Public Works Association (APWA) accreditation	In Progress		No	G4 G1
2012-73.1		No Board action required in this two year strategic plan period. Public Works will be going through the self-assessment process.		Staff has initiated the first step in the accreditation process, self-assessment. This step is expected to take 2 years to complete. Next is a site visit by the APWA Winder 2016.		
2012-74	Res. Stw.	Pursue opportunities to fully implement a commercial and residential PACE program	Complete		Yes	EN2 EN3 EN4
2012-74.1		First and only Public Hearing to consider adoption of ordinance (residential)	Action Completed	Adopted Ordinance creating and enacting the Energy Improvement District on 4/13/10. Ordinance was amended on 7/13/10.		
2012-74.2		Ceremonial program kick-off (residential)	Action Completed	Kickoff ceremony 7/14/10		

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2012-74.3		Authorization to institute litigation against FHFA	Action Completed	Authorized to institute litigation concerning PACE Financing Program 9/21/10		
2012-74.4		Adopt Resolution in support of PACE	Action Completed	Resolution adopted 8/23/11		
2012-74.5		First and only Public Hearing amending ordinance (commercial)	Action Completed	Amended Ordinance with respect to its application to commercial properties 2/14/12		
2012-74.6		Acceptance of Status Report (commercial)	Action Completed	8/28/12 agenda item		
2012-74.7		Approval of proposed program (commercial)	Action Completed	10/26/2012 agenda item provided approval to issue third-party RFP		
2012-74.8		Acceptance of litigation status report (residential)	Action Completed	Agenda item to Board. RFP to solicit 3rd party admin. for commercial PACE being developed. Residential PACE no longer being pursued.		
2012-74.9		Agenda item to award contract for Commercial Property Clean Energy (PACE) Administrator	Action Completed	RFP issued, with a 4/25/13 closing date. Agenda item seeking authorization to negotiate and execute a contract for 3rd party admin. for commercial PACE on 6/18/13 agenda (Ygreene Energy Fund to act as the Third-Party Administrator for Leon County Energy Improvement District Commercial PACE Program). See also 9/10/13 meeting follow-up.		
2012-75	Res. Stw.	Consider policy for supporting new and existing community gardens on County property and throughout the County	Complete		Yes	EN3 Q5 EC6
2012-75.1		Adopt proposed policy	Action Completed	Adopted 6/12/12.		
2012-75.2		First Public Hearing to amend Chapter 10, Article VI, Leon County Code of Laws, "Community Gardens"	Action Completed	It has been determined by the County Attorney's Office that the Code needs to be amended. Activity being led by DSEM. Amendment is administrative in nature and not substantial. Hearing held 11/13/12.		
2012-75.3		Second Public Hearing to amend Chapter 10, Article VI, Leon County Code of Laws, "Community Gardens"	Action Completed	Hearing held 12/11/12.		
2012-76	Res. Stw.	Develop energy reduction master plan	Complete		Yes	EN4 G5
2012-76.1		Acceptance of master plan status report	Action Completed	Plans to develop will be phased in during 2014. Completed 4/22/14 Board meeting. Status report, include master plan, was accepted.		

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2012-77	Res. Stw.	Further develop clean - green fleet initiatives, including compressed natural gas	Complete		Yes	EN4
2012-77.1		Adopt proposed policy	Action Completed	Adopted 04/24/12		
2012-78	Res. Stw.	Evaluate Waste Composition Study	Complete		Yes	EN4
2012-78.1		Board workshop to provide staff direction on developing strategies to reach 75% recycling goal and other solid waste issues	Action Completed	7/09/12 Budget Workshop; actions ratified 7/10/12		
2012-79	Res. Stw.	Identify alternative disposal options	Complete		Yes	EN4
2012-79.1		Authorize hiring of a consultant to conduct a Waste Alternatives study	Action Completed	12/13/11 Agenda Item #24		
2012-79.2		Board workshop to provide staff direction on developing strategies to reach 75% recycling goal and other solid waste issues	Action Completed	7/09/12 Budget Workshop; actions ratified 7/10/12		
2012-80	Res. Stw.	Explore renewable energy opportunities at Solid Waste Management Facility	Complete		Yes	EN4
2012-80.1		Board workshop to provide staff direction on developing strategies to reach 75% recycling goal and other solid waste issues	Action Completed	7/09/12 Budget Workshop; actions ratified 7/10/12		
2012-81	Tourism	Support VIVA FLORIDA 500	Complete		Yes	EC4
2012-81.1		Approval as part of Annual Budget	Action Completed	Funded as part of FY2013 budget		
2012-82	Tourism	Develop Capital Cuisine Restaurant Week	Complete		Yes	EC4
2012-82.1		Approval as part of Annual Budget	Action Completed	Held May 2012		
2012-82.2		Approval as part of Annual Budget	Action Completed	Funded as part of FY2013 budget. Event held 5/16-5/28/13.		
2012-83	Tourism	Support Choose Tallahassee initiative	Complete		Yes	EC4
2012-83.1		Approval of Funding Request (FY2012)	Action Completed	Approved 1/24/12		
2012-83.2		Approval as part of Annual Budget	Action Completed	Funded as part of FY2013 budget		
2012-84	Tourism	Consider programming Cascade Park Amphitheater	Complete		Yes	Q4 EC4
2012-84.1		Approval of Interlocal Agreement with City	Action Completed	Approved by County 8/28/12; City seeks modification prior to its approval. Anticipate coming back to the Board 4/13.		
2012-84.2		Approval of Interlocal Agreement with Amendments Requested by the City	Action Completed	Waiting on presentation of noise study to Myers Park residents and possible noise abatement enhancements. Noise study has been completed and presented to the neighborhood association.		

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2012-84.3		Approval of Funding Request (if necessary)	Action Completed	Funding for program management is included in the FY2013/14 tentative budget		
2012-84.4		Approval by the IA to move forward with the Amphitheater and Cascade Park Completions, with additional BluePrint 2000 Funding	Action Completed	Approved 2/25/13		
2012-84.5		Proposed revised Interlocal to the IA	Action Completed	Anticipated 6/19/13		
2012-84.6		Proposed revised Interlocal to the City and County Commissions	Action Completed	Approval of Interlocal Agreement and Enabling Resolution Creating STAGE Advisory Committee 7/09/13		
2012-84.7		Status report to the Board on the Amphitheater Concerts	Action Completed	July 8, 2014 Status Report presented to the Board		
2013-01	County Admin.	Consider establishing a Domestic Partnership Registry	Complete		Yes	Q3
2013-01.1		Ratify new 2013 Strategic Initiative to consider establishing a Domestic Partnership Registry (DPR)	Action Completed	1/29/13 agenda item		
2013-01.2		Board authorization to schedule a Public Hearing to consider Ordinance establishing a DPR	Action Completed	2/12/13 agenda item		
2013-01.3		Conduct the Public Hearing to consider a proposed Ordinance to establish a DPR	Action Completed	3/12/13 agenda item (Public Hearing)		
2013-01.4		Prepare requisite affidavits to enter into, amend, and terminate a DPR	Action Completed	Prepared; submitted to the Clerk's office; posted online (completed 3/21/13)		
2013-01.5		Prepare a FAQ regarding the DPR and website presence	Action Completed	Prepared; submitted to the Clerk's office; posted online (completed 3/21/13)		
2013-01.6		Domestic Partnership Registry opens	Action Completed	Opened 5/1/213		
2013-02	County Admin.	Seek community involvement with the VIVA FLORIDA 500 Time Capsule	Complete		Yes	Q4
2013-02.1		Ratify new 2013 Strategic Initiative to seek community involvement with the Viva Florida 500 Time Capsule	Action Completed	1/29/13 agenda item		
2013-02.2		Consideration of enabling Resolution to establish the Leon County Viva Florida 500 Time Capsule Committee	Action Completed	1/29/13 agenda item		
2013-02.3		Viva Florida 500 Time Capsule Committee Report approved by the Board	Action Completed	10/8/13 agenda item; time capsule sealing ceremony held 10/25/13 at the Leon County Courthouse		
2013-03	County Admin.	Convene periodic Chairman's meetings with Constitutional Officers regarding their budgets and opportunities to gain efficiencies	Complete		Yes	G5
2013-03.1		Ratify new 2013 Strategic Initiative to convene periodic Chairman's meetings	Action Completed	1/29/13 agenda item		
2013-03.2		Initial meeting	Action Completed	Meeting held		

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2013-04	County Admin.	Consider options to gain continuity of Commissioners' representation on committees, such as multi-year appointments	Complete		Yes	G5
2013-04.1		Ratify new 2013 Strategic Initiative to consider options to gain continuity of Commissioners' representation on committees	Action Completed	1/29/13 agenda item		
2013-04.2		Agenda item for the Board's consideration of options	Action Completed	Revised Policy No. 11-2 adopted 4/23/13		
2013-05	County Admin.	Identify the next version of "Citizens Engagement" to include consideration of an "Our Town" Village Square concept	Complete		Yes	G3
2013-05.1		Ratify new 2013 Strategic Initiative to identify the next version of "Citizens Engagement"	Action Completed	1/29/13 agenda item		
2013-05.2		Approval of the December 2013 Board Retreat Agenda, including plans to discuss the next version of Citizens Engagement at the retreat	Action Completed	09/24/13 agenda item		
2013-05.3		Identify proposal for the next version of Citizen Engagement	Action Completed	Included as part of the 12/09/13 Board retreat (refer to Strategic Initiative 2014-2)		
2013-06	County Admin.	Pursue expansion for whistleblower notification	Complete		Yes	G1
2013-06.1		Ratify new 2013 Strategic Initiative to pursue expansion for whistleblower notification	Action Completed	1/29/13 agenda item		
2013-06.2		Add notification information to County's website	Action Completed	Committee established, met and provided input. 3rd draft developed; finalized		
2013-07	County Admin.	Pursue Sister County relationships with Prince George's County Maryland and Montgomery County, Maryland	Complete		Yes	G2
2013-07.1		Ratify new 2013 Strategic Initiative regarding Sister County relationships	Action Completed	1/29/13 agenda item		
2013-07.2		Agenda item with recommendations for the Board's consideration	Action Completed	2/26/13 agenda item		
2013-08	County Admin.	Periodically convene community leadership meetings to discuss opportunities for improvement	Complete		Yes	G5
2013-08.1		Ratify new 2013 Strategic Initiative regarding community leadership meetings	Action Completed	1/29/13 agenda item		
2013-08.2		Agenda item with recommendations for the Board's consideration	Action Completed	10/29/13 agenda item		
2013-09	Comm. & Media	Expand opportunities for increased media and citizen outreach to promote Leon County	Complete		Yes	G1, G3

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2013-09.1		Prepared budget discussion item and will respond in accordance with Board direction to include \$32,170 in increased funding for community outreach in the FY 2014 Budget to support expanded social media efforts through a dedicated part-time OPS	Action Completed	Consideration of Diversifying and Enhancing Community Outreach Methods / Media and the Fiscal Impacts, approved as part of the FY 2014 Budget Workshop, and ratified 7/9/13		
2013-10	DSEM	Develop examples of acceptable standard solutions to expedite environmental permitting for new construction	Complete		Yes	EN1 EN2 G2
2013-10.1		Status Report on the application of stormwater standards to single family lots under single ownership in closed basins	Action Completed	The current practice and policy requires that "DSEM not apply stormwater volume control standards to a vested single-family lot which is under one owner (whether the lot was the construction of a new residential dwelling unit, or the expansion of an existing residential dwelling unit), even if the property is located within a closed basin." The Board accepted a status report regarding this exemption on 8/28/12.		
2013-11	EDBP	Develop a proposed economic development component for the Sales Tax extension being considered	Complete		Yes	EC1 G3 G5
2013-11.1		Request to schedule a workshop with the Board (per the Board's 4/16/11 direction)	Action Completed	4/24/12 agenda item		
2013-11.2		Board Workshop on the Economic Development Portion of the Local Government Infrastructure Sales Surtax	Action Completed	7/10/12 agenda item		
2013-11.3		Ratification of actions taken during the Board's 07/10/12 Workshop on the Economic Development Portion of the Local Government Infrastructure Sales Surtax	Action Completed	7/10/12 agenda item		
2013-11.4		Enter into a Public/Private Partnership with Imagine Tallahassee for the utilization of staff resources to conduct a community visioning exercise and action plan for the economic development portion of the infrastructure sales tax plan	Action Completed	2/12/13 agenda item		
2013-11.5		Present the Sales Tax Committee's recommendations to the Board	Action Completed	5/14/2013 Agenda Item extended completion date to 1/31/14; presentation date TBD (also refer to 2012-22, ED-A)		
2013-11.6		Consideration of setting referendum date for the sales tax extension	Action Completed	Sales Tax extension approved 11/04/14 by 65% of voters		
2013-12	Facilities	Successfully open the Public Safety Complex	Complete		Yes	Q2

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2013-12.1		Approval of Interlocal Agreements (Joint Management and Use; Telecommunications and Technology; and Consolidation of Public Safety Dispatch Communications)	Action Completed	Tracked under Strategic Initiative CA-A, consolidate dispatch functions		
2013-12.2		Advertise Operations Manager Position (HR)	Action Completed	Position advertised; applications requested; open until filled		
2013-12.3		Recommendation and Approval of Operations Manager	Action Completed			
2013-12.4		Operations Manager to commence work	Action Completed			
2013-12.5		PSC opening ceremony held 7/11/13, and EMS Welcome Home celebration held 7/26/13	Action Completed			
2013-13	Facilities	Identify opportunities whereby vacant, underutilized County-owned property, such as flooded-property acquisitions, can be made more productive through efforts that include community gardens	Complete		Yes	G5
2013-13.1		Status report regarding County-owned real estate	Action Completed	1/29/13 agenda item		
2013-13.2		Agenda Item seeking approval to schedule Public Hearing to adopt a resolution and approve a list of additional County-owned properties appropriate for affordable housing	Action Completed	6/18/13 agenda item to schedule 7/9/13 Public Hearing		
2013-14	Fin. Stw.	Develop financial strategies to eliminate general revenue subsidies for business operations (i.e., Stormwater, Solid Waste and Transportation programs)	Complete		Yes	G5
2013-14.1		Request to schedule Stormwater workshop for 3/12, and Solid Waste workshop on 4/23	Action Completed	11/13/12 agenda item		
2013-14.2		Consolidated workshops into one planned for 4/23/13 (will present studies conducted for the cost of providing solid waste and stormwater services, and the amount necessary to charge in order to eliminate the general revenue subsidy)	Action Completed	2/25/13 email		
2013-14.3		Workshop item will be scheduled regarding the necessary timelines to enact the five-cent gas tax	Action Completed	4/23/13 workshop		
2013-14.4		Ratified actions taken during the 4/23/13 Workshop	Action Completed	Ratified 4/23/13		
2013-14.5		Conduct Public Hearing (re: Stormwater Non-ad Valorem Assessment Fee, and Amending Solid Waste Ordinance)	Action Completed	Conducted 5/28/13 Public Hearing		
2013-14.6		First and Only Public Hearing Non-ad Valorem Assessment Roll for Solid Waste Disposal Services Assessment	Action Completed	9/10/13 - No change to Solid Waste Annual Disposal Service Charge		
2013-14.7		First and Only Public Hearing to Adopt the 2nd Local Option Fuel Tax (Five-Cent Gas Tax) Ordinance	Action Completed	Conducted 9/17/13 Public Hearing		
2013-14.8		Final Budget Approved	Action Completed	Second and Final Hearing for Adoption of FY14 Budget held 09/24/13		

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2013-15	Fin. Stw.	Consider approval of the local option to increase the Senior Homestead Exemption to \$50,000 for qualified seniors	Complete		Yes	G5
2013-15.1		Request to schedule Public Hearing to Consider an Additional Homestead Exception of up to \$249,999 for Eligible Low-Income Senior Citizens who Own and have Lived in Homesteaded Property for 25 Years	Action Completed			
2013-15.2		First and Only Public Hearing to Consider an Additional Homestead Exception of up to \$249,999 for Eligible Low-Income Senior Citizens who Own and have Lived in Homesteaded Property for 25 Years	Action Completed			
2013-16	Fin. Stw.	Extend the term of Leon County's Local Preference Ordinance	Complete		Yes	EC7
2013-16.1		First and Only Public Hearing to Adopt and Ordinance Extending the Provision of the Local Preference Ordinance in Relation to Bidding of Construction Services for More Than \$250,000	Action Completed	Public Hearing held 1/29/13		
2013-17	HSCP	Implement procedures for residents to take full advantage of the NACO Dental Card Program	Complete		Yes	Q3
2013-17.1		Board approval of the NACO Dental Card Program	Action Completed	10/09/12 agenda item		
2013-17.2		Program rollout	Action Completed	Received marketing materials 06/2013; rolled out 07/13 (7/30/13 news release)		
2013-18	PLACE	Develop solutions to promote sustainable growth inside the Lake Protection Zone	Complete		Yes	EN1 EN2 G2
2013-18.1		Initiate Comprehensive Plan amendments for properties along Timberlane Road (Cycle 2013-1)	Action Completed	2/5/13 Planning Agency meeting; preliminary recommendation of amendment from "Lake Protection" to "Suburban" on expanded number of properties		
2013-18.2		Joint City-County Transmittal Public Hearing (Timberlane Road near Market District)	Action Completed	Approved during 4/09/13 Joint City-County meeting (Timberlane Road near Market District)		
2013-18.3		Joint City-County Adoption Public Hearing (Timberlane Road near Market District)	Action Completed	Approved during 5/28/13 Joint City-County meeting (Timberlane Road near Market District)		
2013-18.4		Determination by Board as to whether to initiate map amendment for North Monroe Street north of I-10	Action Completed	Direction provided at 11/19/13 Workshop to initiative Comprehensive Plan amendments.		
2013-19	PLACE	Promote communication and coordination among local public sector agencies involved in multi-modal transportation, connectivity, walkability, and related matters	Complete		Yes	Q7 EC1

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2013-19.1		Coordinate with local Chambers of Commerce to get initial input on mobility fee study	Action Completed	Initial meeting scheduled as of 3/13; more in progress		
2013-19.2		Meet with FDOT to discuss mobility fee standards and develop agreed upon development standards. Include City/County Public Works, CRTPA, etc.	Action Completed	Initial City issues meeting held 2/13; more will be scheduled, and will expand to County meetings.		
2013-19.3		Planning staff begin attending CRTPA meetings	Action Completed	Initiated as of 3/13		
2013-20	PW	Extend central sewer or other effective wastewater treatment solutions to the Primary Springs Protection Zone area within Leon County	In Progress		No	EN1
2013-20.1		Ratification of Board Actions Taken at the Workshop on Infrastructure Sales Tax Extension and Consideration of the Water and Sewer Master Plans	Action Completed	Workshop held 4/12/11 and actions ratified 4/26/11.		
2013-20.2		Request to schedule a workshop regarding options to reduce nitrate load to Wakulla Springs from septic systems, where central sewer is not available	Action Completed	11/13/12 agenda item		
2013-20.3		Conduct workshop regard options to reduce nitrate load to Wakulla Springs from septic systems, where central sewer is not available	Action Completed	1/29/13 Board workshop		
2013-20.4		Ratify actions taken at workshop, including continued pursuit of proposed sales tax extension project #10, Woodville Water Quality, and amendment of the Code of Laws to establish AWT nitrogen standard for new construction within the Primary Springs Protection Zone (PSPZ)	Action Completed	2/12/13 agenda item		
2013-20.5		Seek approval to schedule Public Hearing on proposed Ordinance to amend the Code of Laws to establish AWT nitrogen standard for new construction within the PSPZ	Action Delayed			
2013-20.6		Conduct Public Hearing on proposed Ordinance to amend the Code of Laws to establish AWT nitrogen standard for new construction within the PSPZ	Action Delayed			
2013-20.7		Present the Sales Tax Committee's recommendations to the Board	Action Completed	Refer to Strategic Initiative 2012-20 (ED-A)		
2013-20.8		Consideration of setting referendum date for the sales tax extension	Action Completed	Refer to Strategic Initiative 2012-20 (ED-A). Sales Tax extension approved by 65% of voters.		
2013-20.9		Received FDEP grant to design Woodville Heights	Action Completed	Board approved grant 9/23/14		
2013-21	PW	In partnership with the City of Tallahassee and community partners, conduct a community-wide conversation on upper league competition with the goal of a higher degree of competition and more efficient utilization of limited fields	In Progress		No	Q1 EC1

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2013-21.1		Convene a meeting of community baseball representatives/leadership, including City management staff	Action Completed	Explored programmatic consolidation with sports provider groups. Interest in meeting did not materialize. Interest in consolidating leagues did not materialize.		
2013-21.2		Present status report to Board regarding the meeting and obtain Board direction on further actions	Action Delayed			
2013-22	PW	Conduct a workshop that includes a comprehensive review of sidewalk development and appropriate funding	Complete		Yes	Q6 Q7
2013-22.1		Agenda request to schedule a workshop on sidewalk policy, priorities and funding options	Action Completed	01/29/13 agenda item		
2013-22.2		Conduct workshop	Action Completed	4/9/13 Workshop conducted		
2013-22.3		Ratify actions taken during the workshop	Action Completed	Action ratified 5/14/13		
2013-23	Res. Stw.	Expand the community gardens program	Complete		Yes	EN3 Q5 EC6
2013-23.1		Status report on the County Community Garden Program, and adoption of Revised Policy No. 12-2, Community Garden Policy	Action Completed	1/29/13 agenda item		
2013-23.2		Status report regarding County-owned real estate	Action Completed	1/29/13 agenda item increased the number of properties suitable for community gardens		
2013-24	Res. Stw.	Seek competitive solicitations for single stream curbside recycling and comprehensively reassess solid waste fees with goals of reducing costs and increasing recycling	Complete		Yes	EN4
2013-24.1		Award bid to Government Services Group to conduct a Solid Waste Assessment Study	Action Completed	6/26/12 agenda item		
2013-24.10		Public hearing regarding intent to utilize uniform method of collection	Action Completed	Public Hearing to held 5/28/13 (staff directed to develop user fee for Rural Waste Service Centers; universal collection not required)		
2013-24.11		Request to schedule a public hearing for 6/25/13 to adopt solid waste assessment roll, certify roll to Tax Collector, and to adopt rate study; and mailing of first class letter	Action Completed	Public Hearing held 5/28/13		
2013-24.12		Public hearing to adopt solid waste assessment roll, certify roll to Tax Collector, and to adopt rate study	Action Completed	Public Hearing held 5/28/13		
2013-24.2		Request to Schedule a Workshop on Solid Waste Non-ad Valorem Assessments for April 23, 2013	Action Completed	11/13/12 agenda item		
2013-24.3		Approval to issue an ITB for an exclusive franchise to provide waste collection services in the unincorporated area of Leon County	Action Completed	12/11/12 agenda item		

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2013-24.4		Approval of a 2nd Amendment to the Agreement with Waste Management, Inc. for solid waste hauling and disposal services	Action Completed	12/11/12 agenda item		
2013-24.5		Approval to issue a RFP for operation of transfer station services	Action Completed	12/11/12 agenda item		
2013-24.6		Authorization to negotiate contract with successful bidder for exclusive franchise to provide waste collection services in unincorporated Leon County	Action Completed	2/12/13 agenda item (authorization to negotiate with Waste Pro)		
2013-24.7		Status report of the issuance of a RFP for operation of transfer station services	Action Completed	2/12/2013 agenda item		
2013-24.8		Workshop on solid waste assessment, collection service level, and request to schedule a public hearing on uniform method of collection	Action Completed	Workshop held 4/23/13		
2013-24.9		Ratification of actions taken during the Solid Waste workshop	Action Completed	Actions ratified 4/23/13		
2013-25	Tourism	Expand, connect and promote "Trailhassee" and the regional trail system	Complete		Yes	Q1 Q5 EC1 EC4
2013-25.1		Incorporate and emphasize trail connectivity in the County's recommended projects to be considered by the Sales Tax Committee	Action Completed			
2013-25.2		Approve \$250,000 for the improvements to the Apalachee Regional Park Trail and Cross Country Course	Action Completed			
2013-25.3		Present the County's recommended projects to the Sales Tax Committee	Action Completed			
2013-25.4		Accept status report and approve budget amendment request of \$35,000 to create Trailhassee.com website and brand	Action Completed			
2013-25.5		Select consultant to perform Capital City to the Sea Trails Master Plan and PD&E	Action Completed	CRTPA		
2013-25.6		Approve scope of services for the Capital City to the Sea Trails Master Plan and PD&E; Authorize CRTPA Executive Director to administer contract with Kimley-Horn and Associates	Action Completed	Adopted by CRTPA on 3/25/13 and executed 3/26/13		
2013-25.7		Update Greenways Master Plan	Action Completed	Updated Tallahassee-Leon County Greenways Master Plan adopted 5/14/13		
2013-25.8		"Trailhassee" online presence	Action Completed	News release issued 10/2/13		
2014-01	County Admin.	Work with FSU on the Civic Center District Master Plan to include the potential partnership to realize the convention center space desired by the County and to bring back issues related to the County's financial and programming roles and participation for future Board consideration	Complete		Yes	EC1, EC4

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2014-01.1		Provided direction at the workshop to review the Sales Tax Committee's Final Report and consider the continuation of the Local Government Infrastructure Surtax, specifically including \$20 million for construction of a convention center in the Madison Mile Convention District	Action Completed			
2014-01.2		Ratification of workshop item	Action Completed			
2014-01.3		Agenda item for the Board's consideration on the County's financial and programming roles and participation.	Action Completed			
2014-01.4		Intergovernmental Agency meeting to finalize sales tax projects	Action Completed			
2014-01.5		Agenda item for the CRA's consideration to reallocate the one cent of bed taxes currently dedicated to the performing arts center. Based on the Board's direction from April 8th, this may include operational support for the proposed convention center.	Action Completed	CRA agenda item completed and presented in April; issue is ongoing; further direction is pending.		
2014-01.6		Finalize ballot language for the 2014 general election	Action Completed	Sales Tax extension approved 11/04/14 by 65% of the voters.		
2014-01.7		FSU President Select John Thrasher to attend the 2014 Board Retreat	Action Completed	The Board extended an invitation for John Thrasher to attend the Retreat and he has accepted.		
2014-01.8		Present issue paper at the December 2015 Board Retreat on economic development, to include the Civic Center Master Plan and convention center.	Action Completed			
2014-02	County Admin.	Develop a proposed partnership for the next iteration of Citizen Engagement, possibly with Village Square, which would be renewable after one year	Complete		Yes	EC1, EC4
2014-02.1		Agenda item to approve a partnership with The Village Square, including establishing and funding the Club of Honest Citizens program	Action Completed			
2014-03	County Admin.	Engage with the private sector to develop property at the corner of Miccosukee and Blair Stone, to include the construction of a Medical Examiner facility	In Progress		No	EC1 EC4
2014-03.1		Release Solicitation for the Provision of Medical Examiner Facility in Exchange for Conveyance of Leon County Property	Action Completed	Released ITN 05/07/14		
2014-03.2		Solicitation replies Opening Date	Action Completed	Opening Date 08/12/14		
2014-03.3		Board approval to establish the Medical Examiner Facility at the previous Mosquito Control/Animal Control Municipal Way building.	Action Completed	Agenda approved budget workshop ratification 6/7/15		
2014-03.4		Board approved the sale of County-owned property to support the Medical Examiner project funding requirements.	Action Completed	Agenda approved budget workshop ratification 6/7/15		

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2014-03.5		Board approved staff to negotiate with vendor for architectural and engineering services for the Medical Examiner's facility.	Action Completed	Agenda approved 10/27/2015		
2014-03.6		Solicit for construction services of Medical Examiner.				
2014-03.7		Open Medical Examiner facility.				
2014-03.8		Subdivide the Blair Stone parcel from the parent Public Works parcel and rezone to C-2 to allow for a more intense commercial use.				
2014-03.9		Solicit real-estate brokerage services to facilitate marketing and sale of Blair Stone property.				
2014-04	DSEM	Engage in a needs assessment for the Bradfordville Study Area	Complete		Yes	EC1 Q6 Q7
2014-04.1		Establish a Bradfordville Sector Plan (BSP) citizen review committee	Action Completed	Currently in process - anticipate completion by the end of May, 2014		
2014-04.2		Conduct committee meetings to discuss proposed changes to BSP	Action Completed	June - August 2014		
2014-04.3		Request public hearing(s) for consideration of amendments to BSP and Land Development Code (LDC)	Action Completed	September 2014		
2014-04.4		Staff to request scheduling public hearings	Action Completed	Anticipated for 12/09/14 Board Meeting		
2014-04.5		Conduct public hearing(s) on proposed amendments to BSP and LDC	Action Completed	Public Hearings held 1/27/15 and 2/10/15		
2014-05	EDBP	Ensure projects being considered for funding associated with the infrastructure Sales Tax extension represent geographic diversity throughout the County	Complete		Yes	EC1 G5
2014-05.1		Provided direction at the Workshop to Review the Sales Tax Committee's Final Report and Consider the Continuation of the Local Government Infrastructure Surtax – specifically moving the Lake Lafayette and West Pensacola projects to Tier I	Action Completed			
2014-05.2		Ratification of workshop item	Action Completed			
2014-05.3		Intergovernmental Agency meeting to finalize sales tax projects	Action Completed	Approved by both Commissions on 04/22/14		
2014-05.4		Finalize ballot language for the 2014 general election	Action Completed	Sales Tax extension approved 11/04/14 by 65% of the voters		
2014-06	EDBP	Ensure projects being considered for funding associated with the infrastructure Sales Tax extension address core infrastructure deficiencies in rural areas	Complete		Yes	EC1 G5

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2014-06.1		Provided direction at the Workshop to Review the Sales Tax Committee's Final Report and Consider the Continuation of the Local Government Infrastructure Surtax – specifically on an option to allocate 2% to support LIFE	Action Completed			
2014-06.2		Ratification of workshop item included 2% for LIFE	Action Completed			
2014-06.3		Intergovernmental Agency meeting to finalize sales tax projects	Action Completed	Approved by both Commissions on 04/22/14		
2014-06.4		Finalize ballot language for the 2014 general election	Action Completed	Sales Tax extension approved 11/04/14 by 65% of the voters		
2014-07	EDBP	Engage with local economic development partners to build and expand upon the success of Entrepreneur Month and community connectors	Complete		Yes	EC2
2014-07.1		Budget discussion item seeking the Board's sponsorship of e-month related activities	Action Completed	Action completed for 2013 & 2014. Will continue into 2015		
2014-08	EMS	Continue to pursue funding for community paramedic telemedicine	Complete		Yes	Q1 Q2
2014-08.1		Approval of consulting agreement to provide assistance with approach and scope of the Community Paramedic program	Action Completed			
2014-08.2		Authorize the acceptance of State of Florida EMS Matching grant to support Community Paramedic program	Action Completed			
2014-08.3		Authorize the acceptance of awarded grants	Action Completed	Accepted \$57,735 DOH Grant and Status Report of Community Paramedic Program 9/2/14 Board Meeting.		
2014-09	PLACE	Support sector planning for the area surrounding Veterans Affairs' outpatient clinic	Complete		Yes	EC1 Q6 Q7
2014-09.1		Board Acceptance of Report on Land Uses Associated with Veterans' Affairs Clinics a. Comparative review of other communities b. Recommendations for any needed local land use changes c. Initiation of any Comprehensive Plan or LDR Changes, if determined necessary by the report	Action Completed	Set for 11/18/14 Board meeting. No LDR or Comp Plan changes are needed. The Status Report will result in the completion of this initiative.		
2014-09.2		Submission of any Comprehensive Plan or LDR Amendment Applications, if determined necessary	Action Completed	Anticipate 11/18/14 Board meeting status report agenda item. No LDR or Comp Plan changes are needed. The Status Report will result in the completion of this initiative.		
2014-10	PLACE	Work with the City to celebrate the opening of Cascades Park	Complete		Yes	Q4

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2014-10.1		Officially opened with a trio of events: a dedication ceremony and Family Fun Night on Friday March 14 and Discover Cascades Day on Saturday March 15	Action Completed			
2014-11	PLACE	Focus on improving Leon County's ranking as a bicycle friendly community	Complete		Yes	Q1 EC4
2014-11.1		Update on Feedback from the Bicycle Friendly Community application	Action Completed	After many attempts, staff finally received feedback from the League of American Cyclists. Due to so many applications nationally, they have adjusted their ranking criteria (but did not make this readily apparent to the public). As a result, staff updated the previous strategy and presented an agenda item to the Board on July 8, 2014.		
2014-11.2		Approval of a plan to improve cycling in Leon County	Action Completed	This action was completed with an 10/28/14 report to the Board.		
2014-12	PLACE	Institute as Sense of Place for the fairgrounds	Complete		Yes	Q4 EC1 EC4
2014-12.1		Board acceptance of Fairgrounds Sense of Place Initiative	Action Completed	Consultant presentation and Report provided and Board approved 7/7/15. Implementation of recommendations delayed as part of the 2020 Sales Tax.		
2014-12.2		Explore grants and other funding opportunities to leverage Sales Tax Extension funding.				
2014-13	PW	Further establish community partnerships for youth sports development programs	Complete		Yes	Q4
2014-13.1		Status Report on Partnership with Community Baseball League	Action Completed			
2014-13.2		Adoption of License Agreement with Community Baseball League for Use of J. Lewis Hall Park Baseball Field and Volunteer Services Supporting the County's Little League Program	Action Completed	License agreement approved by the Board 7/8/14.		
2014-14	PW	Create a capital projects priority list for the fifth-cent gas tax (program)	Complete		Yes	G5 EC1
2014-14.1		Agenda item on programming for the first 2 years, FY14-15	Action Completed			
2014-14.2		Future programming to be provided via the CIP budget process	Action Completed			
2014-15	Tourism	Continue to work with FSU to bid and host NCAA cross country national and regional championships at Apalachee Regional Park	Complete		Yes	EC4 Q1

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2014-15.1		The bid for the national championship was completed and submitted to the NCAA but was not awarded to FSU/Leon County. However, FSU was awarded an NCAA southeast regional championship in both 2014 and 2016. In addition, Tourism Development is working with FAMU to secure a 3-year contract that would award the MEAC championship to Leon County beginning in 2014.	Action Completed			
2014-15.2		Develop a 3-5 year capital improvement plan to provide for a substantial water sources, additional restrooms, concession facility or designated food truck area, sports media and operations facility, additional fiber optic cable, paving the full entrance road.	Action Completed	Parks and Recreation 5-year CIP for the Apalachee Regional Park was adopted by the Board		
2015-01	HSCP	Provide an early budget discussion item regarding primary health care, including mental health care services, and options to maximize resources to meet the healthcare needs of the community including those individuals served through the local criminal justice system	Complete		Yes	Q3 G2
2015-01.1		Item will be included as part of the Budget Workshop scheduled for 04/29/15	Action Completed	Board approved status report during 4/28/15 Budget Workshop		
2015-02	Res. Stw.	Evaluate the long-term policy implications of the following options, taking into consideration the potential fiscal, environmental, operational and neighborhood impacts: a complete closure of the landfill; redirect Class I Solid Waste from the Transfer Station to the landfill; and a hybrid solution that includes both Class I Solid Waste disposal at the landfill and through the Transfer Station	Complete		Yes	G5 Q1 EN4
2015-02.1		Board approval of a long-term direction for the Apalachee Solid Waste Facility	Action Completed	Board authorized closure of the landfill during the 4/28/15 Budget Workshop		
2015-03	EDBP	Evaluate and identify the projected unmet local market for middle-skill job opportunities	Complete		Yes	EC2 EC6
2015-03.1		Bring forth an agenda item to the Board for consideration to host the Leon Works Expo in the fall after hosting a series of meetings with community partners to determine the challenges in filling the middle-skill labor in our market as well as identifying training, certifications, and apprenticeships available to high school students.	Action Completed	Agenda accepted by Board on 3/10/15		

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2015-04	EDBP	Based upon the projected unmet local market for middle-skill jobs, and with Board approval, collaborate with community and regional partners to host a new "Leon Works" exposition to educate high school students (15-18 years old) on the diverse and exciting middle-skill career and jobs anticipated locally, while raising awareness regarding a wide range of career opportunities	Complete		Yes	EC2 EC6
2015-04.1		Present a budget for Board consideration as part of the FY 2016 budget process	Action Completed	To be presented during the 6/23/15 Budget workshop		
2015-04.2		Hosted Leon Works event.	Action Completed			
2015-04.3		Provide the Board a status update of the Expo as well as provide feedback from the community of the event itself.	Action Completed	To be presented as part of the 2015 Board Retreat		
2015-05	PLACE	Initiate a comprehensive review and revision to the Land Use Element of the Comprehensive Plan	In Progress		No	Q6 Q7
2015-05.1		Present to Board outline of possible changes & outreach plan	Action Completed	5/26/15 Public Hearing Joint City/County Comp Plan Amend		
2015-05.2		Outreach and consensus on desired changes				
2015-05.3		Draft changes to Element distributed the public				
2015-05.4		Submit for 2018-1 Comprehensive Plan Cycle				
2015-06	PLACE	Reformat the existing on-line Comprehensive Plan to modernize its appearance and increase usability	Complete		Yes	G1
2015-06.1		Review other communities for examples and implement changes to formatting	Action Completed	Joint City/County meeting 5/26/15		
2015-07	PLACE	Evaluate the existing Comprehensive Plan amendment process, and identify opportunities for further streamlining	Complete		Yes	G1
2015-07.1		Provide Status Report to Board with proposed changes	Action Completed	Joint City/County meeting 5/26/15		
2015-07.2		Implement in the next cycle (2016-1)	Action Completed	Changes implemented in 2015 amendment cycle.		
2015-08	PLACE	Protect the rural character of our Rural Land use category	Complete		Yes	Q6 Q7
2015-08.1		Adoption of Rural Future Land Use text changes (already in 2015-1 cycle)	Action Completed	5/26/15 Public Hearing Joint City/County Comp Plan Amend		
2015-08.2		2015-1 Cycle Amendments Submitted to State DEO	Action Completed			
2015-08.3		Anticipated Effective Date	Action Completed			
2015-09	Comm. & Media	Develop a Leon County "Crisis Management Communication Plan"	In Progress		Yes	Q2
2015-09.1		Board approval of preliminary approach to develop the Crisis Communications Plan	Action Completed			

Initiative #	Lead	Strategic Initiatives/Actions	Status	Comments	Complete by Dec '15	Align
2015-09.2		Update the Emergency Support Function for External Affairs & Public Information (ESF-14) document to address protocol for internal mass communications in times of disaster.	Action on Track			
2015-10	PLACE	Work with the City of Tallahassee and Blueprint to implement the Sales Tax extension, including the Economic Development portion	Complete		Yes	EC1 G5
2015-10.1		Appropriate amendments to the interlocal agreements are anticipated to be brought forward to the IA in March. The amendments will begin to merge the current Blueprint program with the 2020 Sales Tax program so that an effective transition between the two programs can occur. Staff will also present basic concepts to assist with developing a plan to begin implementing the 2020 program or a portion of the program.	Action Completed	Sales Tax passed 11/4/14. IA approved advanced funding and prioritization strategies 4/1/15.		
2015-11	PLACE	Identify projects that may be advance-funded as part of the Sales Tax extension	Complete		Yes	EC1 G5
2015-11.1		At the March IA meeting, staff will provide an analysis of a number of funding options to advance projects. Once this review is completed, staff will seek guidance/approval from the IA for general strategies to advance projects prior to the collection of the 2020 sales tax revenues.	Action Completed	IA approved advanced funding and prioritization strategies 4/1/15.		
2015-12	EDBP	Coordinate efforts, with institutions of higher learning and other partners, to support local entrepreneurs	Complete		Yes	EC3
2015-12.1		Status report on the 12/5/14 E-Month Closeout and Stakeholder Forum to exchange ideas to improve and promote the local entrepreneur ecosystem – key partners to this stakeholder meeting were the institutions of higher learning	Action Completed	Status report accepted by the Board		

SECTION ONE: Shaping our Community

4. Board Retreat Issues

Consistent with the Board's focus on building community, forging strong partnerships, and leveraging resources to achieve greater impact and value, the Board asked that six issues be included as part of the 2015 retreat. Each issue paper contains highlights of current, near and long-term elements to facilitate Board discussion and culminate in potential new strategic initiatives the Board may wish to consider.

The six retreat issues are as follows:

- 4.1. Strengthening the Community Human Service Partnership (CHSP)
- 4.2. Development of the Community Paramedic Program
- 4.3. Opportunities to Further Enhance the Cascades Amphitheater
- 4.4. Crafting the LIFE Program Guidelines
- 4.5. Planning Ahead: The Urban Services Boundary and Available Future Housing
- 4.6. Examining Essential Components of Our Economic Vitality

4.1 Strengthening the Community Human Service Partnership (CHSP)

Background:

- During the June 23, 2015 FY 2016 Budget Workshop the Board directed staff to schedule a Community Human Service Partnership (CHSP) workshop with the United Way of the Big Bend to discuss the procedures regarding the eligibility for organizations for funding, and the process of applying for funding through the CHSP process. The workshop was scheduled for October 13, 2015 and subsequently canceled and scheduled as a retreat item.
- In 1997, Leon County, the City of Tallahassee, and the United Way of the Big Bend created the Community Human Service Partnership (CHSP) with the goal of pooling resources to implement a joint planning and distribution process by utilizing a standardized funding application, agency presentation format, review and recommendation processes.
- Upon the creation of the CHSP process, the funding partners established the Joint Planning Board (JPB) as the planning and governing body to provide strategic direction, establish procedures, and recommend policies for the overall CHSP process. The JPB consists of seven representatives. Each of the three funding partners appoints two representatives. The seventh member is the executive director of the United Partners for Human Services (UPHS) who serves in an ex-officio, nonvoting capacity. While the JPB can make recommendations and implement procedural changes to the CHSP process, all policy recommendations, prior to implementation, must be approved by the governing bodies of each funding partner.
- Only non-profit, State of Florida incorporated, State of Florida sales tax exempted, 501C(3) designated, human service agencies which provide direct services to Tallahassee/Leon County residents are eligible to apply for CHSP funding (Attachment #1).
- CHSP activities begin with mandatory workshops beginning in January to assist the agencies that will be applying for funding. In FY 2016, the entire process was streamlined for electronic submissions of funding applications (Attachment #2).
- Applications are submitted in late February and the training of citizen volunteers occurs in March. These citizen volunteers form the Citizen Review Teams (CRTs), which are created to allow the review of programs that provide services to the same population, such as the Children's Services Team or the Persons with Disabilities Team. Ten teams are created. The members of the CRTs review the applications and traditionally conducted site visits to many of the agencies (or agencies perform agency presentations) in April, May, and June. At the end of the site visits/agency presentations, each review team develops funding recommendations that utilize the estimated available funding at the time of deliberations.
- After the CRTs finish their process, CHSP staff determines which agency will be funded by each partner. Although each partner retains control of the funding it has contributed to the process, it is important to note that all CHSP funding received by an agency is considered to be funding from all three partners.
- There is an appeals process available to agencies after deliberations are completed and award letters are received. For those agencies that request an appeal, an appeals committee is appointed consisting of CRT team leaders or other volunteers. If the request for an appeal is approved, a hearing is scheduled to review the issues concerning the appeal. The decision of the Appeals Committee is a final decision.
- On January 15, 2014, the JPB determined that it was not necessary to meet on a frequent basis and recommended amendments to their bylaws, which were subsequently approved by the Board and the United Way, to change the frequency of their meetings to an "as needed" basis and to establish two special committees for the ongoing oversight responsibilities for CHSP:
 - The CHSP Leadership Team: A 'voting' member from each of the three funding partners (the County Chairman, the City Mayor, and the Board Chair of the United Way) and the Director of UPHS as an ex officio which shall meet annually to publicly receive updates and

address concerns from the Executive Team (this is a similar, yet separate body formed by the JPB).

- The CHSP Executive Team: The lead staff from the three funding partners which shall meeting quarterly to review the CHSP process and address any outstanding issues.
- The United Way Board approved the recommended changes to the bylaws in March of 2014. The County Commission did the same on June 10, 2014 (Attachment #3). The City Commission has not taken action on this matter.
- Staff has coordinated the upcoming CHSP Leadership Team meeting for December 2, 2015. The meeting contains a report from the Executive Team on identified issues and concerns.

Current Issues:

- Service agencies have expressed frustration about the lack of clarity with regard to CHSP policies, procedures, and the number of opportunities for input to make changes to CHSP. Contributing to these issues are the lack of readily available (online) codified policies and procedures along with the record keeping responsibilities which rotates annually with the JPB Chair and the occasional turnover at the staff level.
- Under the current bylaws, the JPB meets on an “as needed” basis, the CHSP Leadership Team meets annually in a public forum, and the CHSP Executive Team meets quarterly to review the application process and procedures. Under the current structure, agencies may contact staff or await the annual Leadership team meeting to provide input. Otherwise, agencies may await the annual meeting of the Leadership Team meeting thereby delaying a potential remedy for their concerns.
- Beyond the challenges of the current governance structure, staff from the County, City, and United Way (the CHSP Executive Team) have been convening regularly in an effort to resolve a number of problematic policy and procedural practices identified by agencies in recent funding cycles. Some agencies have also proposed fundamentally new concepts that they wish to see incorporated to the CHSP process. All of these issues are addressed in this item though they may require different timetables (current, near, long-term) to accomplish.
- Governance: As the program and process have become more sophisticated, CHSP has required more time of staff to work closely together and with agencies in order to address challenges in a timely manner. In some circumstances, agencies seek redress through multiple points of entry (i.e. City and County, staff and elected official). The agencies desire more opportunities for public meetings to share suggestions and grievances, however, these meetings should be conducted in a manner that presents a range of solutions for previously identified matters to be discussed. In short, the meetings should present the staff analyses to be contemplated with input from the agencies. In turn, recommended policy changes would then be forwarded to the three funding partners for formal adoption.
 - This process should be staff lead with input from funded agencies so that members of the full governing bodies can refrain from the day-to-day challenges and focus on the major policy shifts. Therefore, County staff recommends the elimination of the JPB and newly created Leadership Team so that the CHSP Executive Team can rectify the minor operational and procedural challenges in a timely fashion and also present potential policy recommendations to the full governing bodies without the filter of a another committee. Should the Board concur with this recommendation, County staff would also encourage the addition of the Director of UPHS as part of the CHSP Executive Committee.
 - The CHSP Executive Committee should conduct no less than three public meetings whereby the funded agencies would have an opportunity for input on proposed improvements that formulate policy recommendations which would be taken to the respective governing bodies. These meetings should not interfere with the application cycle so that they provide ample opportunities for feedback. Staff suggests one meeting in January just before the start of the application cycle, one meeting in June just after the process concludes but before the award letters are distributed, and a meeting in October just

as the planning begins for the next funding cycle. Additional public meetings may be conducted to address concerns and/or revisit funding process issues.

- A formalization of the governing policies and procedures (and any revisions) should be updated immediately and posted to the CHSP portal for consistent record keeping and easy accessibility for participating agencies.
- **The 7.5% Rule:** Defined under CHSP, limits any new agency or agency not funded in the prior cycle to a funding cap of 7.5% of the available funding in that agency’s human service category. For example, Second Harvest was not eligible in FY 2015 to compete for CHSP funds due to missing the deadline for submitting its application. Under the current rule, Second Harvest was limited in its next application cycle (FY 2016) by being capped well below its historical funding level because it was not funded in the prior cycle.
 - The 7.5% rule was implemented in response to historical experiences regarding the financial risk associated with unproven startup service agencies. The CHSP staff examined this rule and recommends that the 7.5% rule should not apply to historically funded agencies that have an interruption in funding.

Near-Term Issues:

- **Mini-Grant Processes:** Additional funding was made available for CHSP agencies in FY 16 after deliberations were completed. The County provided an additional \$175,000 for a CHSP Mini-Grant for those agencies that received FY 16 funds. The City contributed another \$61,971 to this CHSP Mini-Grant process. The County (\$100,000) and City (\$380,680) also allocated funds to support at-risk youth programs serving the Southside, which is available to CHSP eligible agencies, and designated as the Promise Zone (Attachment #4). The timing of the funding necessitated these mini-grant processes in order for the agencies to access the funds for the current fiscal year but agencies have expressed concern over future expedited mini-grant processes and their desire to allocate all of the CHSP money in the initial deliberation.
 - Staff anticipates bringing back the CHSP Mini-Grant and Promise Zone contracts to the Board in January for approval.
 - Staff recommends the Board establish the actual CHSP funding level early in the FY 2017 budget process, rather than the maximum funding level, so that CHSP deliberations can realize the full funding amount previously identified by the Board in order to avoid a separate mini grant process next year.
- **Appeals Process:** Limited financial resources, combined with the infrequency of successful appeals in recent years, led to an imprudent practice of not setting aside a small amount of funds specifically for the appeals process each year. The occasional instance of a successful appeal presented difficult challenges in satisfying the award.
 - Staff is recommending that the three funding partners annually withhold a total of approximately \$30,000 from the funding pool being awarded to agencies until the conclusion of the appeals process. Once the appeals process has concluded, the remaining balance would be awarded based on the initial guidance of the volunteer CRTs so that all of the available funds are invested in the agencies and local programs each year.
- **Line Item / Non-Service Agencies:** At the June 23, 2015 Budget workshop, staff was directed to review CHSP eligibility to determine if some of the County’s line item funded agencies could receive funding through the process. Of particular interest to the Board were agencies that may not be direct service providers but operated in the human services realm as illustrated in Table #1:

Table #1: FY 16 Line Item Funded Non-direct Service Agencies

Whole Child Leon	\$38,000
United Partners for Human Services	\$23,750
Domestic Violence Coordinating Council	\$25,000
Commission on the Status of Women and Girls	\$20,000
Total	106,750

At this time, funding through the CHSP process is only available for agencies that provide direct services to Leon County/City of Tallahassee residents. Table #1 identifies several organizations that receive line-item funding in the County budget for providing indirect human services to local residents. Due to their ineligibility under the current CHSP guidelines, these organizations are afforded the luxury of avoiding the largest competitive funding model in the community along with the scrutiny of the CRT. Should the funding partners agree to expand the agency eligibility and establish a new funding category, the County and City could redirect a majority of its line-item funding through the CHSP process. In turn, staff and the CRTs would have to develop a set of performance metrics for this category of providers to compete for funding.

Long-Term Issues:

- Work with CHSP funding partners to evaluate the prospect of multi-year funding for a limited number of agencies.
- Engage the City Commission to determine its interest to expand the eligibility for CHSP and to establish a new funding category for indirect human service providers.

Current Strategic Priorities:

- Quality of life – To be a provider of essential services in our continuous efforts to make Leon County a place where people are healthy, safe and connected to their community.
 - (Q3) – Maintain and further develop programs and partnerships necessary to support and promote a healthier community including: access to health care and community-based human services. (rev 2013)

Current Strategic Initiatives:

- (Q3) – Support Community Human Service Partnership (CHSP) (2012)

Potential New FY 2016 Strategic Initiative, for Board Consideration:

1. (Q3) Engage the City and United to expand the eligibility for CHSP and to establish a new funding category for non-direct human service providers.
2. (Q3) Establish a formalized approach to utilize the CHSP Executive Committee, to include the Director of UPHS, as the lead entity for the on-going implementation of the CHSP process by:
 - a. Eliminating the existing JPB and associated Leadership Team committee.
 - b. Working with the City and United Way, prepare the appropriate documents for Board consideration that establishes the committee's and governing partners' responsibilities, including, but not limited to: meeting schedule to provide certainty for continuous agency input; process for making changes to CHSP policies and procedures; regularly review agency and community data for possible policy recommendations.

Attachments:

1. The CHSP Eligibility Requirements
2. The CHSP Program Description Manual (2015/16)
3. June 10, 2014 BOCC Agenda Acceptance of the Status Report on CHSP
4. Promise Zone Service Area Map

CHSP MINIMUM ELIGIBILITY REQUIREMENTS

Nonprofit—Organizational Standards Checklist	YES	NO	N/A
1. The agency is a nonprofit corporation, incorporated in Florida or authorized by the Florida Department of State to transact business in Florida, pursuant to Chapter 617, Florida Statutes.			
2. The agency has obtained 501(c) (3) status from the United States Department of Treasury.			
3. The agency is authorized by the Florida Department of Agriculture and Consumer Services to solicit funds, pursuant to Chapter 496, Florida Statutes.			
4. The agency has obtained a sales tax exemption registration from the Florida Department of Revenue , pursuant to Section 212.08.			
5. The agency submitted a Fiscal Management Policy.			
6. The agency has a Check Signing Policy that requires two or more signatures based on certain fiscal thresholds approved by the board of directors. Furthermore, the policy specifies that no agency staff, including the executive director, can sign a check written to him/her or written for cash. The policy also includes specifications and internal safeguards (direct board oversight) regarding making withdrawals from the agency's account.			
7. If required by the funding source, the agency has its books and records audited on an annual basis by an independent certified public accountant who has no affiliation with the agency and whose examination is made in accordance with generally accepted auditing standards. The audit report can be no more than two years old . The audit report must include a management letter and financial statements showing: all of the agency's income, disbursements, assets, liabilities, endowments, and other funds; as well as the agency's reserves and surpluses during the period under study and be consolidated with the statements of any affiliated foundations or trusts.			
8. If the audit contains a schedule of findings , a corrective action plan was included with the audit.			
9. The agency submitted their most recently filed IRS Form 990, 990EZ or Postcard.			
10. The agency has an administrative cost of 25% or less as evidenced by the IRS Form 990 AR.			
11. The agency submitted a Nondiscrimination and Equal Opportunity Policy .			
12. The agency submitted proof of liability coverage.			
13. The agency submitted a Records Retention Policy.			
14. The agency submitted a Conflict of Interest Policy.			
15. The agency submitted its contract and/or Certification form, including the Budget and Outcomes forms, to the City, Leon County, and United Way by the designated time frame.			
16. The agency requests payments according to the schedule in the contract or the memorandum of agreement?			
17. Required reports are submitted to the CHSP funding sources by the designated time frame described in the agency's contract or memorandum of understanding?			
18. Did the agency drawdown and expend all of its 2013/14			
19. CHSP funding ? If not, list the amount of unexpended funds:			

4.1 If the Agency checked "No" or not applicable (N/A) to any of the items listed in the Nonprofit—Organizational Standards Checklist (items 1-16), in the textbox below, please provide an explanation for each item marked No or N/A:



THE 2015/16 CHSP PROGRAM DESCRIPTION MANUAL

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SECTION ONE: INTRODUCTION

Nineteen years ago, the City of Tallahassee, Leon County, and the United Way of the Big Bend collaborated to form the Community Human Service Partnership (CHSP). Overall, the CHSP serves as a joint planning and funding distribution process, which utilizes a standardized funding application, agency presentation format, and review and recommendation process. Furthermore, recognizing the need to make improvements in the overall approach to funding public services, the CHSP was formulated to address various systems' challenges that resulted due to the lack of coordination among the three local funding agents. This initiative, which includes a joint planning board, requires greater coordination and cooperation between funding sources and among agencies, affords easy recognition of duplication and gaps in service delivery, and provides the ability to target funds accordingly.

The CHSP partners work jointly through a planning board made up of representatives from each partner's organization. This partnership utilizes staff and community volunteers to implement a joint agency review process, resulting in joint funding recommendations that translate into a more comprehensive service delivery system -- one with a greater impact and higher level of results.

The CHSP partners continue to obtain feedback from Citizens Review Team volunteers and agency directors with regard to the process. Based on that feedback, the process continues to evolve as we make adjustments for improvement. We appreciate the support and look forward to constructive input.

One point that needs to be clearly understood is that the citizen review process allocates funds to programs as one sum from all of the partners; however, each of the funding sources must retain the approval authority for the funds coming from their budgets. Because of this factor, recommendations will be identified as coming from a specified funding source. Each funding source will approve their allocations separately at the Commission or Board level. Please note, lack of funds coming from a source should not be interpreted as lack of support. The total allocation received from CHSP demonstrates the support of all of the CHSP partners.

It is recognized that the United Way represents eight counties in the Big Bend area, while CHSP focuses exclusively on Leon County. Additionally, United Way funds may only be distributed to certified member agencies. Similarly, a portion of the City of Tallahassee funds may only be allocated to agencies providing services to low/moderate income families, to eliminate slum and blight, or to meet a particular urgent need based on federal HUD guidelines.

SECTION TWO: GOALS AND OBJECTIVES

The goal of the CHSP fund distribution process is to review agencies' capabilities and performance, and match requests for program funding to community needs, then distribute the available funds in a manner that assures a balanced, effective and efficient human services delivery system.

Objectives adopted by the Joint Planning Board are as follows:

1. To assure that a majority of CHSP funds are used to provide direct client services to the lowest socio-economic areas where the most difficult social conditions exist.
2. Through the Citizens Review Teams, the partnership will assure that 100% of the funds are allocated towards the areas of greatest need and opportunity.
3. To support and maintain the optimal level of human services possible with the amount of resources available.
4. To provide a service delivery system that best matches identified community needs.
5. To focus spending of CHSP funds toward a long-range perspective, which incorporates changing needs and trends relative to how needs should be met.
6. To provide a means for an ongoing review of the program and the financial needs of agencies participating in the CHSP process through program monitoring.
7. To provide a method for measuring the cost and effectiveness of programs addressing multiple community needs.
8. To use CHSP money to complement and supplement the agencies' budgets for the provision of comprehensive services, including all tax-supported and voluntary agency activities.
9. To ensure that funds are distributed to human service agencies without unnecessarily duplicating program funding at the expense of others.
10. To eliminate duplicate preparation of applications and reviews/interviews by agencies.
11. To maximize the level of state and federal funds coming into the community through match opportunities.
12. To provide a forum for information sharing and an opportunity to find common ground in defining terms, goals and objectives.
13. To ensure that CHSP funded agencies adhere to American Institute of Certified Public Accountants (AICPA) Standard of Accounting for Non-Profits.

SECTION THREE: DESCRIPTION OF FUND DISTRIBUTION PROCESS

The CHSP fund distribution process begins with all of the funding parties allocating dollars to the process and defining any limits or constraints placed on their dollars. The CHSP has adopted several human services areas to form a continuum of care model. This model consists of the following human service areas: basic needs and emergency services, community support, senior services, services to persons with disabilities, family support, physical health, substance abuse, youth recreation and character building, youth education, and children's services.

The Joint CHSP staff appoints the team leadership for each Citizens Review Team (CRT). Leadership of each team consists of the Team Leader and Time Keeper. United Way volunteers and members of the City of Tallahassee Community Improvement Advisory Council (CIAC) and the Leon County Human Services Grant Review Committee (HSGRC), as well as long-term volunteers, fill these leadership positions on each review team. These volunteers lead the team through the review process and present their team's decisions at their respective committee meetings following final recommendations by teams.

The joint staff will determine the amount funded from their respective grantors based on the total allocation recommended by the Citizens Review Teams (CRTs). These decisions are based on funding constraints, availability of funds, and other administrative factors. The joint staff is the most knowledgeable regarding their own funding restraints and requirements.

Recommendations from the Citizens Review Teams as well as the appeals process will be forwarded to each applicant agency, in accordance with the procedure outlined in this Description Manual. The final CHSP recommendation will be submitted to the partners' Boards and/or Commissions for approval.

Joint staff will ensure that all the necessary information is complete by reviewing the application materials. **The Fatal Flaws policy will be enforced by staff.**

If an agency is submitting an application for more than one program, they may request to be reviewed by separate review teams. However, joint staff will make final determinations regarding program placement on a particular team.

Prior to the agency presentation, all volunteers will be trained on the use of the application materials and on the evaluation process. They will review, in advance, copies of all application materials.

Agency reviews will take place either at the agency's site or at some other approved location. During the agency presentation, the team leaders will guide the review team through a three-step process: a program review, a budget review, and a question and answer period. This format is carried out in three segments. Agencies applying for **three or fewer programs have one hour to present**, with 30 minutes for program review, 10 minutes for budget review, and 20 minutes for questions/answers. Agencies submitting **four or more programs for review are allowed an hour and a half**, with 40 minutes for program review, 20 minutes for budget review, and 30 minutes for questions/answers. The chart provided on page **seven** outlines the presentation format.

In order to ensure that all agencies are treated equitably, under no circumstances will the Team Leaders allow the agency to go outside of the prescribed presentation format. Furthermore, it is a mandatory requirement that agencies give a formal presentation that addresses the following specific budget and program inquiries:

The budget presentation must include responses to the following key points:

1. Describe the **overall agency budget**, including admin/fundraising costs.
2. If there are **significant budgetary changes** impacting the agency or the program, please explain.
3. Specifically, **justify the need for CHSP funding**, and explain how CHSP funds will be used to support the implementation of the program.
4. If you are requesting a **funding increase** compared to the program's current CHSP funding level, provide a specific rationale, including fiscal justification, for your request.
5. If funded last year, how does this request compare to last year?
6. Identify the program's **other sources of funding**.
7. Specify how the **lack of (or reduction of) CHSP funds** would impact the program, its participants, and, if applicable, the community.
8. If there are concerns, particularly **findings**, noted in the agency **audit**, provide an explanation of how the agency is currently addressing or is planning to address those stated concerns.
9. Describe the agency's **overall fiscal management** policies and practices.
10. Explain the **role of the board** in providing fiscal oversight and ensuring that internal controls are in place to protect the agency's fiscal integrity.
11. If the agency received **findings from the CRT** regarding its fiscal system, discuss how the agency has addressed or corrected those findings.

The Program presentation must include responses to the following key points:

1. **Information clearly describing the program's description and implementation strategy**, including, how many participants are served at a given time, days and hours of operation, specific activities conducted with the participants, staffing capacity and skillsets, collaborative efforts that directly meet the needs of the participants, and justification regarding how the program is designed/structured (e.g., is the program based on research or a best practice model?).
2. Information clearly **documenting the need for the program**, including local and current data sources detailing the prevalence of the social problem that the program is or proposes to address.
3. A clear **definition of the target population**, including client demographics such as household income; and the geographic service area such as neighborhoods, census tracts, schools, and client eligibility criteria.
4. **Client outcome accomplishments** during FY 2013/14 and client outcome indicators proposed in the FY 2015/16 Program Measurement Framework.
5. The organization's **board of directors or governance structure** such as leadership and committee structure, level of involvement/oversight, expertise, and skill sets.
6. If the agency received a **programmatic finding from the CRT**, discuss how the agency is addressing or has corrected the applicable finding.

The Presentation Format Based On Number Of Programs Submitted For Review	
Number of Programs for Review	Presentation Format
Applying for three (3) or fewer programs	Program review--30 minutes, Budget--10 minutes, Q/A--20 minutes
Applying for four (4) or more programs	Program review--40 minutes, Budget--20 minutes, Q/A--30 minutes

Upon completion of the agency presentations, each team member will complete the Volunteer Assessment Guide, deliberate agency requests, develop priority rankings, and make recommendations for each program being reviewed. They will take into consideration the criteria delineated in the Volunteer Assessment Guide, which includes:

- The need for the program as demonstrated by the agency and its compatibility with any priorities that may have been set by the Joint Planning Board and the individual funding partners.
- The review team's opinion of the agency's ability to execute and administer the program.
- The agency's past performance.
- The projected and/or reported outcomes of the agency and program.
- The ability of the agency to collaborate and leverage their resources.
- The evaluation criteria identified in the Volunteer Assessment Guide.
- General comments, recommendations, and findings included in the CHSP 2014/15 award letter.

Factors to consider in the evaluation process.

The Citizens Review Teams will also prepare a list of non-financial **general comments or recommendations** for each agency. General comments include suggestions, positive feedback, and other thoughts and ideas from the team that are meant to be constructive and helpful to the agency's success. These comments and/or recommendations may include, but are not limited to, the areas of planning, budgeting, organizational structuring, facilities, service delivery, outcome measurement, and positive aspects of the agency and program.

The award letter also includes findings. Suggest that you thoroughly read the comments and, in particular, the findings section included in the CHSP 2014/2015 award letter. Findings represent programmatic or administrative concerns documented by the Citizens Review Team. It is important to note that findings not remedied **may** affect the level of funding that an organization receives in current or future funding cycles. Please note that if an agency receives a finding, conditions prescribed to correct those findings will be specified in the City and County contracts as well as through the United Way Certification process.

Specific conditions that can result in findings are as follows:

- 1) **Financial instability** indicated by having a "going concern opinion" in the audit or other evidence of financial instability.
- 2) Stated **audit concerns**, including the issuance of findings and material weaknesses, not addressed or corrected by the agency.
- 3) **No measurable, substantive, or relevant** (as defined by the funding categories) **outcomes** or results listed, shown, or explained.
- 4) Incorrectly preparing the budget forms, including, but not limited to: presenting an unbalanced budget or presenting a budget consisting of errors or omissions. For example, not submitting an itemization of listed miscellaneous revenues and expenses.

- 5) ***Not following the mandatory CHSP program and budget presentation format.***
- 6) ***Egregiousness:*** Any condition that represents a chronic and/or vital programmatic or administrative concern.

Overall, CHSP includes the following strategic steps:

- A public notification process.
- A mandatory workshop for interested private, not-for-profit organizations.
- Use of a standardized application, which includes legal, organizational, financial, managerial, programmatic, and program evaluation information.
- Technical assistance is available after the RFP workshop for a period of several weeks.
- Submission of agency applications by a designated time frame.
- A technical review of all applications.
- Recruitment and training of volunteers.
- The organization of volunteers into Citizens Review Teams (CRTs).
- Each team reviews the applications, listens to agency presentations, completes agency/programmatic assessments, recommends priorities, and makes initial funding recommendations.
- CHSP staff determines funding allocations based on legal, procedural and historical factors.
- Agency award letters, which include direct feedback from CRTs, are forwarded to the executive director/CEO and the board president.
- An appeals process is made available to an agency contesting the CRT recommendation(s).
- Recommendations are submitted to the City Commission, the Leon County Commission and the United Way Board of Directors for final approval.
- Contracts and memorandum of agreements are executed. The CHSP fiscal year is from October 1 to September 30.

SECTION FOUR: DEFINITION OF ROLES AND RESPONSIBILITIES

A. CHSP FUNDING SOURCES

- ✓ **Definition:** City and County Commissions and the United Way Board of Directors.
- ✓ **Responsibilities:**
 1. Determine annually the respective funds committed to the allocation process
 2. Determine any constraints put upon these funds
 3. Designate two representatives to serve on the Joint Planning Board
 4. Review and approve final funding recommendations

B. THE MANAGEMENT TEAM

- ✓ **Definition:** The Management Team consists of one representative from each of the three funding sources. The Management Team addresses the ongoing administrative tasks of the CHSP process. All policy related matters will be brought before the respective governing bodies for review and approval.
- ✓ **Responsibilities:**
 1. Recommend policies and procedures for the overall CHSP process
 2. Recommend funding priorities
 3. Recommend initial allocations to review teams
 4. Assign a Joint staff to:
 - Conduct the overall management of the CHSP process
 - Distribute agency applications
 - Seat the review teams with community volunteers
 - Conduct agency and volunteer training

C. JOINT CHSP STAFF

- ✓ **Definition:** A joint staff, representing all three funding sources, responsible for the overall management of the CHSP process.
- ✓ **Responsibilities:**
 1. Development of the CHSP application
 2. Distribution of the application
 3. Recruitment and team placements of Citizens Review Team volunteer
 4. Selection of team leadership positions for the Citizens Review Teams
 5. Training of agencies and review team volunteers
 6. Perform technical review of applications
 7. Ensure all applicant constraints and qualifications are satisfied

8. Facilitate the overall CHSP grant review process
9. Support efforts of the Citizens Review Teams, the Appeals Committee, and the CHSP partnership
10. Remove any CRT member who may become unable to effectively work within the committee process
11. Determine, considering constraints, administrative costs, etc., which funding source should fund each program
12. Prepare funding recommendations for standing committees
13. Take recommendations to the governing bodies of each funding source for final approval
14. Forward funding recommendations to applicants

D. APPLICANT AGENCIES

- ✓ **Definition:** Agencies serving Leon County meeting CHSP requirements.
- ✓ **Responsibilities:**
 1. Attend agency training sessions
 2. Submit completed application by the stated deadline in accordance with the submittal instructions noted in the CHSP Description Manual
 3. Review CRT roster and immediately notify CHSP staff of potential conflicts
 4. During the agency presentation, present programs to CRT members following the standard, approved format as noted in the CHSP Description Manual
 5. If warranted, by the designated time frame, request and prepare for an appeal hearing
 6. Follow through on implementing the Citizens Review Team's recommendations

E. CITIZENS REVIEW TEAMS

- Definition:** Through the CHSP process, Citizens Review Teams (consisting of community volunteers) are established to review agency applications, hear presentations, and make funding recommendations, which are forwarded to the City Commission, the Leon County Commission, and the United Way Board of Directors for approval. Leadership positions, consisting of the Team Leader and Team Time Keeper, are appointed to each Citizens Review Team.
- ✓ **Responsibilities:**
 - *Citizens Review Team Leader*
 1. Attend mandatory training session
 2. Read all application materials
 3. Immediately notify CHSP staff of any potential conflicts with an assigned agency
 4. Forward any questions/concerns to CHSP staff prior to agency's presentation
 5. Attend all agency presentations and deliberations
 6. Act as facilitator during the agency presentations and team deliberations
 7. Keep agency presentations appropriately program specific
 8. Keep team deliberations appropriately program specific
 9. Keep order and assure that team discussions focus solely on information obtained from agency materials and presentations

10. Maintain an environment during agency presentations and deliberations that allows each CRT member to express his/her opinions openly
 11. Rank programs and make funding decisions based on need, proficiency of service delivery, cost effectiveness, program quality, agencies' ability to carry out programs, and overall accountability of agencies and programs
 12. Participate fully in the decision making process, making recommendations in a fair, professional and unbiased manner
 13. Complete agency evaluations and return to CHSP staff immediately after completion of team deliberations
 11. Turn in any reports and/or related materials to CHSP staff in a timely manner
 12. Ensure that the Citizens Review Team operates in a fair, professional and impartial manner
- *Citizens Review Team Time Keeper*
 1. Assumes duties of Team Leader in his/her absence
 2. Manage the agency site visit, ensuring that the site visit adheres to the amount of time given for each segment of the presentation
 3. Attend mandatory training session
 4. Read all application materials
 5. Immediately notify CHSP staff of any potential conflicts with an assigned agency
 6. Forward any questions/concerns to CHSP staff prior to the agency's presentation
 7. Attend all agency presentations and deliberations
 8. Rank programs and make funding decisions based on need, proficiency of service delivery, cost effectiveness, program quality, agencies' ability to carry out programs, and overall accountability of agencies and programs
 9. Participate fully in the decision making process, making recommendations in a fair, professional and unbiased manner
 10. Complete agency evaluations and return to CHSP staff immediately after completion of team deliberations
 11. Ensure that the Citizens Review Team operates in a fair, professional and impartial manner
 - *Review Team Members*
 1. Attend mandatory training session
 2. Read all applicant materials
 3. Immediately notify CHSP staff of any potential conflicts with an assigned agency
 4. Forward any questions/concerns to CHSP staff prior to the agency's presentation
 5. Attend all agency presentations and the deliberation session
 6. Rank programs and make funding decisions based on need (community), proficiency of service delivery, specific client outcomes, cost effectiveness, program quality, agencies' ability to carry out programs, and overall accountability of agencies and programs
 7. Complete agency evaluations and return to CHSP staff immediately after completion of team deliberations
 8. Participate fully in the decision making process, making recommendations in a fair, professional and unbiased manner

9. Work cooperatively with other team members, respecting their right to voice opinions openly
10. Provide other non-financial recommendations for each applicant agency
11. Ensure that the Citizens Review Team operates in a fair, professional and impartial manner

Any team member displaying inappropriate behavior during agency presentations or deliberations may be asked to remove him/herself from the process by CRT leaders or CHSP staff.

SECTION FIVE: TIPS FOR A SUCCESSFUL SITE REVIEW PRESENTATION



Along with the CHSP application, the agency's presentation is a crucial aspect of the funding cycle. The following agency presentation tips have been compiled by volunteers and CHSP staff in an effort to help enhance your presentation and to assist volunteers in getting the best possible information during your agency presentation. The recommendations are not reflective of any one agency, nor are they inclusive. Hopefully, these tips will allow you to present your program(s) in the most positive manner to the Citizens Review Team (CRT).

In order to ensure that all agencies are treated equitably, please note, under no circumstances will the Team Leaders allow the agency to go outside of the official site review format as noted on pages 5-7. Additionally, as noted on pages 6, it is mandatory that the agency presents a formal budget and program presentation.

1. Avoid negatively comparing your program to other programs. Simply focus on promoting and showcasing your program and allow the team to draw their own conclusion regarding the comparative quality of the program.
2. Focus on the present and the future in your presentation. Limit your discussion regarding the previous year's CHSP allocation unless it is relevant to your presentation. For example, if your prior year's allocation was decreased, your presentation is not going to be enhanced by announcing this fact to the Citizens Review Team. If anything, this has a negative effect, making the CRT members wonder what must have prompted the previous committee's decision to decrease the allocation.
3. If any staff member, board member or volunteer has strong negative feelings toward any or all of the CHSP partners, this may not be the best person to utilize for your agency presentation unless they are absolutely essential. These strong feelings might be exhibited during the presentation.
4. Any supplemental information you can provide for the CRT at the time of the agency presentation is welcome as long as it agrees with the information provided in your application. Easy-to-read charts tracking how the proposed allocations would be spent, fact sheets, agency history, national vs. local statistics, etc., are helpful tools to utilize during the presentation. DO NOT make changes to your original application and present these changes to the CRT during the presentation without prior approval from the CHSP staff. Therefore, amended application forms will not be accepted at the time of the agency presentation without prior staff approval.
5. Stay within the allotted time frames for each segment of the agency presentation as specified in the CHSP application. While agency tours are allowed, no additional presentation time will be allotted. Please do not sacrifice the opportunity to promote your program(s) in lieu of a tour. The best way to ensure that your agency maintains the specified schedule is to practice prior to the formal presentation. Make sure that all participants included in the presentation clearly understand their roles, time-limit restraints, etc.

6. If the agency is presently experiencing problems on a local level, address the issue(s) openly and briefly explain what happened and how the issue(s) was (or is being) resolved by the agency. If you have experienced recent problems at the national level, briefly address the issue(s) with the volunteers and do as much as you can (again, briefly) to distance your local chapter or organization from the national problem. Then move on, but anticipate on responding to possible concerns during the question and answer period. If the problem is an old issue, do not address it; however, be prepared to do so if questions should arise.
7. Try not to respond to the Citizens Review Team's questions in a defensive manner, even when a question may sound critical. The team members are only trying to understand your agency and its program(s).
8. If you are requesting funds for salaries, explain to the volunteers how the salaries will be translated into the delivery of direct client services.
9. Encourage board members to attend the agency presentation. Explain the level of board participation in the overall operation of the agency (i.e., committee structure, frequency of meetings, role in maintaining internal fiscal controls, particularly for agencies that don't meet the audit requirement). If your board is not diverse, please explain what steps, if any, are being implemented to increase diversity. Telling the CRT that you tried to increase diverse representation on your board but could not find anyone qualified is often considered by committee members as an unacceptable justification.
10. Informing the CRT about matching-funding opportunities (such as federal or state matching funds) is very compelling evidence to present at the presentation. Please provide specific fiscal and statistical information in reference to dollar amounts and client services.
11. If a video is necessary, make sure it is cued up and ready to go. Clips from movies on your agency's issues or local news releases are usually not appropriate. However, if the information is especially compelling and can only be conveyed through the use of the video, then it may be appropriate to use it. Please be careful not to use a lengthy video in lieu of a live presentation.
12. Highlight how your agency is able to leverage its limited dollars by securing donations, volunteer service hours, and other funding sources to help implement your program(s).
13. Please note that the CHSP partnership consists of three funding sources: Leon County, the City of Tallahassee, and the United Way of the Big Bend. All three funding sources contribute their human services dollars into the CHSP funding distribution process; in addition, a representative of each of the three funding bodies holds a strategic leadership position on the CRT.
- 14. If you have questions regarding filling out the CHSP application or the agency presentation, please contact a CHSP staff person in a timely manner for technical assistance.**

A. General CHSP requirements are as follows:

- ❑ CHSP funds will only be granted to programs providing direct client services to City of Tallahassee/Leon County residents.
- ❑ CHSP funds can only be used to support a specific human service program that provides direct client services.
- ❑ In reference to programs targeting children and youth enrolled in school (grades K-12), it is important to note that CHSP funds can only be used to serve children and youth who are currently enrolled in Leon County schools. Likewise, regarding programs targeting students enrolled in college, CHSP funds can only be used to serve college students who document graduation from a Leon County school.
- ❑ Furthermore, the applicant agency must demonstrate that it has appropriate internal fiscal controls in place to clearly document how grant funds are spent; and it has the appropriate personnel (including volunteers) capacity to carry out the stated program goals and objectives.
- ❑ Applications for FY 2015-2016 will not be accepted from agencies failing to attend (and register at) one of the mandatory workshops.
- ❑ **All grant application deadlines are final.** No extensions shall be granted.
- ❑ **All agencies must meet the minimum legal requirements shown on Form One of the 2015/2016 Grant Application and the Nonprofit—Organizational Standards Checklist.**
- ❑ **Grant applicants that do not meet the standards specified in Section Eleven** (General Instructions for Submission of the Applicant Packet and CHSP Contact Persons) **will not be accepted.** This standard is based on the premise that the agency has failed to meet the submission deadline for the CHSP application.
- ❑ **Fatal Flaws: *Specific conditions that will result in the rejection of the application*** for consideration in the 2015/16 CHSP funding process include:
 - 1) Missing sections of the application.
 - 2) Not submitting the most recently submitted IRS 990, 990EZ, or Postcard in accordance with the federal regulations.
 - 3) Not submitting the most recently completed audit – no more than two years old, if applicable.
 - 4) Missing signatures of the executive director and board president on the application.
 - 5) Not submitting the CHSP Check Signing Policy that requires two or more signatures based on certain fiscal thresholds approved by the board of directors. Furthermore, the policy must specify that no agency staff, including the executive director, can sign a check written to him/her or written for cash. The policy must also include specifications and internal safeguards (board oversight) regarding making withdrawals from the agency's account(s).
 - 6) Not submitting documentation of having current liability insurance.
- ❑ CHSP funds awarded to university-based programs cannot be utilized to pay for student waivers or indirect costs.
- ❑ New agencies (CHSP applicant agencies not funded in the current fiscal year 2014/15) are subject to a **7.5% funding cap**, which is **applicable to each human service funding category**. Therefore, in regards to each human service funding category, the Citizens Review Team can only allocate to new agencies a total of 7.5% of available funding.
- ❑ Program grants are normally awarded for a twelve-month period, with the fiscal year beginning on October 1, 2015, through September 30, 2016. An official letter notifying the agency of the

funding recommendation will be mailed to the agency director at the end of the grant review period.

B. The City of Tallahassee funding requirements are as follows:

To be eligible for Community Development Block Grant federal funds (CDBG) program activities must meet one of the three national objectives. Those three objectives are identified as: benefiting low- and moderate-income persons; preventing or eliminating slums and blight; and meeting an urgent need as defined by the U.S. Department of Housing and Urban Development (HUD). Agencies applying for these funds through the CHSP should focus on how their program(s) will meet one or more of the three stated objectives. Please note, due to federal regulations, city specific fiscal and legal requirements, and other applicable policies that govern the City's Human Services Division, agencies that receive City funds are required to: enter into a formal contractual agreement; submit proof of expenditures for reimbursements; submit quarterly client demographic and progress reports; and maintain an acceptable client and fiscal record keeping system, which is subject to on-site monitoring by City and County staff.

C. The Leon County funding requirements are as follows:

Agencies that receive County funds are required to: enter into a formal contractual agreement, submit quarterly client demographic and progress reports, submit proof of expenditures for reimbursements, and maintain an acceptable client and fiscal record keeping system, which is subject to on-site monitoring by County and City staff.

D. The United Way of the Big Bend funding requirements are as follows: To receive funds from the UWBB an agency must be a Certified Partner Agency.

SECTION SEVEN: CHSP 2015/2016 TIME LINE

(Please note, this time line is subject to minor modification)



DECEMBER 2014

- Agency workshop notification advertised in the Tallahassee Democrat and emailed.

JANUARY 2015

- RFP agency workshops. Upon verification of attendance of the mandatory RFP workshop, applications are available online.
- Citizens Review Team (CRT) volunteers recruited.
- Staff available for technical assistance to agencies in application preparation.

FEBRUARY 2015

- Staff available for technical assistance to agencies in application preparation.

▪ Grant application deadline is Friday, February 27, 2015, by 5:00 p.m.

- Volunteer and agency assignments to CRTs.

MARCH 2015

- Limited technical review of applications by joint staff.
- Funding sources determine funds available for allocation.
- Notify agencies of the site visit schedule.
- Review Team volunteer training sessions conducted.

- Review Team Leader volunteer training sessions conducted.

APRIL/ MAY 2015

- Agency presentations and Review Team deliberations are conducted.

JUNE/JULY 2015

- Funding sources review CRT recommendations.
- CHSP partner funding split is determined.
- Compilation of agency award letters.
- Agencies are notified of 2015/2016 allocations and opportunity to appeal.

AUGUST/ SEPTEMBER 2015

- Agency appeals hearings, if needed.
- United Way Board approval of final recommendations.
- County Commission's approval of final recommendations.
- City Commission's approval of final recommendations.
- Agencies receive Leon County and City of Tallahassee contracts.

OCTOBER 2015

- Funding cycle begins from October 1, 2015 through September 30, 2016.

CHSP has an appeals process in place whereby an agency may appeal if the following condition applies:

You have a right to appeal this decision by submitting a written request for a hearing. A denial or reduction in funding request alone is not appealable; your request must include documented evidence that your funding request was inappropriately denied or reduced due to gross misconduct, error, or misinterpretation by the Citizens Review Team. **This condition only applies to agencies funded by the CHSP process in fiscal year 2014/2015.**

Requests for an appeal hearing must be submitted in writing to the CHSP staff by the time frame designated in the CHSP recommendation letter. ***Please limit the appeal request to a two-page letter and state (document) clearly how the condition noted above applies to your agency.*** Simply restating the above condition is not sufficient and will cause an appeal request to be denied.

In the event the Appeals Committee approves the request for an appeal, a hearing will be scheduled within a reasonable time frame to review all significant issues concerning the appeal. The Appeals Committee, appointed by the joint staff, may consist of CRT team leaders or any other volunteers as deemed necessary. Joint staff is present for technical assistance. **The decision of the Appeals Committee is final.**

In summary, the appeals process will consist of the following steps:

- Agency notification of the CRT recommendations and timeline to submit an appeal
- Agency submission of intent to appeal
- Appointment of an appeals committee
- Agency notification of the agenda, timeline, requirements, and members appointed to the appeals committee
- Agency's responsibility to notify staff immediately if a member on the appeals committee poses a conflict of interest
- The steps included in the appeals hearing are as follows:
 1. CRT members present
 2. Agency presentations
 3. Deliberation and final recommendations rendered (appeals criteria applied)
 4. Agency notification

The CHSP and its representatives will make every effort to ensure that its citizens' review process is conducted in a manner that will yield a non-biased and fair review of each program.

SECTION NINE: HUMAN SERVICES FUNDING CATEGORIES & FRAMEWORK

Team One: Children's Services	Outcome Areas		
	PREVENTION	INTERVENTION	SUPPORT
Direct client services provided to children from infancy through elementary school.	Alleviates issues with successful development of infants and children.	Targets at-risk children's needs in the areas of physical, cognitive, communication, social, emotional, or adaptive development.	Coordinates individual, family, and community resources to maintain quality of life and healthy development of at-risk infants and children.

Team Two: Community Support Services	Outcome Areas		
	PREVENTION	INTERVENTION	SUPPORT
Direct client services provided to the community at-large.	Direct, community-based services that collectively support the overall wellbeing of the community at-large.	Address overall community needs by providing various services such as, but not limited to, the following: information and referrals, rape and crisis intervention, counseling, legal assistance, literacy, employment and training.	Serve as a community safety net to ensure that critical services are made available to the public.

Team Three: Services for Persons with Disabilities	Outcome Areas		
	PREVENTION	INTERVENTION	SUPPORT
Direct client services provided to persons with disabilities.	Early identification of persons at risk of or diagnosed with a disability.	<p>Provision of therapeutic and wrap-around services for individuals with temporary disabilities.</p> <p>Provision of therapeutic and wrap-around services to minimize the handicapping effects of the disability.</p> <p>Enable individuals with disabilities to reach their fullest potential, including, but not limited to, the following: removing obstacles such as structural barriers, obtaining and keeping employment, maintaining independent living, and reaching educational and developmental milestones, etc.</p>	<p>Help to ensure persons with disabilities have the tools, support, and opportunity to achieve success, including maximizing their ability to live independently.</p> <p>Improve long-term ability to manage their self-care and/or improve mobility within their home or the community at-large.</p>

Team Four: Basic Needs & Emergency Services	Outcome Areas		
	PREVENTION	INTERVENTION	SUPPORT
Direct services providing relief for the most basic and emergency needs such as clothing, food, shelter, household items, rental or utilities assistance, etc.	Coordinate community efforts and resources for the purpose of removing obstacles that place individuals, adults, and/or families at risk for economic difficulties or social problems, including homelessness.	Helps children, adults, and/or families meet crisis and fundamental needs such as food, clothing, housing, economic support, household supplies, and utility assistance. Also, reduce behaviors that place individuals or families at risk of economic difficulties, including homelessness.	Assists children, adults, and/or families achieve self-sufficiency and improve quality of life. Provide supportive services that allow individuals, adults, and/or families to meet their most fundamental needs.

Team Five: Family Support Services	Outcome Areas		
	PREVENTION	INTERVENTION	SUPPORT
Direct client services provided primarily to families in an outpatient setting or within a family-focused residential setting, as opposed to serving individuals.	A proactive, comprehensive approach that focuses on the overall health and well-being of individuals within the family unit.	Assist at-risk families in the midst of crisis reach stabilization and permanency. Provide crisis intervention to reduce family dysfunction, including family violence, detachment, parenting and isolation. Assist families in meeting their most fundamental needs, including: learning how to manage limited resources; obtaining safe, affordable housing; and developing life management skills, such as budgeting, that lead to self-sufficiency.	Assist families improve quality of life and achieve and maintain safety and self-sufficiency. Provide supportive services to pregnant women at risk of homelessness and poor pregnancy outcomes.

Team Six: Physical Health Services	Outcome Areas		
	PREVENTION	INTERVENTION	SUPPORT
Direct client services provided to individuals and/or the community at-large, either for general health or for specific health related conditions.	A proactive, comprehensive approach that is designed to: promote wellness in order to prevent medical conditions; identify medical conditions early and issue appropriate treatment; and reduce the rate and spread of contagious diseases, etc.	Improve health outcomes and the quality of life for persons who otherwise may not get the medical and/or dental care they require. Educate and assist patients in navigating the complex medical care system, including accessing resources and services. Assists persons in effectively managing chronic, long-term health conditions, as well as end-of-life decision-making.	Provide ongoing healthcare services to holistically address the medical needs of persons who otherwise may not get the medical and/or dental care they require.

Team Seven: Senior Services	Outcome Areas		
	PREVENTION	INTERVENTION	SUPPORT
Direct client services provided to seniors.	Promote physical, emotional, cognitive, and social functions of seniors at risk of chronic health conditions, poverty, or social isolation.	Assist seniors with managing a disability, daily living, health and safety, end of life decision making, or with personal care needs in order to enhance their quality of life, including remaining in their own homes.	Coordinate personal, family or community resources that help seniors maintain or improve their quality of life.

Team Eight: Substance Abuse Services	Outcome Areas		
	PREVENTION	INTERVENTION	SUPPORT
Direct client services provided to prevent substance abuse, to rehabilitate persons with alcohol and drug dependency, and/or support long-term recovery	A proactive, comprehensive approach that is designed to preclude, forestall, or impede the development of substance abuse problems.	<p>Early Intervention: Alleviates or reduces risk factors (e.g., gang involvement, academic failure, family conflict, trauma, availability of drugs) that are directly associated with substance abuse.</p> <p>Identify persons in the early stages of problem behaviors and attempt to avert the ensuing negative consequences by inducing them to cease their problem behavior through various intervention methods.</p> <p>Treatment: Services are designed to help individuals and their families that have lost their abilities to control the substance use on their own and require formal, structured intervention and support to reduce and stop the cycle of addiction. Such services include various levels of outpatient and residential support.</p>	Recovery support is offered during and following treatment to further assist individuals in their development of the knowledge and skills necessary to maintain their recovery. These services include, but are not limited to, the following: transitional housing, life skills training, parenting skills, family reunification, and peer-based individual and group counseling.

Team 9: Youth Recreation & Character Building Services	Outcome Areas		
	PREVENTION	INTERVENTION	SUPPORT
Direct client services targeting middle school through high school aged youth.	<p>A proactive, comprehensive approach that is designed to reduce risk factors and strengthen protective factors that lead toward healthy youth development.</p> <p>Risk factors include, but are not limited to: individual, family, peer/social, and community risk factors such as the availability of drugs and gang involvement.</p> <p>Protective factors include, but are not limited to: family attachment, opportunities for pro-social involvement, mentorship, and educational opportunities.</p>	<p>Primarily, focus on building character, safety planning, social and independent living skills, self-esteem, community participation, and life management skills.</p> <p>Foster positive qualities in at-risk youth such as the acquisition of life management skills, anger and stress control, responsible decision-making, delayed gratification and long-range planning, substance abuse resistance skills, along with social and emotional skills necessary for a successful life outcome.</p> <p>Reduce negative behaviors (e.g., antisocial behaviors and gang and drug involvement) that lead to delinquency and criminality.</p>	<p>Provide supportive services that enable youth to minimize their risk factors, enhance their protective factors, and successfully reach their life milestones.</p>

Team 10: Youth Education Services	Outcome Areas		
	PREVENTION	INTERVENTION	SUPPORT
Direct client services targeting middle school through high school aged youth.	<p>A proactive, comprehensive approach that is designed to reduce risk factors and strengthen protective factors that lead to healthy youth development and academic achievement.</p> <p>Risk factors include, but are not limited to: individual, family, peer/social, and community risk factors such as the availability of drugs and gang involvement.</p> <p>Protective factors include, but are not limited to: academic achievement, family attachment, opportunities for pro-social involvement, mentorship, and educational opportunities.</p>	<p>Primarily, promote educational achievement, development of employability skills and employment, and trade instruction.</p> <p>Foster positive qualities in at-risk youth such as the acquisition of life management skills, anger and stress control, responsible decision-making, delayed gratification and long-range planning, substance abuse resistance skills, along with social and emotional skills necessary for a successful life outcome.</p> <p>Position youth to successfully matriculate through the education and training process, which include, but is not limited to the following: being promoted, passing standardized tests, and completing a GED, technical training or college.</p>	<p>Provide supportive services that enable youth to successfully accomplish their educational and training goals.</p>

SECTION TEN: COLLABORATION APPROACHES

There are **several different approaches to describe collaborative efforts**. In organizational systems, collaboration can occur at the direct service level, the administrative level or community-wide. Effective collaborative efforts are built on short-term and long-term goal setting as a collective group. The following collaborative approaches were adopted by the Joint Planning Board, which acts as the policy-making umbrella of the Community Human Service Partnership (CHSP). **When completing Form 6** of the grant application, please use this section as a reference.

Commonly utilized approaches include:

- ✓ **An individual client referral** to another agency or resource is the most commonly used approach.
- ✓ **An interagency agreement with shared client responsibilities:** For example, the Department of Children and Families acts as the client's primary case manager while referring chronically challenged families to alternative programs that have the capabilities of providing intensive in-home services. Families who are referred to these alternative programs must meet specified eligibility criteria as established by both parties. Formalized partnership agreements, as opposed to other informal working arrangements, help to provide those involved with a clear picture of their expected contribution to the collaboration process. Through written partnership agreements, roles and responsibilities are clearly delineated. Such an agreement provides structure, stability, and commitment to the ongoing work of collaborating.

Coalitions and Associations: A collection of agencies with similar focuses meeting on a regular basis (i.e., monthly, quarterly) to address common issues and challenges is another effective collaborative intervention strategy.

- ✓ When **collaborative staff development** exists, all partners in the collaborative effort join to co-sponsor and participate in shared training. Collaborative staff development enhances common skills and knowledge across programs resulting in increased levels of understanding and trust. Partners experience an increased willingness to share resources and expertise and a decreased level of "turf guarding." Individuals, families and communities can be provided with the most effective services available to meet their needs.
- ✓ **Coordinated community outreach efforts** are crucial to successful collaboration. Accomplished through means such as newsletters, open houses, orientation meetings, health fairs, and other community-based activities, outreach programs increase community awareness, buy-in, and participation in programs and services. Outreach must be addressed if the collaboration effort is to reach its potential.
- ✓ **Community development:** concerted efforts are targeted at a given community to address specific social problems. Therefore, intervention strategies are tailored to meet the specific needs of the targeted population. For example, federal, state, and local government entities have distributed massive amounts of dollars to address the impact of HIV/AIDS; however, the rate of HIV/AIDS continues to accelerate. Experts are re-evaluating the use of traditional (single-agency) intervention

strategies to service particular communities and populations. They now recognize the need to explore creative targeted approaches for solving community-based problems. These approaches must be well thought out and carefully planned, taking into consideration the uniqueness of the community (i.e., culture, income range, natural resources, severity of social conditions, developmental history, and “help seeking behaviors”).

When we target the community for change, our efforts are directed at causing that change. We may accomplish this through a number of methods which include: creating new services, improving the delivery of existing services, or implementing innovative intervention strategies, drawing upon the resources of the community. In summary, collaboration is based on the premise that groups of agencies (and collective resources) working together enhance each other’s chances of being successful at having an immediate, intermediate and long-term impact in any given community.

Attachment #2
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**SECTION ELEVEN: APPLICATION SUBMISSION REQUIREMENTS AND
CHSP CONTACT PERSONS**



**Applications must be submitted by 5:00 p.m.,
Friday, February 27, 2015**

Gaining Access to the CHSP Portal:

To register and complete the CHSP Grant Application please go to the CHSP website address: www.chsportal.org, click the Partner Agencies icon, and complete the steps outlined in the instructional video. Please note that each agency will be assigned an *Agency Administrator*. To allow for multiple staff members to have access to the application the Agency Administrator can assign *Agency Users*.

To be eligible to sign the CHSP grant application the agency's board president and executive director must be registered as an Agency Administrator or Agency User.

General Submission Requirements

- All applications must be completed and submitted via the CHSP Portal; no paper copies of the application will be accepted.**

- Applications for FY 2015-2016 will only be accepted from agencies that meet the CHSP eligibility criteria and have documented attendance at one of the mandatory application workshops. **All agencies must meet the minimum legal requirements** shown on Form One of the 2015/2016 Grant Application and the Nonprofit—Organizational Standards Checklist.

- The grant application deadline is final. No extensions shall be granted.**

- Use the exact forms provided in the 2015/2016 grant application; you are not allowed to modify any CHSP forms. **Failure to utilize the exact forms provided in the 2015/2016 CHSP application will result in the rejection of the application.**

- Each application must include all forms (Forms 1-6) listed in the 2015/2016 CHSP Grant Application, including a complete copy of the agency's most recently submitted 990, 990EZ, or Postcard; and, if applicable, the agency's audit (no more than two years old), along with the Management Letter and all written responses/correspondence applicable to the audit.**

- Grant applicants that do not meet the standards specified in Section Eleven will not be considered.** This standard is based on the premise that the agency has failed to meet the submission deadline for the CHSP application and that all applicants must be treated equally.

- Fatal Flaws: Specific conditions that will result in the rejection of the application** for consideration in the 2015/16 CHSP funding process include:
 - 1) Missing sections of the application.
 - 2) Not submitting the most recently submitted IRS 990, 990EZ, or Postcard in accordance with the federal regulations.
 - 3) Not submitting the most recently completed audit – no more than two years old, if applicable.
 - 4) Missing signatures of the executive director and board president.
 - 5) Not submitting the CHSP Check Signing Policy that requires two or more signatures based on certain fiscal thresholds approved by the board of directors. Furthermore, the policy must specify that no agency staff, including the executive director, can sign a check written to him/her or written for cash. The policy must also include specifications and internal safeguards (board oversight) regarding making withdrawals from the agency's account(s).
 - 6) Not submitting documentation of having current liability insurance.

 **SUBMISSION OF LEGAL DOCUMENTS: CREATE A PDF FILE OF THE FOLLOWING DOCUMENTS IN THE PRECISE ORDER LISTED BELOW.**

- Agency's current **by-laws**
- Agency's registration letter with the **U. S. Department of Treasury, Section 501 (c) (3)**, Internal Revenue Service Code, for exempt status
- Agency's registration letter with the **Florida Department of Agriculture and Consumer Services**, pursuant to Chapter 496, FS (If your organization is exempt, as provided for in sections 496.403 and 496.406, FS, submit three copies of the agency's exemption letter.)
- Agency's proof of registration as a non-profit corporation with the **Florida Department of State, Division of Corporations** pursuant to Chapter 617, FS (which can be obtained by accessing sunbiz.org)
- Agency's registration letter with the **Florida Department of Revenue** pursuant to Chapter 212.08 F.S. **State Sales Tax Exemption**
- The agency's proof of **liability insurance**
- Agency's **statement of non-discrimination and its equal opportunity policy** for employees, volunteers and clients

- Agency's **Fiscal Management Policy**, including a dual check signing policy/procedure. **The procedure must include the Check Signing Policy language noted in the 2015/16 CHSP Application**
- The following agency policies: **Records Retention** and **Conflict of Interest policies/procedures**
- If the agency's program(s) requires **licensing by local, state or federal agencies**, please attach the licenses required (i.e., occupancy licenses, Health Department license, coverage needed for operation, DCF certifications, etc.).

CHSP STAFF PERSONS CAN BE REACHED AT THE FOLLOWING CONTACT NUMBERS AND EMAIL ADDRESSES:

Communication



Arnold McKay, United Way of the Big Bend
Switchboard: 414- 0844
arnold@uwbb.org

Pat Holliday, City of Tallahassee
Direct line: 891- 6524 or
patricia.holliday@talgov.com

Anita Morrell: 891- 6561
anita.morrell@talgov.com

Sarala Hermes: 891-6553
sarala.hermes@talgov.com
Switchboard: 891- 6500

Tiffany Harris, Leon County
Switchboard: 606-1900
harristi@leoncountyfl.gov

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**Leon County
Board of County Commissioners
Cover Sheet for Agenda #7**

June 10, 2014

To:	Honorable Chairman and Members of the Board
From:	Vincent S. Long, County Administrator
Title:	Acceptance of the Status Report on the Community Humans Services Partnership (CHSP); Approval of Amended Joint Planning Board Bylaws; and, Consideration of Funding for the Community Humans Services Partnership Online Application System Software

County Administrator Review and Approval:	Vincent S. Long, County Administrator
Department/Division Review and Approval:	Alan Rosenzweig, Deputy County Administrator
Lead Staff/Project Team:	Candice M. Wilson, Director, Office of Human Services and Community Partnerships Tiffany Y. Harris, Human Services Analyst

Fiscal Impact:

This item has a fiscal impact to the County. \$40,000 is requested for the Community Human Services Partnership automated system. Funding for this request is available in the General Fund Contingency.

Staff Recommendation:

- Option #1: Accept the status report on the Community Human Services Partnership.
- Option #2: Approve the \$40,000 Budget Amendment Request to fund the County's portion of the Community Human Services Partnership online application system software (Attachment #1), and authorize the County Administrator to execute an agreement between the County and United Way of the Big Bend, in a form approved by the County Attorney's Office.
- Option #3: Approve the amended Joint Planning Board Bylaws.

Report and Discussion

Background:

In 1997, Leon County, the City of Tallahassee and the United Way of the Big Bend joined together to form the Community Human Service Partnership (CHSP), which serves as a joint planning and funding distribution process, and established the Joint Planning Board (JPB) as the governing body for forming the Community Human Service Partnership. Each funding partner appointed two representatives to serve on the JPB. The goal of the CHSP was to allow the public funding partners to pool their resources to better address the human service needs of Leon County. By developing a consolidated funding process, CHSP reduced the amount of time and effort, which human service agencies had to invest in applying to the funding partners independently and provided for more coordination and collaboration amongst the program participants. The CHSP also incorporated a citizen evaluation process which recruits and trains local citizens to evaluate the CHSP funding requests.

After the implementation of the CHSP funding process, the JPB became inactive for several years, while assigned staff was charged with managing the day-to-day operations of the system. After recognizing the need to evaluate and improve the CHSP process, in 2007, the County Commission, City Commission, and United Way Board approved the reestablishment of the JPB.

As the CHSP process evolved over the last 17 years and the demands for funding increased, the partners looked at ways to enhance the program. There was a growing need to prioritize local human services demands, as well as evaluate the current service delivery systems. In order to accomplish these tasks, the critical human services needs of the community had to be identified through a scientific process that compared the identified needs to the current funding systems'

response to those needs. It was determined by conducting a comprehensive needs assessment and a CHSP process evaluation, Leon County residents would be assured that resources expended for the provision of human services were done in the most effective and efficient manner.

In 2009, several community discussions were facilitated regarding how to scientifically identify the critical human service needs of the community and how to evaluate the current CHSP funding system's responsiveness in effectively addressing those needs. Based on these discussions, the CHSP partners entered into a contract with MGT of America to conduct a comprehensive community needs assessment and CHSP process evaluation.

The overall purpose of the MGT of America study was to:

1. Utilize social science research methods to determine the critical needs of the community.
2. Evaluate existing community resources (including community assets) in reference to how these resources are being targeted to address human care needs.
3. Evaluate the CHSP process.
4. Given the findings, develop a strategy that can help improve the scope and delivery of human services in Leon County.

The MGT of America study (Attachment #2) was finalized on March 8, 2010 and the results were presented at a joint meeting consisting of members of the Joint Planning Board, CHSP staff, and many other community committees and stakeholders. The best method for assessing the recommendations and developing a CHSP Strategic Action Plan was to appoint two special advisory committees. The two committees were tasked with developing recommendations that would help improve the scope and delivery of human services in the Tallahassee/Leon County area. The committees utilized the Needs Assessment/Process Analysis report prepared by MGT in addition to other sources of expertise to develop a series of recommendations that were presented to the JPB for action.

The Joint Planning Board charged the two Special Advisory Committees to complete the following tasks:

- A) *The Process Evaluation Subcommittee objectives:* 1) review and analyze the process evaluation data collected by MGT relative to the CHSP process; 2) collect additional CHSP process related data, if necessary, to supplement the data presented by MGT; 3) review and analyze the process evaluation related recommendations presented by MGT; 3) develop additional CHSP process improvement recommendations, if

necessary; and 4) prepare and present a summary report that includes recommended process improvements for the CHSP.

- B) *The Needs Assessment Subcommittee Objectives:* 1) determine if it is possible to identify the community's highest priority needs; 2) review and analyze the human service needs data collected by MGT and other data deemed necessary; 3) review and analyze the human service needs related recommendations presented by MGT and develop additional recommendations as deemed necessary; 4) recommend if the process needs to be changed to address those needs and how it would be changed; and 5) prepare and present a summary report that includes action steps for addressing the identified high-risk needs.

The Special Advisory committees met on a monthly basis for more than a year's period of time. On October 27, 2011, during the publicly noticed meeting, the advisory committees presented their final reports to the Joint Planning Board (Attachments #3 and #4); thereby, providing an opportunity for the public and other stakeholders to give feedback.

Analysis:

In 2013, Commissioner Dozier was appointed Chair of the JPB. Under Commissioner Dozier's leadership, the JPB meet on several occasions during the course of the year. The advisory committees again presented their recommendations to the JPB in 2013. Members had the opportunity to review the recommendations from both advisory committees and receive public input from community partners and human service agencies.

A number of recommendations were able to be implemented in the current fiscal year:

1. Established CHSP eligibility requirements
2. Established CHSP Application Fatal Flaw criteria
3. Established CHSP Agency Findings and prescribed Finding Remedies
4. Implemented an Application Affirmation and Certification Sheet that requires Executive Director and Board Chair signatures on the CHSP application
5. Implemented a dual check signing policy requirement
6. Clarified appeals language and updated the CHSP appeals process
7. Implemented a Nonprofit Organizational Standards Checklist

8. <!--[endif]-->Implemented cost saving measures by requiring application submission via flash drive
9. <!--[endif]-->Implemented unified agency evaluation
10. <!--[endif]-->Established additional training sessions for Citizen Review Team members and Team leaders

After fulfilling its goal to streamline the CHSP process, at their January 15, 2014 meeting, the JPB determined that it was not necessary to meet on a frequent basis and voted to meet on an "as needed" basis. Additionally, at their January 15, 2014 meeting, the current JPB bylaws were amended, pending approval by the Board (Attachment #5).

At the same meeting, the JPB adopted a new method of oversight for the CHSP process by establishing two special committees and giving oversight responsibilities to the newly created Executive and Leadership Teams.

1. <!--[endif]-->The Executive Team
 - <!--[endif]-->Composition: lead staff from the County, City, and United Way who oversee CHSP. (Candice Wilson, Michael Parker, Heather Mitchell)
 - <!--[endif]-->Purpose: this team would meet quarterly to review the CHSP process and to discuss issues that need to be addressed.
2. <!--[endif]-->Leadership Team
 - <!--[endif]-->Composition: This is to be comprised of four members. One voting member from each funding agency (UWBB, City, and County) and one ex officio member from UPHS.
 - <!--[endif]-->Purpose: This team would meet annually, with a meeting open to the public, to review the CHSP process, receive CHSP updates, and to discuss and address concerns from the Executive Team.

During the September 10, 2013 regularly scheduled Board meeting, Commissioner Dozier requested, under her discussion time, that staff bring an agenda item to the Board on the development of an online application for the CHSP application process.

At the October 29, 2013 Commission meeting, staff presented a status report on the transition of

the CHSP application system to an online system. The United Way of the Big Bend (UWBB) allocated \$40,000 toward the creation of the online application system. All three funding partners agreed that the United Way would be the lead agency in procuring and managing the process and ultimate system implementation. In addition, the item indicated that if there were additional costs or additional funding was needed, staff would bring an agenda item back to the Board for consideration.

The CHSP application and funding process is a multi-tiered process that includes:

- a pre-application submittal training and introduction
- an application submittal
- a review and evaluation by staff
- site visits and applicant presentations
- a review and evaluation by volunteer Citizen Review Teams
- funding determinations by all three funding partners
- an appeals process
- contract development
- invoicing/reimbursement requests
- reporting and monitoring

In an effort to refine the application process to seek greater efficiency and uniformity, the funding partners' staff identified other areas in the application process that need to be automated. It was determined that the system needed to allow the CHSP staff and the citizen volunteers to move electronic applications through the entire CHSP review process and into formal contracts for those applicants that are awarded funding. A preliminary scope of work was created in consultation with County MIS staff and all three funding partners (Attachment #6).

With input from the County and City CHSP staff, the UWBB solicited proposals from qualified vendors to develop an online application process. The scope of work for the project called for a customized system which

- (a) can be used by the CHSP applicants to prepare and submit applications,
- (b) used by the CHSP staff and citizen volunteers to review and evaluate applications,
- (c) can be used to track and monitor CHSP contracts including performance and payments, and
- (d) is expandable to provide reports on client services and needs. The scope of work also required that the selected contractor must provide training for staff and the system must be operational for the 2015 CHSP application cycle.

The UWBB administered a Request for Proposals (RFP) selection process for the vendor selection. Five proposals were evaluated and Paul Consulting Group was selected to develop and implement the automated CHSP application project. The selected proposal calls for Paul Consulting Group to develop an online application process that would allow CHSP applications to be completed and submitted electronically and exceeds the requirements outlined in the scope of work (Attachment #7).

Paul Consulting Group provided a Needs Assessment to ensure all aspects of the manual process were included in the system design. The proposed cost for developing and implementing the automated system is \$108,360. As previously stated, the UWBB will serve as the contract administrator and will provide \$40,000 to support the project. The County and City are being asked to provide the balance of the funding. The City Commission approved \$40,000 on May 28, 2014.

Staff is recommending that up to \$40,000 be authorized to support the County's portion of the contract costs. This amount would fund the County's portion (\$34,180) of the \$108,360 contract amount, and provide \$5,820 as contingency in the event additional expenses are incurred during the design phase. The recommendation action includes an appropriation from the General Fund contingency to cover this expense.

Options:

1. Accept the status report on the Community Human Services Partnership.
2. Approve the \$40,000 Budget Amendment Request to fund the County's portion of CHSP online application system software and authorize the County Administrator to execute an agreement between the County and United Way of the Big Bend in a form approved by the County Attorney's Office.
3. Approve the amended Joint Planning Board Bylaws.
4. Do not accept the status report on the Community Human Services Partnership.
5. Do not approve the \$40,000 Budget Amendment Request to fund the County's portion of CHSP online application system software and authorize the County Administrator to execute an agreement between the County and United Way of the Big Bend in a form approved by the County's Attorney's Office.
6. Do not approve the amendment to the Joint Planning Board Bylaws.
7. Board direction.

Recommendation:

Options #1, #2, and #3.

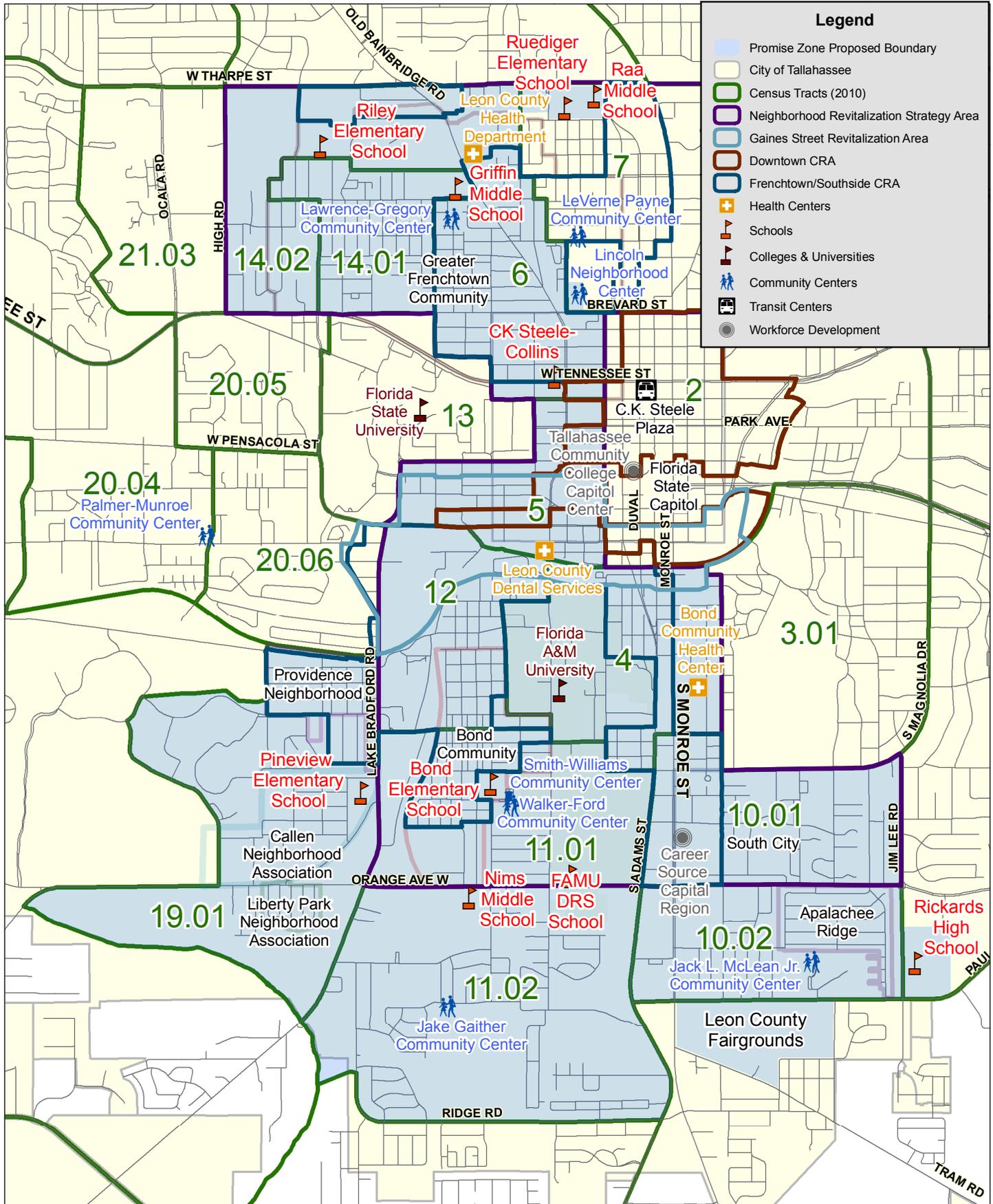
Attachments:

1. [Budget Amendment Request](#)
2. [MGT of America Study](#)
3. [Needs Assessment Committee Report](#)
4. [Process Committee Report](#)
5. [JPB Amended Bylaws](#)

6. [Scope of Work](#)<!--[endif]-->
7. [Paul Consulting Group Proposal](#)<!--[endif]-->

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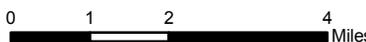
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Legend

- Promise Zone Proposed Boundary
- City of Tallahassee
- Census Tracts (2010)
- Neighborhood Revitalization Strategy Area
- Gaines Street Revitalization Area
- Downtown CRA
- Frenchtown/Southside CRA
- + Health Centers
- ▤ Schools
- ▤ Colleges & Universities
- ▤ Community Centers
- ⊠ Transit Centers
- Workforce Development

**Promise Zone
Proposed Boundary**



This product has been compiled from the most accurate source data from Leon County and the City of Tallahassee. However, this product is for reference purposes only and is not to be construed as a legal document or survey instrument. Any reliance on the information contained herein is at the user's own risk. Leon County and the City of Tallahassee assume no responsibility for any use of the information contained herein or any loss resulting therefrom.



4.2 Development of the Community Paramedic Program

Background:

- At the December 10, 2013 meeting, the Board directed staff to modify the Strategic Initiative regarding EMS so that the county can continue to pursue assistance for the start-up costs of a Community Paramedic Program. The strategic initiative was modified and approved at the January 21, 2014 meeting.
- On April 3, 2014 the County, in conjunction with the National Association of Counties, hosted the Leon County Community Dialogue on Improving County Health to discuss access to medical care in the community. At that meeting community leaders identified a need to improve chronic care management and services for “high utilizers” that cycle in and out of the hospital and a need to close gaps in preventive care, follow-up, and ongoing outpatient treatment for the chronically ill.
- At the September 2, 2014 meeting, the Board accepted a Florida Department of Health Matching Grant in the amount of \$57,735 to help support the implementation of the Community Paramedic Program. The grant requires a local match of \$19,245 providing for a total project budget of \$76,980 which is currently included in the FY16 Budget.
- At the September 2, 2014 meeting, the Board approved an Agreement for consulting services with MedStar Mobile Healthcare, the ambulance authority for the metropolitan Fort Worth, Texas area that initiated a successful Community Paramedic Program in 2009.
- The Community Paramedic Program is being developed to improve healthcare for Leon County citizens. Emergency rooms are often the first and only access point to the healthcare system for many citizens, leading to overcrowded ERs with non-emergent patients that could either receive care on the scene, be referred to local medical clinics, physicians, or other resources, or, in the future, be attended to by a physician through a telemedicine connection.
- Greater utilization of existing local medical resources and decreasing the load on emergency rooms so they can focus on emergency cases is the goal. Community paramedic services are more cost effective and provide an opportunity to educate the patient on the availability of local resources that can better deal with their ongoing medical issues. If patients have their medical needs met with appropriate treatment, arranged visits with physicians, arranged and scheduled transportation, and other issues related to medical care, they would not call 911 with non-emergent problems.
- The EMS Division has a social services referral program in place which is designed to identify and connect patients with specific needs to human service organizations and programs already in place in the community. The EMS program has been successful in meeting the individual patient’s needs and decreasing their reliance on emergency services.
- Other communities across the County have adopted Community Paramedic Programs that successfully meet the needs of their community. The County intends to adopt and integrate best practices from these programs into the Leon County Community Paramedic Program.

Current Issues:

- In March 2015 the County met with local hospital representatives to discuss the possibility of implementing a Community Paramedic Program.
- On November 6, 2015, the County hosted a meeting with local healthcare stakeholders to evaluate healthcare gaps within the community and to explore how a Community Paramedic program may help fill those gaps and provide positive outcomes for patients.
- Staff continues to engage healthcare stakeholders on the benefits of a Community Paramedic Program and to develop program parameters and financial support models. Staff has identified a strategy that can be expanded to include additional services, including telemedicine services, should the need be identified and outside funding become available for these expanded services.

- Upon the commencement of the Community Paramedic Program staff anticipates three main services being offered.
 - High User Group - The first group of patients that would be targeted is a high-use group that includes both chronic illness patients and system abusers. Many times these patients have minor issues that could be taken care of with other resources than emergency department visits.
 - Readmission Patients - The second group of patients that would be targeted are at high risk of readmission to the hospital once they have been discharged. These patients have legitimate medical conditions that must be followed closely or negative outcomes will result.
 - Hospice Patients - The third group of patients that will be targeted are hospice patients. Many patients that are at the end of life and have been referred into the hospice system and are placed back into the hospital system when it is not the intended healthcare path.

Near Term Issues:

- Identify program parameters and associated costs.
- Solidify potential partnerships and identify funding models to sustain the program.
- Present program parameters and funding models to the Board for consideration during the FY17 budget process.
- Develop operational protocols and medical directives for all aspects of the program.
- Develop training modules for the program based on program parameters.

Long Term Issues:

- Overall Community Paramedic funding for a sustainable program that is able to grow to meet the ongoing needs within the community.
- Develop healthcare strategies to meet changes in healthcare delivery and to meet government and other third party payer requirements for new payment models.
- Develop and implement tracking mechanisms to monitor improvements in patient outcomes and changes in the local healthcare delivery system.
- Continue to advocate for the use of telemedicine as a component of the Community Paramedic Program as a way to connect patients directly with physicians for immediate medical intervention.

Current Strategic Priorities:

- Quality of Life – To be a provider of essential services in our continuous efforts to make Leon County a place where people are healthy, safe, and connected to their community.
 - (Q2) – Provide essential public safety infrastructure and services which ensure the safety of the entire community (2012).
 - (Q3) – Maintain and further develop programs and partnerships necessary to support and promote a healthier community, including: access to health care and community-based human services. (rev. 2013)

Current Strategic Initiatives:

- (Q2, Q3) – Implement strategies to improve medical outcomes and survival rates, and to prevent injuries, including: continue to pursue funding for community paramedic telemedicine (2012)(rev. 2014)

Potential New FY 2016 Strategic Initiatives, for Board Consideration:

- (Q2, Q3) – Engage vested community partners in the development of a Community Paramedic Program that includes program parameters designed to meet local needs and a sustainable economic model to be presented for consideration during the FY 2017 budget process (2012) (rev.2016)

Attachments:

1. Leon County Community Dialogue; Improving County Health; April 3, 2014
2. Presentation from November 6, 2015 meeting – Innovative Partnerships for Healthcare 2.0
3. Summary of November 6, 2015 Stakeholder Meeting
4. Mobile Integrated Healthcare and Community Paramedicine (MIH-CP)
5. Innovation Opportunities for Emergency Medical Services
6. Health Care Pinch Hitting
7. Integrated Healthcare Delivery; Building a Better Community Medic



Leon County Community Dialogue

IMPROVING COUNTY HEALTH • APRIL 3 2014

THE NATIONAL ASSOCIATION OF COUNTIES

The National Association of Counties (NACo) assists America's counties in pursuing excellence in public service by advancing sound public policies, promoting peer learning and accountability, fostering intergovernmental and public-private collaboration and providing value-added services to save counties and taxpayers money. The National Association of Counties (NACo) is the only national organization that represents county governments in the United States. Founded in 1935, NACo provides the elected and appointed leaders from the nation's 3,069 counties with the knowledge, skills and tools necessary to advance fiscally responsible, quality-driven and results-oriented policies and services to build healthy, vibrant, safe and fiscally resilient counties.

WHAT ARE THE COMMUNITY DIALOGUES?

The National Association of Counties (NACo), in partnership with the Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute (UWPHI) is conducting community dialogues in six counties across the country. The NACo Community Dialogue to Improve County Health sessions are intended to assist counties in assessing, planning, and strategizing current efforts toward coordinating health initiatives to improve the overall health of residents in these counties. These sessions are a part of NACo's Elected County Officials' Guide to County Health Rankings & Roadmaps project which aims to bring together public and private partners to share innovative ideas and strategize about how to resolve various challenges counties face.



LEON COUNTY COMMUNITY DIALOGUE

Community healthcare leaders in Leon County gathered together to discuss access to care in the county. Participants included members of the County Commission, the County Administrator and staff, the Florida Department of Health in Leon County Interim Administrator, and representatives from the Florida State University (FSU) College of Medicine, Big Bend Cares, Neighborhood Medical Center, Apalachee Center, Bond Community Health Center, Capital Medical Society Foundation, North Florida Medical Centers, Tallahassee Memorial HealthCare, Florida A&M University (FAMU) College of Pharmacy and Pharmaceutical Sciences, and the United Way of the Big Bend.

Leon County staff led participants in identifying the strengths and assets of the current healthcare system, the gaps and barriers to collaboration, ideas and solutions to addressing those gaps and barriers, and next steps to achieving the goals.

County Commission Chair Kristin Dozier opened the Community Dialogue by noting the main outcome for the discussion would focus on how to improve access to care in Leon County through greater collaboration and increased partnerships. She stated the county wants to be the catalyst that drives these types of partnerships forward. County Administrator Vincent Long highlighted the goals of the discussion, including a conversation on where the county and its partners should go next in improving access to care. Leon County staff emphasized the dialogue was intended to provide a forum for an honest look at where the community is and how the strengths can be enhanced and the gaps can be filled to improve access to care.

This report provides a narrative summarization of the Community Dialogue. The report is organized by area of discussion and not the exact order of conversation as it occurred on April 3, 2014. The report does not include every comment made throughout the day, but serves to highlight the ideas discussed in their respective sections.



IDENTIFYING STRENGTHS AND ASSETS

WHAT ARE THE STRENGTHS AND ASSETS OF THE HEALTHCARE SYSTEM IN LEON COUNTY AND HOW CAN THE COMMUNITY BUILD ON WHAT IS WORKING WELL?

Participants spent a majority of the first session discussing the strengths of the healthcare system in Leon County. There were a number of comments that emphasized the strength and dedication of the safety net providers in the community, including the We Care Network coordinated by the Capital Medical Society Foundation, Bond Community Health Center, and Neighborhood Medical Center. This group of providers, known as the CareNet program, is supported by other healthcare partners such as the Florida State University (FSU) College of Medicine, the Florida A&M University (FAMU) College of Pharmacy, and Tallahassee Memorial HealthCare.

In Leon County, partners share in the mission to serve indigent populations, in particular both Bond Community Health Center and Neighborhood Medical Center have a long history and depth of experience serving the uninsured and underserved in Leon and surrounding counties. Others have

“One of the things that is more unique about Tallahassee than most communities is... the large majority of health concerns and health programs are managed and directed by this community and through people in this community... When you have healthcare decisions made from afar, there isn't a sense of ownership... I think the way that this community makes decisions around healthcare and the fact that a large majority are made locally is highly important.”

— Mark O'Bryant
President and Chief Executive Officer
Tallahassee Memorial HealthCare

also developed innovative methods of improving access for underserved populations. Tallahassee Memorial HealthCare, in collaboration with the FSU College of Medicine and Capital Health Plan, has established the Transition Center. The Center helps connect patients who are uninsured or underserved with safety net providers and primary care providers to ensure a continuity of care and lower readmissions to the hospitals.

Leon County is home to two major universities, Florida State University and Florida A&M University. The FSU College of Medicine and

the FAMU College of Pharmacy serve important roles by attracting students and faculty who are interested in serving the underserved, supporting TMH's residency programs, and embedding faculty in local healthcare organizations who serve the uninsured and underserved. As Florida's state capital, Tallahassee and Leon County are in a unique position to influence state policy.

The county has partnered with the City of Tallahassee and the United Way of the Big Bend to develop the Community Human Services Partnership, which invests over \$4 million in social services, including healthcare, to improve the quality of life for our local citizens. The Florida Department of Health in Leon County operates a pediatric dental program. In partnership with Leon County Schools, it is piloting a sealant program for second graders.

WHAT IS OR SHOULD BE THE COUNTY'S ROLE IN IMPROVING ACCESS TO CARE?

The final portion of the morning session centered on the role the county could play to improve access to care. A number of partners discussed the county moving toward operating in a more outcome-driven fashion, consistent with nationwide healthcare trends. . The county was identified as the most appropriate partner to facilitate a discussion on a healthcare system that is more heavily focused on achieving

improved outcomes. This would include facilitating discussions to establish certain health benchmarks and supporting providers to reach identified goals.

The county was also identified as having an important role in taking the lead on key health issues that impact the community. This includes pursuing innovative health technologies, such as telehealth and telemedicine, through policy development at the local and state level. Regarding mental health, initiatives to reduce stigmas associated with seeking mental health treatment were discussed and the county was identified as playing an important role in educating the public and promoting the importance of treatment for mental health and substance use disorders.

One of the issues we have in general is a level of public prejudice and stigma, not only about severe and persistent mental health issues . . . but with mild mental health issues . . . A lot of that has to do with both a reluctance to seek treatment and a reluctance to admit that there are interventions needed, and with the unavailability . . . of milder or more moderate forms of treatment, and that takes not just providers, but it takes a change in the culture of the community . . . I think that is a place where the county, with the partnership of the current providers, can take the lead and say we want to make this the healthiest county we can, both in terms of physical, but also in terms of behavioral health."

— Jay Reeve
President and Chief Executive Officer
Apalachee Center

PUBLIC COMMENT PERIOD

At the end of this section of the dialogue, citizens were given an opportunity to make comments. Public comments included concern that the failure to expand Medicaid in Florida would have a dramatic impact on the uninsured, particularly in the African American population. Concern was expressed over the health disparities within the community and that the need for care in the underserved population is not met by the current system of care. Concern was also mentioned regarding the difficulty that high need patients have in navigating the healthcare system.

GAPS AND CURRENT BARRIERS TO COLLABORATION

WHAT ARE THE GAPS IN SERVICES IN THE COMMUNITY?

As the dialogue shifted from discussion of strengths and assets of the healthcare system, partners talked about the gaps in services they see as barriers. Although many partners highlighted the high quality of care provided by physicians, it was noted that some specialties suffer from a shortage of providers and additional physicians are needed to match the health needs of the community.

There was a discussion about gaps in services for the chronically ill. The current CareNet system has provided a strong safety net, but the system does not address funding of chronic disease treatment. There is an acute need to improve chronic care management and services for “high utilizers” that cycle in and out of the hospital.

Many partners highlighted the need to put increased focus on prevention efforts, particularly among high need populations. Finally, there was discussion around a gap in acute ongoing behavioral health services, although this stems more from a statewide funding lapse. Conversation among the partners highlighted the quality of services delivered and focused most of the discussion on gaps in access to care.

WHAT ARE THE GAPS IN ACCESS TO CARE IN THE COMMUNITY?

The partners discussed a number of critical gaps in access to care. The county has high quality health-care services and well-trained physicians; however, the partners discussed the lack of a full continuum of services. It is difficult for uninsured and underinsured patients to connect to needed services in the system due to fragmented providers and a lack of follow-up services available to them. It was noted that many patients stop seeking services when confronted with the difficulty of navigating the system. In particular, investments need to be made to close gaps in preventive care, follow-up, and ongoing outpatient treatment for the chronically ill.

For those uninsured populations gaining access to health coverage through the Affordable Care Act, accessing a fragmented system of care will be particularly difficult as many of them are gaining insurance for the first time or after a long gap in coverage. The partners expressed concerns about gaps in coverage for those purchasing high-deductible plans on the Federal Health Insurance Marketplace.

Our system is still very provider-centered rather than patient-centered and we expect patients to know how to navigate so many different systems to get all of the pieces [of care] that they need.

— Lauren Faison
Administrator for Population Health
and Regional Development
Tallahassee Memorial HealthCare

Some providers have found it difficult to share patient health information. As information sharing is a critical component to a system that provides a strong continuity and continuum of care, partners expressed concern and a desire to move forward on improving capacity for information and health

record sharing. Multiple partners discussed the current status of health information exchanges, which offer significant potential for improving the community healthcare system, but are still in the development stage or have yet to be adopted universally. Part of the slow adoption of health information exchanges has to do with the complex issues surrounding the Health Insurance Portability and Accountability Act (HIPAA) and other privacy requirements and the cost-prohibitive nature of connecting medical records systems to health information exchanges.

Healthcare delivery is provider-centered, which is a contributing factor to the continuum of care gap discussed earlier in the dialogue. Many partners discussed the need to shift towards a patient-centered model of healthcare delivery.

At this point in the dialogue discussion shifted to an issue within the primary care provider system for the uninsured and underserved population. Due to the timing of federal funding decisions, the gathering of these key partners served as an important opportunity to address this critical community partnership.

PUBLIC COMMENT PERIOD

No members of the public offered comments for this section of the dialogue.

REMOVING BARRIERS TO COLLABORATION

WHAT ARE SOME OPPORTUNITIES TO ADDRESS GAPS IN THE COMMUNITY?

At the start of this session on how to address gaps in the healthcare system, partners were led in a short discussion of what gaps had been identified earlier in the day. They were also prompted to consider the healthcare system as a whole and where each of the partners fit into solving some of these key gaps in the community.

The Center for Health Equity at Florida A&M University (FAMU) will engage in an agreement with both community health centers to implement an outcome-driven model addressing diabetes. The pilot program will take a baseline assessment of patients and put them through a structured system of care that eliminates barriers such as transportation, mental health, substance abuse, and follow-up care. The baseline assessment measures will be monitored and outcomes reported on a quarterly basis to view improvement. This type of model would address continuum of care issues discussed in the earlier segment on gaps.

The partners discussed both the process and the types of community outcomes that should be addressed. There was discussion of anchoring any community shared vision on improving health to a national standard that is recognized by both leaders and the public (e.g. Healthy People 2020). There was broad agreement that any outcome data should be based on data already collected by providers, as they are all faced with a number of data collection requirements already.

Many partners weighed in on the process of filling community gaps with a broad census focused on developing a committee or community health council that would develop a shared community vision or community-based plan that addresses agreed upon priorities. The United Way of the Big Bend operates a community health council that spans across community sectors. The county currently has

Participants discussed additional partners that should be included in the development of a community-based plan that impacts health but were not included in the Community Dialogue. Suggestions included:

- » Law enforcement
- » Leon County School District
- » City of Tallahassee
- » County commissioners from surrounding counties
- » Faith-based organizations
- » Patients/clients
- » County and city planners
- » Leon County Emergency Medical Services (EMS)
- » Transportation leaders
- » Business leaders

a Community Health Coordinating Committee and it could be utilized as a vehicle for community partners and the county to move community health priorities forward. There was discussion of engaging county leaders from surrounding counties to gauge the utilization of healthcare services in Leon County from individuals residing in those counties. Other suggestions included the development of a multi-year strategic plan that includes an annual plan incorporating community health priorities.

Improving health literacy in the community was suggested as an opportunity to address access to care issues. One solution offered was to develop a focus group or survey of Leon County citizens to gauge their current understanding of health and then undertaking a public education effort to fill the needed gaps identified. Another suggestion was to provide services that would guide people through the healthcare system. There is a shortage of support staff throughout the healthcare system in the community that can provide those types of services to improve access and health literacy. Providing this type of support staff for patients ensures they receive needed care.

PUBLIC COMMENT PERIOD

Comments included concern over the high rates of infant mortality in Leon County. Income inequality and poverty were also identified as barriers to accessing care in the community, which also impacts low income citizens ability to provide or get transportation to gain access to healthcare. Some commenters agreed with ideas discussed by the partners such as consolidated medical records to provide for consistency of care across providers, the concept of case management, and a shift to patient-centered care. Community goals would be shared with the public to ensure transparency.

NEXT STEPS: WHAT WILL EACH PARTNER COMMIT TO MOVING FORWARD?

County Administrator Long opened this section of the dialogue by drawing on comments earlier in the day that focused on moving toward a more outcome-driven approach. He noted that county contracts have been focused on getting people into a primary care home, but this could be a pivot point to shift toward outcome-driven contracts with providers. This would allow the county to focus on moving the needle on specific health care needs in the community identified by partners. Multiple partners indicated that the community needs to first assess the health issues and develop a community-based plan to address them, and then potentially address how the county contracts with providers.

The United Way of the Big Bend expressed willingness to take the lead on being the catalyst for the community health council to pool resources and contribute to a discussion of a community-wide shared vision. Many other partners stated that they were willing to devote time and resources to a community health council.

A number of partners, including the FAMU College of Pharmacy and the Tallahassee Memorial Health-Care Transition Center said they would focus on sharing information and tools with all the partners to improve knowledge of the needs of the community. Dr. Thompson from FAMU offered to compile health statistics for the area, including in subgroups of the community, to help understand the health issues of the community. The Transition Center will share its patient-by-patient identifier and GIS mapping tools that provide data on the neediest populations in the community.



NACo COMMUNITY DIALOGUE SERIES

Leon County Community Dialogue

IMPROVING COUNTY HEALTH • APRIL 3 2014



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- Build on the work started in April 2014
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 - Hospital issues
 - Physician issues
 - Hospice issues
 - Home health issues
- The “How”
 - Insight into new “EMS” model
 - How would that fit in *your* world?
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 - ... And in other communities in the U.S.



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WHAT ARE THE GAPS IN SERVICES IN THE COMMUNITY?

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WHAT ARE THE GAPS IN ACCESS TO CARE IN THE COMMUNITY?

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It is difficult for uninsured and underinsured patients to connect to needed services in the system due to fragmented providers and a lack of follow-up services available to them.

It was noted that many patients stop seeking services when confronted with the difficulty of navigating the system.

In particular, investments need to be made to close gaps in preventive care, follow-up, and ongoing outpatient treatment for the chronically ill.”

“Healthcare delivery is provider-centered, which is a contributing factor to the continuum of care gap discussed earlier in the dialogue. Many partners discussed the need to shift towards a patient-centered model of healthcare delivery.”





Why yes, I'm a bit stressed.
Why do you ask?



Our World is Changing:



Attention Please!

- \$9,695 per capita health expenditures!!
 - Due in large part to **quantity-based** payments



<http://www.usatoday.com/story/news/nation/2015/07/28/cms-report-shows-health-spending-growth-faster-than-recent-years/30790253/>



Health survey ranks U.S. last among rich peers

Michael Winter

June 16, 2014



For the fifth time in a decade, the United States is the sick man of the rich world. But recent health reforms and increased health technology spending may provide a cure in the coming years.

That's according to the latest Commonwealth Fund survey of 11 nations, which ranked the world's most expensive health care system dead last on measures of "efficiency, equity, and outcomes." So too in 2010, 2007, 2006 and 2004.

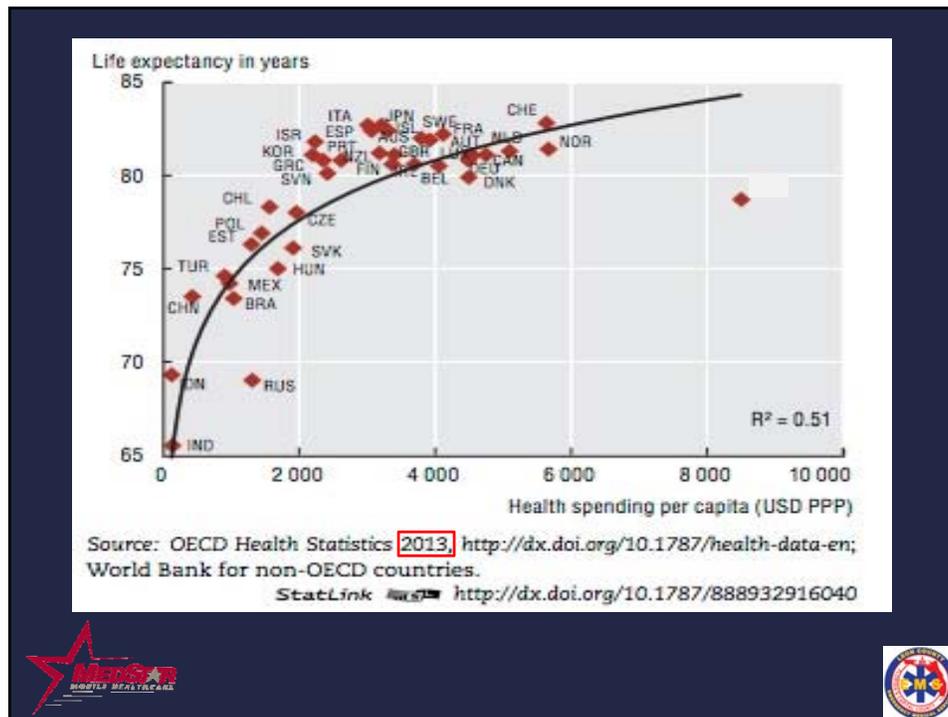
The other eight countries surveyed were Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway and Sweden.

What do the healthier cousins have that the United States does not? Universal health care, the Commonwealth Fund points out.



<http://www.usatoday.com/story/news/nation/2014/06/16/health-survey-us-last/10638811/>





Overkill

An avalanche of unnecessary medical care is harming patients physically and financially. What can we do about it?

By Atul Gawande

May 11, 2015

MEDCITY News

THE NEW YORKER

Writing in the New Yorker, Gawande, a general surgeon at Brigham and Women's Hospital in Boston, author and MacArthur Foundation "genius grant" recipient, painstakingly explains the "epidemic of unnecessary care" that bears much of the blame for the country's runaway healthcare costs and preventable deaths.

As Gawande noted, the Institute of Medicine reported in 2010 that 30 percent of healthcare spending, or \$750 billion a year, was wasteful. "The report found that higher prices, administrative expenses, and fraud accounted for almost half of this waste. Bigger than any of those, however, was the amount spent on unnecessary healthcare services," Gawande noted.

Gawande also looked at strategies for combat the problem, and found, to the surprise of nobody in the healthcare industry, that moving away from fee-for-service toward accountable, outcomes-based care is absolutely necessary. He just had no idea just how effective an incentive shift could be until he took a deeper look at the evidence.



<http://medcitynews.com/2015/05/gawande-looks-costly-problem-wasteful-care/>



Return Visits to the Emergency Department: The Patient Perspective

Sep 2, 2014
Source: ACEP

Annals of Emergency Medicine
An International Journal

Conclusion

Post-discharge factors, including **perceived inability to access timely follow-up care** and **uncertainty and fear about disease progression**, are primary motivators for return to the ED. Many patients prefer hospital-based care because of increased convenience and timely results. **Further work is needed to develop alternative pathways for patients to ask questions and seek guidance when and where they want.**



[http://www.annemergmed.com/article/S0196-0644\(14\)00622-2/fulltext](http://www.annemergmed.com/article/S0196-0644(14)00622-2/fulltext)



Heart-Attack Patients More Likely To Die After Ambulances Are Diverted

By Barbara Feder Ostrov
August 31, 2015

KHN
KAISER HEALTH NEWS

Heart-attack patients whose ambulances were diverted from crowded emergency rooms to hospitals farther away were more likely to be dead a year later than patients who weren't diverted, according to a recent study published in the journal Health Affairs.

Some hospitals see diversion as a necessary safety valve for full-up emergency rooms. But emergency care experts say they push the crowding problem to nearby hospitals and can compromise patient care, especially in life-threatening cases.

The researchers found that heart-attack patients whose ambulances had been diverted to an emergency room farther away were nearly 10 percent more likely to be dead one year later than those whose ambulances were not diverted.

"It still boils down to lack of resources to meet the demand," Elliott said.

B.J. Bartleson, vice president of nursing and clinical services for the California Hospital Association, said the state's hospitals are working with local EMS agencies to make sure patients get to the right hospital at the right time.



<http://khn.org/news/heart-attack-patients-more-likely-to-die-after-ambulances-are-diverted/>





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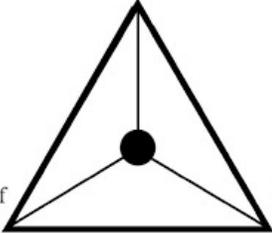


IHI Triple Aim
Better Care for Individuals, Better Health for Populations, and Lower Per Capita Costs

IHI Triple Aim Initiative

Better Care for Individuals, Better Health for Populations, and Lower Per Capita Costs

Health of a Population



Experience of Care

- Safe
- Effective
- Patient centered
- Efficient
- Timely
- Equitable

Per Capita Cost

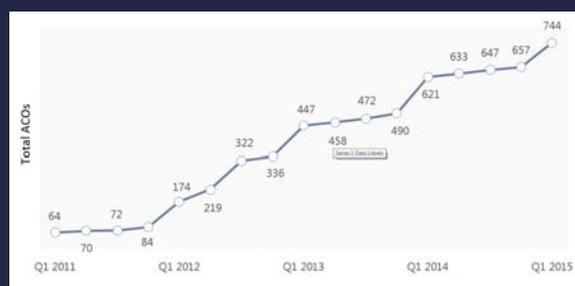
The IHI Triple Aim

Better care for individuals, better health for populations, lower per capita costs




Healthcare Economics 3.0

- ACOs
 - **744** as of March 2015
 - **23.5 million** covered lives
- Steroid Injection = ACA



<http://healthaffairs.org/blog/2015/03/31/growth-and-dispersion-of-accountable-care-organizations-in-2015-2/>







ABOUT FLAACOS

FLAACOS is the premier professional organization for Accountable Care Organizations (ACOs) throughout Florida. ACOs are designed to incent providers to work together to increase quality of care delivered to patients while significantly lowering medical costs overall. New shared savings payment arrangements are being developed by both government and private sector payers that are encouraging the fast growth of these Accountable Care models.

FLAACOS members are organized in a vibrant network of state affiliate groups that share FLAACOS goals in working on behalf of ACO professionals. FLAACOS encourages the exchange of diverse opinions and to further discussion, dialogue, and reflection of particular topics relevant to FLAACOS. Stay up-to-date with industry trends with the FLAACOS Newsletter. Receive the latest research based ideas to inspire and inform your service options. FLAACOS provides an opportunity to network with physicians and other ACO leaders from around the State of Florida. Participate in discussions throughout the year, join one of the FLAACOS committees and attend the FLAACOS Annual Conference. Educate yourself with member only meetings.

Get reduced rates for conferences and professional networking and development opportunities where you'll rub shoulders with leading luminaries in healthcare reform. Click the registration button to join and/or renew your FLAACOS membership.

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Barona Health Partners
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First Coast Health Alliance LLC
Florida Medical Clinic ACO LLC
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PKM Premier Medical Associates
PremierMD ACO LLC
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Primary Partners
Primary Partners LLC ACO
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Reliance Healthcare Management Solutions LLC ACO
Sarned Heart Health System
South Florida ACO LLC
Southwesters Integrated Medical
St Vincent's Accountable Care Organization LLC
West Florida ACO LLC

COMMERCIAL

Skyline Physician Partners ACO LLC
Cigna - BayCare Health System ACO
Cigna - Broadview Health ACO
Cigna - Holy Cross Physician Partners ACO
Cigna - Orlando Health Physician Partners ACO
Cigna - Primary Partners ACO
Cleveland Clinic Regional
Florida Blue - Baptist Health Care Corporation ACO
Florida Blue - Baptist Health South Florida Advanced Medical Specialists ACO
Florida Blue - First Coast Health Alliance ACO
Florida Blue - Health Management Associates (HMA) ACO
Florida Blue - Holy Cross Hospital ACO
Florida Blue - Holy Cross Physician Partners ACO
Florida Blue - Medical Specialists of Palm Beach ACO
Florida Blue - Memorial Healthcare System ACO
Florida Blue - Moffitt Cancer Center ACO
Florida Blue - MCH Healthcare ACO
Florida Blue - Orlando Health Physician Group ACO
Florida Blue - Tappan Healthcare ACO
Florida Physicians Trust ACO
Hennepin Alliance ACO
UnitedHealthCare - The Villages ACO

67!



Healthcare Economics 3.0

- Payment based on **OUTCOMES**
- Bundled payments based on episode of care
- Push to Managed Medicare/Medicaid
- MSPB calculations = **2015**
 - Medicare Spending Per Beneficiary
 - Hospital accountable for some outpatient post acute costs
- Merger & Acquisition Frenzy



CMS announces additional participants in pilot project to improve care and reduce costs for Medicare

Over 2,100 participants in performance period of Bundled Payments for Care Improvement initiative

Date 2015-08-13
Title CMS announces additional participants in pilot project to improve care and reduce costs for Medicare
Contact go.cms.gov/media

"We are excited that thousands of providers in the Bundled Payments for Care Improvement initiative have joined us in changing the health care system to pay for quality over quantity - spending our dollars more wisely and improving care for Medicare beneficiaries," said Patrick Conway, M.D., CMS acting principal deputy administrator and chief medical officer. ***"By focusing on outcomes for an episode of care, rather than separate procedures in care delivery, we are incentivizing hospitals, doctors and other providers to work together to provide high quality, coordinated care for patients."***

Bundling payment for services that patients receive across a single episode of care is one way to encourage doctors, hospitals and other health care providers to work together to better coordinate care for patients, both when they are in the hospital and after they are discharged. Through the Bundled Payments for Care Improvement initiative, CMS is testing how bundled payments for clinical episodes can result in better care, smarter spending, and healthier people.

Today's announcement means several hundred providers are advancing into a program that rewards them for increasing quality and reducing costs while also penalizing them if costs exceed a set amount.



<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2015-Press-releases-items/2015-08-13.html>



HHS Pledges To Quicken Pace Toward Quality-Based Medicare Payments

By Jordan Rau January 26, 2015



The Obama administration Monday announced a goal of accelerating changes to Medicare so that **within four years, half of the program's traditional spending will go to doctors, hospitals and other providers that coordinate their patient care, stressing quality and frugality.**

The announcement by Health and Human Services Secretary Sylvia Burwell is intended to spur efforts ***to supplant Medicare's traditional fee-for-service medicine, in which doctors, hospitals and other medical providers are paid for each case or service without regard to how the patient fares.*** Since the passage of the federal health law in 2010, the administration has been designing new programs and underwriting experiments to come up with alternate payment models.

The administration also wants Medicare spending with any quality component, such as bonuses and penalties on top of traditional fee-for-service payments, to increase, so that by the end of 2018, 90 percent of Medicare spending has some sort of link to quality.

"For the first time we're actually going to set clear goals and establish a clear timeline for moving from volume to value in the Medicare system," Burwell said



<http://kaiserhealthnews.org/news/hhs-pledges-to-quicken-pace-toward-quality-based-medicare-payments/>



Anthem to Buy Cigna Amid Wave of Insurance Mergers

By CHAD BRAY

July 24, 2015

The New York Times

The health insurer Anthem said on Friday that it had agreed to acquire its rival Cigna for \$48.3 billion in a deal that would further concentrate the United States market to just a few major players.

A flurry of deals are reshaping the industry. Earlier this month Aetna agreed to acquire Humana, the smallest of the big five insurers, for \$37 billion in cash and stock. If both transactions are completed, the number of major health insurers in the United States will shrink to three.

Health insurers are seeking to consolidate to gain greater scale to reduce costs and capitalize on growing opportunities in the government and individual markets.



<http://www.nytimes.com/2015/07/25/business/dealbook/anthem-cigna-health-insurance-deal.html>



Healthcare Economics 3.0

- CMS Bonuses/Penalties
 - 2013 = 2% Max
 - 2014 = 3% Max
 - 2015 = 4.5% Max
 - 2016 = 5.5% Max
- Applied to all Medicare payments



CMS Bonuses/Penalties...

- Readmissions (up to 3%)
 - 2013-2014
 - MI
 - CHF
 - Pneumonia
 - 2015
 - COPD
 - Hips/Knees
 - 2017
 - CABG



2.5k hospitals penalized by CMS for high readmissions

Written by Heather Punke
August 04, 2015

BECKER'S
Hospital Review

In the fourth year of the Hospital Readmissions Reduction Program, **2,592 hospitals will face penalties to their Medicare reimbursements for a high number of 30-day readmissions.**

The penalties will take effect from Oct. 1 through Sept. 30, 2016, and are projected to cost the hospitals a combined \$420 million.

The maximum penalty this year is a 3 percent reduction in Medicare payments, which 38 hospitals will receive this year compared to 39 hospitals last year. The average penalty this year is 0.61 percent, *KHN* reported.



<http://www.beckershospitalreview.com/quality/2-5k-hospitals-penalized-by-cms-for-high-readmissions-10-things-to-know.html>



Medicare uses the national readmission rate to help decide what appropriate rates for each hospital, so to reduce their fines from previous years or avoid them altogether, hospitals must not only reduce their readmission rates but do so better than the industry did overall.

"You have to run as fast as everyone else to just stay even," Foster said. Only 129 hospitals that were fined last year avoided a fine in this new round, the KHN analysis found.

Medicare officials, however, consider the competition good motivation for hospitals to keep on tackling readmissions and not to become complacent with their improvements.

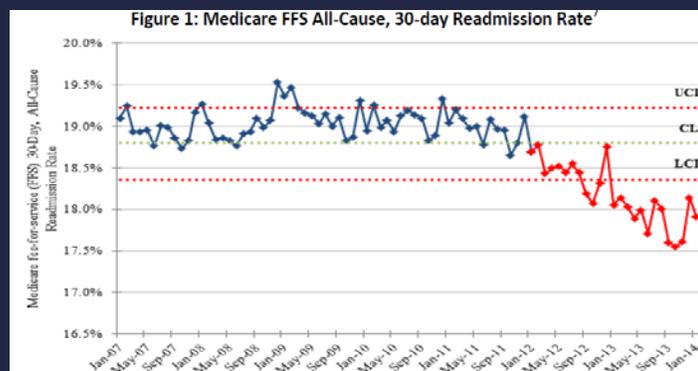


<http://www.kaiserhealthnews.org/Stories/2014/October/02/Medicare-readmissions-penalties-2015.aspx>



The all-cause 30-day hospital readmission rate among Medicare fee-for-service beneficiaries plummeted further to approximately 17.5 percent in 2013, translating into an estimated 150,000 fewer hospital readmissions between January 2012 and December 2013.

This represents an 8 percent reduction in the Medicare fee-for service all-cause 30-day readmissions rate.



<http://innovation.cms.gov/Files/reports/patient-safety-results.pdf>



These Days, We're All Paying More Attention to Care Transitions

Bill Santamour, Editor

July 14, 2015



Most of us would prefer to be cared for at home no matter how dicey our medical issues may be. Making that happen could be good for the nation's bottom line, too.

Medicare in June announced that it had saved more than \$25 million in the first year of a three-year study to determine the value of home-based primary care for frail seniors with multiple chronic illnesses.

The AP's Lauran Neergaard reports that the "humble house call" brings a doctor or nurse practitioner, sometimes accompanied by a social worker, to homebound patients whose needs are too complex for a 15-minute office visit and who might have a hard time getting to a physician's office. ***"If we can keep people as healthy as possible and at home, so they only go to the hospital or emergency room when they really need to," Neergaard quotes Patrick Conway, Medicare's chief medical officer, "that both improves quality and lowers cost."***



http://www.hhnmag.com/Magazine/2015/July/ednotes_jul15



Readmission reduction: A losing battle?

October 16, 2014

Readmissions may be "beyond a hospital's control," according to a new study published in the American Journal of Managed Care.

They gave half the patients an intervention featuring pre-discharge education and planning, post-discharge follow-up, an available hotline and "bridging" techniques such as daily symptom checks.

Linden and his coauthor, Susan W. Butterworth, Ph.D., found no statistical difference in readmissions between the two groups after both 30-day and 90-day periods, although mortality was lower in the intervention group than the control group.



<http://www.ajmc.com/publications/issue/2014/2014-vol20-n10/a-comprehensive-hospital-based-intervention-to-reduce-readmissions-for-chronically-ill-patients-a-randomized-controlled-trial/3>



Take-Away Points from the Research:

- **Our results suggest the need to continue experimenting with new interventions targeting readmissions, especially for severely ill patients.**
- Our addition of interactive voice response and motivational interviewing–based health coaching to the transitional care model did not improve outcomes.
- Our findings suggest that correcting improper use of the inhaler and increasing adherence to inhaled medications may reduce 90-day mortality for chronic obstructive pulmonary disease patients.
- **Hospitals, without collaborative relationships with community-based providers, may have limited ability to reduce readmissions, as they cannot ensure timely and continuous care for patients after discharge.**
- A challenging road lies ahead for stand-alone community hospitals seeking to decrease readmissions and avoid financial penalties.



How house calls can cut down on hospital readmissions

The Valley Hospital in New Jersey sends medical teams to patients' homes to coordinate follow-up care

By Leslie Small

April 23, 2015



The healthcare industry abounds with new ideas to reduce unplanned hospital readmissions and emergency department (ED) visits, but a New Jersey hospital has turned to a seemingly old-fashioned medical strategy--the house call.

The Valley Hospital in Ridgewood, New Jersey, launched its *Mobile Integrated Healthcare Program* in August 2014 to provide "proactive, post-discharge home check-ups" to patients with cardiopulmonary disease who are at high risk for readmission and either declined or didn't qualify for home care services, according to a statement from the hospital.

In the program, a team composed of a paramedic, an emergency medical technician and a critical care nurse conducts a physical exam of the patient, offers medication education, reinforces discharge instructions, completes a safety survey of the patient's home and confirms that the patient has made a follow-up appointment with a physician.



<http://www.fiercehealthcare.com/story/how-house-calls-can-cut-down-hospital-readmissions/2015-04-23>



Hospitals' Goal: Empty Beds

08.21.15 by Bill Santamour H&HN Editor



"IF OUR BEDS ARE FILLED, IT MEANS WE'VE FAILED."

That's the striking message in an ad I came across for Mount Sinai Hospital, and it could speak for hospitals across the nation as they transform from being strictly providers of care to promoters of health. The ad does a good job of explaining in lay terms how the new focus on population health management means that "instead of receiving care that's isolated and intermittent, patients receive care that's continuous and coordinated, much of it outside the traditional hospital setting."

*It spotlights Mount Sinai's "tremendous emphasis on wellness programs"; its **Mobile Acute Care Team**, which treats patients at home for certain conditions that otherwise would land them in the hospital; and its Preventable Admissions Care Team aimed at averting readmissions by providing both medical care and help with nonmedical factors that impact health and access to care, like housing and literacy.*

Not a lot there that hospital leaders don't already know, of course, but you've got to admit, the headline's a grabber.



<http://www.hhnmag.com/Daily/2015/August/weekly-reading-icd10-mcdonalds-xenotransplants-blog-santamour?>



ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI

Project Title: "Bundled Payment for Mobile Acute Care Team Services"

Geographic Reach: New York

Estimated Funding Amount: \$9,619,517



Summary:

The Icahn School of Medicine at Mount Sinai project will test **Mobile Acute Care Team (MACT) Services**, which will utilize the expertise of multiple providers and services already in existence in most parts of the United States but will transform their roles to address acute care needs in an outpatient setting. MACT is based on the hospital-at-home model, which has proven successful in a variety of settings. MACT will treat patients requiring hospital admission for selected conditions at home. **The core MACT team will involve physicians, nurse practitioners, registered nurses, social work, community paramedics,** care coaches, physical therapy, occupational therapy and speech therapy, and home health aides. The core MACT team will provide essential ancillary services such as community-based radiology, lab services (including point of care testing), nursing services, durable medical equipment, pharmacy and infusion services, telemedicine, and interdisciplinary post-acute care services for 30 days after admission. After 30 days, the team will ensure a safe transition back to community providers and provide referrals to appropriate services.



<http://innovation.cms.gov/initiatives/Participant/Health-Care-Innovation-Awards-Round-Two/Icahn-School-Of-Medicine-At-Mount-Sinai.html>



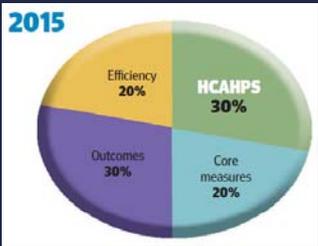
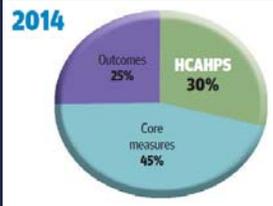
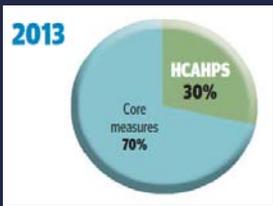
Name	City	State	FY2013 Readmission Penalty	FY2014 Readmission Penalty	FY2015 Readmission Penalty	FY2016 Readmission Penalty
CAPITAL REGIONAL	TALLAHASSEE	FL	0.69%	0.88%	0.75%	0.47%
TALLAHASSEE MEMORIAL	TALLAHASSEE	FL	0.00%	0.00%	0.00%	0.02%
JOHN D ARCHBOLD MEMORIAL	THOMASVILLE	GA	0.00%	0.00%	0.71%	0.88%
FLORIDA HOSPITAL	ORLANDO	FL	1.00%	0.78%	1.06%	1.18%
ORLANDO HEALTH	ORLANDO	FL	0.88%	0.50%	0.64%	0.48%
ST VINCENT'S MEDICAL CENTER	JACKSONVILLE	FL	0.14%	0.15%	2.86%	3.00%
BOCA RATON REGIONAL	BOCA RATON	FL	0.00%	0.00%	0.18%	0.80%
WEST BOCA MEDICAL	BOCA RATON	FL	0.14%	0.16%	0.22%	0.50%
JUPITER MEDICAL CENTER	JUPITER	FL	0.00%	0.00%	0.00%	1.07%
ST MARY'S MEDICAL	WEST PALM	FL	0.01%	0.07%	0.27%	0.49%
WELLINGTON MEDICAL CENTER	WELLINGTON	FL	0.70%	0.13%	0.98%	1.27%
JFK MEDICAL CENTER	ATLANTIS	FL	0.77%	0.63%	0.98%	1.35%
BAYLOR ALL SAINTS	FORT WORTH	TX	0.00%	0.00%	0.00%	0.00%
JPS HEALTH NETWORK	FORT WORTH	TX	0.08%	0.03%	0.03%	0.08%
PLAZA MEDICAL CENTER	FORT WORTH	TX	0.30%	0.12%	0.00%	0.00%
THR - FORT WORTH	FORT WORTH	TX	0.59%	0.32%	0.19%	0.11%
NORTH SHORE UNIVERSITY	MANHASSET	NY	1.00%	0.98%	0.55%	0.39%
DUKE HEALTH RALEIGH HOSPITAL	RALEIGH	NC	0.06%	0.00%	1.43%	1.10%
REX HOSPITAL	RALEIGH	NC	0.15%	0.08%	0.04%	0.07%
WAKEMED, RALEIGH CAMPUS	RALEIGH	NC	0.28%	0.42%	0.38%	0.00%
RENOWN REGIONAL	RENO	NV	0.31%	0.10%	0.27%	0.02%
RENOWN SOUTH MEADOW	RENO	NV	0.00%	0.00%	0.12%	0.10%
NORTHERN NEVADA MED CENTER	SPARKS	NV	0.04%	0.13%	2.11%	1.42%

CMS Bonuses/Penalties...

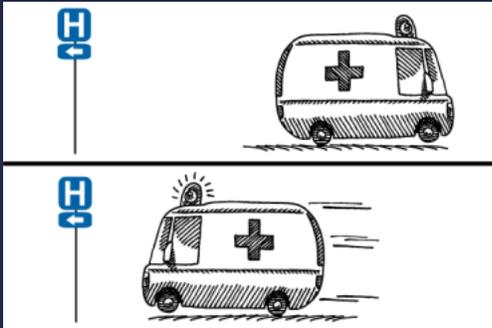
- Value-Based Purchasing (up to 1.5%)
 - Clinical process of care (12)
 - Patient experience (8)
 - Healthcare outcomes (5)
 - Efficiency (1)



Value-Based Purchasing...



Hospital	City	State	Value-Based Purchasing Oct. 2012-Sept. 2013	Value-Based Purchasing Oct. 2013-Sept. 2014	Value-Based Purchasing Oct. 2014-Sept. 2015	Readmissions Penalty Oct. 2014-Sept. 2015	Total Penalty Oct. 2014 - Sept. 2015	Hospital-Acquired Conditions Penalty Oct. 2014-Sept. 2015
Capital Regional	Tallahassee	FL	0.22%	-0.12%	-0.36%	-0.75%	-1.11%	N
Tallahassee Memorial	Tallahassee	FL	0.01%	-0.26%	-0.28%	0.00%	-0.28%	N
Memorial Hospital	Jacksonville	FL	0.21%	0.03%	-0.45%	-0.81%	-1.26%	Y
St Vincent's Medical Center	Jacksonville	FL	0.16%	-0.03%	0.01%	-0.76%	-0.75%	N
St Vincent's Medical Center	Jacksonville	FL	-0.16%	0.22%	1.00%	-2.86%	-1.86%	N
Florida Hospital	Orlando	FL	-0.04%	0.32%	-0.04%	-1.06%	-1.10%	N
Orlando Regional	Orlando	FL	-0.20%	-0.27%	-0.70%	-0.64%	-1.34%	N



Efficiency Measure

Measure ID	Measure	2015 National Threshold	2015 National Benchmark
MSPB-1 NEW	Medicare Spending per Beneficiary	Median Medicare spending per beneficiary ratio across all hospitals during performance period	Mean of lowest decile of Medicare spending per beneficiary ratios across all hospitals during performance period



Hospital Name	Period		Avg Spending Per Episode (Hospital)	Avg Spending Per Episode (State)	Avg Spending Per Episode (Nation)
TALLAHASSEE MEMORIAL	1 to 3 days Prior to Index Hospital Admission	Outpatient	\$104	\$50	\$113
CAPITAL REGIONAL	1 to 3 days Prior to Index Hospital Admission	Outpatient	\$30	\$50	\$113



Experience of Care Measures

HCAHPS	2015 Floor	2015 National Threshold	2015 National Benchmark
Communication with Nurses	47.77%	76.56%	85.70%
Communication with Doctors	55.62%	79.88%	88.79%
Responsiveness of Hospital Staff	35.10%	63.17%	78.06%
Pain Management	43.58%	69.46%	78.17%
Communication about Medicines	35.48%	60.89%	71.85%
Hospital Cleanliness & Quietness	41.94%	64.07%	78.90%
Discharge Information	57.67%	83.54%	89.72%
Overall Rating of Hospital	32.82%	67.92%	83.44%



Patient Experience

- New “C-Suite” member
 - CXO – Chief Experience Officer
 - Responsible for maximizing satisfaction



Hospitals Take Cues From The Hospitality Industry

By Roni Caryn Rabin | November 4, 2014

Two years ago, Inova Health System recruited a top executive who was not a physician, had never worked in hospital administration and barely knew the difference between Medicare and Medicaid.

What Paul Westbrook specialized in was customer service. His background is in the hotel business – Marriott and The Ritz-Carlton, to be precise.

He is one of dozens of hospital executives around the country with a new charge. **Called chief patient experience officers**, their focus is on the service side of hospital care: improving communication with patients and making sure staff are attentive to their needs, whether that's more face time with nurses or quieter hallways so they can sleep.

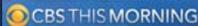
KHN
KAISER HEALTH NEWS



<http://kaiserhealthnews.org/news/hospitals-take-cues-from-the-hospitality-industry/>



Mich. hospital goes luxe: CEO explains patient-centered approach January 20, 2014

 CBS THIS MORNING

The newest innovation in health care may be the hospital itself.

Traditionally, hospitals were designed as a place for medical professionals to just do their job; they weren't often built with patients in mind. But that's not the case at one hospital near Detroit that looks and feels like a luxury hotel -- and treats patients like valued guests.

At lunchtime at the Henry Ford Hospital in West Bloomfield, Mich., don't look for day-old Jell-O served on a fiberglass tray in the cafeteria. At this hospital, it's a restaurant -- with a menu comprised of fresh and healthy foods, much of which is grown on-site in their own greenhouse.

Nancy Schlichting is chief executive officer of the Henry Ford Health System. Her goal was to build a new kind of hospital -- one that would become a go-to destination, a place people actually wanted to be.



<http://www.cbsnews.com/news/michigan-hospital-goes-luxe-ceo-explains-patient-centered-approach/>



Schlichting recognized that hospitals needed an image makeover, **but she took a leap of faith by hiring an executive from Ritz-Carlton to design, and then run, the \$360 million facility. But there was only one rule: "The rule is that it's about the patient,"** Schlichting said. "We don't wake up (patients) between 9 at night and 5 in the morning . . . unless we have to."

The focus on patients begins immediately. Arriving guests are greeted by wheelchair valets in a lobby rivaling the world's finest hotels. They pass by a spa, the hair salon, and designer gift shops as they travel through an enclosed atrium to their private room.

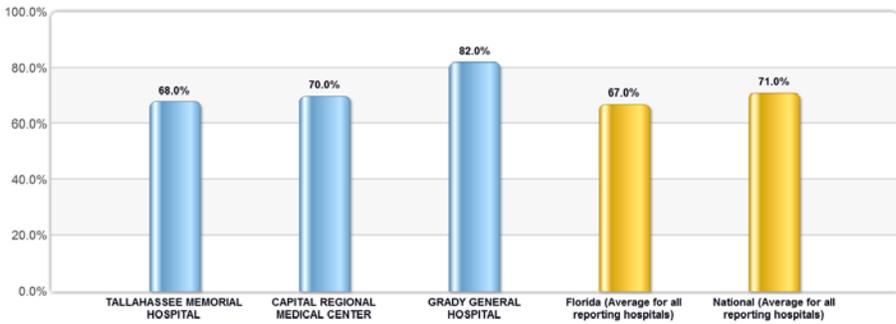
Dr. Mark Rosenblum heads the hospital's neurosurgery department. He says the patient-focused approach speeds up the healing process.

"Any patient's family can stay here anytime, night or day," Rosenblum said. "It's important for a patient's well-being and recovery to see their loved ones, to be less in a stark, uncomfortable, unusual environment. We think it helps."



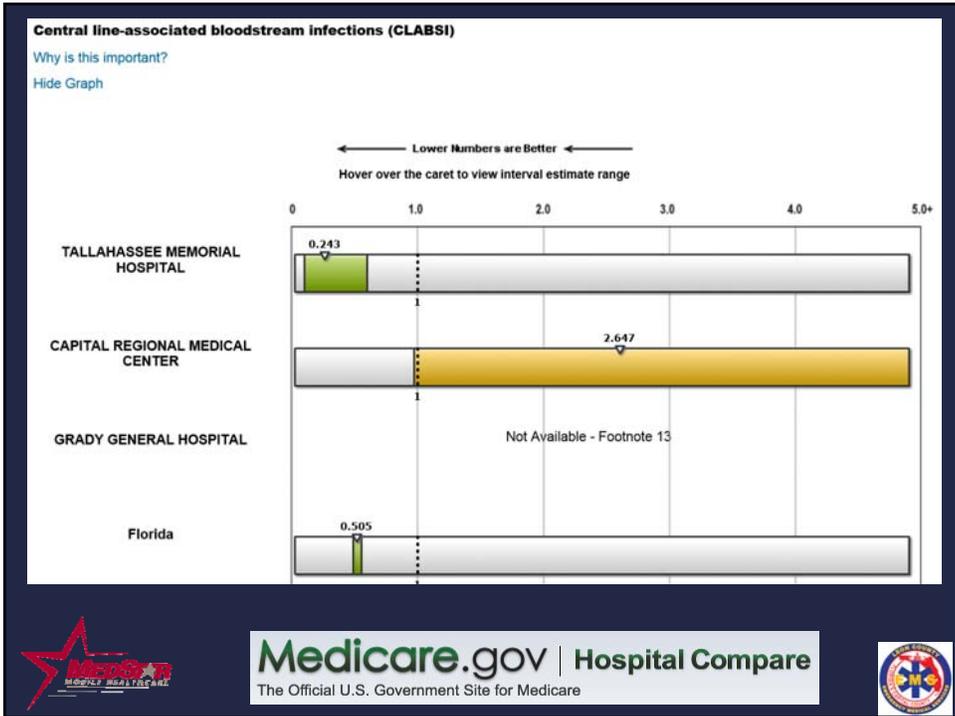
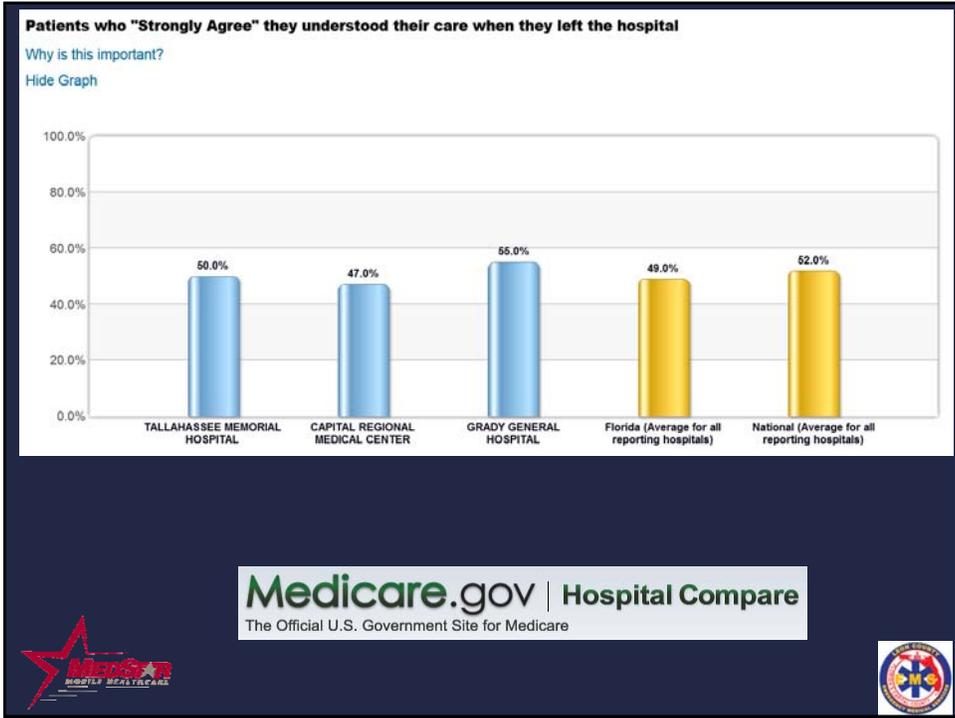
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)

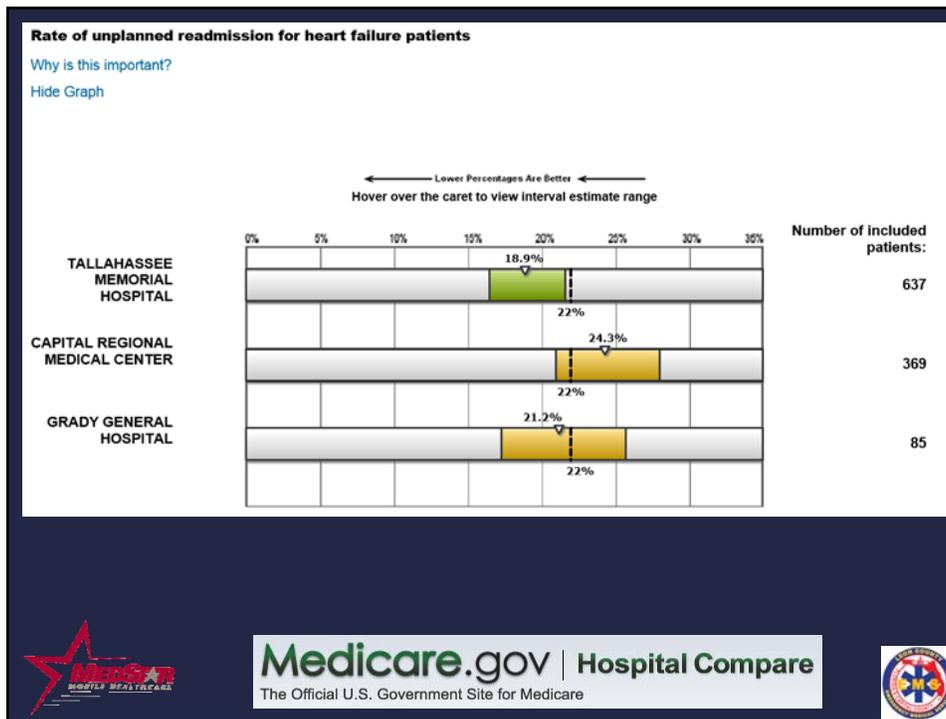
Why is this important?
Hide Graph



Medicare.gov | Hospital Compare
The Official U.S. Government Site for Medicare







Kansas hospital to close next month

by Ayla Ellison
September 03, 2015



Chesterfield, Mo.-based Mercy health system has announced it will close Mercy Hospital Independence (Kan.) next month, according to a KTUL report.

The hospital's inpatient services, emergency department and ambulatory surgery services will close on Oct. 10. Some outpatient and clinic services will remain open past that date, but are expected to close no later than Dec. 31, according to the report.

Mercy decided to close the hospital after exploring multiple options for the facility over the past 18 months. **Declining populations and utilization patterns, challenges recruiting and keeping physicians, increasing capital improvement needs and shrinking reimbursement were all cited as factors in the decision**, according to the report.

"This was not the outcome we had sought or expected at the beginning of the discernment process, and our hearts are heavy," said Lynn Britton, Mercy president and CEO.



<http://www.beckershospitalreview.com/finance/kansas-hospital-to-close-next-month.html>



As outpatient care gains steam, one Texas hospital adopts a short-stay model

Overhauls prompt closure worries in community, but more hospitals may want to consider abandoning their traditional model

By Zack Budryk
July 27, 2015

To address an increased demand for outpatient services and a surplus of inpatient beds, one Texas hospital plans to create a short-stay center—and it's a move that other hospitals across the country may want to consider.

Despite a recent uptick in inpatient use, industry experts expect declining inpatient volumes to continue and care shifting to outpatient settings. Other factors play a part as well, including tepid elective admissions, continual pressure to keep readmissions low, care integration with an eye toward prevention and safer outpatient care due to increased technological innovation.

For these reasons, Port Arthur, Texas, Christus Southeast Texas Health System plans to abandon its traditional hospital model and convert St. Mary Hospital to a short-stay center in early September.

The hospital will retain about 251 of its 413 current staff.



<http://www.fiercehealthcare.com/story/outpatient-care-gains-steam-one-texas-hospital-adopts-short-stay-model/2015-07-27>



HCA to close Florida hospital as inpatient volumes dwindle

By Bob Herman
September 24, 2014

**Modern
Healthcare**

For-profit hospital giant HCA said Tuesday it will close one of its hospitals in Florida because of excess inpatient capacity in the region—a sign that healthcare reform continues to push patient volumes away from inpatient hospital settings and toward lower-cost outpatient facilities.

HCA will shut down Edward White Hospital in St. Petersburg, Fla., by Nov. 24. Clinical services at the hospital—which has 162 licensed beds and 110 staffed beds

The decline of inpatient utilization began several years ago during the recent recession, and has intensified as the Patient Protection and Affordable Care Act encourages providers to use less-costly, preventive measures.

A new report from consulting firm Kaufman Hall backs up those reports from health systems, ***finding that in the first half of this year, inpatient volumes were flat or fell for 68% of not-for-profit hospitals.***



<http://www.modernhealthcare.com/article/20140924/NEWS/309249963/hca-to-close-florida-hospital-as-inpatient-volumes-dwindle>





HCA buying Dallas-based urgent care company, CareNow

Oct 28, 2014

Nashville-based health care giant HCA is buying Dallas-based CareNow, which owns **24 urgent care centers in Dallas-Fort Worth.**

"CareNow has a strong brand and will add an exceptional network of urgent care centers and 130 physicians that complement our hospital, emergency and outpatient services in Dallas-Fort Worth," said Sam Hazen, HCA president of operations.

"This transaction represents two trusted providers coming together to deliver a broader and more integrated level of quality health care services."

DALLAS
BUSINESS JOURNAL



<http://www.bizjournals.com/dallas/news/2014/10/28/hca-buying-dallas-based-urgent-care-company.html>



Spectrum Health is saving money by avoiding preventable readmissions. **"We understand where the world is going," Dickinson says. "We're not going to be able to continue to make money in acute care by hospitalizing people. We need to shift to take care of them."**

Michael Dickinson,
Medical Director for Heart Failure
and Heart Transplant at the
Frederik Meijer Heart & Vascular Institute



http://www.hhnmag.com/display/HHN-news-article.dhtml?dcrPath=/templatedata/HF_Common/NewsArticle/data/HHN/Magazine/2013/May/0513HHN_Feature_clinical



Emergency Medical Services?



“EMS?”

- 9-1-1 safety net access for non-emergent healthcare
 - 35.6% of 9-1-1 requests
 - 12 months Priority 3 calls (44,567 (P3) / 124,925 (Total))
- Reasons people use emergency services
 - To see if they needed to
 - It’s what we’ve taught them to do
 - Because their doctors tell them to
 - It’s the only option
- 37 million house calls/year
 - 30% of these patients don’t go with us to the hospital



2012 NASEMSO Report



“EMS?”

10-year % change of overall call volume...

Call Type	% Increase	Call Type	% Decrease
Interfacility	11.32%	Abd Pain	2.83%
Sick Person	10.37%	Traum Inj.	3.71%
Falls	5.87%	Chest Pain	7.97%
Unc Person	5.20%	MVA	10.38%
Assault	4.21%	Breath. Prob.	10.48%
Convulsions	4.16%		
Psyc.	3.76%		





Unscheduled Medical Services!



Conundrum...

- Misaligned Incentives
 - Only paid to transport
 - “EMS” is a *transportation* benefit
 - NOT a *medical benefit*



Our Role?

“Emergency medical services (EMS) of the future will be **community-based** health management that is **fully integrated** with the overall health care system. It will have the ability to identify and modify illness and injury risks, provide acute illness and injury care and **follow-up**, and contribute to the **treatment of chronic conditions** and **community health monitoring**. This new entity will be developed from **redistribution of existing health care resources** and will be integrated with other health care providers and public health and public safety agencies. It will **improve community health** and result in more appropriate use of acute health care resources. EMS will remain the public’s emergency medical safety net.”



VIEWPOINT

JAMA
The Journal of the American Medical Association

Realigning Reimbursement Policy and Financial Incentives to Support Patient-Centered Out-of-Hospital Care

Kevin Munjal, MD, MPH

Brendan Carr, MD, MS

668 JAMA, February 20, 2013—Vol 309, No. 7



Financing Out-of-Hospital Care

National EMS expenditures from Medicare are approximately \$5.2 billion per year.⁴ Although this is less than 1% of total Medicare expenditures, there are considerable downstream health care costs associated with patients transported to emergency departments.² An average EMS agency receives 42% of its operating budget from Medicare fees, 19% from commercial insurers, 12% from Medicaid, and 4% from private pay; it requires approximately 23% in additional subsidization, most often provided by local taxes.² Thus, more than three-fourths of EMS revenue is generated from fee-for-service reimbursement, the service being transportation, not necessarily medical care.



Conclusions

Current Medicare reimbursement policies for out-of-hospital care link payment to transport to an emergency department. This provides a disincentive for EMS agencies to work to reduce avoidable visits to emergency departments, limits the role of prehospital care in the US health system, is not responsive to patients' needs, and generates downstream health care costs. Financial and delivery model reforms that address EMS payment policy may allow out-of-hospital care systems to deliver higher-quality, patient-centered, coordinated health care that could improve the public health and lower costs.



COST & PAYMENT

DOI: 10.1377/hlthaff.2013.0741
HEALTH AFFAIRS 32,
NO. 12 (2013): 2142-2148
©2013 Project HOPE—
The People-to-People Health
Foundation, Inc.

By Abby Alpert, Kristy G. Morganti, Gregg S. Margolis, Jeffrey Wasserman, and Arthur L. Kellermann

Giving EMS Flexibility In Transporting Low-Acuity Patients Could Generate Substantial Medicare Savings

ABSTRACT Some Medicare beneficiaries who place 911 calls to request an ambulance might safely be cared for in settings other than the emergency department (ED) at lower cost. Using 2005–09 Medicare claims data and a validated algorithm, we estimated that 12.9–16.2 percent of Medicare-covered 911 emergency medical services (EMS) transports involved conditions that were probably nonemergent or primary care treatable. Among beneficiaries not admitted to the hospital, about 34.5 percent had a low-acuity diagnosis that might have been managed outside the ED. Annual Medicare EMS and ED payments for these patients were approximately \$1 billion per year. If Medicare had the flexibility to reimburse EMS for managing selected 911 calls in ways other than transport to an ED, we estimate that the federal government could save \$283–\$560 million or more per year, while improving the continuity of patient care. If private insurance companies followed suit, overall societal savings could be twice as large.

Abby Alpert is an assistant professor of economics and public policy at the Paul Merage School of Business, University of California, Irvine.

Kristy G. Morganti is a health policy researcher at the RAND Corporation in Pittsburgh, Pennsylvania.

Gregg S. Margolis is director of the Division of Healthcare Systems and Health Policy, Department of Health and Human Services, in Washington, D.C.

Jeffrey Wasserman (jeffrey@rand.org) is director of RAND Health and vice president of the RAND Corporation in Santa Monica, California.



Mobile Integrated Healthcare

- EMS Loyalty Program
- System Abusers
- 9-1-1 Nurse Triage
- CHF/High Risk Dx Readmissions
- Observational Admission Avoidance
- Hospice Revocation Avoidance
- Home Health Partnership



Patient Navigation vs. Primary Care





Mobile Integrated Healthcare Programs

- “EMS Loyalty Program” or “HUG” Patients
 - Proactive home visits
 - Educated on health care and alternate resources
 - Enrolled in available programs = PCMH
 - 10-digit access number 24/7
 - Flagged in computer-aided dispatch system
 - Co-response on 9-1-1 calls
 - Ambulance and MHP
- Non-Compliant enrollees moved to “system abuser” status
 - No home visits
 - Patient destination determined by Medical Director



EMS Loyalty Program

- 296 Patients enrolled
 - 2013 – 2015
- 160 **graduated** patients with 12 month data pre and post enrollment as of June 30, 2015...
 - **During enrollment (30 – 90 days)**
 - 39.6% reduction in 9-1-1 to ED use
 - **Post Graduation**
 - 56.2% reduction in 9-1-1 to ED use
 - 85.2% in reduction for “System Abusers”



Expenditure Savings Analysis (1)

Based on Medicare Rates

High Utilizer Program - THR and JPS Combined

Analysis Dates: **October 1, 2011 - June 30, 2015**

Number of Patients Enrolled (2): **142**

Category	Utilization Changes		
	Base	Avoided	Savings
ED Payments (4)	\$969	-2240	(\$2,170,560)
Admission Payments (5)	\$10,500	-574	(\$6,027,000)
Hospital Expenditure Savings			(\$8,197,560)
Ambulance Payments	\$419	-2841	(\$1,190,379)
Total Expenditure Savings			\$9,387,939
Per Patient Enrolled			HUG
Payment Avoidance			\$66,112

Notes:

1. Comparison for enrolled patients based on use for 12 months prior to enrollment vs. 12 months **post program graduation.**
2. Patients with data 12 months pre and 12 months post graduation
3. Average Medicare payment from Medicare Utilization Tables
4. <http://www.cdc.gov/nchs/data/hus/hus12.pdf>
5. <http://www.hcup-us.ahrq.gov/reports/projections/2013-01.pdf>



Patient Self-Assessment of Health Status (1)
As of: 6/30/2015

	High Utilizer Group			Readmission Avoidance		
	Enrollment	Graduation	Change	Enrollment	Graduation	Change
Sample Size	55			41		
Mobility (2)	2.33	2.55	9.4%	2.37	2.41	1.7%
Self-Care (2)	2.65	2.82	6.4%	2.54	2.76	8.7%
Perform Usual Activities (2)	2.24	2.58	15.2%	2.27	2.51	10.6%
Pain and Discomfort (2)	1.98	2.52	27.3%	2.44	2.68	9.8%
Axiety/Depression (2)	2.11	2.51	19.0%	2.32	2.63	13.4%
Overall Health Status (3)	5.18	6.85	32.2%	4.88	6.78	38.9%

Notes:

1. Average scores of pre and post enrollment data from EuroQol EQ-5D-3L Assessment Questionnaire
2. Score 1 - 3 with 3 most favorable
3. Score 1 - 10 with 10 most favorable




The Real Benefits:



“Before I started this program I was sick every day; I was going to the emergency room nearly every day.”

“I have learned more in the last three months from John and you than I have ever learned from the doctors, the hospitals, or the emergency rooms.”

“Since this program, I have not had any pain medicines and have not been to the emergency room. I am keeping up with my doctor’s appointment and my MHRM appointments.”

Antoine Hall, MIH/CHP Patient
Enrolled 11/20 – 12/29/13

Used by special permission from Antoine Hall




Antoine Analysis

	Before	After	Change	Avg. Payment	Expenditure Savings
Ambulance Transports	11	0	-11	\$427	(\$4,697)
ED Visits	12	0	-12	\$774	(\$9,288)
Inpatient Admissions	4	0	-4	\$9,203	(\$36,812)

MIH Visits	22
MIH Visit Expenditure per Contact	\$75
MIH System Costs	\$1,650

Healthcare System Savings

(\$49,147)



Readmission Avoidance

- At-Risk for readmission
 - Referred by cardiac case managers
 - Routine home visits
 - **In-home education!**
 - Overall assessment, vital signs, weights, 'environment' check, baseline 12L ECG, diet compliance, med compliance
 - **Feedback to primary care physician (PCP)**
 - Non-emergency access number for episodic care
 - Decompensating?
 - Refer to PCP early
 - In-home diuresis



Readmit Program Analysis

June 2012 - June 2015 **JPS & THR Combined**
Patient Enrollments (1, 3) **119**

	30 Day ED Visits	30 Day Admissions
Count	43	33
Rate	36.1%	27.7%
Rate Reduction (2)	63.9%	72.3%
Expenditure per Admission (4)		\$ 10,500
Admissions Avoided		86
Expenditure Savings		\$ (903,000)
Admission Savings Per Patient		\$ (7,588)

Notes:

1. Patient enrollment criteria **requires a prior 30-day readmission** and the referral source **expects the patient to have a 30-day readmission**
2. **Compared to the anticipated 100% readmission rate**
3. Enrollment Period at least 30 days and less than 90 days
4. <http://www.hcup-us.ahrq.gov/reports/projections/2013-01.pdf>




Mobile Healthcare Programs

Patient Experience Summary
Through June 30, 2015

	Program		
	HUG	CHF	Overall Avg
Medic Listened?	4.98	4.86	4.92
Time to answer your questions?	4.96	4.86	4.91
Overall amount of time spent with you?	4.98	4.86	4.92
Explain things in a way you could understand?	4.98	4.92	4.95
Instructions regarding medication/follow-up care?	4.98	4.82	4.90
Thoroughness of the examination?	4.96	4.84	4.90
Advice to stay healthy?	4.96	4.92	4.94
Quality of the medical care/evaluation?	4.98	4.85	4.92
Level of Compassion	4.98	4.85	4.92
Overall satisfaction	4.92	4.85	4.89
Recommend the service to others?	97.8%	100.0%	98.9%

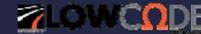
Select Comments:

Client states "You care more about my health than I do."
 "Keep the same compassionate, excellent people you have working for you now and your service will continue to be great! Everything was perfect, a 10!"
 "y'all have been off the charts helpful" "no complaints" "glad the hospital got it going for me"
 "Thank you very much! We couldnt have done this without you!"
 "The medics spent lots of time with me and provided very useful information. I really loved the program. They were very friendly and did an awesome job."
 "I love y'all, wonderful, Y'all 2 have been really big help and great with patience with me even though I'm a hard headed lil ol lady."




9-1-1 Nurse Triage

- Navigate low-acuity 9-1-1 calls to most appropriate resource
- Low acuity 9-1-1 calls (ALPHA & OMEGA)
 - Warm handoff to specially trained in-house RN
- Uses RN education and experience
 - With Clinical Decision Support software
- Referral eligibility determined by:
 - IAED Physician Board
 - Local Medical Control Authority



9-1-1 Nurse Triage

- Key = Referral Network
- Engaged hospital & community partners
 - Funding from hospitals
 - Know your stakeholder value proposition
- 40.0% of referred patients to alternate dispositions
- Future?
 - Physician/Hospital call services
 - Telehealth/patient monitoring
 - Rx compliance/reminders
 - Connect with payer databases?



IHI Triple Aim Initiative

Better Care for Individuals, Better Health for Populations, and Lower Per Capita Costs



9-1-1 Nurse Triage Patient Satisfaction

Through July 31, 2015

Please rate (2) the following: (N=279)	Score
The 9-1-1 call taking process	4.75
How the nurse handled call	4.73
If you feel the nurse understood your medical Issue	4.75
Your satisfaction with recommendation	4.59
The alternate transportation provided	4.55
<u>Did Your Medical Issue... (N=277)</u>	
Get Better	84.2%
Stay the Same	12.6%
Get Worse	3.2%
<u>Did Speaking with the Nurse Help? (N=273)</u>	
Yes	92.1%
No	7.9%
<u>Did Disposition Save Time and Money? (N=246)</u>	
Yes	94.7%
No	5.3%
<u>Should Your Call Have Been Handled Differently? (N=274)</u>	
No	85.0%
Yes	15.0%



Expenditure Savings Analysis

9-1-1 Nurse Triage Program

Based on Medicare Rates

Analysis Dates: **June 1, 2012 - July 31, 2015**

Number of Calls Referred:	3,589
% of Calls with Alternate Response	37.5%
% of Calls with Alternate Destination	31.2%

Category	Base	Avoided (4)	Savings
Ambulance Expenditure (1)	\$419	1,346	\$563,974
ED Expenditure (2)	\$969	1,119	\$1,084,311
ED Bed Hours (3)	6	1,119	6,714
Total Payment Avoidance			\$1,648,285

Per Patient Enrolled	ECNS
Payment Avoidance	\$1,225

Notes:

1. From Medicare Payment Tables
2. <http://www.cdc.gov/nchs/data/hus/hus12.pdf>
3. Provided by John Peter Smith Health Network
4. Result of EPAB approved change to allow locus of care to include ED visit by alternate transportation





Framing the Home Health Issues

- Penalized for readmissions
 - No more hospital referrals
 - CMS Penalties
- High cost of night/weekend demand services
- Don't know when their patients call 911
 - No opportunity for pre-admission care coordination
 - Reduced ability for post-discharge care coordination



Home Health Partnerships



How it Works

- Protocols established between HH agency and MedStar Medical Director
- Specialized training provided
 - HH trains MIH Providers in common procedures
 - MedStar ride outs by RNs
- HH agency registers client w/MedStar
- MedStar EMR created
- 9-1-1 CAD address flag created



How it Works

- If client calls 9-1-1
 - Appropriate units dispatched + MIH Provider
 - Comm Center notifies HH agency hotline
 - On scene MHP calls HH nurse from scene
 - Care coordination occurs
- If client calls HH agency
 - AND, HH agency wants MedStar to cover
 - HH agency calls MedStar for scene/home visit
 - MIH provider calls RN from the home for care coordination



Home Health Care Coordination Examples

Client: RoXXXX, John H – 19XX-10-07
Status: Active
Visit Date: 11/1/2015
Visit Acuity: Unscheduled Visit
Transport Resource: N/A

Program: Home Health - 911
Referring Source: Klarus
Visit Type: Home Visit
Visit Outcome: MHP Call Complete
Response Number: 151101297

Note By: Andrew Hatcher

Arrived on scene to find Mr. RoXXXX sitting upright at his dining room table, **appearing slightly tachypneic and distressed. He tells me that he has been feeling unwell since he woke up this morning around 0500.** He goes on to say that he has experienced decreased appetite for approximately one week. He has increasing weakness today as well. **He has gained 1lb in 24 hrs (117.4) I was present when the chest X-ray tech came to do imaging. The film showed the left lung with fluid at the base.**

Auscultation revealed clear breath sounds in the right upper and right upper, but severely diminished lung sounds on the upper left and upper left lung fields. There was no rales or rhonchi heard.



Istats were drawn with the following results:

Na; 135K: 4.6Cl; 104iCa; 1.11TcO2; 26Glu: 117BUN; 68Crea: 2.2HCT: 38Hb;
12.9aGap: 11

I called Beverley RN from Klarus and discussed my findings. She desires 40mg IVP Lasix, 20MEQ Potassium, and 2.5 Metolazone be administered for exacerbation of CHF. I administered 40mg Lasix in the right antecubital fossa through a 22g intravenous catheter. Beverley said she will follow up with him in the morning.

I provided a urine hat and explained how to measure his urine output to his family. They verbally understand. Intravenous access is discontinued after medication administration. I witnessed both other oral medications self administered by Mr. RoXXXX .

EENT: atraumatic; mucus membranes are moist Thorax; atraumaitc; no tenderness upon palpation-ICD in the right chest-diminished breath sounds left lung fields Lower extremities; +4 pitting edema on right leg, +3 pitting edema on the left leg upper extremities; atraumatic; no tenderness upon palpation.



Client: XXXXX, James I – 19XX-10-14
Program: Home Health
Visit Date: 9/20/2015
Visit Acuity: 911 Call

Referring Source: Klarus
Visit Type: Home Visit
Response Number: 150920215

Note By: Andrew Hatcher

Arrived on scene with Medstar unit attending to Mr. XXXX. They inform me that Mr. XXXX was walking into his house utilizing a walker assist device and become very dyspneic. This started around 1310 and lasted approximately 20min. He sat down in his chair and his symptoms ceased.

Family and private nurse on scene inform me that Mr. Perry has had a 4-5 pound gain in a three day period. They also notice bilateral ankle swelling, which is abnormal for Mr. Perry. Family also indicates that his blood pressure has been high lately.

I draw labs.

I contact Sean RN from Klarus and discuss this case. He takes 20mg Lasix 1x/day. Sean asks me to administer 40mg Lasix IVP and follow up approximately 5hrs later to re-evaluate and draw labs. Mr. XXXX does not take K+, nor is he on a fluid restriction. I advised to drink some water during this process, but no more than 1500ml total /day.

I release Medstar ambulance from scene.

Family gathers a bedside commode from a neighbor and I provide them **hat for calculation of urine output.** They will use their own scale for the follow up weight.



Client: XXXX, Clara L - 1934-03-06
Visit Date: 8/21/2015
Visit Acuity: **911 Call**
Response Number: 150821007

Program: Home Health - 911
Visit Type: Home Visit
Transport Resource: N/A

Note By: Ronald Moren

Family called 911 and stated pts BGL was 29. On EMS arrival, family had managed to give pt a few mouthfuls of honey and BGL was 32. Pt found lying in bed pt is alert to painful stimuli only. Pt is atraumatic. BBS are clear, =, bilateral with good chest rise and fall. Abd is soft and non-tender with no masses noted. Pt has a PICC line in right arm that she receives daily antibiotics from family through.

PICC line was accessed and approx 7 ml fluid withdrawn. IV D-10 was started and 250 ml was infused. Pt became A&OX4 and BGL increased to 188. Pts daughter cooked her some eggs and gave her an ensure to drink.

Pt states she feels much better and does not want to go to the ER at this time. It was explained to the patient and her family that a large decrease in blood sugar, while may be expected, should still be evaluated by a physician. Pt and family still did not want to go to the ER. **Pt and family were educated on possible problems with low BGL including falls, syncope, AMS, & seizures. Family was instructed to monitor blood glucose levels and to contact KLARUS and/or her PCP in the morning. Family was also instructed to call 911 again if pts condition changes.**

KLARUS was contacted and message left, RN (Diane) called back and confirmed message received and advised she would have somebody go out and see patient in the morning.



Program: Home Health
Visit Date: 8/6/2015
Visit Acuity: **Unscheduled Visit**
Response Number: 150806056

Referring Source: Klarus
Visit Type: Home Visit
Visit Outcome: MHP Call Complete
Note By: Brandon Pate

Note:

Lisa, RN, from Klarus called the Communications Center and requested a CCP evaluation of this client after she inadvertently removed her colostomy bag.

Upon arrival, the client is ambulatory, conscious and alert, oriented to person only; this is consistent with her baseline, per the assisted living staff. The client has no complaints of pain or symptoms; she denies having chest pain, shortness of breath, a headache, nausea, vomiting, diarrhea, weakness, dizziness, and abdominal pain. The client reports she inadvertently removed her colostomy bag.

Upon exam.....

I called Lisa and informed her of my assessment findings. She subsequently provided the procedure for a colostomy bag change. The skin around the stoma was cleansed with a skin prep solution and wipes. Stoma powder was applied. The skin around the stoma was cleansed a second time. The flange was sized and applied around the stoma, using pressure in a circular, outward motion to ensure adhesion. The stoma bag was attached to the flange without difficulty. A staff member from the assisted living facility remained at the bedside during the procedure. Following completion, the staff remained with the client. Call complete.



Note:

AOSTF 28 yo male sitting on couch. He states that he is SOB, his abdomen is distended and his legs are swollen all of this since 2000 this evening. He also reports his pump was alarming starting at 2100 and he shut it off.

Pt. requires Milrinone continuous infusion and the pump was reading a high pressure alarm. Pt. also reports a cough this evening. *In reviewing his HX he has CHF with an EF of 20-25% and CKD.* He reports he feels like he always does when he gets fluid overloaded. *Pt. also reports a 4 lb. weight gain in the last 24 hrs. Upon exam noted pt. in mild-moderate resp. distress with SPO2 in the 80's off his O2. In reviewing some old notes he does not like to wear his O2.* Pt. is A&OX4, PPTe, MAE. Pt. is mildly tachycardic, BS clear upper and crackles in bases. ST on 12-lead W/O elevation.

Abdomen appears distended though I have never seen this pt. in the past. Pt. has 3+ edema in lower ext. PICC line port being used for Milrinone infusion was occluded. PICC was flushed and infusion resumed. *Chem 8 was obtained. NA 133, K+ 3.7, Cl 97, CA 1.19, Tco2 36, Glucose 143, BUN 38, Cre 1.3, Hct 40, Hgb 13.6A Gap 5. Pt. was given Lasix 80mg SIVP and advised to double his morning potassium dose. The importance of wearing his O2 was again stressed. I discussed the plan with pt. to ensure he felt capable of staying at home and that was his preference.*

Pt. stated he had a urinal and was advised to use it and write down all of his output between now and when he sees the nurse. He was advised to call back for any issues or worsening of condition. *I also spoke with Sean at Klarus and he is good with plan. Klarus will follow up tomorrow with client.*



Utilization Outcome Summary
Home Health Partnership

As of: **Sep-15**

	#	%
Enrollments by Home Health Agency	804	100.0%
<i>9-1-1 calls by Enrolled Patients</i>	<i>537</i>	<i>66.8%</i>
9-1-1 Calls by Enrolled Patients with a CCP on-scene	245	45.6%
ED Transports when CCP on Scene	93	38.0%
Home Visits Requested by Agency	187	23.3%
ED Transports from home visits requested by Agency	9	4.8%



Framing the Hospice Issue:

- Patients & families want the patient to pass comfortably at home
- Hospice wants the patient to pass peacefully at home
- Death is scary
- When death is near....
 - 9-1-1 call challenging for EMS
- 9-1-1 usually = Hospice Revocation
 - Voluntary or involuntary



Hospice Partnerships



Economic Model

- Hospice benefit
 - Per diem from payer to agency
 - Agency pays hospice related care
 - LOS issues
 - Varies based on Dx
- MedPAC recommends increasing hospice benefit
- IHI recommends increase hospice enrollment



How it Works

- Protocols established between Hospice agency and MedStar Medical Director
- Specialized training provided
 - Hospice trains MIH Providers in common procedures
 - MedStar ride outs by RNs
- Hospice agency registers “At-Risk” client w/MedStar
- 9-1-1 CAD address flag created



How it Works

- 1 home visit by MHP
 - Reinforce hospice relationship w/MedStar backup
- If client calls 9-1-1
 - Appropriate units dispatched + MIH Provider
 - Comm Center notifies on-call nurse
 - On scene:
 - Non-hospice hospice related call = treat and transport as usual
 - Hospice related call:
 - Care coordination occurs



Special Note

- MHPs trained to have “The Conversation” with patients enrolled in other programs
 - Or POLST/MOST, etc.



Hospice Program Summary

Sept. 2013 through Sept. 2015

	#	%
Referrals (1)	249	
Enrolled (2)	168	
Deceased	116	69.0%
Active	28	16.7%
Improved	2	1.2%
Revoked (3)	24	14.3%

Activity:

EMS Calls	57	
Transports	20	35.1%

Notes:

- (1) Patients referred who are identified as at high risk for voluntary disenrollment, or involuntary revocation.
- (2) Difference results from referrals outside the MedStar service area, or patients who declined program enrollment.
- (3) Patients who either voluntary disenrolled, or had their hospice status revoked.



Home Health, Hospice and EMS Team Up to Tackle the Triple Aim

Outside the hospital, community resources can work together for better care of patients

The drive to achieve the IHI's Triple Aim has fostered the creation of many innovative partnerships. This column focuses on the synergistic relationships and integrations developing between mobile integrated healthcare (MIH) and the home healthcare industry.

One of the main goals of MIH is to navigate patients through the healthcare system, not replace healthcare system resources already available in the community. Home health and hospice are valuable links in the chain of healthcare—and, for qualifying patients, a logical care delivery model that can be enhanced through a partnership with a mobile player like the local EMS agency.

Increased Refs
Home health increasingly is by hospital as reduce prevent department via admissions. Pa health services multiple chron polypharmacy significant risk or hospital ad.

www.



Meredith Anastasio

Meredith Anastasio is managing director at the Lincoln Healthcare Group (LHG) and leads the planning of Home Care 100 and Home Care & Hospice LINK.

J. Daniel Bruce

J. Daniel Bruce is the administrator of Klarus Home Care in Fort Worth and is responsible for the ongoing relationship with MedStar. He is a leader in the development of partnerships to create value-based services.

John Mezo

John Mezo is the general manager for VITAS Healthcare in Fort Worth, overseeing program operations, developing business opportunities, hiring and mentoring new staff and representing VITAS throughout the community.



These are just a few examples of how EMS-MIH and home health can work collaboratively together to meet the needs of the patient, and the needs of the agency. It is not a competitive relationship, but rather a cooperative relationship designed to meet the needs of the patient – a marriage made in heaven!

A more in-depth look at MIH programs and their current work with home health and hospice partners (Klarus & VITAS; Centura Health at Home) will be presented at the 2015 Home Care 100 Executive Leadership Conference. For additional information or to register, please visit www.homecare100.com. ■



EMS Healthcare and Home Care: Special Report



Funding Models

- Fee for Service
 - Patient contact fee
- Enrollment fee
 - Per enrolled patient
 - Shared risk for utilization of MIH providers
- Population-based
 - PM/PM fee for all enrolled patients
- Program Cost
 - Joint funding for specific project/outcomes



Who's Paying?

- The one who is financially 'at risk'
 - Hospitals
 - Readmissions
 - HUG patients without a payer source
 - 3rd Party payers (including Medicaid)
 - Admissions/readmissions
 - ED visits
 - Shared-Risk partnerships (ACOs, etc.)
 - Admissions/readmissions



Who's Paying?

- The one who is financially 'at risk'
 - Hospice
 - For enrolled patients
 - Home Health
 - For enrolled patients
 - Local Governments
 - ONLY if they view as valuable, or reduce spending





**AHRQ HEALTH CARE
INNOVATIONS EXCHANGE**
Innovations and Tools to Improve Quality and Reduce Disparities

Service Delivery Innovation Profile

Trained Paramedics Provide Ongoing Support to Frequent 911 Callers, Reducing Use of Ambulance and Emergency Department Services

Snapshot

Summary

The Area Metropolitan Ambulance Authority (more commonly known as MedStar), an emergency medical service provider serving the Fort Worth, TX, area, uses community health paramedics to provide in-home and telephone-based support to patients who frequently call 911 and to other patient populations who are at risk for potentially preventable admissions or readmissions. Working as part of MedStar's Mobile Integrated Healthcare Practice, these paramedics conduct an in-depth medical assessment, develop a customized care plan based on that assessment, and periodically visit or telephone the patient and family to support them in following the plan. Support generally continues until they can manage on their own. Three additional similar programs serve individuals with congestive heart failure, patients who can be managed transitionally at home versus an overnight observational admission in the hospital, and in-home hospice patients who are at risk for hospice revocation. These programs have significantly reduced the number of 911 calls, the number of potentially preventable emergency department visits and hospital admissions, the number of overnight observational admissions, and the number of hospice revocations, leading to declines in emergency medical services and emergency department charges and costs, and freeing up capacity in area emergency departments.

See the Description section for an update on programs, identification of eligible individuals, patient assessment, and special protocols for patients with congestive heart failure; the Patient Population section for a description of patients served; the References section for two new resources; the Results section for updated data on the decline in ambulance and emergency department usage, charges, and costs, as well as results related to congestive heart failure and hospice patient admissions; the Planning and Development section for information about a hospice patient pilot test; the Resources section for updated staffing and cost data; the Funding section for updated information about program funders; and the Use by Other Organizations section for updated data on program adopters (updated January 2013).

Evidence Rating (what is this?)
Moderate: The evidence consists of pre- and post-implementation comparisons of 911 calls from program participants, along with estimates of the cost savings generated and emergency department capacity freed up as a result of the reduction in calls.




MedStar Mobile Healthcare

MOBILE INTEGRATED HEALTHCARE

Approach to Implementation



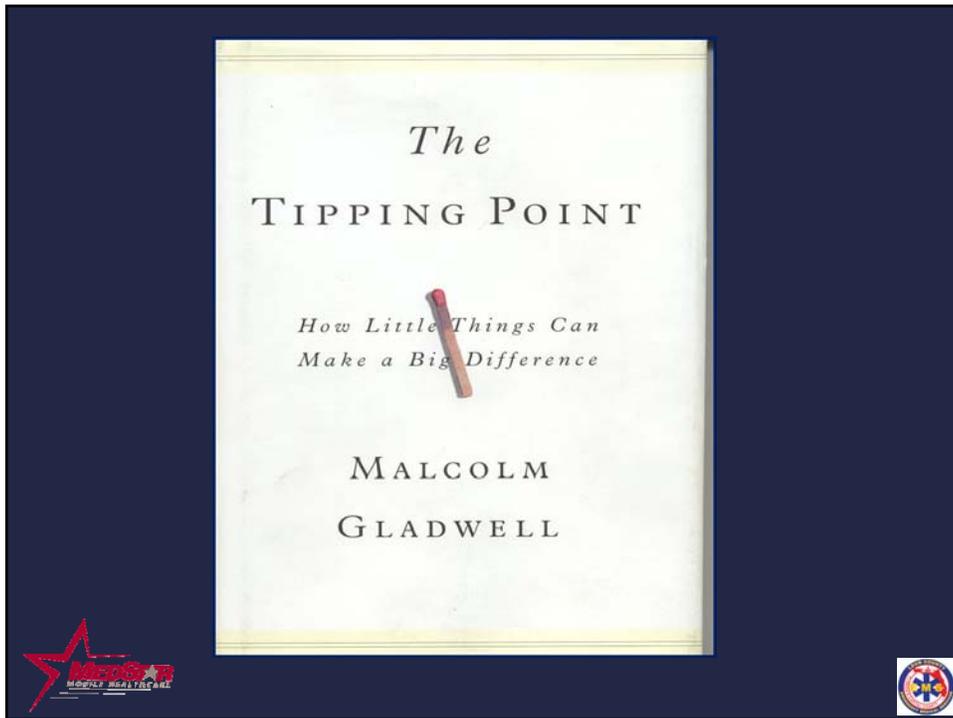



"Mobile Integrated Healthcare is an innovative and patient-centered approach to meeting the needs of patients and their families. The model does require you to "flip" your thinking about almost everything – from roles for health care providers, to what an EMT or paramedic might do to care for a patient in their home, to how we will get paid for care in the future.

*The authors teach us how to flip our thinking about using home visits to assess safety and health. They encourage us to segment patients and design new ways to relate to and support these patients. **And they urge us to use all of the assets in a community to get to better care.** This is our shared professional challenge, and it will take new models, new relationships, and new skills."*

Maureen Bisognano
President and CEO
Institute for Healthcare Improvement



2009 = 4 Programs

2014 = 160 Programs

Mobile Integrated Healthcare and Community Paramedicine (MIH-CP)



Insights on the development and characteristics of these innovative healthcare initiatives, based on national survey data

Presented by the National Association of Emergency Medical Technicians



Sponsored by **ZOLL** | **Amytime** | **PHILIPS**



Samples of Other Programs

- CMS CMMI HCIA Grants
 - \$60 million in 6 programs
- REMSA (NV)
- Wake County (NC)
- UPMC (PA)
- Eagle County (CO)
- Dallas Fire/Rescue (TX)
- Mesa Fire & Medical (AZ)
- Christian Hospital EMS, St. Louis (MO)
- North Memorial Medical Center (MN)
- California Pilot Projects



Paramedics Aren't Just for Emergencies

Home visits for lab tests, IV medications and hospital follow-up

By Laura Landro

Aug. 17, 2015

THE WALL STREET JOURNAL

Paramedics, who race to emergencies and transport victims to the nearest ER, are taking on a new role: keeping patients out of the hospital.

In this new role, paramedics augment existing programs like visiting nurse services and home care. **They also treat patients who don't meet home-nursing criteria or don't want someone in their home all the time but still have complex needs, says David Schoenwetter, an emergency physician and head of the mobile health paramedic pilot program at Geisinger Wyoming Valley Medical Center** in Wilkes-Barre, Pa., part of Danville, Pa.-based Geisinger Health System.

The programs aim to reduce the high costs of emergency room visits and inpatient hospital stays. Hospitals are facing financial penalties from Medicare and other payers when patients are readmitted to the hospital within 30 days of being discharged.

days among 704 patients who had a home visit from a paramedic, Geisinger calculates. From March 2014 to June 2015, the Geisinger mobile health team prevented 42 hospitalizations, 33 emergency department visits and 168 inpatient he case of heart-failure patients, hospital admissions and emergency-room visits were reduced by 50%, and the rate of hospital readmissions within 30 days fell by 15%. Patient satisfaction scores for the program were 100%.



<http://www.wsj.com/articles/paramedics-aren-t-just-for-emergencies-1439832074>



Paramedics work to keep patients out of the E.R.

Anna Gorman, Kaiser Health News

May 10, 2015

USA TODAY
A HEARST COMPANY

Around the country, the role of paramedics is changing. **In various states, they're receiving extra training to provide more primary and preventive care and to take certain patients to urgent care or mental health clinics rather than more-costly emergency rooms.** Ramsdell and others in his program, for instance, spent 150 hours in the classroom and with clinicians learning how to provide ongoing care for patients.

Using a \$9.8 million federal grant, Gubbels' agency launched three different projects. In addition to providing paramedic home visits and offering 911 callers options besides the ER, the agency started a nurse-run health line to give people with health questions another number to call in non-emergency situations.

An early evaluation by the University of Nevada, Reno, which was based on insurance claims and hospital data, shows that the projects saved \$5.5 million in 2013 and 2014. They helped avoid 3,483 emergency department visits, 674 ambulance transports and 59 hospital re-admissions, according to the preliminary data. The federal government plans to do its own evaluation.



<http://www.usatoday.com/story/news/2015/05/10/paramedics-work-to-keep-patients-out-of-e-r/70949938/>



Change From the Inside Out – Health Care Leaders Taking the Helm

Donald M. Berwick, MD, MPP1; Derek Feeley, DBA1; Saranya Loehrer, MD, MPH1
1Institute for Healthcare Improvement, Cambridge, Massachusetts
JAMA. **March 26, 2015.**
doi:10.1001/jama.2015.2830

Even as politicians and pundits continue to debate the merits of the Affordable Care Act (ACA), it is time to look beyond it to the next phase of US health care reform.

innovations in delivery mature at a far faster pace than laws and regulations evolve, even in far less contentious political times than today's. **For example, productive new health care roles, such as community paramedics, community health workers, and resilience counselors, *emerge at a rate that legal requirements and reimbursement policies simply do not match.***



<http://jama.amanetwork.com/article.aspx?articleid=2210910>



Triple threat: Achieve multiple goals with community paramedics

by Chrissy Wild
October 2, 2015



Many health systems embarking on population health initiatives know they need to bolster their partnerships with community resources, but don't know where to focus their efforts. **Community paramedicine is a great place to start.**

Community paramedics receive advanced training, allowing them to provide a range of in-home services, such as health coaching and home safety assessments for your rising- and high-risk patients. They can also help you reduce your ED volumes by providing in-home treatments to frequent 911 callers whose needs are not emergent, and reduce your readmission rates by performing post-discharge check-ups on at-risk patients.

How do I measure success?

Many programs compare their targeted patient population's number of 911 calls, ED visits, admissions and readmissions, and total cost of care prior to program enrollment to those metrics post-enrollment. These basic metrics serve as a barometer for the program's success and are useful in demonstrating the ROI of the program to organization leaders and private payers for reimbursement purposes.



<https://www.advisory.com/research/care-transformation-center/care-transformation-center-blog/2015/10/community-paramedicine-webcon-recap>



Key Question #2

- If you had a magic wand and could change one thing, but **ONLY 1** thing about in our community's healthcare system, what would you change?
 - money and resources are no object



Key Question #3

- What are the current barriers to change in our community's healthcare system?



Key Question #4

- Who is not at the table today who should be (either by agency, role or name)?



Key Question #5

- What are the top 3 gaps in healthcare services in our community?









Proceedings Report on Community Paramedic Gap Analysis

&

Recommendations for Leon County Community Paramedic Program



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Introduction

Leon County, Florida engaged MedStar Mobile Healthcare to provide consulting services to assist in the development of a Community Paramedic Program. MedStar is a governmental administrative agency that is responsible for providing Emergency Medical Services for fifteen cities in the Ft. Worth, Texas area that includes 980,000 residents in 421 square miles. MedStar has operated a successful Community Paramedic Program since 2009 that has a demonstrated track record of improving patient navigation within the healthcare system resulting in improved patient outcomes and economic efficiencies. MedStar's Community Paramedic Program has been recognized as a model program and has developed industry recognized best practices in the field. MedStar has provided similar assistance in the development of Community Paramedic Programs to over 160 communities across the United States.

As a part of this engagement, MedStar reviewed the current healthcare environment in the community; provided guidance to the County on the development of a Community Paramedic Program; and, facilitated a meeting of community stakeholders to identify how a Community Paramedic Program can be designed to benefit patients and the community.

In MedStar's experience, it is important to design the Community Paramedic Program to meet the needs of the community it is serving. The goal of Community Paramedic Programs should be to provide patients with the right care, at the right time, in the right place. All successful Community Paramedic Programs that we know of were designed to meet an identifiable need within the community. It should also be noted that Community Paramedic Programs are not intended to replace, supplant or compete against healthcare services already available within a community. Community Paramedic Programs work to complement the services of the other health care professionals in the current healthcare system.

The focus of this report is to provide an overview of the information obtained at a community stakeholders' meeting that was held on November 6, 2015. This report provides a brief overview of the history and development of Mobile Integrated Healthcare / Community Paramedic Programs in the United States; provides a brief background on the development of the Community Paramedic Program in Leon County; summarizes the November 6, 2015 meeting; and provides actionable recommendations for the development of a Community Paramedic Program in Leon County.

History and Development of Mobile Integrated Health/Community Paramedic

The concept of Community Paramedicine was first formally initiated in 1997 in Red River, New Mexico. However, the rapid growth of Community Paramedic programs from four in 2009 to over 200 in 2015 has been due to the changes in the economics of healthcare transitioning for traditional fee for service to pay for performance. Hospitals and other healthcare providers are now being held financially accountable for improving patient outcomes, while reducing healthcare expenditures.

Physician involvement through telemedicine and other care coordination services also continues to grow as the complexity of patients being managed increases and the technology available to support teleconnectivity becomes more reliable and cost efficient.

Leon County Background

Leon County EMS has a long history of providing innovative programs that focus on meeting the needs of the patient. EMS has had a formal social service referral program since 2005. The goal of this program is to assist patients in finding appropriate services in the community that meet the needs of the patient. EMS across the county is a safety-net provider for individuals that have unmet needs. When patients are unable to identify resources that meet their specific needs, they will often default to calling EMS for services. In many instances, the needs of these patients are better provided by other community agencies. Examples include elderly individuals that are shut-in and in need of heating or food assistance; chronically ill patients that need help with mobility and transportation; and instances where the individual's living conditions contribute towards their health problems.

The EMS program leverages community resources by partnering with 2-1-1 Big Bend and their partner organizations. Through this partnership, paramedics that identify a patient with a need gains the consent of the patient and makes a referral to 2-1-1 Big Bend. 2-1-1 Big Bend makes an assessment of the situation and then connects the patient with the appropriate community resource that can meet the need of the patient. EMS makes on average 35 referrals per year.

Leon County identified the potential impact of providing Community Paramedic services when such services were in their infancy, likely due to EMS' experience and success with the social service referral program. In 2011, the County applied for a Health Care Innovation Challenge Grant from the Center for Medicaid and Medicare Services. The County again applied for grant funding from round two of the Health Care Innovation Challenge Grant and sought grant funding from the Robert Wood Johnson Public Health Services and Systems Research Grant program.

At the December 10, 2013 meeting, the Leon County Board of County Commissioners directed staff to modify the Strategic Initiative regarding EMS so that the county can continue to pursue assistance for the start-up costs of a Community Paramedic Program. The strategic initiative was modified and approved at the January 21, 2014 meeting.

On April 3, 2014, Leon County, in cooperation with the National Association of Counties, hosted the Leon County Community Dialogue on Improving County Health. This meeting brought together community leaders and members of the healthcare community to discuss access to care in the county. Participants included members of the County Commission, the County Administrator and staff, the Florida Department of Health in Leon County, and representatives from the Florida State University College of Medicine, Big Bend Cares, Neighborhood Medical Center, Apalachee Center, Bond Community Health Center, Capital Medical Society Foundation, North Florida Medical Centers, Tallahassee Memorial HealthCare, Florida A&M University College of Pharmacy and Pharmaceutical Sciences, and the United Way of the Big Bend. The focus of this meeting was to work towards solutions that improve access to care through greater collaboration and increased partnerships.

The report contains the following relevant information,

The county was identified as the most appropriate partner to facilitate a discussion on a healthcare system that is more heavily focused on achieving improved outcomes (p. 6).

Concern was expressed over the health disparities within the community and that the need for care in the underserved population is not met by the current system of care. Concern was also mentioned regarding the difficulty that high need patients have in navigating the healthcare system (p. 6).

As the dialogue shifted from discussion of strengths and assets of the healthcare system, partners talked about the gaps in services they see as barriers...There is an acute need to improve chronic care management and services for “high utilizers” that cycle in and out of the hospital (p. 7).

The partners discussed a number of critical gaps in access to care. The county has high quality health-care services and well-trained physicians; however, the partners discussed the lack of a full continuum of services. It is difficult for uninsured and underinsured patients to connect to needed services in the system due to fragmented providers and a lack of follow-up services available to them. It was noted that many patients stop seeking services when confronted with the difficulty of navigating the system. In particular, investments need to be made to close gaps in preventive care, follow-up, and ongoing outpatient treatment for the chronically ill (p. 7).

Healthcare delivery is provider-centered, which is a contributing factor to the continuum of care gap discussed earlier in the dialogue. Many partners discussed the need to shift towards a patient-centered model of healthcare delivery (p. 8).

Another suggestion was to provide services that would guide people through the healthcare system. There is a shortage of support staff throughout the healthcare system in the community that can provide those types of services to improve access and health literacy. Providing this type of support staff for patients ensures they receive needed care (p. 9).

Leon County was successful in obtaining grant funding to support the implementation of a Community Paramedic Program through the Florida Department of Health EMS Matching Grant program. This grant provided \$57,735 of funding and requires a local match of \$19,245 for a total project budget of \$76,980. The grant was accepted by the County on September 2, 2014 and the funding is included in the fiscal year 2016 budget. Utilization of this grant funding requires the County to commit to providing expanded services for five years.

Leon County EMS has conducted a review of the requests for service received by EMS during fiscal year 2015. EMS responded to 37,765 requests for service in fiscal year 2015 an increase of 12% over the 33,367 requests for service EMS responded to in fiscal year 2014. They then identified high system utilizes or those individual patients that utilized EMS services 15 or more times during fiscal year 2015. It was found that 46 individuals utilized EMS services 15 or more times representing 1,071 requests for service or 3% of the total requests for service responded to by EMS. According to Leon County EMS, these 1,071 requests equate to an estimated expense to the county of \$559,800. Two individuals were identified as the highest EMS utilizers with 54 requests for service each; the mean was 21 requests for service and the median was 23.28 requests for service.

Currently, both hospitals in Leon County are being assessed financial penalties from Medicare for higher than national average readmission rates. Medicare is also assessing financial penalties for things like patient experience scores, clinical processes of care and patient outcomes.

The implementation of a Community Paramedic program may have a positive impact in the readmission rates and resulting penalties for readmissions and value-based purchasing measures. During the Community Paramedic Briefing on November 6th, both hospitals expressed a strong desire for assistance with improving these measures.

Leon County has taken measures to address gaps in population health. Many of these initiatives are innovative and all are collaborative endeavors with community stakeholders. Our experience is that communities that have a high-level of stakeholder collaboration are the most successful at implementing a Community Paramedic Program. The importance of these partnerships in the success of a Community Paramedic Program cannot be emphasized enough.

November 6, 2015 Community Stakeholders' Meeting

A meeting with local community healthcare partners was held on November 6, 2015 to inform the partners about the Community Paramedic Program and to assess community gaps in healthcare delivery. This is an important step in the overall development of a Community Paramedic Program as successful Community Paramedic Programs require strong partnerships and have to be designed to meet the specific needs identified in the community.

Representatives of the following organizations were invited to the meeting:

211 Big Bend	Consulate Healthcare	Leon County Dental Clinic
Ability 1st	Covenant Hospice	Leon County Health Dept
Accessibility Solutions	DCF Office of Child Welfare	Maxim Healthcare Services
Allegro	Dial A Ride	Miracle Hill
Amedisys Home Health	Director of Economic Self Sufficiency Program	Neighborhood Medical Center
American Red Cross	Elder Care Services	North Florida Medical Center
Area Agency of Aging	Faith Home Health	North Florida Women's Care
Bethel Family Counseling & Outreach	Family Resources	Office of EMS Chief
Big Bend Cares	FAMU College of Pharmacy	PATH/Apalachee Center
Big Bend Homeless Coalition	FAMU Counseling Services	Prestige Health Choice
Big Bend Hospice	FAMU Student Health Center	Refuge House
Bond Community Health Center	FL Surgeon General	Renaissance Community Center - The Shelter
Broadview	Florida Alliance for Assistive Services & Tech	Salvation Army
Brookdale Hermitage Health	Florida Blue	Seven Hills Health and Rehabilitation Center
Capital Area Community Action Agency	Florida Department of Children and Families	Southern Medical Group
Capital City Youth Services	Florida Healthy Kids	Suncrest Omni
Capital Health Plan	Florida Legal Services Prescription Clinic	Tallahassee Memorial Healthcare
Capital Home Health	FSU College of Medicine	Tallahassee Orthopedic Group
Capital Medical Society Foundation	FSU Psychology Clinic	Tallahassee Senior Center
Capital Regional Medical Center	FSU Student Health and Wellness Center	Tallahassee Urban League
Catholic Charities	Geutiva Health Services	TCC Dental Clinic
Centre Pointe	Good Samaritan Network	TCC Mental Health
Centre Pointe	Harbor Chase	The Shelter
Chamber of Commerce	HealthSouth Rehab Hospital	United Way
Cherry Laurel	Home Instead Senior Care	US VA Outpatient Clinic
Children's Home Society	Hopewell Home Care	Visiting Angels
Children's Medical Services	Interim Healthcare	Westminster Oaks
Connections Church	Jasmine Women's Center	Whole Child Leon
Consolidated Dispatch Agency	Lake Ella Manor	

The meeting on November 6, 2015 was attended by a wide representation of the Leon County healthcare community. The discussion was kicked off by Vincent S. Long, Leon County Administrator and Chad Abrams, Chief of Public Safety. The discussion was moderated by Matt Zavadsky from MedStar.

The discussion was started by reviewing the Leon County Community Dialogue on Improving County Health findings and the connection to how a Community Paramedic Program can assist in meeting the identified needs. The stakeholders were presented with a short history of recent events in healthcare in America and how it is shifting. They were then presented with potential models of what the Leon County Community Paramedic program could look like and introduced to the general concept and how the program could help their organizations and patients.

The stakeholders were asked five questions at the end of the session to gain their perspective on how they envisioned this program improving the overall conditions in the community. The following are the questions with the top three answers to each question along with the response rate.

What is the one thing about the healthcare system in our community that keeps you up at night? What is your greatest concern?

1. Healthcare affordability - 44% of responses
2. Lack of access for patients - 36% of responses
3. Overcrowded emergency rooms - 8 % of responses

If you had a magic wand and could change one thing, but only one thing in our community healthcare system, what would you change? Money and resources is no object.

1. Increase access to care - 48 % of responses
2. Appropriate hospital utilization - 15 % of responses
3. Not enough physician resources - 12 % of responses

What are the current barriers to change in our community's healthcare system?

1. Lack of collaboration of healthcare agencies/politics – 44%
2. Lack of funding – 20%
3. Lack of provider resources – 12%

Who is not at the table to day that should be? (Either by agency, role, or name)

1. CEO's, and CFO's (healthcare leadership) – 44%
2. Non-healthcare community leadership (legislators, commissioners, community leaders) – 20%
3. Law enforcement – 8%

What are the three top gaps in healthcare services in our community?

1. Mental health – 64%
2. Homeless and homeless veterans – 28%
3. Dentists – 20%

Recommendations

It is recommend that Leon County continue to work with partner organizations and community stakeholders to further define program parameters and to establish a sustainable economic model. The information we have reviewed provides support for the development of a Community Paramedic Program that initially focuses on three service lines:

1. Hospital readmission avoidance;
2. Hospice revocation avoidance; and
3. High system utilizers.

The recommendation of these three initial programs is based on the information gleaned from the Leon County Community Dialogue on Improving County Health Community as well as the Community Paramedic briefing. The stakeholders present indicated that these programs would bring significant value.

The ***Readmission Avoidance Program*** would help improve patient outcomes and experience of care, and reduce preventable readmissions. This is patient centric and helps the hospitals with Medicare penalties.

The ***Hospice Revocation Avoidance Program*** will help meet the patient's desire regarding end of life care, as well as reduce unnecessary expenditures for the hospice agencies.

The ***High System Utilizer Program*** will help improve the patient-centered aspect of Leon County's healthcare system, and reduce medical care expenditures by navigating these patients to the most appropriate setting for their healthcare needs.

It is recommend that the County consider beginning the Community Paramedic Program as a six month pilot project with 20-30 patient enrolled in the Hospital Readmission Avoidance Program. The County would fund the six month pilot project only after obtaining formal commitments from the potential funders to contribute to funding the program once it meets agreed upon goals. This will assist in developing a sustainable economic model that requires the commitment of partner organizations and stakeholders that may benefit from the results of the program.

It is further recommend that the second phase of the program, the Hospice Revocation Avoidance Program, be simultaneously implemented with the pilot project. This program has the potential to immediately provide benefits to stakeholders and patients and has an easily implemented economic model. The County should enter into agreements with hospice agencies that outline the expectations and program parameters.

Once the readmission and hospice programs are implemented, we recommend that the County begin modeling a High System Utilizer Program with the healthcare system stakeholders who are financially at-risk for these patients. This will include organization such as third party payers and hospital partners.

How a Community Paramedic meets the needs identified at the November 6, 2015 community stakeholder meeting:

What is the one thing about the healthcare system in our community that keeps you up at night? What is your greatest concern?

1. **Healthcare affordability** – The Community Paramedic Program can assist with this gap through navigation of the patient to the appropriate care can help reduce costs. Similar programs across the country have demonstrated significant potential for reduced costs to patients, providers, and third party payers by providing the right care, at the right time, in the right place.
2. **Lack of access for patients** – Provide healthcare resources for patients by Community Paramedics delivering care to them, in their homes or place of employment, anytime, anywhere. These programs also assist with patient advocacy and providing education to the patient on the most appropriate ways to manage their healthcare needs.
3. **Overcrowded emergency rooms** – The Community Paramedic Program assists with this gap by reducing the need for low-acuity patients to visit the ER and by navigating low-acuity patients to other, more appropriate healthcare resources.

If you had a magic wand and could change one thing, but only one thing in our community healthcare system, what would you change? Money and resources are no object.

1. **Increase access to care** – Providing healthcare resources to patients by Community Paramedics, brings care to them, in their homes or place of employment, anytime, anywhere. These programs also assist with patient advocacy and providing education to the patient on the most appropriate ways to manage their healthcare needs.
2. **Appropriate hospital utilization** – The Community Paramedic Program will help provide options for low acuity patients so that hospital emergency rooms can focus on more acute patients.
3. **Not enough physician resources** – The Community Paramedics can be physician extenders, both by assisting with the field implementation of a physician developed care plan, or through telemedicine solutions, to help meet patient needs and help apply community resources for the patient as needed.

What are the current barriers to change in our community's healthcare system?

1. **Lack of collaboration of healthcare agencies/politics** – The Community Paramedic Program should host a monthly Care Coordination Council to help agencies collaborate and offer appropriate services to patients when indicated. This Council could also help identify and advocate for the development of resources that are needed in the community to help these patients.
2. **Lack of funding** – The program can use current funding to reallocate resources in the system as needed to appropriately meet the needs of each patient.
3. **Lack of provider resources** – Adding Community Paramedic resources into the system will increase capacity of providers and, through the use of technology such as telemedicine, extend the reach of the current provider base. The Community Paramedic Program may also help to quantify primary care physician resources that are available to patients in the community.

Who is not at the table to day that should be? (Either by agency, role, or name)

1. **CEO's, and CFO's (healthcare leadership)** – Many were invited, but County leadership should visit them individually soon.
2. **Non-healthcare community leadership (legislators, commissioners, community leaders)** – County leadership should visit them individually soon.
3. **Law enforcement** – All law enforcement agencies should be notified and visited.

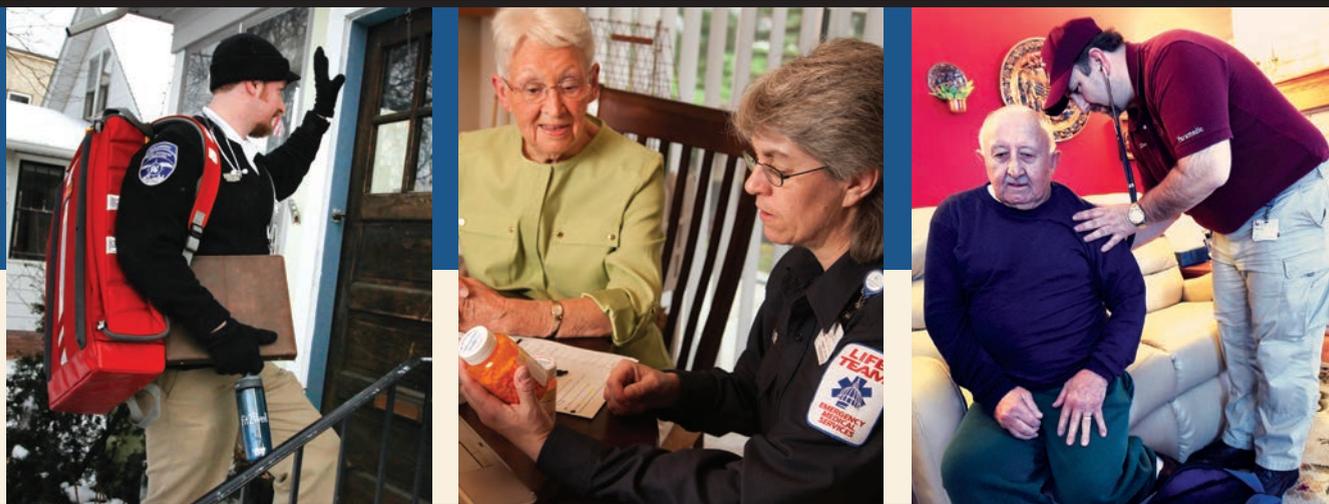
What are the three top gaps in healthcare services in our community?

1. **Mental health** – Community Paramedics will be specially trained to provide an on scene mental health assessment with possible direct admit processes to community mental health facilities.
2. **Homeless and homeless veterans** – The program could be utilized as available as a shared resource and all homeless would be directed to appropriate community care as indicated.
3. **Dentists** – The program should contact the local dental association to determine how to expand access to dental resources within the community. This may also be an early goal of the Care Coordination Council to help identify or advocate for the development of additional dental resource availability

Conclusion

After the November 6th stakeholder meeting several gaps were identified within the Leon County healthcare community. As indicated above, several of these issues could be identified, addressed and improved through a Community Paramedic Program. The proposed program has the potential to find patients in Leon County that are currently underserved due to a lack of information or understanding of how the healthcare system works or what services are available to them. Once these patients are identified, they can then be educated and referred to local resources that already exist within the community and moved to appropriate medical care that can meet their needs, help alleviate stretched healthcare resources, and reduce costs. The Community Paramedic Program will need to work collaboratively with all of the healthcare and social service resources within the community to reach these goals and to improve the overall healthcare of the citizens of Leon County. Specific initial goals or improving the health of possible readmission patients from the hospital, readmission patients from Hospice care, and high system users is achievable through a Leon County EMS Community Paramedic Program.

Mobile Integrated Healthcare and Community Paramedicine (MIH-CP)



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¹Meaney PA, et al. *Circulation*. 2013;128:417-35

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IMAGE PROVIDED BY KEVIN PIEPER/THE BAXTER BULLETIN



IMAGE PROVIDED BY PINNACLEHEALTH/COMMUNITY LIFETEAM

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For more information and resources
on MIH-CP, visit naemt.org



Mobile Integrated Healthcare and Community Paramedicine (MIH-CP): A National Survey

Over the past several years, two new types of patient care offered by EMS agencies have generated tremendous interest within EMS and the wider health care community. Called mobile integrated healthcare and community paramedicine (MIH-CP), many believe these innovations have the potential to transform EMS from a strictly emergency care service to a value-based mobile healthcare provider that is fully integrated with an array of healthcare and social services partners to improve the health of the community.

Though still evolving, MIH and CP programs operating around the nation are providing a range of patient-centered services, including:

- Sending EMTs, paramedics or community paramedics into the homes of patients to help with chronic disease management and education, or post-hospital discharge follow-up, to prevent hospital admissions or readmissions, and to improve patients' experience of care.
- Navigating patients to destinations such as primary care, urgent care, mental health or substance abuse treatment centers instead of emergency departments to avoid costly, unnecessary hospital visits.
- Deploying telemedicine to connect patients in their homes with caregivers elsewhere.
- Providing telephone advice or other assistance to non-urgent 911 callers instead of sending an ambulance crew.

To add to the EMS profession's understanding of the development, characteristics and status of MIH-CP in the United States, NAEMT conducted a comprehensive survey in late 2014 of the nation's currently operating MIH-CP programs.

This summary analysis reports the results of that survey, and the conclusions

that can be drawn from the data. Analysis was provided by our author team, which includes several of the nation's MIH-CP thought leaders, medical directors and MIH-CP program administrators.

Survey finds much enthusiasm, significant obstacles

The survey identified more than 100 EMS agencies that have worked diligently over the past several years to determine their communities' needs, build partnerships to launch these innovative programs and contribute to solving the key issues facing American healthcare.

The promise of these programs has garnered the attention of a broad spectrum of stakeholders, ranging from hospitals to physicians groups, private insurers and the Centers for Medicare and Medicaid Services (CMS). The interest has enabled some MIH-CP programs to secure grants to cover the initial development and operation of their programs. The largest and most well publicized funding came from the CMS Innovation Center, which awarded grants to several EMS agencies and their partners beginning in 2012 to study the effectiveness of MIH-CP programs in achieving the Institute for Healthcare Improvement's Triple Aim: improving the patient experience of care, improving the health of populations and reducing the per capita cost of healthcare.

Outside of the federal grants, other EMS agencies have been successful in securing grants from foundations, or in negotiating contracts with partners such as hospitals, Medicaid managed care organizations,

home health agencies, hospice agencies and private insurers. Those contracts may include payments for MIH-CP services based on fee-for-service, a per-patient or capitated fee, or other shared savings arrangements.

Yet most EMS agencies launching MIH-CP programs have and continue to fund these programs out of their existing budgets – a sign of their dedication but worrisome from a financial perspective.

Compounding these challenges, the newness of EMTs and paramedics taking on new responsibilities, albeit ones within their scope of practice as defined by state laws and regulations, has also raised concerns among some regulators, nurses and other health professionals who question whether EMS should be permitted to offer MIH-CP.

Data provides a national snapshot

To date, the data collected by this survey and analyzed in this summary represents the only compendium of information from the nation's currently operating MIH-CP programs. Respondents, who included EMS agency directors, medical directors, and MIH-CP program managers and practitioners, represent diverse communities and provider types, from 33 states and the District of Columbia.

NAEMT would like to thank the respondents who took the time to tell us about their programs. We would also like to thank NAEMT's Mobile Integrated Healthcare-Community Paramedicine Committee for developing the survey questionnaire, and our author team for generously providing their time and insights in analyzing the data.

Mobile Integrated Healthcare and Community Paramedicine (MIH-CP): A National Survey



IMAGE PROVIDED BY KEVIN PIEPER/THE BAXTER BULLETIN

Community paramedics from Baxter Regional Medical Center in Arkansas provide post-discharge follow-up visits and connect patients to primary care.

of the NAEMT MIH-CP Committee and included more than 50 questions asking respondents to describe all aspects of their MIH-CP program, including program activities, partners, agency demographics, medical direction, funding, revenue, goals and data collection.

In September and October 2014, the survey was distributed to approximately 150 agencies that were either known or thought to have an MIH-CP program. During that time, NAEMT continued to do outreach to refine the list of agencies with confirmed MIH-CP programs.

As of November 2014, we received a total of 137 responses. Of those, 26 did not have MIH-CP programs; 111 did. Two did not provide any identifying information and were eliminated; two were significantly incomplete and could not be used. Four were duplicate answers from the same agency, so only one from each agency was included, for a total of 103 completed surveys.

Based on our search, we can say with confidence that this represents the vast majority of MIH-CP programs nationwide at the end of 2014.

However, it should be noted that new programs are coming on board every month, so by now there may be more. Our search also yielded many programs reportedly in the final stages of development or awaiting final grant or regulatory approval, such as the dozen programs that are part of the California pilots slated for launch in the first half of 2015 and six programs slated to launch in Michigan, also this year. These were not included.

Survey Targets

Between April and October 2014, NAEMT conducted a thorough search to identify MIH and CP programs in the United States. Sources included:

- ⊕ An earlier NAEMT MIH-CP survey widely distributed in 2013 by NAEMT and several other national EMS organizations as part of the Joint National EMS Leadership Forum.
- ⊕ Media reports and Google searches.
- ⊕ Other written materials, such as white papers and research studies, that referenced MIH or CP programs.
- ⊕ Interviews with EMS industry contacts.
- ⊕ Information provided by state EMS offices.
- ⊕ Phone calls and emails to individual EMS agencies.

To determine inclusion as an MIH-CP program, we used the definition for MIH-CP contained in the MIH-CP Vision Statement, spearheaded by NAEMT and endorsed by more than a dozen national EMS and emergency physicians' organizations in 2014. The Vision Statement defines MIH-CP as being fully integrated; collaborative; data-

driven; patient-centered and team-based. Examples of MIH-CP activities can include, but are not limited to, providing telephone advice instead of resource dispatch; providing chronic disease management, preventive care or post-discharge follow-up; or transport or referral to care beyond hospital emergency departments.

Because there is no strict definition of MIH-CP, however, we had to make judgment calls about inclusion. For example, one EMS agency in a remote mining area of Alaska indicated they utilized telemedicine to connect patients with physicians in larger cities; this agency was not included because the goal was to provide assistance with acute situations, not education, preventive care or assistance with chronic disease management. We also did not include EMS agencies that described a high level of community involvement, such as providing community education on accident or falls prevention, teaching CPR, or conducting health screenings, but did not include any of the other elements of MIH-CP.

Questionnaire covers all aspects of MIH-CP

The survey was crafted with the input

The Important Role of the Community Needs Assessment

There is broad consensus within EMS that MIH-CP programs are not one-size-fits-all, but should be developed to meet community needs.

It's also widely accepted that MIH-CP programs should not duplicate or compete with already existing services, and instead fill gaps in existing services. The way to determine where those gaps are is through a community needs assessment as part of the MIH-CP planning process.

95%

Agree that their MIH-CP program is filling a resource gap in their local community

74%

Agree that their program is based on the defined needs of their community as expressed by local stakeholders

While that premise seems self-evident, "community needs assessment" is a term more familiar to public health professionals than first responders, and may mean many things to many people. The survey sought to describe the nature and source of community needs assessments within operating MIH-CP programs.

According to survey responses, **three in four agencies (77 percent) report conducting a community needs assessment.**

Yet when a question about conducting a community needs assessment was asked in a slightly different way – whether they agree or disagree with the statement, "Your program is based on a formal community needs assessment" – the responses were somewhat different. Only half (51 percent) agreed, 25 percent were neutral, and 21 percent disagreed. This perhaps indicates confusion over what constitutes a "formal" versus an "informal" community needs assessment.

Sources of data, stakeholder input

Of agencies that conducted a community needs assessment, the most commonly used data source is EMS data (87 percent), followed by population demographics (63 percent), hospital discharge data (55 percent), emergency department data (54 percent), public health data (41 percent), other data (12 percent), and law enforcement data (11 percent). Only 2 percent of agencies say they used no external data.

When asked to describe their community assessment, many agencies report having meetings, roundtables and establishing working groups or steering committees involving a variety of stakeholders, including hospitals, social services, mental health, law enforcement, assisted living facilities, public and private payers and public health departments.

MIH-CP programs should strive to reach patients before they become frequent users

Based on this survey, EMS agencies engaged in MIH-CP rely predominantly on data from individuals who utilize EMS services or have been cared for by the hospital system. This focus may hinder the MIH-CP system from gaining a full understanding of the needs of their community, such as individuals who have not accessed the 911 or hospital system but who may have significant care needs. As MIH-CP continues to develop, a long-term goal may be to reach members of the community before their health or psychosocial issues have deteriorated to the point where they become frequent users of hospitals and EMS systems.

Programs in existence for over two years were more likely to use a wider variety of data in assessing community need.

A narrow focus on patients already on the radar of hospitals and EMS may also restrict available payer sources. While focusing on this group of patients offers the opportunity for a "cost savings" source of revenue, it misses other potentially reimbursable patient encounters from the large pool of individuals who have not been hospitalized.

To identify these patients and gain a more complete look at community needs, MIH-CP systems should strive to use as many data sources as possible to identify the needs of a much broader population within the community.

It's worth noting that programs in existence were more likely to use data other than EMS data – 86 percent used population demographics, 62 percent used public health data, 62 percent used emergency department data, 19 percent used law enforcement data, and 19 percent used other data – suggesting that longer-duration programs use a broader set of community health data when evaluating healthcare gaps in their community.



Medical Direction Involves **Multidisciplinary Collaboration**

In emergency response, the role of the physician medical director is to ensure quality patient care. Responsibilities include involvement with the design, operation, evaluation and quality improvement of the EMS system. The medical director has authority over patient care, and develops and implements medical protocols, policies and procedures.

The role of medical direction in MIH-CP is in some ways similar, with protocol development (88 percent) topping the list of responsibilities. However, because MIH-CP focuses on coordinating care over a longer period than the typical EMS call, medical direction in the MIH-CP context may include additional responsibilities, often done in collaboration with primary care or other healthcare providers outside of the EMS agency. That can include the development and approval of care plans (62 percent), phone consultations (64 percent) and telemedicine consultation (18 percent).

EMS Medical Director Role

- 88%** Protocol development/ approval
- 64%** Phone consultation
- 62%** Development/approval of care plans
- 42%** Guidance on alternative destinations
- 18%** Live online telemedicine consultations

Hours of medical direction/ oversight provided per week

- Less than 10..... **79%**
- 10 to 20 **16%**
- More than 20..... **4%**

Others who provide medical direction and advice to MIH-CP programs

Primary care physicians (52 percent), on-call emergency physicians (29 percent) and specialty physicians (32 percent) are also called upon to provide medical direction or advice regarding MIH-CP patient care. Other sources of medical direction named by one or more respondents included other hospital physicians, physician assistants, surgical nurse practitioners, RN case managers and psychiatrists.



This collaboration is evident in the more than half (51 percent) of respondents who say that they obtained approval from partner organizations for their clinical protocols.

Breaking down silos: MIH-CP is team-based

From medical homes to care teams to accountable care organizations, the concept of collaborative, integrated, patient-centered care is a major theme of healthcare reform – and MIH-CP.

77% Agree that their program is a multidisciplinary practice of medicine overseen by physicians and other healthcare practitioners

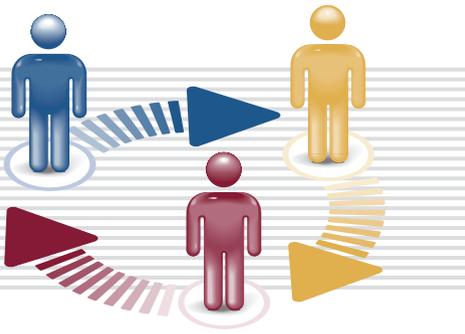
70% Agree that their program is team-based and incorporates multiple providers, both clinical and non-clinical

96% Agree that their program is patient-centric and focused on the improvement of patient outcomes

1 in 4 agencies

report using telemedicine in their MIH-CP programs. It was not specified whether that involves specific telemedicine applications or more commonplace EMS activities, such as ECG transmission.

Mobile Integrated Healthcare and Community Paramedicine (MIH-CP):
A National Survey



MIH-CP Programs Partner With an Array of Healthcare, Social Services Agencies

Mobile integrated healthcare by definition integrates with all entities that impact patient care and wellness. This integration is necessary for multiple reasons.

Patients who have frequent contact with EMS and hospitals often have multiple medical problems, comorbidities and complex psychosocial circumstances. These health issues cannot be solved by a single entity, but instead require the expertise of a variety of healthcare providers, social services agencies and community resources. For EMS, these partnerships enable MIH-CP

programs to match each patient's needs with the right resource.

Referrals go both ways

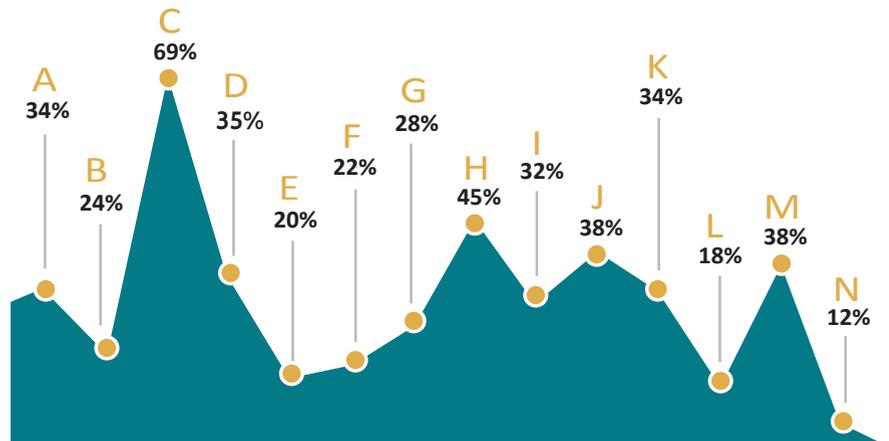
Partnering works in two directions: the MIH-CP program can receive referrals from the partner agency, or the MIH-CP program can refer patients to the partner agency.

According to survey responses, **hospitals are the most commonly cited source of referrals to MIH-CP programs**, with 69 percent of MIH-CP programs reporting receiving referrals from hospitals, followed by

69%
of MIH-CP programs receive referrals from hospitals

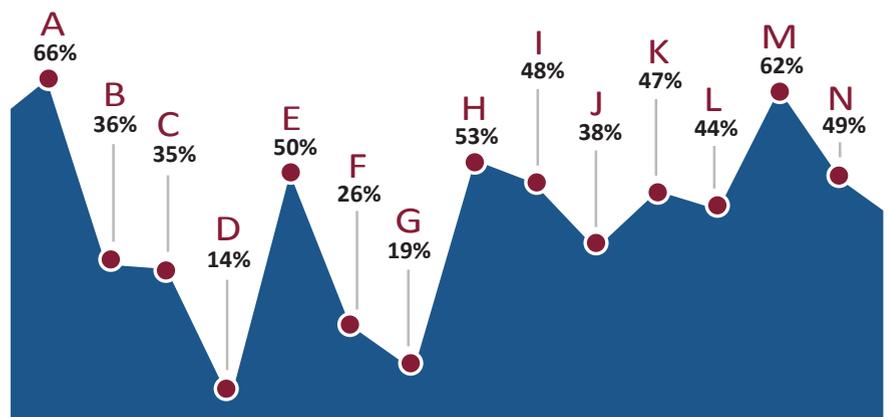
Organization Key

- A. Home Health Organizations
- B. Hospices
- C. Hospitals
- D. Law Enforcement Agencies
- E. Mental Health Care Facilities
- F. Nursing Homes
- G. Other EMS Agencies
- H. Primary Care Facilities
- I. Public Health Agencies
- J. Physician Groups
- K. Community Health Clinics
- L. Urgent Care Facilities
- M. Social Service Agencies
- N. Addiction Treatment Centers



[REFERRALS]

The partner organization refers patients to the MIH-CP program

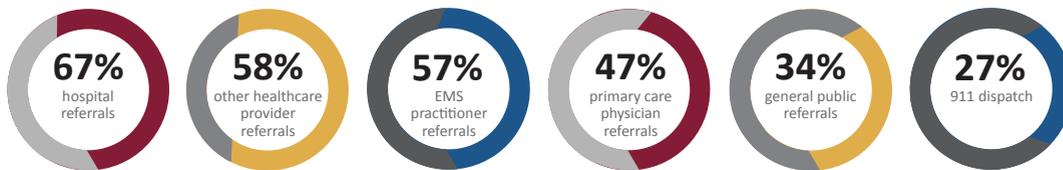


[REFERRALS]

The MIH-CP program refers patients to the partner organization



[SOURCES]
of MIH-CP program enrollment



primary care facilities (45 percent), physicians groups (38 percent), social services agencies (38 percent), law enforcement (35 percent), home health (34 percent) and community health clinics (34 percent).

66%
of MIH-CP programs refer patients to home health

In seeking solutions for their patients, **MIH-CP programs are most likely to refer their patients to home health** (66 percent), followed by social service agencies (62 percent), primary care (53 percent), mental health facilities (50 percent), addiction treatment centers (49 percent), public health agencies (48 percent) and community health clinics (47 percent).

How patients come to the attention of MIH-CP programs

MIH-CP programs are made aware of prospective patients from a variety of sources. Hospital referrals are the primary portal to MIH-CP programs (67 percent), followed by referrals from other healthcare entities (hospices, home health care, mental health care and others) at 58 percent and primary care physicians (46 percent).

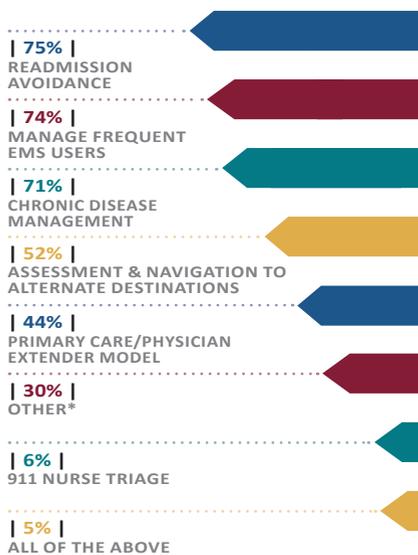
EMS sources, including referrals from fellow EMS practitioners (57 percent) and dispatch (27 percent) are also important in making MIH-CP programs aware of potential patients.

Awareness of the value of MIH-CP programs appears to grow over time

When isolating the data for programs with two or more years of experience, fellow EMS practitioners become the most likely to refer to MIH-CP programs (81 percent). While hospital referrals remain strong at 67 percent, referrals from other healthcare providers now come in at 71 percent, followed by dispatch and primary care, both at 52 percent. **The increased percentage of referrals from nearly all sources may indicate that over time, EMS practitioners and other healthcare providers accept MIH-CP and see the value it can bring.**



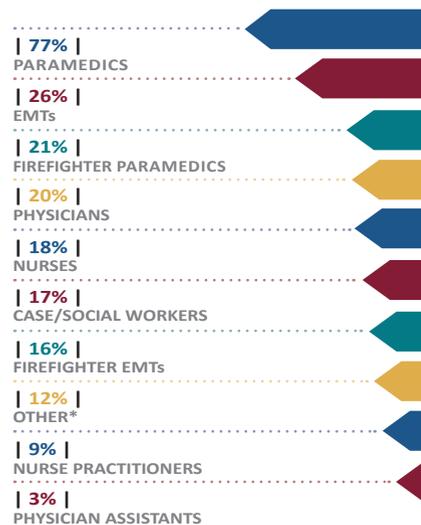
[CHARACTERISTICS OF MIH-CP PROGRAMS]



* mental health, hospice support, fall prevention

[STAFFING]

Respondents report employing or contracting with many types of practitioners for MIH-CP programs



* pharmacists, crisis counselors, patient navigators, residents, physical and occupational therapists



[MIH-CP CLINICAL STAFFING MODEL]

Some MIH-CP practitioners are dedicated full-time to MIH-CP; others split their time between MIH-CP and emergency response or other duties.

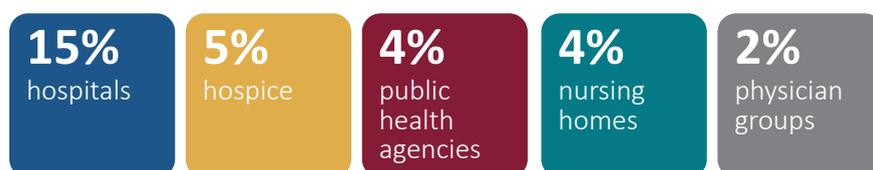
Partnerships Are About More Than Referrals

Partnering with stakeholders is not only about referrals. Some partners provide financial support, which may include direct payments for services, but can also include

assistance with staffing, supplies or other resources, while others provide oversight and direction to MIH-CP programs.

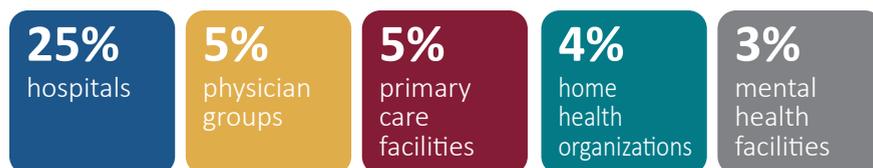
[DIRECT FINANCIAL SUPPORT]

Who provides direct payments for MIH-CP services?



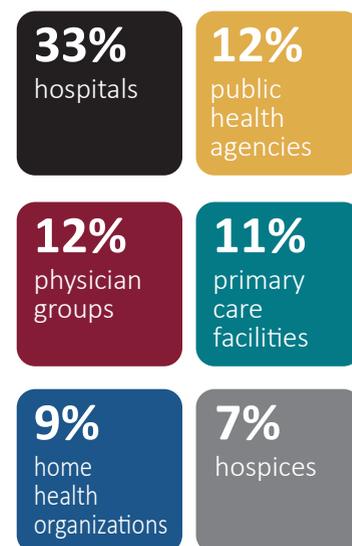
[OTHER FINANCIAL SUPPORT]

Who provides other financial support for MIH-CP services?



[OVERSIGHT/DIRECTION]

Who provides direction and oversight?



Is EMS doing everything it can to develop partnerships?

With more than half (54 percent) of respondents reporting that their programs are a year old or less, it is understandable that some may not have fully developed the necessary partners within their communities.

Still, more than half (58 percent) of respondents view their MIH-CP program as fully integrated into the healthcare system. Among programs in operation for two or more years, 66 percent agree that their program is fully integrated.

EMS agencies report challenges establishing partnerships for a variety of reasons, including:

- other healthcare providers not understanding the EMS role in an MIH-CP program
- fears among home health agencies that EMS participation in providing services in the home outside of answering 911 calls represents competition
- potential partners not seeing a clear financial incentive for partnering with EMS.

Though 34 percent of respondents agree that “opposition from other healthcare providers such as physicians, nurses or home health is a significant obstacle to sustaining or growing their MIH-CP programs,” an almost equal number (32 percent) disagree that opposition is a barrier.

And there is reason for optimism.

87% Agree that support for MIH-CP programs is growing among partners such as hospitals and other healthcare providers

96% Agree that the number of patients served by their MIH-CP program will grow in the next five years.



Experience Tops Qualifications Sought in MIH-CP Practitioners



While the medical skills performed by EMS personnel participating in MIH-CP tend to be consistent with their emergency response training and experience, the *focus* and *context* of their clinical roles are very different. The practice of EMS is focused on rapid assessment, provision of resuscitative or supportive care within a narrow set of protocols, and transport to a hospital-based emergency department. In contrast, the practice of MIH-CP is focused on longitudinal assessment, participation in an existing, multidisciplinary, interprofessional treatment plan, and communication with and referral to other members of the treatment team based on changing patient needs. Contextually, care shifts from episodic evaluation and care of patients independent of their existing medical care plan to longitudinal monitoring and adjustment of care as a part of a medical care plan.

Asked what specific training or experience qualifications are required of MIH or CP employees, field experience was most often mentioned, with about one in four respondents specifying that MIH-CP practitioners had to have between one and 10 years of field work experience (usually paramedic).

Smaller numbers mentioned communications skills, positive attitude and a customer service focus as specific candidate competencies. As for specific credentials, several stated that critical care transport paramedic training was required or preferred, while several stated other certifications were required, including EMT, registered nurse, nurse practitioner and social work.

A few require some college or a college-based community paramedic certification. About one in four answered there were no special requirements.

“Borrowed” training programs include: Eagle County Paramedic Services, Wake County EMS, MedStar Mobile Healthcare, Mesa Fire Department and FD CARES.

Training topics

Nearly all respondents require some type of additional training for their MIH-CP practitioners. Clinical topics (67 percent), patient relations/communications (66 percent), accessing community programs and social services (63 percent) and patient navigation (59 percent) topped the list.

Length of training

The length of training varied widely, as did the inclusion of clinical rotations or field training hours.

[CLASSROOM HOURS REQUIRED]



[CLINICAL ROTATIONS/FIELD TRAINING HOURS REQUIRED]



Wide variations in training, education and certification requirements may jeopardize reimbursement opportunities

Overall, the survey data suggests that the majority of programs select experienced EMS practitioners for MIH-CP programs, and that they require additional training to perform these roles. However, the nature, duration and content of that training is widely variable, suggesting that the preparation, knowledge base and level of skill of EMS personnel who currently practice within MIH-CP systems is inconsistent.

This inconsistency could raise concerns among potential partners or payers about patient safety, clinical results or patient experience, and may reduce opportunities for reimbursement from payers who are more accustomed to well-defined and seemingly more clinically predictable providers of care.

EMS must continue to work toward creating consensus among stakeholders to define what MIH-CP clinical practice is, and from there create standards for skills, training, education and proof of competency.

Hennepin Technical College in Brooklyn Park, Minn. and Colorado Mountain College are the two most-often mentioned college-based training programs.

Clinical Services Seek To Avoid Unnecessary Emergency Department Visits, Hospital Stays While Improving Patient Quality of Life

The clinical services provided by MIH-CP practitioners can be broadly grouped into three categories that may be part of an ongoing health maintenance program, or as part of a goal directed therapy or lifestyle modification.

- 1 **Assessment and evaluation**
- 2 **Post-discharge follow-up**
- 3 **Prevention and education**

Common to all is that the MIH-CP program facilitates this without the requirement for a hospital or clinic visit, although the assessment may result in a recommendation to visit a clinic or other healthcare provider. The goal is always to direct patients to the most appropriate, convenient, least costly type of healthcare or social services provider qualified to take care of their needs.

1 Assessment and evaluation

While the vast majority of MIH-CP programs indicate they assess patients, the survey does not make clear what is being done with the information gathered, including whether clinical decision-making is autonomous, based on an algorithmic process or in consultation with the EMS medical director or other healthcare provider.

Assessment and evaluation encompasses multiple service lines, including general assessment, which most often includes history and physical (89 percent) and medication reconciliation (82 percent); along with laboratory tests and disease-specific care.

In-home lab services key to MIH-CP assessment and evaluation services

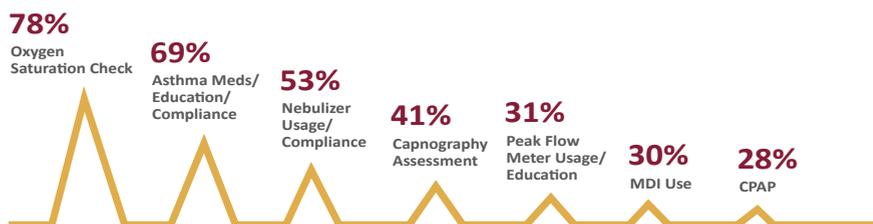
As with disease-specific care,

respondents were most likely to offer services that were already within the scope of practice of typical EMS agencies such as blood glucose measurement (70 percent) and blood draw services (41 percent). About one in five (19 percent) agencies report the addition of iSTAT (blood analysis) point of care testing. A surprising number of agencies had expanded their services to include urine collection (26 percent) stool collection (13 percent) and throat swab cultures (12 percent).

Disease-specific care relies on standard EMS equipment, skills

Disease-specific care offered by MIH-CP is most often targeted at common cardiovascular and pulmonary diseases such as congestive heart failure (CHF), chronic obstructive pulmonary disorder (COPD) and asthma. Most of these services utilize equipment and training readily available to EMS providers, such as blood pressure (85 percent), 12 lead EKG (70 percent) and oxygen saturation measurement (78 percent).

[RESPIRATORY SERVICES]



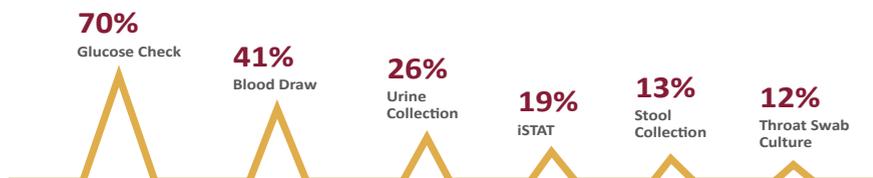
[CARDIOVASCULAR SERVICES]



[ASSESSMENT AND EVALUATION SERVICES]



[LABORATORY SERVICES]





The important role of patient navigation

While many of the clinical MIH-CP services provided seem directed at managing patients at home, the number of patients that can be meaningfully impacted and the cost effectiveness of this approach remain to be proved. Another area where MIH-CP may have significant impact on patient outcomes and costs is through improved patient navigation, or the direction of patients to the appropriate resource.

59% provide practitioners with training in patient navigation

EMS agencies should make effective use of their unique role in the healthcare system. EMS is often patients' initial contact with healthcare. Patients may not know the optimal resource for their current clinical need. Yet they do know that they can call 911 when they need help and EMS practitioners will come to their aid, quickly. These patients represent an opportunity for EMS to have meaningful impact on healthcare costs by navigating each patient to the correct resource at their initial contact with the healthcare system.

That said, it's important to note that the ultimate goal of MIH-CP is not merely to move the burden of caring for patients to other parts of the healthcare system, but to help patients get on the road to self-management, and better health and quality of life so that they need fewer healthcare resources overall.

63% of MIH-CP programs provide practitioners with training in accessing community programs and social services

Some MIH-CP programs, however, have significantly expanded their assessment and management of these disease processes beyond what EMS would typically do. For example, at least one program indicated that they offered in-home diuresis of CHF patients. For pulmonary disease, more than half of respondents indicated they offered education related to asthma medication compliance (69 percent), nebulizer use (52 percent) and peak flow meters (31 percent).

2 Post-discharge follow-up

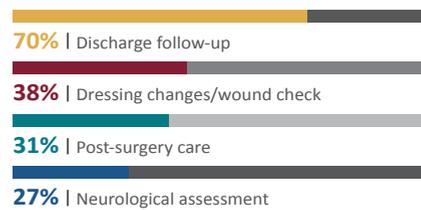
Given the financial ramifications of extended hospital stays for non-acute care and the financial penalties assessed on hospitals with high rates of readmissions, follow-up visits in the home in the hours or days after hospital discharge is a potentially important way for MIH-CP programs to show value. Still, the data suggests some uncertainty about the specifics of the services delivered – for example, 44 percent of respondents say they do stroke assessment and follow-up, while only 27 percent said they do neurological assessments.

3 Prevention and education

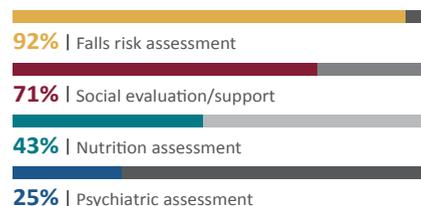
Prevention and education play an important role in preventing the next unscheduled acute care event or 911

call. MIH-CP practitioners are highly involved in providing these services to their communities.

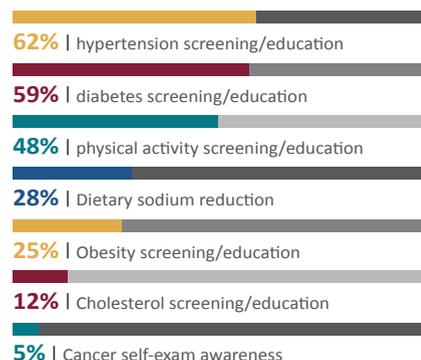
[POST-DISCHARGE FOLLOW-UP SERVICES]



[PREVENTION SERVICES]



[PATIENT EDUCATION SERVICES]



How long do patients stay enrolled in MIH-CP programs?

The goal of MIH-CP programs is typically to “graduate” patients out of the program, which is often the point where they no longer rely on frequent contact with the 911 or hospital system. Often, getting patients ready for graduation first means getting them connected with primary care, mental healthcare providers and other services best equipped to take care of complex medical and psychosocial issues.

The average time patients are seen by MIH-CP practitioners is highly individual, with respondents reporting a range of less than 30 days (41 percent), 31 to 90 days (36 percent), 91 to 180 days (14 percent) and greater than 180 days (8 percent).

22% say their MIH or CP practitioners have an advanced scope of practice

77% say their MIH or CP practitioners do not

CASE STUDY

Tri-County Health Care EMS

Rural, hospital-based ambulance provider takes referrals from physicians to reduce readmissions, improve access to care

In 2012, Minnesota became the first (and still only) state to pass legislation authorizing Medicaid reimbursement of EMS-based community paramedics.

The rate is 80 percent of a physician assistant's office visit charge, or \$17.25 per 15-minutes of patient interaction. There is no payment for drive time, fuel or supplies.

To be seen by a community paramedic, a physician has to give an order, and it must be part of a care plan established by the physician. In December 2013, community paramedics at Tri-County Health Care EMS, based in rural Wadena, Minn., began

receiving referrals from hospital physicians and primary care physicians at the hospital's five rural clinics.

"We provide post-hospital discharge visits for patients at high-risk of readmission," says Allen Smith, Tri-County Health Care emergency response manager. "We also work with primary care physicians to help prevent unnecessary ambulance trips and emergency department visits and to ensure patients are accessing all of the health resources available to them in the community."

Tri-County community paramedics also work closely with the hospital's nurse care coordinator, and function as part of the hospital's "medical home" clinical team.

Help from grants

Funding for the program came from a Minnesota Department of Health grant, which sent five paramedics to the community paramedic course at Hennepin Technical College. A three-year, \$300,000 grant from the South Country Health Alliance, a Medicaid managed care organization that serves a four-county area, covers the cost of data analysis and staffing a community paramedic 24 hours a week. The hospital also funds community paramedic staffing for 24

hours, while the remainder comes out of the EMS budget.

To achieve 24-7 community paramedicine coverage, five community paramedics also answer 911 calls during their shift.

Starting small to prove safety, effectiveness

Prior to launch, Tri-County sought input from community partners, including public health, mental health, home health and members of the public. Wanting to proceed cautiously and build confidence in their program among physicians who they rely on for referrals, they started with a limited number of patients, Smith says.

The Tri-County team also worked with the hospital's electronic medical records software experts to enable community paramedics to access and input information into patients' medical records.

"Without that connection to the electronic medical record, the information would not get back to the physician. At our rural hospital, we use almost no paper charts," says Dr. John Pate, EMS medical director and a family practice physician.

Community paramedics aim to see patients within 24 hours of referral. Enrolled patients receive a home visit and



IMAGES PROVIDED BY TRI-COUNTY



“We have to show that what we do is making an improvement in patients’ health, their ability to have a good quality of life and that they are satisfied with the care received.”

– Allen Smith, Emergency Response Manager, Tri-County Health Care EMS

While EMS agencies in other states have reported conflicts with home health, this is not an issue in Minnesota, he says. “We are not home health. For patients to receive home health, they must have a payer source that covers it, and they must be homebound,” Smith says. “We see patients who don’t qualify for home health. We are also affiliated with a licensed home health agency, and we also refer patients there.”

Getting on a path to financial sustainability

Even though the only available reimbursement is for the 15 percent of patients who have Medicaid, Tri-County’s community paramedics see patients regardless of their insurance status. In 2014, reimbursements from Medicaid totaled about \$10,000 – not enough to cover costs. They hope to eventually have data to share with commercial insurers so that they can negotiate shared savings arrangements.

One challenge, however, has been deciding what data to collect and what outcomes to measure. Unlike urban areas, frequent users are not a big problem for the Wadena area. They do have a few though, and estimate that their community paramedic program saved \$100,000 in ambulance transport and

emergency department charges in 2014.

“A lot of the activities our community paramedics do involve checking up on patients. They might go out and see if an oxygen generator is working properly, or if they know how to use a nebulizer machine, or whether the medicine they have is what they were supposed to get,” Pate says. “In one case a gentleman was sitting there trying to use a nebulizer but he hadn’t turned on the machine. He would have ended up back in the ER. But how do you measure the impact of that? What is the true benefit?”

One strategy they plan to try is having patients fill out a quality of life questionnaire before and after enrollment. They will have their first results in the next six months.

“Part of our hospital’s mission statement is to achieve the Triple Aim, which is improving patient health, improving the patient experience of care, and reducing costs,” Smith says. “So how do I make sure my EMS agency is of value to my hospital? How do I ensure my people have jobs in the future? It’s no longer, ‘You call, and we haul.’ We have to show that what we do is making an improvement in patients’ health, their ability to have a good quality of life and that they are satisfied with the care received.”

assessment; a review of their care plan and education about managing chronic diseases; medication reconciliation; and any tests or treatments ordered on the care plan, such as blood draws, wound care or injections.

Patients are seen as often as daily for two to four weeks. The first visit is typically 60 to 90 minutes; subsequent visits last 30 minutes. Every two weeks, a multidisciplinary team, which includes a community paramedic, social worker and nurse care coordinator, evaluates each patient’s progress and determines if the patient is ready to graduate or needs additional help. “It’s all individualized based on the patient’s needs,” Smith says. “There is a lot of gray to this.”

In 2014, community paramedics saw 203 patients with diagnoses that include COPD, asthma, congestive heart failure and psychiatric issues. Most are elderly and need the extra support to continue to live independently, Pate says.

Other referrals come from an orthopedic surgeon, who sends community paramedics into the homes of knee and hip replacement patients to conduct falls risk assessments, and an area nursing home, which brings in community paramedics to do blood draws, tracheostomy care and feeding tube care to prevent their patients from needing to travel to a clinic or hospital.

Tri-County’s tips for success

- 1 **Start small** and gradually build acceptance of your program among physicians and other healthcare providers who you will need to provide your program with referrals.
- 2 **Think local.** “My program wouldn’t work in Ft. Worth, or in New York City, and their program wouldn’t work here. Your program needs to fit local needs,” Smith says.

**Mobile Integrated Healthcare and Community Paramedicine (MIH-CP):
A National Survey**



MedStar Mobile Healthcare paramedics conduct post-discharge home visits with patients in Ft. Worth.

Regulatory Barriers Pose Challenges

EMS is governed by laws and regulations that vary from state to state. In launching MIH-CP programs, one challenge for agencies is determining whether their state’s statutes and regulations allow or prohibit EMS from engaging in MIH-CP.

Surveys of state EMS offices by the National Association of State EMS Officials (NASEMSO) indicate that in a large number of states, laws and regulations are interpreted as permitting MIH-CP; in others, statutory and/or regulatory language is interpreted as prohibiting it; while some have not yet interpreted their statutes. Anecdotally, EMS agencies frequently report that it can be hard to discern what, if any, MIH-CP activities their local regulations or their state attorney general would permit.

It is perhaps for that reason that more

than half of respondents (57 percent) see statutory or regulatory policies as obstacles to MIH-CP.

It should be noted these responses include only the states where there

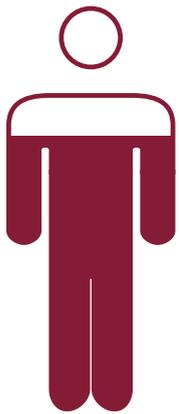
“Don’t give up. It’s going to be one of the most difficult things you do as an EMS agency due to all of the regulations. If you remember this is the next step in helping the citizens of your jurisdiction and you repeat that to anyone who questions the program, you will maintain a positive attitude and be a champion for your program.”

– Survey respondent

are operating MIH-CP programs. In the states where there are no MIH-CP programs, prohibitive statutes or regulations, or perceptions of those, may be a reason why programs are unable to get off the ground. Another possibility is there isn’t enough interest in MIH-CP yet.

Moving ahead with innovation despite barriers

Even in states in which regulations are seen as barriers to MIH-CP, some EMS agencies are finding ways to work within



80%

Agree that their programs are legally compliant at the local, state and federal levels



57%

Agree that statutory or regulatory policies are a significant obstacle to sustaining or growing their MIH-CP program



23%

Disagree that statutory or regulatory barriers get in the way of their MIH-CP program

the law to launch programs.

- In California, state law says EMS must respond “at the scene of an emergency” and must transport patients to the hospital. But another statute permits pilot programs that use healthcare personnel in new roles to study improving patient outcomes and reducing costs. In mid 2015, about a dozen California EMS agencies are slated to launch community paramedicine pilots.
- When Maine’s state EMS officials wanted to bring CP to the state, the Attorney General issued an opinion stating that the Maine EMS Board could not authorize community paramedicine because it is outside the scope of emergency response. The state legislature approved an amendment to the EMS statute authorizing 12, three-year CP pilots, which are currently underway.
- In Michigan, the state EMS office determined their state laws did not prohibit MIH-CP. After consulting with the state Bureau of Legal Affairs, the EMS office determined that EMS agencies could apply for approval of CP programs via a “special study,” three-year pilots to test new healthcare strategies. So far, at least two programs have launched and six more are approved.
- On the other end of the spectrum is Texas, a delegated practice state, meaning there is no statewide scope of practice for EMS. Instead, medical directors determine what EMS can do – perhaps one reason why Texas is considered a national leader in MIH-CP.

“Regulations must be updated to support this kind of work.”

– Survey respondent

What’s in the law that makes it difficult for EMS to take on these new roles?



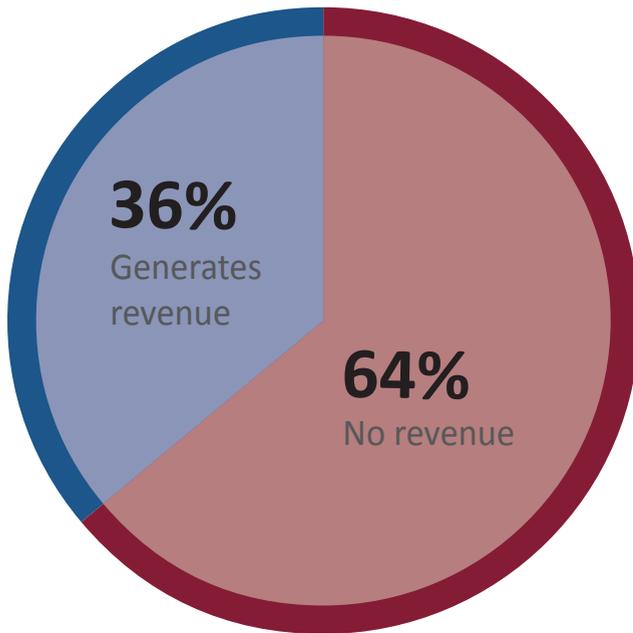
While EMS is often described as being at the crossroads of public safety, public health and medicine (and so, perfectly positioned to provide MIH-CP), it is more common that EMS is more narrowly defined in law or regulation as an emergency service.

When asked to describe what legal barriers were hindering their programs, the most commonly cited issues were regulations that confine practice to 911 emergency response. Several mentioned there is no legal ability to transport patients to destinations other than the emergency department.

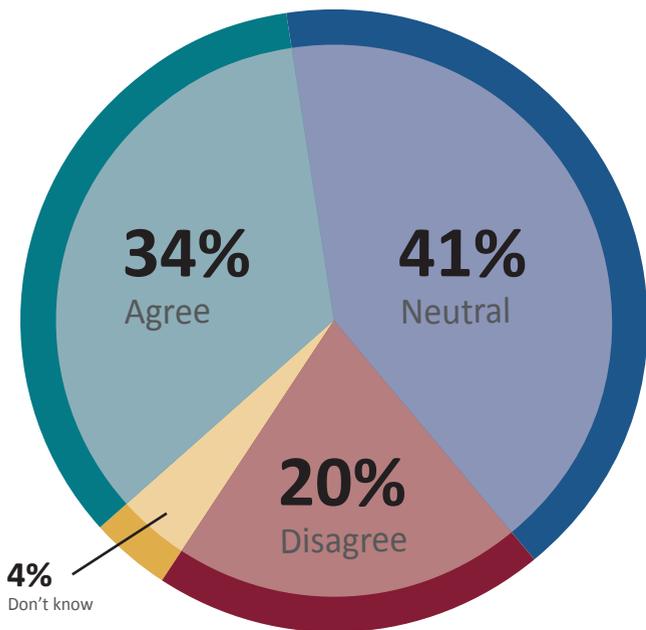
Home health licensing laws were also mentioned by several respondents. In conducting scheduled, in-home visits, there is the potential for MIH-CP services to be interpreted as falling under home health regulations. In Colorado, some MIH-CP programs have sought home health licenses, while one respondent from Virginia noted that the state Office of the Attorney General issued an opinion that MIH-CP programs wanting to perform in-home services should seek home health licenses.

A few also mentioned the lack of clarity in the law, confusion over which regulatory body should have jurisdiction over EMS practitioners when acting outside of the 911 response capacity, difficulties working with city and state attorneys and hospital legal counsel, and questions about whether MIH-CP activities are within the paramedic/EMT scope of practice.

Limited Funding, Reimbursement for MIH-CP Makes Long-term Outlook Cloudy



[ARE MIH-CP PROGRAMS GENERATING REVENUE?]



[IS YOUR MIH-CP FINANCIALLY SUSTAINABLE?]

Reimbursement for transport and mileage is the bread and butter of EMS agencies. While public organizations, such as fire departments, often receive substantial tax support to fund operations, even these organizations say they are increasingly reliant on billing Medicare, Medicaid and private insurance to keep up with the increasing volume of medical calls.

When it comes to MIH-CP, however, there is only one state in which community paramedicine is a billable service, and even there it's only for patients with Medicaid. [See Tri-County Health Care Case Study]. Unable to bill for services, the vast majority of EMS agencies operating MIH-CP programs say the lack of payments and reimbursements is an obstacle.

89% Agree that reimbursement/funding is a significant obstacle

Yet respondents were not entirely pessimistic about their financial prospects. When asked if they agree or disagree with the statement "Your program is financially sustainable," the most common answer was "neutral," perhaps indicating that many are simply unsure.

Few MIH-CP programs generate substantial revenue – Yet

While many agencies fund their programs out of their own operating budgets, some have secured contracts that provide payment for MIH-CP services. **Of the 99 respondents who answered the revenue questions, 36 – about one in three – report that their program generates revenue.** For the most part, the revenue is minimal.

Seven receive under \$10,000 annually; four report earning between \$10,001 and \$25,000; and one generates between \$25,001 and \$50,000.

A few MIH-CP programs bring in considerably more. Four report earning between \$50,000 and \$100,000 annually; two bring in \$100,000 to \$150,000 annually; two receive payments of \$300,000 to \$500,000; and two generate \$500,000 or more annually.



A Wake County (N.C.) EMS advanced practice paramedic conducts outreach.

Economic model for MIH-CP payments

When asked how the MIH-CP program receives payments, the most common answer was fee-for service (15 agencies, or 15 percent). Eleven agencies indicate they receive an enrollment

50%
of respondents believe their program will continue to grow as a source of revenue for their EMS agency

fee or fee-per-patient, 12 say they operate in a shared savings model with partner organizations, and two say they receive a fee for referral. Twenty-three respondents indicated they were receiving other sources of revenue, with grants most commonly cited.

Is the financial outlook more promising than these early revenue figures suggest?

In the overall cycle of testing new business models, it is very common for innovations to take years to generate enough revenue to be considered a financial success. This is especially true in healthcare, where EMS-based MIH-CP services are still in their infancy. It is also very typical for healthcare innovations to take years to generate enough outcome data to become recognized as a valuable service line for payers to invest in. Healthcare payment policy is not often considered nimble.

For most EMS agencies, CMS (Medicare and Medicaid) represents the lion's share of revenue derived from fee-for-service transports, and making major changes in CMS payment policy literally require an act of Congress. Compounding this issue, most commercial payers generally follow CMS guidelines for payment policy. Therefore, it is not surprising that the revenue rates are so low during this time of innovation incubation.

It should also be noted that there are other potential sources of revenue outside of direct payments for services, including taxpayer support. Agencies that rely on tax revenue for a portion of their budget may have their programs funded, in whole or in part, through tax dollars if the community values the MIH-CP services or sees MIH-CP services as an overall means of cost savings.

Yet these survey findings also underscore the urgent need to prove that value – to the community, to private insurers, to CMS and to other entities that may provide payments. For insurers or other external sources of payments, demonstrating value will likely include showing a reduction in expenditures coupled with effective patient outcomes and positive surveys of patient experience.

[ANNUAL OPERATING COSTS OF MIH-CP PROGRAMS]



Mobile Integrated Healthcare and Community Paramedicine (MIH-CP):
A National Survey

CASE STUDY

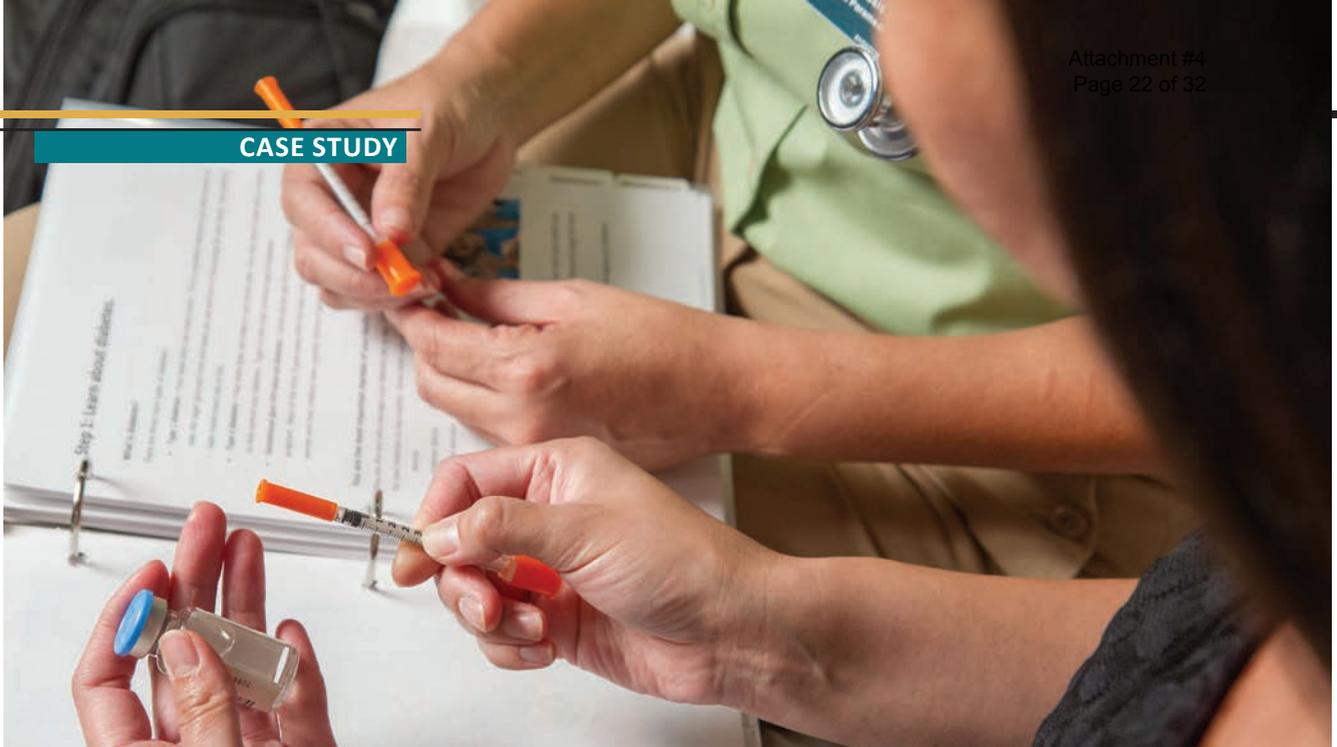


IMAGE PROVIDED BY ACADIAN

Acadian Ambulance

Private ambulance company partners with Medicaid managed care organization to improve pediatric asthma care

Acadian Ambulance, which serves 30 counties in Texas, 33 Louisiana parishes and one Mississippi county, is one of the nation's largest private ambulance providers, answering half a million calls for service annually.

In 2013, inspired by the work being done by MedStar Mobile Healthcare in Ft. Worth, Texas, Acadian decided to launch an MIH-CP program. The Acadian team started where many EMS agencies begin – by analyzing EMS data for frequent 911 users who might benefit from better navigation and a more coordinated approach to care.

Gaining experience with frequent users

Their search identified about 15 people in the Lafayette, La. area who were calling 911 at least once a week. Paramedics arranged home visits with them. Many had complex medical and mental health issues that required individualized solutions, says

Richard Belle, Acadian's mobile healthcare and continuing education manager.

For one elderly woman, medics arranged mail-order prescriptions to prevent her from calling 911 every time she ran out of her medications. They reduced trip hazards in her home, and worked with United Way to have a rotted staircase replaced and a railing installed. Another patient was a paraplegic who suffered from frequent, painful urinary tract infections but could not get in to see a urologist quickly enough, so he went to the emergency department. Acadian's medical director got involved to get him an appointment. The man no longer calls 911 with regularity.

Of those initial 15 patients, all but one has significantly curtailed their use of 911 and the emergency department, Belle says. "There is a small population of people out there who are system abusers, and many of them have substance abuse problems," he says. "But most are using 911 because they don't have a primary care provider, they don't have transportation to get to a primary care provider or to get prescriptions filled, or they just don't

know how to get plugged into community resources that are available to them."

Expanding to diabetes, pediatric asthma care

Encouraged by their success, Acadian began outreach to potential partners. The first pilot to come out of that was with a private insurer, which contracted with Acadian to do home visits with diabetic patients to cut down on emergency department visits. During the four-month pilot, Acadian medics provided education on managing diabetes, and supplied glucometers and test strips to those who didn't have them. Though early results showed patients A1C levels had improved, the insurer ended the pilot without explanation, Belle says.

About a year ago, Louisiana Healthcare Connections, a Medicaid managed care organization, began working with Acadian on a pediatric asthma intervention. Acadian's Chief Medical Officer Dr. Chuck Burnell worked with Louisiana Healthcare Connections' clinical team to develop protocols.

"Last summer, we were looking for



“After six months, we’ve seen better management of asthma for the children in this program. Their emergency room utilization has decreased and their medication compliance has improved.”

– Lani Roussell, Quality Improvement Manager, Louisiana Healthcare Connections

a way to help our young members with asthma, which is particularly problematic due to environmental factors in our state. Asthma causes more hospitalizations than any other childhood disease and is the number one cause of school absences from a chronic illness,” says Lani Roussell, Louisiana Healthcare Connections quality improvement manager. “Because of their reputation for quality service and technological innovation, we partnered with Acadian Ambulance on a pilot program to bring mobile healthcare to New Orleans area children with asthma. The mobile healthcare program identifies Louisiana Healthcare Connections members who have pediatric asthma and are at a high risk of emergency room utilization. Then over the course of four weeks, Acadian Ambulance’s trained paramedics visit the member at home to conduct preventive screenings, perform an in-home risk assessment, and provide personalized health coaching on managing asthma.”

Program set to expand further

Acadian has received referrals for 362 children. An unexpected challenge was that a high number (133) were unreachable; either the address and phone on record with the insurance company were incorrect, or the family didn’t return calls, Belle says.

Thirty families refused to participate; 107 are considered “inactive” because the family expressed interest in participating and received one or more home visits but then became unresponsive. As of March 2015, 33 families had completed the program and graduated.

“After six months, we’ve seen better management of asthma for the children in this program. Their emergency room utilization has decreased and their medication compliance has improved,”

Roussell says. “Together, Louisiana Healthcare Connections and Acadian Ambulance are developing innovative ways to address pediatric asthma and making a lifelong difference in the health, education and happiness of Louisiana’s children.”

Today, 19 families are enrolled in the program; 14 have a first visit scheduled and 23 have expressed interest. Among participating families, the response has been overwhelmingly positive, Belle says.

Some of the “fixes” are relatively easy, such as explaining to one family that their asthmatic toddler should not sleep in a crib with two cats. Others are more difficult. Some families live in substandard housing with mold and pest infestations. “We do very little clinical care. Most of what we do is education and navigation of patients, getting them to understand that when their child starts to feel bad,

they need to contact the child’s physician. Don’t wait and then go to the emergency department,” Belle says.

Moving toward financial viability

Acadian medics receive a fee per visit from the managed care organization. But it still costs Acadian more to administer the program than it recoups, Belle says. With the program slated to run until the end of 2015, next steps will be re-negotiating their fee with the managed care organization, adding more patient groups, and sharing their positive results with other potential partners.

“This program will be revenue generating for Acadian in the coming months,” Belle says. “We are going to take these results to other hospital systems, and public and private payers as a proof of concept, and show them how much money they can save by doing this.”

Acadian’s tips for success

- 1 **Frequent user programs** are a good place for EMS agencies to start developing an MIH-CP program. The agency can use internal data, and can use any successes to demonstrate effectiveness to potential partners.
- 2 **Tap into your local community health worker network.** Community health workers, who may be volunteer or paid workers, typically have little medical training, but instead conduct outreach, provide social support, do informal health behavior counseling and provide basic health education or screenings to members of the community. In Louisiana, the community health workers network shared valuable information about community resources such as social services, non-profits and charitable organizations. Acadian mobile healthcare paramedics also attend community health worker monthly meetings.
- 3 **Understand that every patient group has different needs.** The children in the Medicaid pediatric asthma group, for example, had a pediatrician. So one goal was to get the family to rely on the primary care provider instead of the emergency department. In a frequent user group, however, many patients are likely to lack primary care access, posing a different challenge for the mobile healthcare team.

Mobile Integrated Healthcare and Community Paramedicine (MIH-CP):
A National Survey

Measuring Outcomes and Patient Satisfaction to Show Value

With healthcare entities increasingly expected to show that treatments and interventions are worth the price, developing systems of collecting and analyzing data is a high priority across the healthcare spectrum.

Traditionally, EMS hasn't been expected to collect or report performance data, with the exception of response times and resource deployment. But it's only a matter of time before major payers such as CMS and private insurers will expect EMS to transition, along with the rest of healthcare, away from strictly fee-for-service reimbursement and toward reimbursement that takes into account costs and outcomes – in other words, value.

90% of respondents say their MIH-CP program collects data

In the MIH-CP context, collecting and reporting data internally and to healthcare stakeholders is beneficial for two major reasons. First, data can prove to the EMS agency and partners that the program is having the desired impact. Second, if the program is not achieving the desired outcome, the data serves as the foundation for developing, testing and comparing alternate models and strategies.

Consistent with the importance of partnerships and collaboration in MIH-CP, 65 percent of respondents indicate that they share data with their MIH-CP partners. Fewer but still sizable numbers

64% collect pre-MIH-CP enrollment healthcare utilization, while 56% collect post-enrollment usage too

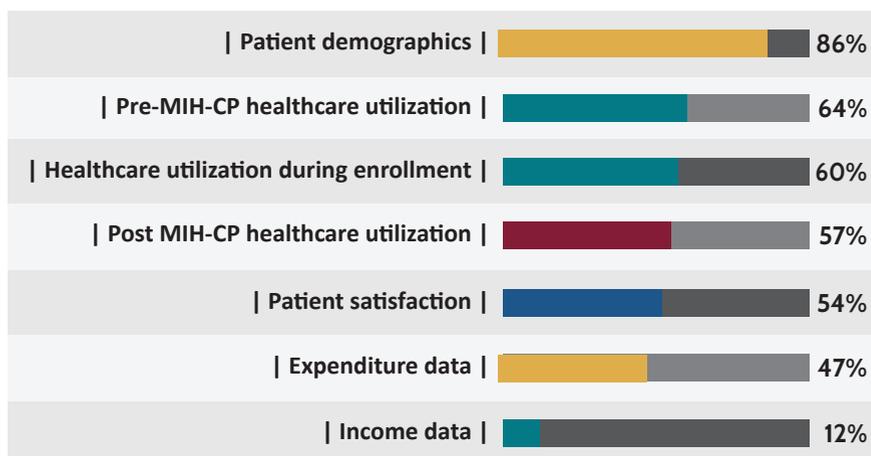
share with other entities, including local government or other local stakeholders (36 percent), their state Medicare/Medicaid office (21 percent), state public health department (20 percent), insurance companies (15 percent) and CMS (12 percent). Only 7 percent say they don't share data.

MIH-CP must grapple with what to measure and how to measure it

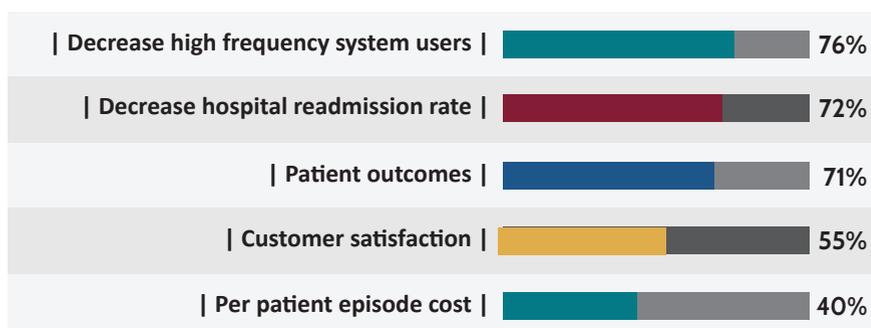
That so many respondents indicate they collect and analyze data for both MIH-CP program development and outcome measurement is very encouraging. This means that the basic infrastructure and commitment to tracking and reporting data is in place, a key step in demonstrating the value proposition that payers may want to see as a condition of widespread payments or reimbursement for MIH-CP services.

But determining the most important data to collect, the most feasible way to collect it and how to share it brings up complex questions that all of healthcare is grappling with – MIH-CP included.

[DATA COLLECTED BY MIH-CP PROGRAMS]



[OUTCOMES MEASURED BY MIH-CP PROGRAMS]





Community paramedics from North Memorial Ambulance Services in Robbinsdale, Minn. seek to prevent 911 calls.
IMAGE PROVIDED BY DAVID JOLLES/MINNEAPOLIS STAR TRIBUNE

In this survey, only one agency reports collecting and reporting patient health status as a core measure. Though the specifics of data collection may vary from agency to agency, the patient's assessment of their health status upon enrollment and at graduation is a key measure that should be used by all EMS agencies conducting MIH-CP programs.

In addition to challenges in determining which outcomes to measure, there are also technological obstacles, including the dismaying inability of many electronic patient care reporting (EPCR) systems used by EMS to fully integrate with the data systems of hospitals and other partners, and vice versa. Another issue is that many EPCR systems used by EMS are not designed to collect longitudinal data. The incompatibility of various data systems and barriers to health information exchange is hardly exclusive to EMS or MIH-CP, but is an area that needs attention to make possible the bi-directional flow of information between the multi-disciplinary teams involved in MIH-CP.

EMS agencies describe strong early successes in reducing reliance on 911 and emergency departments

With the majority of programs in operation for a year or less, it's not surprising that one in four respondents say that it's too soon to tell how much success they are having in key areas such as reducing costs, reliance on 911, the emergency department and 30-day readmissions. Yet a sizable percentage say they are seeing success in a variety of areas.

54% Rate their program as highly or somewhat successful in showing cost savings for a defined group of patients

60% Rate their program as highly or somewhat successful in reducing 911 utilization among specific patient groups

59% Rate their program as highly or somewhat successful in reducing reliance on the emergency department for a defined group of patients

81%
of programs in operation for two years or longer report success in reducing costs, 911 use and emergency department visits for defined groups of patients

46% Rate their program as highly or somewhat successful in reducing 30-day readmissions for specific patient groups

62% Rate their program as highly or

somewhat successful in achieving patient satisfaction

With which groups of patients do MIH-CP programs report success?

MIH-CP programs are most likely to report success with frequent 911 users – 54 percent say they are highly or somewhat successful in improving outcomes for this group while 51 percent say they are highly or somewhat successful in reducing per patient healthcare costs.

One patient group that seems to be particularly challenging for MIH-CP programs is patients referred because of substance abuse or alcoholism. About 26 percent of MIH-CP programs report improving outcomes for this group, while 18 percent report lowered healthcare costs.

[MIH-CP Programs Report Improved Outcomes for Various Patient Groups.]

	Improved Outcomes	Too Soon To Tell	Not Applicable
Frequent 911 users	54%	0	16%
COPD, asthma, diabetes	54%	25%	17%
Congestive heart failure	37%	25%	30%
Substance abuse/alcoholism	26%	20%	35%
Hospice/terminal illness	26%	19%	44%

[MIH-CP Programs Report Lowered Costs for Various Patient Groups.]

	Lowered Costs	Too Soon To Tell	Not Applicable
Frequent 911 users	51%	29%	14%
COPD, asthma, diabetes	42%	33%	21%
Congestive heart failure	33%	33%	28%
Substance abuse/alcoholism	18%	31%	32%
Hospice/terminal illness	18%	29%	41%

Mobile Integrated Healthcare and Community Paramedicine (MIH-CP): A National Survey

CASE STUDY

Colorado Springs Fire Department

Partnering with hospitals, Medicaid care coordination organization to reduce 911 calls

With medical 911 calls increasing by about 8 percent annually and data showing that about 50 percent of 911 responses are for non-urgent situations, Colorado Springs Fire Department, which answers 60,000 calls annually, wanted to find ways to redirect some of those callers to resources other than the emergency department.

As a first step, in 2012, the fire department, in partnership with University of Colorado Health-Memorial Hospital and Centura Health System's Penrose-St. Francis Hospital, set out to study the reasons underlying the overuse of 911 and emergency departments. Teams made up of a physician and an EMT or paramedic went into the homes of frequent 911 users to assess the patient and their home environment. The hospitals covered the

cost of the physician time, while a Kaiser Permanente grant covered data analysis.

"We told them to look, listen and connect," says Jefferson Martin, Colorado Springs Fire Department's community and public health administrator. "We quickly came to the determination that there was nothing acute medically that we needed to do during those visits." Instead, patients needed education about managing chronic diseases, lacked transportation to pharmacies or doctor's offices, or were in need of resources to assist with psychosocial or economic issues. "The easy button was 911. That system couldn't turn them away," he says.

Three months into their investigation, they determined that a physician wasn't needed for the assessments. Instead, they sent an EMT or paramedic with a nurse

or nurse practitioner, and eventually, only EMTs and paramedics.

Three in four have mental health issues

Over a one-year period, the teams visited 200 homes. Their analysis showed that three in four (77 percent) patients had mental health issues, often with other chronic medical conditions.

Calling their program CARES (Community Assistance Referral and Education Services), a name coined by Battalion Chief Mitch Snyder of Kent Fire Department in Washington, they launched a program in which EMTs and paramedics would continue the home visits, providing assistance with education and navigating patients to mental health or other community resources.

"This is about delivering the right care, at the right time, in the right place," says Dr. Robin Johnson, an emergency physician at Memorial Hospital who has since become a deputy medical director for CARES. "It is never about saying no to care, but about redirecting to the best healthcare for the patient."

With funding from Penrose-St. Francis Hospital, the fire department hired a licensed clinical social worker/behavioral health specialist to provide guidance and case management. The fire department also shifted the responsibilities of a nurse practitioner, already on staff as the fire department's quality assurance officer, to assist.

"In EMS, we are fixers," Martin says. "We don't think in terms of long-term behavioral modification, so it's great to have an expert to come in and help us. One thing we've been taught by the behavioral health specialist is that we don't want to enable or reward negative behaviors, so we are not supposed to do everything for patients. Instead, we set health goals that include steps they can take, and steps we can do for them. Our patients may have 10 issues that are contributing to the way they are accessing the system, but we try not to overwhelm



IMAGE PROVIDED BY COLORADO SPRINGS FD



them. We have to prioritize.”

Patients are seen at home up to five times. They are also given the phone number for a mental health crisis line that’s answered 24-7, and a number for non-urgent problems, which goes directly to voice mail. There’s a reason behind not having a live person answering those calls, Martin says. “Our behavioral health clinician has said we need to teach them how to plan ahead. The lesson is, ‘We will still help you, but not in 8 minutes or less,’” he says.

In 2013, the CARES program saw 200 patients. In 2014, they upped that to 500 patients – and are seeing results. Among two-thirds of patients, 911 use dropped by 50 percent.

“We think this is a really great way of bringing hospitals, emergency services, a payer source and others together to address community needs, and that there will be payers in addition to Medicaid that will be interested in this.”

– Kelley Vivian, Community Strategies Director,
Colorado Medicaid Regional Care Collaborative Organization

The other third have been harder to reach, he says. “These patients are incredibly complex. For them it’s not about access to primary care, or education, or transport. Those are issues we can solve,” he says. “The patients we’ve been less successful in moving the needle on are those with medical, behavioral, mental health and substance abuse issues.” As a last resort, the CARES team will enlist the help of the legal system, including law enforcement and the court system, to compel a psychiatric evaluation or commitment.

Medicaid Regional Care Collaborative gets involved

Seeking a strategy to reduce costs among frequent emergency department users, the next organization to get involved with the CARES program was the Colorado Medicaid Regional Care Collaborative Organization, or RCCO, a non-profit made up of multiple area healthcare entities that

agree to work together to improve care coordination for Medicaid patients. The RCCO pays the fire department \$1,000 per patient for a 90-day intervention, with a total of \$100,000 budgeted, and also covers the cost of a pharmacist to assist with medication reconciliation.

A pilot involving 13 patients found a 75 percent decrease in hospital readmissions during the three months post-intervention, an estimated cost savings of \$145,000 in Medicaid claims, says Kelley Vivian, the RCCO’s community strategies director.

“The CARES program is a wonderful way to interact with our clients that we refer to as super-utilizers – the well-known faces in the 911 system, the emergency department

and even in their doctor’s office,” Vivian says. “These are patients that need that extra level of interaction, to help them become more proactive in their health and so they can take better care of their health.”

Program expands to include other teams

The next step for the fire department was expanding the program to include two additional units – a mobile urgent care unit, which includes a paramedic or EMT paired

with a nurse practitioner who respond to low-acuity (Alpha or Bravo) calls, and a Community Response Team, which includes a paramedic, behavioral health clinician and law enforcement officer who respond to 911 calls that are psychiatric in nature.

The state Office of Behavioral Health provided funding, while the medical directors of the fire department, emergency department and a psychiatric facility worked together to develop protocols that enable the team to do the exam, blood draws and toxicology screening necessary to medically clear patients in the field, without needing transport to an emergency department. Launched Dec. 1, 2014, the first call came in 8 minutes later, Martin says.

Other additions to the program include one full-time and three part-time nurse navigators, whose salaries are paid for through a combination of the fire department budget; grants from Aspen Point, a behavioral health organization, and Kaiser Permanente.

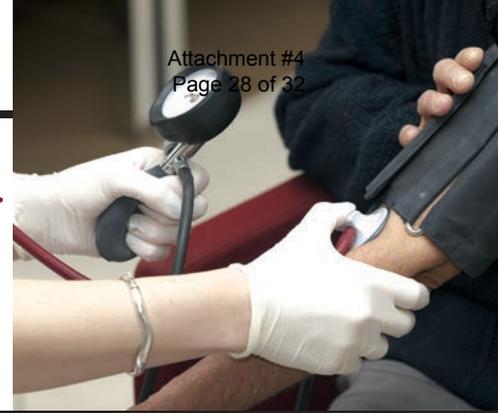
With so many healthcare and community entities seeing value in the CARES program, the RCCO, Vivian says, is considering increased funding for CARES next year.

“We think there are more clients who can be served. Firefighters are trusted, thorough and they do a good job of explaining what is going on in the home back into the system of care,” Vivian says. “We think this is a really great way of bringing hospitals, emergency services, a payer source and others together to address community needs, and that there will be payers in addition to Medicaid that will be interested in this.”

Colorado Springs Fire Department’s tips for success

- 1 **Conduct a thorough community needs assessment**, for your own information and to present to partners. “Anecdotes are not enough,” Martin says.
- 2 **Collaborate and seek guidance from pharmacists**, licensed clinical social workers/behavior specialists and other healthcare specialties.

Mobile Integrated Healthcare and Community Paramedicine (MIH-CP):
A National Survey



Lessons Learned - Tips from the experts

One of the most revealing questions in the survey relates to lessons learned and advice respondents offered to other EMS agencies seeking to launch MIH-CP programs. The answers of the 86 respondents who offered their input can be summarized in seven themes.

1 Collaborate, don't compete.

MIH-CP programs work in partnership with other healthcare stakeholders to fill gaps in healthcare delivery, not replace services already available within the community. The most oft-cited recommendation was to involve stakeholders early in the planning process.

“Early identification of stakeholders is essential ... make sure they are at the table from the beginning.” – Survey respondent

“Develop a community stakeholders list and begin to have regular informative meetings.” – Survey respondent

The purpose of early stakeholder consultation is to inform potential partners about MIH-CP, to share agency plans, to ensure the regulatory environment is understood at the outset, to allay fears of competition and to secure buy-in, according to respondents.

“Help stakeholders see that EMS is committed to better outcomes of population health and better stewardship of healthcare dollars.” – Survey respondent

“Rather than view EMS as merely the ‘ambulance drivers’ that deluge a hospital, EMS should be seen as the critical link that is driving the dissolution of barriers to coordinated care.” – Survey respondent

2 Do a community needs/gap analysis. Prior to launch, learn the resources that are available within the community, determine where there are gaps and find out if your EMS agency can have a role in filling those gaps.

“As every community is different, the most important component of program development is focusing on the specific needs of the population served and designing a program around them.”

– Survey respondent

“Although various programs may have common principles, the key to success is creating one that’s right for your community’s needs.” – Survey respondent

3 Start small and build on success.

Another common piece of advice was to start with a limited number of patients and build upon experience. Several also urged EMS agencies to avoid trying to address all needs simultaneously. They also encouraged patience and perseverance, saying that getting programs up and running always seems to take longer than planned.

4 Focus on the patient. Several respondents reminded EMS agencies to above all, keep the patient at the center of the program design.

“Always view this type of initiative in light of what is best for the patient, your community and then your organization. The incentives to begin these programs shouldn’t be money as a primary factor. Collaborate, innovate, execute, retool, re-execute.”

– Survey respondent

5 Integrate. Integration with the existing healthcare system includes the gap and resource analysis highlighted above, as well as other integrations in health information technology, referral processes and patient navigation to the most appropriate care.

“We work closely with patient navigation to address non-medical, access, insurance, behavioral health and social needs.”

– Survey respondent

“Develop the network of resources you will need for the patients enrolled in the program.” – Survey respondent

6 Collect Data. Another common theme was encouraging MIH-CP programs to collect data relevant to measuring patient outcomes, patient experience and impact on patient costs. Some emphasized the need to integrate with local, regional or state electronic health information exchanges (HIE).

“Join or create local HIE and share your data and interpret its significance for your patients, your system and primary healthcare and services providers.”

– Survey respondent

7 Learn from other MIH-CP programs. Multiple respondents also recommended consulting with established MIH-CP programs.

“Do not reinvent the wheel. There are a lot of resources available to study and emulate. Replicate best practices and learn from the agencies that have been running programs to help avoid potholes.” – Survey respondent

Conclusion: What Will It Take for MIH-CP to Become a Success?

The growing movement to compel more efficient healthcare spending and the widely acknowledged need for integration and collaboration to solve complex patient issues represents an enormous opportunity for EMS to cement its future in a changing healthcare world.

This survey shows that through MIH-CP, many agencies are proactively redefining the role of EMS, from one associated mainly with emergency response to one involved with prevention, patient education and effective navigation. This is no small feat, given obstacles such as opposition from other healthcare entities; confusing and sometimes prohibitive legislative or regulatory barriers; and limited reimbursement.

Those obstacles are perhaps one reason why, out of an estimated 17,000 EMS agencies nationwide, only 100 or so have launched MIH-CP programs. And many of those agencies, despite their enthusiasm and strong belief that they are doing what's right for their communities and their patients, admit their long-term sustainability is by no means guaranteed.

How to define success?

Defining "success" for a healthcare program such as MIH-CP can be considered from multiple angles. For individual patients or groups of patients, success is defined by impact and costs, and measuring it is dependent on collecting and analyzing the sort of clinical and outcomes data discussed earlier in this summary analysis.

Success can also be considered from the EMS agency perspective, and could include

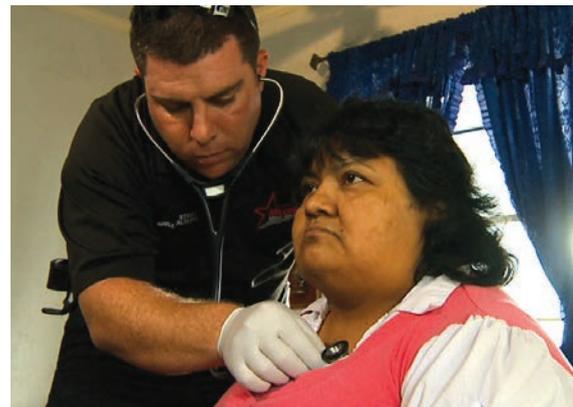


factors such as whether an MIH-CP program is revenue generating or self-sustaining; how the program impacts the EMS agency's relationships and reputation within the community; whether MIH-CP provides opportunities for professional growth for the EMS workforce; and the extent to which MIH-CP enables the agency to achieve its mission of serving its community.

A third way to look at success is at the macro level – that is, to what extent can MIH-CP impact patient outcomes and achieve sustainability on a large scale, nationwide? Although answering that question is premature, what can be discussed are the key factors that will contribute to the ability of MIH-CP programs to become firmly established as cost-effective, value-added healthcare service providers in the months and years to come.

Three key factors

- 1 State level statutory and regulatory change** – Today, many state laws and regulations expressly limit EMS agencies to emergency or 911 response and limit their activities to providing medical care only at the scene of an emergency.



Through MIH-CP, many agencies are proactively redefining the role of EMS, from one associated mainly with emergency response to one involved with prevention, patient education and effective navigation.

Mobile Integrated Healthcare and Community Paramedicine (MIH-CP):
A National Survey

Conclusion: What Will It Take for MIH-CP to Become a Success?

MIH-CP should be included in healthcare policy change and reimbursement reform that transition EMS into a value-based health services provider that is adequately funded to continue its vital role in safeguarding the health and well-being of our nation's population.



IMAGE PROVIDED BY MEDSTAR MOBILE HEALTHCARE

In practice, EMS practitioners know many 911 calls are not life threatening, and instead are patients who could be better served by less expensive resources, such as primary or urgent care. Moreover, the narrow view of EMS as emergency-only represents an outdated, siloed view of the provision of patient care that is rapidly falling by the wayside elsewhere in the healthcare system. The findings of this survey, along with the case studies, suggest that the narrow view of EMS is beginning to change among other healthcare providers as well.

2 Data proving value – The most powerful case for convincing payers or healthcare partners to invest in MIH-CP programs is to provide proof that the programs achieve the Triple Aim of improved patient experience of care, improved population health and reduced per capita cost of care.

Some MIH-CP programs have already secured contracts with hospitals, home health, hospice, nursing homes, Medicaid care coordination and managed care organizations, and even a state department of behavioral health. But to turn that trickle into a flood, EMS agencies need to engage in collecting, analyzing and reporting data.

In a positive sign, many MIH-CP programs say they collect data and are showing positive results. Yet there are almost no peer-viewed, published studies on MIH-CP outcomes. In addition, the EMS profession is still working toward a consensus on the best method for demonstrating value, including determining what to collect, how to report it and to whom.

3 Reimbursement reform – Today, EMS is paid via a transportation-based, fee-for-service model, specifically for delivering patients to an emergency department. “This provides a disincentive for EMS agencies to work to reduce avoidable visits to emergency departments, limits the role of prehospital care in the US health system, is not responsive to patients’ needs, and general downstream healthcare costs,” wrote Dr. Kevin Munjal in a Feb. 20, 2013 *JAMA* editorial. “Financial and delivery model reforms that address EMS payment policy may allow out-of-hospital care systems to deliver higher-quality, patient-centered, coordinated healthcare that could improve the public health and lower costs.”

Hospitals, physicians, and other medical providers are increasingly subject to value-based reimbursement, including receiving penalties for unnecessary hospital readmissions. Thus far, EMS hasn’t had its reimbursement tied to performance or outcomes measures, but it’s only a matter of time before CMS and private insurers will expect EMS to fall in line with the rest of healthcare.

Individual EMS agency contracts with hospitals and other healthcare partners will continue to be an important source of revenue to support MIH-CP programs. But MIH-CP should also be included in healthcare policy change and reimbursement reform that transition EMS into a value-based health services provider that is adequately funded to continue its vital role in safeguarding the health and well-being of our nation’s population.



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Innovation Opportunities for Emergency Medical Services:

A Draft White Paper from the

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Traffic Safety
Administration
(DOT)**

**Office of the
Assistant Secretary
for Preparedness
and Response
(HHS)**

**Health Resources
and Services
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(HHS)**

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The process to develop this draft white paper, accomplished jointly among three federal agencies, included review, consultation and analysis by many staff members.

Foreword

The Departments of Health and Human Services (Assistant Secretary for Preparedness and Response and Health Resources and Services Administration) and Transportation (National Highway Traffic Safety Administration) have jointly collaborated on the development of this *draft white paper that presents one example of an analysis and model* (Model) along with background materials of the potential for cost savings if emergency medical services (EMS) systems adopted protocols and strategies to innovatively triage and treat patients. Ideally this Model or others, could be pilot-tested in various local and regional jurisdictions throughout the United States. There are many ways for EMS systems to more appropriately care for their patients while maintaining financial sustainability.

It is anticipated this draft White Paper and Model could be helpful as local, regional and state EMS and health system planners prepare frameworks, options and funding strategies/proposals for innovative collaboration among EMS systems, primary care providers, hospitals, public safety answering points, public health and others. Readers are encouraged to review this White Paper and to provide the agencies with comments, suggestions or additional data.

Applying the Model – a Practical Summary for EMS Stakeholders

The following are steps that an EMS agency could take to “operationalize” the Model in Figure 3 for an individual community:

- Using the Model in Figure 3 (page 11) conduct an analysis of the data in an EMS jurisdiction to calculate the percent of low acuity patients that could be safely and appropriately managed in a non-emergency department setting if available. The example analysis used the 5 percent CMS standard analytic file (SAF) but potential local data sources may include:
 - EMS data linked with local emergency department (ED) data to determine the percent of EMS transports that are discharged from the ED within 24 hours: depending on the sophistication of the agency’s data systems, one can either calculate patient acuity by applying the Billings algorithm (page 9) to electronically available data or conduct a chart review to determine the percent of low acuity patients.
 - State Medicaid data to conduct an analysis similar to what is proposed in the SAF example.
 - **NOTE:** the national example used in this paper found that approximately 15 percent of all Medicare ED transports could be safely treated outside of the ED if other options existed. Your numbers may be similar.
- Based on the dynamics in your community, determine how many of the patients treatable outside of the ED can be safely treated in clinics or urgent care, and how many can be treated and released by EMS providers.

Considerations for your system might include:

- The level of service (Basic Life Support-BLS versus Advanced Life Support-ALS) available and the education, skill and scope of practice of the clinicians.
 - The availability of clinic-based services: in many cases, you may need to contract with providers to incentivize them to take unscheduled patients or extend hours.
 - The culture of the urgent care centers and their willingness to accept patients, particularly those with Medicaid.
 - The presence of Accountable Care Organizations (ACO) in your area and their willingness to partner with you since they are already incentivized to reduce ED visits and total cost of care.
- Develop a theoretical framework for how to appropriately triage patients away from the ED and how it will work in your community. Then, design a demonstration for your community that may, for example, include:
 - Expanding the fee for service model to reimburse EMS providers for assessment and treatment (including transportation) provided on site or for transport to a non-ED location.
 - Design an evidence-driven protocol for appropriate disposition of patients who call 911 (this requires broad-based community input and support).
 - A shared savings model where EMS providers are incentivized to avoid unnecessary ED transports.
 - Utilize available mobile resources in your community to treat non-acute patients and reduce readmission or further use of hospital resources: partner with public health agencies, social service providers, hospitals and ACOs to provide mobile medical services in underserved communities.
 - Develop a robust evaluation strategy to ensure the quality of patient care and patient safety is maintained or enhanced, and to assess other system impacts of the implementation of the new protocols/system changes including patient satisfaction.

Introduction

In 2009, there were over 136 million emergency department (ED) visits in the United States and 15.8 percent of them arrived by a 911-response ambulance.¹ ED overcrowding is a well-documented problem that results in costly, delayed, and often sub-optimal care. Emergency medical services (EMS) contributes to this problem by unnecessarily transporting non-acutely ill or injured patients to EDs when more appropriate and less costly care settings, including the home, may be available. Since Medicare was established in 1965, ambulance suppliers have been reimbursed for the transport of beneficiaries to and between hospitals, dialysis clinics, and skilled nursing facilities (SNF). As the scope of practice of the emergency medical technician expanded, CMS updated the reimbursement policy to account for the level of care provided while en route. Though the current rule includes eight separate levels of service, the model still requires the *transport* of a beneficiary to one of the aforementioned locations to qualify for reimbursement. When someone calls 911 for a non-acute event, there is a financial incentive for suppliers to transport them to an ED when alternative care by EMS providers may result in higher quality patient-centered care at a significantly lower cost.

An analysis funded by the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) indicates that approximately 15 percent of Medicare patients transported to the ED by ambulance can be safely cared for in other settings if available in a community. National models suggest that if these patients were transported to a physician's office, Medicare could save \$559.871 million per year and if they were treated at home it is expected the savings would be significantly higher. Cost data for Medicaid are not available but expected to be even greater. In 2006, Medicare and Medicaid paid 20 percent and 21 percent respectively of ED charges.

The pre-hospital EMS system is uniquely positioned to care for 911 patients and assist less-emergent patients with transport to the most appropriate care setting based on medical and social needs. Such an approach may reduce the total cost of care, provide more patient-centered care and may reduce the burden on EDs, thus enhancing the quality of care received by all patients.

As the nation faces the possibility of increasing healthcare costs, there is significant opportunity for EMS systems to be *part of the solution* and help reduce the incidence of costly care for unscheduled patients. One could demonstrate that EMS services can reduce downstream emergency department and hospitalization costs while increasing patient care quality and safety by changing their service delivery. New initiatives may allow EMS systems to demonstrate several innovative strategies to reduce total cost of care and increase health outcomes, including: the triage of patients calling 911 without dispatch of an ambulance, treatment of patients without transport, transport of patients to a clinic or other provider for an unscheduled visit, and scheduled non-acute assessments and treatments, to name a few. Innovative financial models may include an expanded Fee-For-Service (FFS) system or an innovative model designed by the emergency care system.

Problem Statement and Background

ED overcrowding is a well-documented healthcare crisis that results in delayed and sub-optimal acute care.^{ii iii iv v} There are several causes of ED overcrowding, though one actionable concern is the fee-for-service payment model for 911-based emergency medical services (EMS) that currently requires the transport of a patient to a hospital in order to qualify for reimbursement. The Medicare program spends \$5.2 billion on 16.6 million ambulance transports annually and payments per beneficiary increased 19.1 percent from 2007 to 2010.^{vi} Of those, approximately seven million beneficiaries were transported to EDs. In 2006, the HHS Office of the Inspector General found that 25 percent of ambulance transports were either unnecessary or inappropriate, while other research has found that between 11 and 61 percent of ambulance transports to EDs could have been safely treated elsewhere.^{vii viii ix x xi xii} *The Medicare transport requirement incentivizes ambulance suppliers to deliver non-acutely ill or injured beneficiaries to EDs, one of the most expensive sites of care^{xiii}.*

In 2009, there were over 136 million ED visits in the United States and 15.8 percent of them arrived by a 911-response ambulance. Among patients aged 65 and older, there were close to 20 million ED visits with 38.6 percent arriving by ambulance.^{xiv} Among Medicare beneficiaries arriving by ambulance, 45 percent were not admitted to the hospital, but cost CMS \$1.98 billion (with an additional 20 percent out-of-pocket costs to the beneficiary). Medicare and Medicaid beneficiaries account for a disproportionately high utilization rate of EDs.^{xv xvi} Recent studies from the CDC reinforce conclusions that people utilize EDs more often because of a lack of access to other providers as opposed to the seriousness of their complaints.^{xvii} Almost 60 percent of non-elderly adults surveyed on public healthcare plans cited that a “doctor’s office or clinic was not open” and 40 percent of privately insured non-elderly adults cited “no other place to go.” *EMS contributes to ED crowding and high system costs by transporting some patients to EDs when more appropriate and less costly care settings, including the home, may be adequate and available.*

EMS is an essential component of the United States healthcare system.^{xviii} Ambulance transport to a hospital’s emergency department is often the first and only access point to the healthcare system for many Americans. Medicare reimburses ambulances through a fee-for-service (FFS) transportation benefit, as defined in Part B. Regulations require that a patient is transported from the scene of injury or illness to a hospital in order to be reimbursed. However a recently released study from the RAND Corporation indicates that the role of the emergency department in determining admissions and downstream costs is rising dramatically and that EDs account for almost half of all hospital admissions.^{xix} *There exists no financial incentive to treat a patient at the scene of their illness or injury or to transport them to a provider other than an emergency department.*

Given the low-acuity nature of many patients being transported, one may anticipate a better patient care experience when patients are either treated at the scene by EMS or taken to a clinic-based provider with shorter wait times than in the ED. Studies of patient-centered medical homes (PCMH) have found significant reductions in ED use, hospitalizations, and readmissions due to strong care coordination as well as increased quality of care.^{xx xxi} One PCMH pilot program in Seattle realized a 29 percent reduction in ED use and an 11 percent reduction in

ambulatory sensitive care admissions (i.e. admissions resulting from conditions that can be treated in an ambulatory care setting), resulting in \$17 per patient per year of savings.^{xxii}
Encouraging the use of medically appropriate alternative care settings can reduce both ED visits and hospitalizations.

The Balanced Budget Act of 1997 required that CMS convene stakeholders in the ambulance community and enter a negotiated rulemaking process to set a national prospective ambulance fee schedule. The schedule was finalized in 2002 and reimbursement is currently calculated by multiplying a nationally standardized base rate (or conversion factor) with the geographic practice cost index factor (GPCI), and a relative value unit (RVU). This amount is added to a calculated mileage payment for the transport. Previously, Medicare was charged a usual and customary rate for transport. This complicated fee-for-transport model, in place since the enactment of Medicare in 1965, *incentivizes a higher utilization of emergency and in-hospital services.*

The National EMS Advisory Council (NEMSAC) found in its 2012 report on EMS Performance-based Reimbursement that the average payer-mix for an EMS agency is:^{xxiii}

Medicare:	44%
Medicaid:	14%
Private Payer:	14%
Commercial Insurance:	21%
Other:	7%

Relative to the population distribution in the U.S., Medicare was billed for more ED visits resulting in admission and Medicaid was billed for more treat-and-release ED visits.^{xxiv}
Significant cost savings and increases in quality of care for acute and non-acute ED patients are possible if funding models are altered to incentivize fewer transports to EDs.^{xxv xxvi xxvii}

The NEMSAC report recommended that the federal government adopt methods to reimburse EMS systems based on performance and actual costs of 24/7 readiness as opposed to fee-for-transport. Alternative models of delivering pre-hospital emergency care could include payments to transport to urgent care centers, physician offices, or mental health facilities. Models could also include expanded services provided by EMS personnel at the site of injury or illness, referrals to specialty care, bundled payments for acute care services, or shared-savings models, to name a few.

Figure 1, below, illustrates the current trajectory of a patient who calls 911 and the costs to the Medicare program. Note: one could predict a similar pattern for Medicaid patients for whom national average cost data are not available.

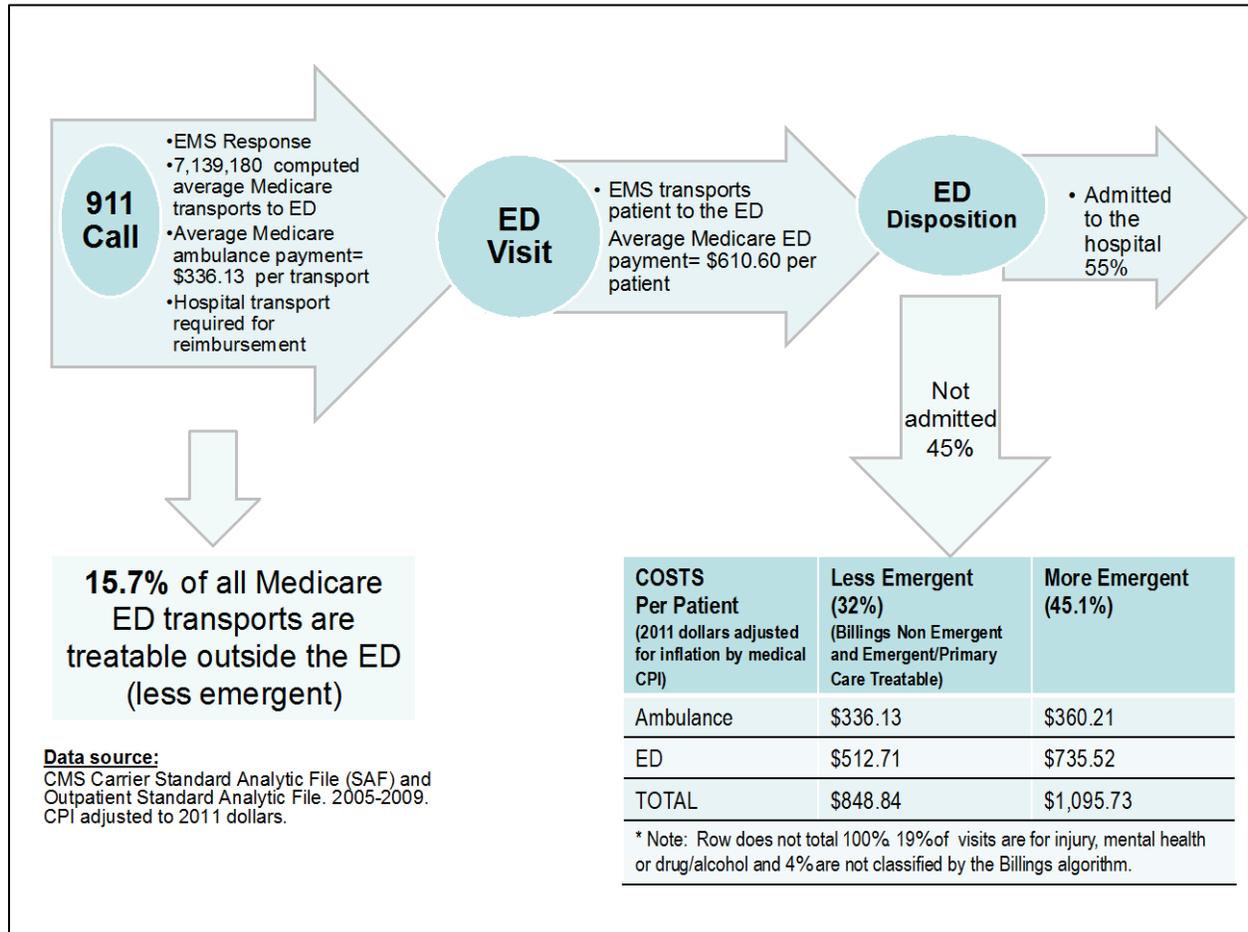


Figure 1. Disposition and Cost of Medicare Patients Accessing the 911 EMS System

As shown in figure 1, a recent analysis of the CMS data show that 45 percent of EMS transports of Medicare beneficiaries to an ED did not result in a hospitalization. Of these, 32 percent were less emergent according to the Billings criteria of non-emergency and primary care treatable visits. Note that the model excludes all injuries, mental health and alcohol related visits, and additional visits that could not be classified using the Billings algorithm. *This translates to approximately 15 percent of all Medicare ED transports that could be considered avoidable ED visits.*

More information on the Billings algorithm is available on the next page.

The Billings Algorithm Explained

The Billings algorithm classifies ED utilization of patients into the following categories:

- **Non-emergent** - The patient's initial complaint, presenting symptoms, vital signs, medical history, and age indicated that immediate medical care was not required within 12 hours;
- **Emergent/Primary Care Treatable** - Based on information in the record, treatment was required within 12 hours, but care could have been provided effectively and safely in a primary care setting. The complaint did not require continuous observation, and no procedures were performed or resources used that are not available in a primary care setting (e.g., CAT scan or certain lab tests);
- **Emergent - ED Care Needed - Preventable/Avoidable** - Emergency department care was required based on the complaint or procedures performed/resources used, but the emergent nature of the condition was potentially preventable/avoidable if timely and effective ambulatory care had been received during the episode of illness (e.g., the flare-ups of asthma, diabetes, congestive heart failure, etc.); and
- **Emergent - ED Care Needed - Not Preventable/Avoidable** - Emergency department care was required and ambulatory care treatment could not have prevented the condition (e.g., trauma, appendicitis, myocardial infarction, etc.).

The algorithm was developed using a sample of 6,000 full ED records.

For more information, visit <http://wagner.nyu.edu/faculty/billings/nyued-background>

A Model for Innovation in Emergency Medical Services

It is important to demonstrate cost savings for any change to the existing delivery or reimbursement model. Unpublished research funded by the HHS Office of the Assistant Secretary for Preparedness and Response indicates that for **less emergent cases** (approximately 15 percent of Medicare transports to EDs), EMS agencies may be able to alter their service delivery model to more effectively:

- 1) Evaluate and treat the patient at the location of the 911 call,
- 2) Evaluate and transport the patient to a health care provider (physician) clinic, Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC), and
- 3) Evaluate and transport the patient to an urgent care center.

Calculations show between \$283,464,058 and \$559,871,117 in cost savings if all of the approximately 15 percent of preventable ED transports went to a physician's office (Figure 2).

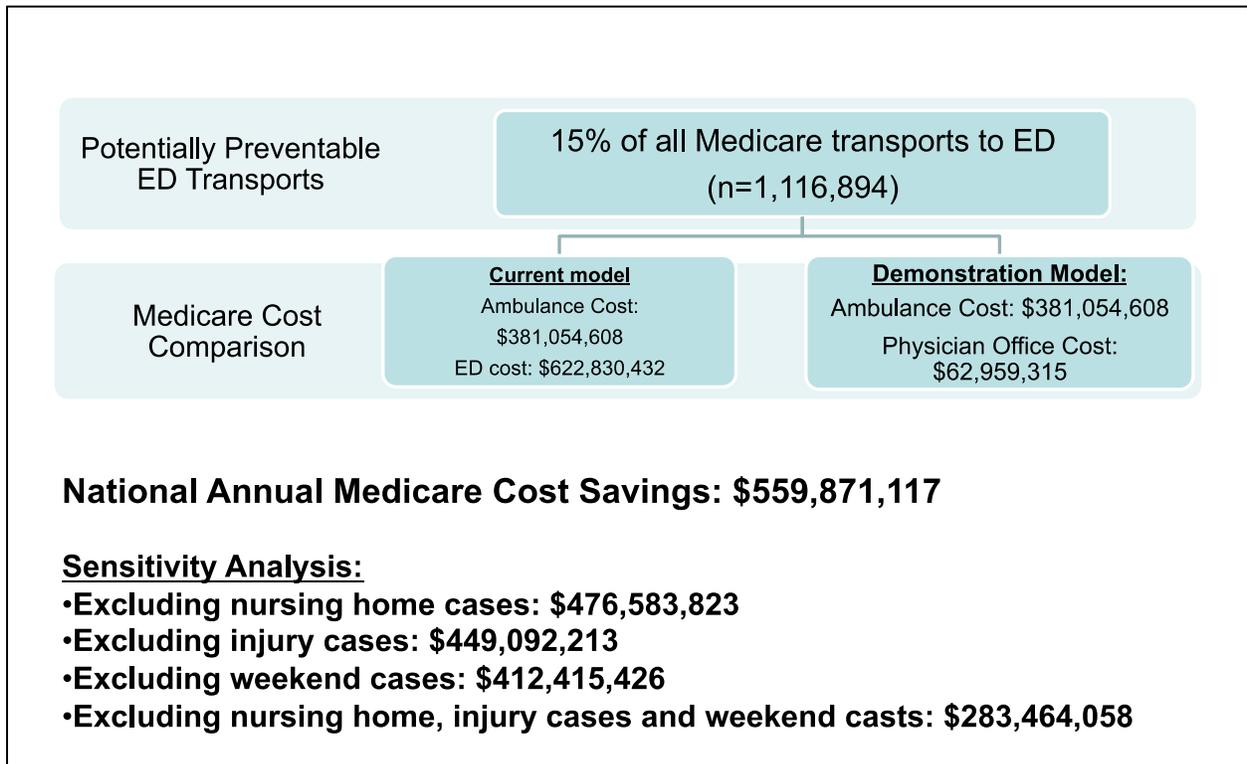


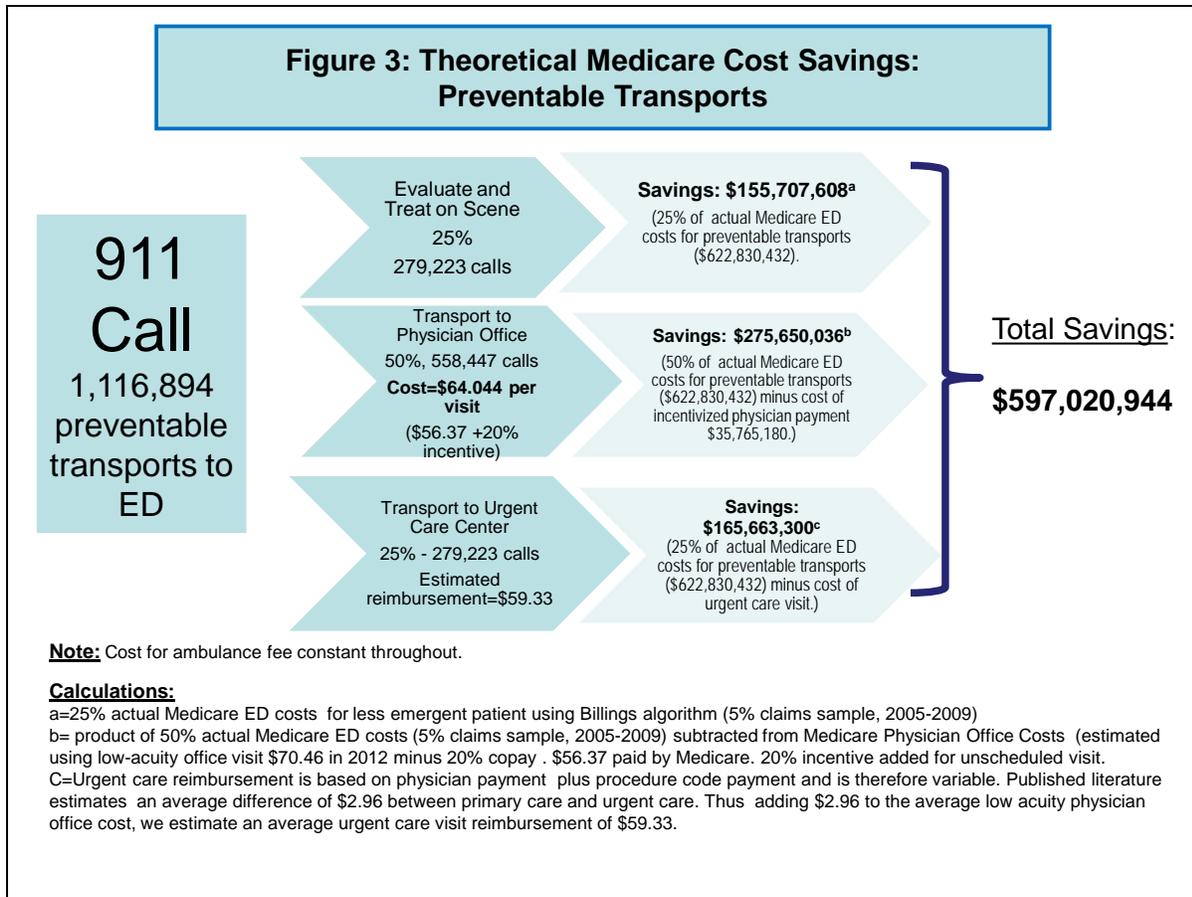
Figure 2: Calculated Cost Savings Transport to a Physician Office for Less Emergent Patients

The cost analysis in Figure 2 assumes that EMS would continue to transport all patients to a health care setting, in this case a physician’s office. However, prior experience with using trained personnel to triage patients by 911 dispatch centers and to determine the appropriate level of basic versus advanced life support has worked well.^{xxviii xxix xxx} Therefore, EMS may be able to meet the needs of callers without dispatching an ambulance or triage and treat some patients rather than transport all of them to a clinic-based practitioner.

As noted, not all preventable ED transports will require treatment or transport to a clinic. In addition, clinics are often closed on nights and weekends. For the sake of calculating cost savings for the model, it is estimated that of the preventable ED transports:

- 25 percent of patients can be evaluated and treated by EMS without transport;
- 25 percent may not have a physician available (even with incentives provided for physicians to take unscheduled patients) and would go to urgent care; and
- 50 percent of patients would be transported to an appropriately staffed clinic.

Further explanation of these estimated figures is below. Note that they may be significantly altered in different communities based on demographics and other characteristics. Figure 3 presents the projected national Medicare cost savings of \$597,020,944 annually (without a sensitivity analysis), of over 1 million preventable transports to the ED.



Based on the CMS SAF, a recent analysis shows 1,116,894 Medicare EMS transports (roughly 15 percent of transports) to the ED that are preventable (based on Billings criteria of non-urgent and primary care preventable). These translate to \$622,830,432 in Medicare ED costs. If 25 percent of these patients were treated onsite by EMS and released, Medicare would only pay the ambulance costs saving \$155,707,608 in ED costs.

It is reasonable that clinic based providers would need to be incentivized to accept unscheduled patients. Physician incentives range from 1 to 20 percent of a physician’s total compensation with many incentives in the 5 percent range.^{xxxix} Medicare pays \$56.37 for a low acuity office visit. Adding 20 percent to this fee would yield a \$64.04 incentivized payment. If 50 percent of ED preventable EMS calls were transported to clinical based providers, Medicare would save \$275,650,036 in ED costs after subtracting an incentivized payment of \$64.04 to the office.

Lastly, EMS may need to transport 25 percent of the avoidable transports to an urgent care center because a clinic-based provider is not available to accept the patient. Reimbursement for urgent care centers is based on procedure codes and therefore an exact fee is not available. However, a study of the average charges for urgent care centers when compared to primary care across all payers showed a \$2.96 difference in payment.^{xxxix} This analysis added \$2.96 to the low acuity physician reimbursement of \$56.37 to calculate an urgent care center payment of \$59.33 for an urgent care visit. Accounting for these costs, Medicare saves \$165,663,300 in ED costs.

While this overall Model shifts costs from ED’s to clinic based providers and urgent care centers, there are demonstrable cost savings from Medicare beneficiaries alone. If the entire Model is successful with all of the avoidable ED transports triaged to more appropriate care, Medicare alone can save \$597 million annually. Note: due to the lack of data, there is no analysis of savings for Medicaid but a similar theoretical model is projected for Medicaid beneficiaries.

Program Design Considerations

Currently when a 911 call is initiated, the responding ambulance generally transports the patient to the ED and care is provided en-route. A demonstration project could allow an EMS system to develop alternative treatment and triage protocol options that may include:

- Triage or self care instructions by call-taker without dispatching an EMS unit.
- Treatment provided in the home or location of patient.
- Transport to an appropriate clinic based health care provider.
- Transport to an urgent care center.
- Transport to an Emergency Department.
- Referral to an appropriate community service.
- Other community specific treatment or transport protocols.

Figure 4, below, illustrates the logic model for a possible demonstration project with the goal of improving health care safety, effectiveness, patient-centeredness, timeliness and efficiency by reducing unnecessary ambulance transports to the ED by 15 percent.

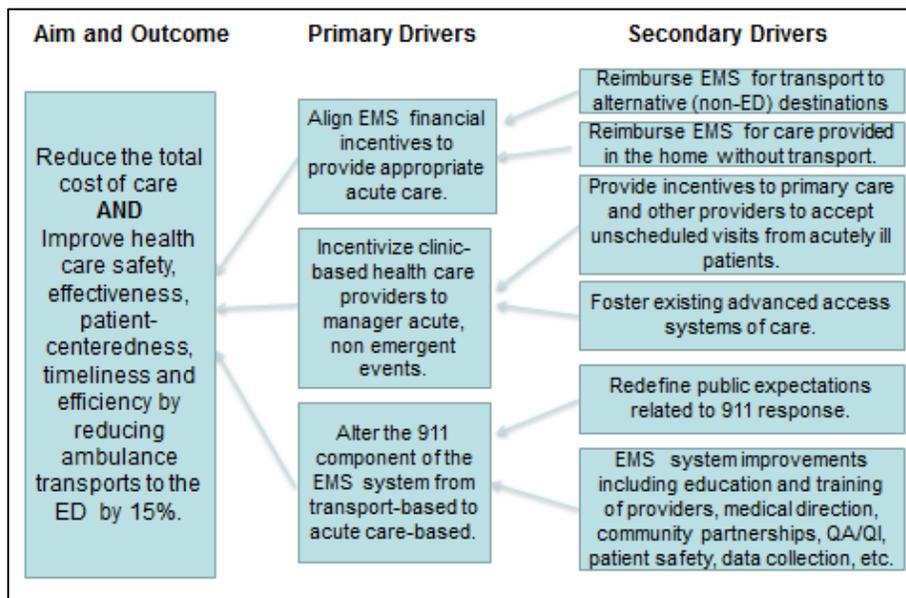


Figure 4 – Primary and Secondary Drivers of Innovation

One may anticipate that the primary drivers for reducing system costs by reducing ambulance transports to the ED by 15 percent will be to align financial incentives to EMS and to clinic

based providers. By incentivizing clinic based providers to take unscheduled patients and allowing EMS to receive reimbursement for providing treatment and transporting to a clinic provider, one can reduce downstream ED costs.

Demonstration projects should consider the following when determining new delivery and finance models:

- The operational components of the EMS system.
- Scope of practice for EMS providers and state licensure and certification related to provider roles, EMS service licensure and other legal authorizations such as the authority for treat and release.
- Reimbursement for EMS to treat at the most appropriate site when available.
- Incentives for clinic-based healthcare providers to accept unscheduled visits and extend office hours.
- Reimbursement for appropriate medical direction (including any increases).
- Development of data collection systems and impact on patient care quality metrics, measured both before and after the intervention.
- Continuous quality assurance and improvement function.
- Evaluation of impact on:
 - system cost analysis (pre/post) (EMS agency, physician services, ED costs, hospital costs, public health and other costs);
 - access to primary, specialty, and emergency care;
 - patient safety, outcomes and satisfaction; and
 - education, licensure and workforce issues.

Physician medical direction is an important component of all EMS systems and is currently supplied to EMS providers through written protocols and in real time via telephone or radio. Innovative approaches may require additional physician interaction and supervision of field providers; this practice is not currently reimbursed by Medicare, but may be under a demonstration.

Possible Demonstration Approaches

Several possible approaches for local EMS demonstration projects are presented based on the national analysis above. These are not mutually exclusive, nor are they exhaustive of the myriad innovative options that may be appropriate for local EMS systems.

Incremental approach

An initial step to a more comprehensive transformation of the local EMS system might be to encourage EMS agencies, and their partners, to identify viable alternatives to transporting patients to the ED. Several short-term options may be relatively easy to manage, have a short

time to impact, and lower costs through improvements to the emergency care system. These include:

- Expand the current fee for service model for EMS agencies with reimbursement for treatments at home as well as transport to alternative care settings. The focus may be to incentivize EMS agencies and physician offices to change service delivery for less emergent patients and reduce ED utilization.
- An alternative option would maintain the current FFS structure and integrate pre-hospital emergency services into the shared-savings model of an Accountable Care Organization (ACO). The current delivery model for EMS is predicated on a single financial incentive to transport acute or non-acute patients to the hospital. If one or more EMS agencies partnered with an ACO, their incentive would be to lower the total cost of care for beneficiaries, and agencies would be able to innovate in how triage, transport, or disposition decisions are made in the field. Under the ACO model, an EMS agency would be incentivized, through shared savings, to make the most appropriate (and often least costly) treatment and transport decision with the patient. This option would require some start-up funding, mainly in order to integrate data systems, educate EMS providers, ensure more appropriate online medical direction, and prepare for a thorough evaluation.

More innovative and long-term approach

This would provide novel strategies to emergency care reimbursement or variations to current approaches for entire regions which may include a broader array of health care providers in the emergency care system and models such as bundled payments, shared savings, or patient-centered medical homes. There may be new ways to incentivize less costly emergency care for EMS agencies, hospitals, physicians, urgent care centers, and clinics.

Possible Participants and Beneficiaries

There is significant interest in health services sectors to reduce ED utilization and save money. Demonstrations may directly target the unscheduled care system as a source of overutilization and overspending. Participants could include Accountable Care Organizations or other entities that bear financial risk and are incentivized to reduce utilization of costly services. Regionalized systems of emergency care, including EMS agencies, hospitals, physician groups, home health nurses, and local public health departments could partner under a convener to execute a geographically defined model. This could also be integrated into models being developed for patient-centered medical homes. State Departments of Health may also organize regional providers.

All Medicare, Medicaid, and CHIP beneficiaries (including dual eligible beneficiaries) may realize an increase in the quality and a decrease in the total cost of their unscheduled or acute care. In addition, providers of primary care services, including Federally Qualified Health Centers and Rural Health Clinics, as well as local or regional EMS agencies will benefit financially from a shift in reimbursement policy.

The following care providers may be included in a demonstration project:

- EMS providers and medical directors.
- Primary care, emergency, and other specialty care physicians.
- Primary care, emergency, and other specialty care physician assistants and nurse practitioners.
- Urgent care centers and providers.
- Hospitals and Emergency Departments.
- Accountable Care Organizations.
- Federally Qualified Health Centers (FQHC).
- Rural Health Clinics (RHC).

Demonstrations may also choose to engage local community and other care providers such as Fire Department personnel and other health workers. It may also be important to engage state partners including regulators of medicine and emergency medical services, state Medicaid Administrators, and state Public Health Departments.

Significant Assumptions for Consideration

Factors That May Increase Cost Savings

The Model does not include data from Medicaid and CHIP where more substantial savings are anticipated, particularly since a significant portion of Medicaid patients are “treat and release” from the ED.^{xxxiii} One major assumption of the cost savings presented is that all patients that were admitted to the hospital were not emergent. However, a percentage of these admissions may be avoided if the patient is transported to a specialist physician’s office. An 11 percent reduction in ambulatory sensitive care admissions has been demonstrated in a PCMH model.^{xxxiv}

Another assumption made in the Model is that patients with injury, mental health issues, or drug/alcohol issues are excluded from the less emergent analysis. In actuality, an unknown percentage of these patients may also be safely triaged away from EDs.

Factors That May Decrease Cost Savings

Clinic provider incentives—it is anticipated that an applicant may have to provide incentives to clinic providers who do not traditionally accept unscheduled or off-hours patients. This may be in the form of a per-patient-per-month payment or a lump sum. An ACO may not require any additional incentive if they believe more access to their primary care physicians will result in fewer ED visits and overall cost savings. A traditional fee-for-service practice may be incentivized by bonus payments when seeing a patient same day or after normal office hours.

The EMS community should carefully consider the following major assumptions from the nation model:

Assumption	Impact on Cost Savings
EMS providers can triage 15 percent of Medicare ED transports away from the ED	Neutral to potential increase in savings 15 percent as a number for less emergent ED visits is a very conservative estimate. Data are not available for the Medicaid population and it is anticipated that a far greater percent of those are less emergent visits. It is anticipated that cost savings will be greater than is calculated.
Clinic based health care providers will accept unscheduled patients	Decrease cost savings While the amount of incentive that would be required to have physician offices accept unscheduled patients from EMS is estimated, there is no literature to support the exact amount of incentive that may be required. Applicants will need to negotiate the exact amount of such incentives. If greater incentives are required to induce providers to take unscheduled visits, that may decrease cost savings.
Admitted patients are emergent	Increase cost savings Due to the lack of availability of specialty consult in many ED's, it is anticipated there are a number of unnecessary hospital admissions that may be avoided if transport to a specialty physician's office is possible. This is supported by the patient centered medical home literature where as much as 11 percent of ambulance sensitive conditions avoided hospitalization.
There will be cost savings in addition to those realized by ED utilization reduction	Increase cost savings Patients are often admitted to inpatient floors from the ED because of a lack of confidence that the patient will follow up with a PCP. It is anticipated there will be a more substantial cost savings from a reduction in admissions that is not calculated in this proposal.
Injured, mental health and alcohol related visits must be seen in the ED	Increase cost savings There are low acuity calls for these groups that may be handled with a visit to the specialty provider or treatment at site of injury.

Note that the financial models presented in figures 2 and 3 assume that only those patients that were *not* admitted to the hospital were potentially avoidable. However, as shown in the patient centered medical home literature there are ambulatory sensitive hospitalizations that may be avoidable.

Conclusion

There is significant potential for innovation in healthcare systems that may transform the delivery of emergency medical services, reduce the total cost of care, and increase health for a population well beyond CMS beneficiaries. Innovations may also change the model of acute care to one that is more patient-centered as many of those experiencing an acute event can be evaluated in their home (or current location) and triaged to an appropriate care setting that is congruent with their level of severity. Encouraging clinic based health care providers to accept more unscheduled visits will ensure greater continuity of care for patients.

The provision of unscheduled care, including EMS agencies, emergency departments, physicians, and urgent care centers, has not experienced significant innovation in delivery or finance models since the establishment of Medicare. Americans deserve a full *systems approach* to transforming the unscheduled care in a patient-centered manner that will save money, reduce the burden on the emergency departments, and increase the quality of care provided to beneficiaries.

Finally, the information presented in this draft “White Paper” is a theoretical model that will serve as a stimulus to engage local, regional, and state EMS systems and health care providers to seek funding to test the model. The challenge is for interested and innovative system managers to address the details and the intricacies – develop, modify, improve, or disprove the model.

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Pinch Hitting



Doctor shortages in rural America have paramedics stepping up to the plate when needed.

BY MICHELLE ANCELL

Michelle Ancell is a freelance writer based in Denver.

Three years ago Robert's diabetes was so severe doctors planned to amputate his leg. But because Robert lives in Minnesota, one of the first states to launch a community paramedicine program, emergency medical technicians got involved. Three times a week they stopped by to care for his wound, share diabetes management tips and evaluate his overall health.

Today Robert still has his leg and credits the North Memorial Medical Center's community paramedics for saving it.

"He loves us," says Community Paramedic Supervisor Peter Carlson. "He welcomed us from the beginning. He's happy to see us and offers us candy. And we provide care, propping him up literally and figuratively."

Beyond Emergencies

Community paramedicine systems are popping up in Colorado, Maine, Minnesota, Missouri and Nevada to provide health care where few services exist. Often, they save money for patients, hospitals and insurance companies, mostly in avoided costs. A leg amputation, for example, costs around \$76,000. That's about what it would cost to fund community paramedic home visits to Robert for 11 years. Minnesota reported that because of the paramedicine program there, Medicaid providers serving 100,000 residents spent \$10.5 million less in 2014 than analysts projected they would.

Community paramedicine broadens the role of emergency responders beyond the traditional paramedic training that has existed since the 1970s and that focuses on stabilizing patients as they are transported to hospitals. Community paramedics can perform health assessments, monitor chronic diseases, ensure patients use medication correctly, give vaccinations and follow up after hospital discharges. They are also a great source of information and help educate patients on the care and treatment of their illnesses, injuries and diseases.

"Paramedics are highly trained, highly regarded, trusted health care providers in their respective communities," says Nevada Assemblyman James Oscarson (R), whose bill authorizing and regulating community paramedicine services was signed into law in May. "Community paramedics will have an expanded role in health care, not an expanded scope. Now they can complement the services of the other health care professionals in the health care system."



Assemblyman
James Oscarson
Nevada

A Rural Lifeline

Community paramedics usually work in rural and isolated areas where physicians are scarce. Patients are often from underserved populations, meaning they are typically, but



Typical Training Requirements

A high school diploma or equivalent and CPR certification are prerequisites for most emergency medical technician and paramedic training programs. Most licensing requirements, which vary by state, require the following:

EMT

Skills include determining a patient's condition, handling trauma and cardiac emergencies, clearing obstructed airways and using field equipment. Courses include about 150 hours of specialized instruction. Some instruction may take place in a hospital or ambulance setting.

Advanced EMT

Programs typically require about 300 hours of instruction, based on the scope of practice. At this level, students must complete more advanced requirements, such as using complex airway devices and administering intravenous fluids and some medications.

Paramedic

Paramedics earn the highest level of education, completing EMT and Advanced EMT training along with courses in advanced medical skills. Paramedics' scope of practice may include stitching wounds or administering IV medications. Programs typically are offered at community colleges and technical schools and require about 1,200 hours of instruction, which may result in an associate degree.

Sources: U.S. Department of Labor's Bureau of Labor Statistics and the National Registry of Emergency Medical Technicians.

not always, low-income, elderly people. In Minnesota, community paramedics are specifically trained to care for patients who visit hospital emergency departments frequently, are at risk of needing nursing home care or are close to being readmitted to a nursing home or hospital.

The growing number of community paramedics reflects a larger demographic shift. Only 15 percent of the country's population lived in rural counties in 2014, according to



the Department of Agriculture.

"Thirty years ago there were more health professionals in rural areas, there were more volunteer firefighters and EMTs, and the rural population was younger and healthier," says Gary Wingrove, president of The Paramedic Foundation, using the common abbreviation for emergency medical technicians. Today, there are fewer health facilities, fewer qualified people to work in them and fewer resources to fund them. Increasingly, community paramedics are stepping in to help fill that gap.

The Rural Assistance Center, part of the U.S. Department of Health and Human Services' Rural Initiative, reports that rural Americans suffer from higher rates of chronic illnesses and worse health overall than city dwellers. They are less likely to have employer-provided health care coverage, or to be covered by Medicaid even if they qualify for it. They seek treatment in hospital emergency rooms and call 911 for non-emergency situations—a costly practice. Nearly 80 percent of adults who visited emergency departments did so because

"Community paramedics will have an expanded role in health care, not an expanded scope."

Nevada Assemblyman James Oscarson

they didn't have access to other providers, according to a 2012 report on emergency room use from the Centers for Disease Control and Prevention.

"Basically we are taking the resources that already exist in a community and expanding upon them to offer broader health care coverage," Wingrove says. "The specifics of how these programs operate depend on the communities they serve."

Who Pays?

Providing these services, however, isn't free. Pilot programs have used grant funds from foundations and the federal government to cover costs. Some hospitals that

HEALTH CARE

own ambulance services, in places such as North Carolina and Missouri, have started funding programs in hopes that the savings from fewer readmissions will cover the added costs. Elsewhere, local agencies fund emergency medical services for their communities, absorbing the added costs in their budgets with slightly higher fees.

The additional costs come from the advanced training community paramedics must receive and the higher salaries they earn for their education and additional time spent on community services. In advanced training they learn higher level health concepts such as the social determinants of health. When working with an elderly person, for example, community paramedics ask, Does the patient own a car? Can the patient walk? If the answer to both questions is no, how is the patient getting prescriptions? Such determinants can make a difference in a person's health.

Community paramedics with advanced training may earn about 10 percent more than traditional EMTs. But in many cases, employers pay for the additional training without offering greater compensation.

Minnesota created its new community paramedic profession in 2011. To earn a community paramedic certificate, a person must hold an emergency medical technician-paramedic certification, have worked two years as a full-time EMT-P and have

graduated from an accredited EMT course.

Minnesota reimburses community paramedic services through Medicaid. It was the first state to use a Medicaid payment and delivery system that shares savings and risks directly with provider organizations. To qualify for Medicaid reimbursement, the services must be ordered by the recipient's primary care provider and include monitoring blood pressure, assessing fall risk, setting up medication profiles and delivery, and coordinating care, referrals and follow-up.

Nurses, Doctors Have Concerns

Nurses and home health care groups throughout the country have expressed concerns that the expanded paramedic role infringes on the duties of their respective professions.

The American Nurses Association initially lobbied against Minnesota's program because of the overlapping patient care responsibilities. The nurses argued that since patient-centered care coordination is a core professional standard for registered nurses, they are the best prepared to treat underserved, rural patients.

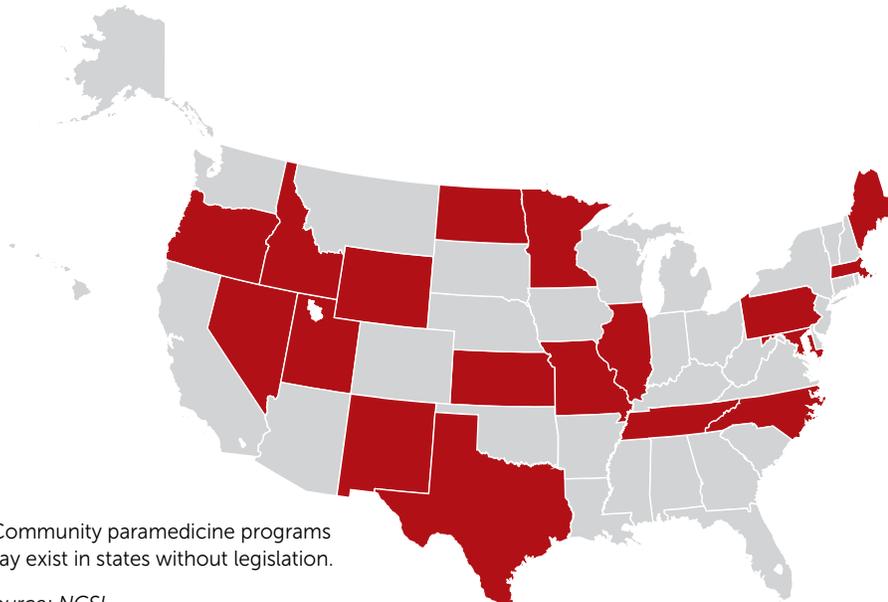
The nurses' association listed a set of principles for the community paramedicine industry to adopt and follow in order to gain its support. They included establishing minimum standards of education, clarifying roles between community paramedics



"We can provide people the care they need without the expense and inconvenience of going to a hospital."

Colorado Senator Leroy Garcia

States with Legislative Action on Community Paramedicine*



*Community paramedicine programs may exist in states without legislation.

Source: NCSL

and nurses and fostering interdisciplinary cooperation through appropriate regulatory models.

Minnesota community paramedic leaders agreed and still adhere to the nurses' principles.

Colorado Senator Leroy Garcia (D) works as a paramedic and as an emergency medical services instructor at his local community college.

As in Minnesota, paramedics in his community work with primary care doctors to care for residents in need.



Senator
Leroy Garcia
Colorado



Paramedics are involved from the minute a person dials 911. Current law allows them, in certain situations, to treat callers with a simple medication and a professional's reassurance that the patients will be fine until they can visit the doctor. Paramedics can even help set up the appointments.

"We can provide people the care they need without the expense and inconvenience of going to a hospital. They can recover comfortably at home, and it's a more personal connection," he says.

Garcia plans to draft legislation to develop the community paramedicine profession further in Colorado. The success of these programs hinges on the ability to tailor them to a community's needs, he says. The needs of a Vail ski resort community, for example, are very different from those of a small agricultural area.

"That is one of the challenges in creating legislation," Garcia says. "You don't want it to be so specific that it is limiting. You want it to be adaptive. This is a dynamic profession that needs to have some flexibility, especially as it develops."

Multifaceted Approach

In Nevada, where Oscarson's community paramedicine bill was recently signed into law, the program's multifaceted health care approach is designed to address rural and urban populations in very different ways. The bill:

- Allows licensed ambulance, air ambulance or firefighting agencies and certified personnel to qualify for an endorsement on their permits to provide community paramedicine services.
- Enables legislators to review how Nevada community paramedicine programs are addressing health care gaps in rural and urban locations throughout the state.
- Requires paramedicine departments to submit quarterly reports to the state outlining the services they provided and the estimated health and economic benefits of those services. Nevada's health department will summarize the reports and submit them to the Legislature and the Legislative Committee on Health Care.

Oscarson hopes the data collected will result in a compelling argument for a state

reimbursement component for community paramedicine in the future. Currently, community paramedics are paid by their governing agency, Oscarson says. In turn, those agencies submit data to regulatory bodies, such as the Nevada Division of Public and Behavioral Health emergency medical services office, with the objective of demonstrating cost savings.

"Agencies do this because it is the right thing to do as health care delivery changes based on the Patient Protection and Affordable Care Act of 2010," Oscarson says. The idea is to not put an hourly, monthly price on community paramedicine, but to determine a value based on savings in order to eventually pursue a reimbursement system.

"Community paramedicine and EMS as a whole are gaining a seat at the health care table," Oscarson says. "These programs have the ability to improve health care for the future because they navigate patients to the appropriate resource at the appropriate time, rather than to the highest cost entry point of the health care system—the emergency room."

Integrated Healthcare

Building a Better Community Medic

by John Erich On Aug 21, 2014

Figure 1: California Community Paramedic Pilot Projects

LEAD AGENCY	LEAD EMS AGENCY	TYPE OF PROJECT	EMS AGENCIES PARTICIPATING
1. UCLA Center for Prehospital Care	Los Angeles	Alternative destination	Santa Monica, Glendale, Pasadena FDs
2. UCLA Center for Prehospital Care	Los Angeles	CHF follow-up	Burbank, Glendale FDs
3. Orange Co. Fire Chief's Assoc.	Orange Co.	Alternative destination	Fountain Valley, Huntington Beach, Newport Beach FDs
4. Butte County EMS	Sierra-Sac. Val.	EMS post-hospital follow-up	Butte County EMS
5. Ventura County EMS Agency	Ventura	Observed TB treatment	AMR Ventura, Gold Coast, LifeLine
6. Ventura County EMS Agency	Ventura, Sta. Barb.	Hospice support	AMR Ventura, Santa Barbara
7. Alameda County EMS Agency	Alameda County	Hospital follow-up, 9-1-1 users	Alameda City, Hayward FDs
8. San Bernardino County FD	San Bernardino Co.	Post-hospital follow-up	San Bernardino County FD
9. Carlsbad FD	San Diego	Alternative destination	Carlsbad FD
10. City of San Diego	San Diego	Frequent 9-1-1 users	San Diego City FD, Rural/Metro
11. San Joaquin Co. EMS Agency	San Joaquin Co.	Post-hospital follow-up	AMR San Joaquin County
12. Mountain Valley EMS	Stanislaus County	Alt. dest., mental health	AMR Stanislaus County
13. Medic Ambulance	Solano County	Post-hospital follow-up	Medic Ambulance

As a measure of the rapid recent growth of community paramedicine in the United States, consider this:

Half a year or so ago, 145 educational institutions had sought copies of the standardized community paramedic educational curriculum developed by the Community Healthcare and Emergency Collaborative (CHEC). By this summer, when national leaders in CP education completed a survey of such institutions and how they use the curriculum, the number had risen to more than 200. That's an increase of 38% in six months.

"The momentum is really just exploding," says Anne Robinson-Montera, RN, BSN, who led the team behind the latest curriculum update (version 3) and was part of the group that polled its recipients. "Since the paper there have been more than 100 additional institutions that have said they want to teach the course. We're really thinking that within the next five years, we can have as many as 167

colleges and universities around the world teaching it. I think if anything, the paper demonstrates that this is becoming a standard of education.”

As programs proliferate, such a standard is increasingly necessary. To institutionalize and advance the CP concept, an educational foundation that’s common across systems, yet pliable enough to accommodate local circumstances and emphases, is an essential step.

Who’s Using & How

The survey, the results of which were published in *International Paramedic Practice*,¹ went to 223 post-secondary educators and government officials. More than 30% responded—a rate that’s 2–3 times the average rate for external surveys.

Of those answering the direct question, roughly three-quarters said they’d already conducted, were conducting or planned to conduct a CP course in the next five years. Half of the rest just awaited state approval.

At the time of the survey, the authors concluded, many CP courses both domestic and international were still in planning stages, but the curriculum disseminated internationally “has been broadly accepted and will be widely utilized.”

Among the most notable adoptions here at home has been that of California, the first state to embrace the curriculum at the statewide level. The California EMS Authority has contracted with the UCLA Center for Prehospital Care to develop CP courses that will be taught at sites around California in advance of pilot projects being developed under the state’s Health Workforce Pilot Projects (HWPP) program. That should all start in January.

“We have two courses we’ll kind of be the ‘mother ship’ for at UCLA,” says Robinson-Montera, “and then we’ll have separate sites set up for students to come and receive content from subject-matter experts we’re bringing in from all over the nation. There are a variety of programs being set up; for instance, there’s one department helping people with asthma, and there’s another that helps administer tuberculosis medications.”

Leaders at the 12 pilot sites have spent the summer planning protocols, training and data collection. For a list of the planned projects, see Figure 1.

“For a state to really adopt this as its curriculum,” adds Robinson-Montera, “I think speaks volumes about its content.”

Basic Content

If you’re familiar with version 2 of the CP curriculum, that content was reorganized and bolstered in version 3, with added goals and objectives. The current iteration has seven sections:

- **Role of the community paramedic in the healthcare system**—The opening module covers the definition and practice scope of the CP as well as the relationships they'll need and locating organizations they can work with.
- **The social determinants of health**—This section examines the social characteristics of those likely to benefit from CP services, and how they correlate with health behaviors.
- **Public health and the primary care role**—This section describes a public health approach to areas like health promotion, injury prevention and chronic disease management, as well as risk mitigation and financial impact.
- **Cultural competency**—Subjects include the cultural impact on health and the distinction between culture and individual identity. This section helps students develop “cultural competence” and avoid stereotyping.
- **Role within the community**—This covers conducting a community needs assessment, developing profiles of patient candidates, and determining types and levels of care to be delivered.
- **Personal safety and wellness**—This examines well-being among CP providers, including the warning signs of stress and strategies to manage it and avoid burnout.
- **Clinical experience**—The clinical module requires students to compile histories on subacute, semichronic patients; perform physical exams and document their histories; utilize specialty equipment, including that of home healthcare; access and maintain ports, central lines, catheters and ostomies; obtain specimens and samples for lab testing; and interpret various results and reports.

The first six modules, basically core competencies, can be taught online. The clinical/lab portion is delivered in the community and tailored to the type of program being established. Expert reviewers vetted the curriculum once it was complete, then a pilot process in 2012 tested it across 23 agencies in 14 states.

“Version 2 had a lot of teaching material, and it was hard for one college or university to just pick it up and really know where to start,” says Robinson-Montera. “It had four modules, but some of them applied and some didn’t always, and there wasn’t much structure or framework for teaching it. So we just kind of stepped back and reorganized what was there. We added goals and objectives. Then what we’ve been doing is working with individual agencies and helping them further develop lesson plans and teaching materials.” Guidance for that is compiled in a resource manual that’s provided for instructors.

Establishing a Program

At ZOLL’s Summit 2014 in May, Robinson-Montera outlined steps for establishing and delivering a CP education program. Briefly those are:

1. Affiliate with an accredited college;
2. Request the curriculum (it’s free);

3. Gather champions for additional support (e.g., medical director, nurses, public health, hospital discharge planners, home health).
4. Assemble a multidisciplinary faculty; look to physicians, nurses, public health personnel, behaviorists, social workers, home health, hospice and others from related fields.
5. Establish clinical sites 6–8 months in advance, then develop a clinical guidebook. This should outline objectives and responsibilities and expectations of all participants.
6. Select appropriate learners. Not everyone in EMS is cut out to be a community paramedic. Look for experience, prerequisite knowledge and education, and an ability to devote the time and learn online.
7. Develop the course structure, including standards, grading criteria, etc.
8. Develop the course. Construct a syllabus for each module and provide a resource manual. Incorporate subject-matter experts.
9. Assess the learners: Are they getting what you're trying to teach them?
10. Evaluate all aspects of the program as you progress and when you're done. This should include student selection, system needs, technology, faculty, clinical sites and overall satisfaction.

A mistake some institutions have made is to keep their programs too EMS-centric. Successful efforts have to draw on a wider range of instructor expertise. "A program won't be successful if it's run just through an EMS type of faculty," says Robinson-Montera. "You need to make sure the faculty is diverse, with backgrounds in areas like public health, social work and nursing. You can't just have your typical paramedic instructors; the whole concept of community paramedicine is bringing together all these different healthcare stakeholders and having them work together."

Efforts are underway to establish an accreditation process to verify the quality of CP educational programs. Once that's in place, it will provide a mechanism for funding and making further refinements to future versions of the curriculum.

For more on CHEC and its community paramedic curriculum, see <http://communityparamedic.org/>.

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4.3 Opportunities to Further Enhance the Cascades Amphitheater

Background:

- On September 29, 2015, the Board approved the agenda for its 2015 Retreat to include a discussion item on the following enhancements to the Capital City Amphitheater:
 - Consideration of utilizing \$746,692 from the County's recent settlement agreement resulting from the BP Deepwater Horizon oil spill to weatherproof the Amphitheater stage.
 - Should funds remain, consider providing supplemental funding to develop marque events featuring headlining artists and events that would otherwise be viewed as cost prohibitive to be held at the Capital City Amphitheater. This concept is consistent with the Board's request at the December 2014 Annual Retreat to evaluate providing supplemental funding through TDC revenue for high caliber concerts at the Capital City Amphitheater at Cascades Park (Q4, EC4).
- All stakeholders recognize the current infrastructure needs of the Amphitheater, such as weatherization and sound mitigation improvements, the lack of permanent restrooms, and a need for more storage. Currently, the venue cannot hold events even in the lightest of rain due to the tendency of the roof to drip rain onto the stage and electrical area.
- On September 28, 2015, the IA approved the following to assist with sound mitigation issues at the Capital City Amphitheater utilizing Blueprint funds to do the following (Attachment #1):
 - Purchase two half-curtain panels and storage cases. Estimated cost is \$4,000.
 - Design and construct a sound barrier on the City property south of the CSX Railroad tracks that will reduce the noise impacts on the residential properties south of Cascades Park by at least 9 dBA. Estimated cost is \$475,420.
 - Purchase wireless In-Ear-Monitors. Estimated cost is \$8,000
 - Install as low as reasonably possible in relation to the stage, two digitally steered column array speakers with rigging. Estimated cost is \$66,000.
 - Install as low as reasonably possible in relation to the stage, two Cardioid Subwoofers with Amplifiers and Processing. Estimated cost is \$27,250.
- In addition to the IA's ongoing role in addressing sound mitigation concerns, listed below are the various unspent revenue sources that have been contemplated and/or designated by the Board for capital and/or programmatic enhancements to the Amphitheater.
 - \$250,000 TDT funds set aside for permanent restrooms;
 - \$508,425 for the demolition of the Johns Building owed to the County by the City, earmarked for amphitheater or Meridian Point building improvements (Attachment #2);
 - \$746,692 from the settlement agreement with BP for impacts to the local economy resulting from the BP Deepwater Horizon oil spill;
 - \$5 million fund balance originally for the performing arts center potentially could be used for improvements to the amphitheater; however, these funds have been designated for expenditures within the Downtown CRA relating to cultural arts, visual arts, heritage programs, performing arts space and related arts project. Possible projects for this funding were discussed during the CRA meeting on October 29, 2015 (Attachment #3).
- On May 12, 2015, the Board accepted the 12-month report from the STAGE on the Capital City Amphitheater and approved the following recommendations (Attachment #5):
 - Redirect \$250,000 of TDT funds set aside for the construction of the permanent restroom facilities and combine with the \$508,425 (reimbursement of TDT funds used for the demolition of the Johns Building) to enhance the weatherproofing of the stage and protection of electrical systems from front to back. If funds remain, utilize them to research the cost and design options for covering the reserved seating section and ensure that any future improvements contemplate sound mitigation elements in their design and construction to further alleviate neighborhood concerns.
 - Limited the number of concerts at the Amphitheater to 10 ticketed events per year (STAGE Committee recommended a market-based approach).
- The City Commission has discussed the STAGE report but has not yet taken formal action on the amendment to the STAGE Interlocal Agreement.

Current Issues:

- Currently, the County allocates \$80,000 of Tourist Development Tax (TDI) to book concerts. With a capacity of 3,250 spectators, staff uses a pro-forma to attract entertainers with the goal of providing a small return on the County's investment. Booking a performer with exorbitant fees at the Amphitheater would require a ticket price well above the market rate or a significant subsidy by the County to cover the difference. Underwriting an occasional top tier performance would allow the Concert Series to attract a greater variety of performers with the recognition that the size of the venue simply does not allow for the County to fully recover its investment for certain types of concerts. This could also be applied to genres of entertainment that the County has not been successful in securing at the Amphitheater. For example, the STAGE Committee has advised staff of its desire for a family-focused performance. This may include a daytime performance marketed toward children which may result in families purchasing three to four tickets. Setting the ticket prices at a level for the performance to break even could severely limit the amount families, and family members, to enjoy the performance.
- As stated previously, staff is working with the City to amend the STAGE Interlocal Agreement and will bring it back to the Board for approval.
- While aesthetically appealing, the shade structure at the Capital City Amphitheater does not provide the necessary weather protection, even during moments of light rain. During inclement weather, the full extent of the stage area is not protected from rainfall. More specifically, equipment stored at the back of the stage area during concerts is vulnerable during events when rain is anticipated. While no concert would take place if lightning was in the general vicinity of the amphitheater, concerts and other performances could take place during light rain if the stage covering and access was better designed. The current shade structure cost approximately \$959,000.

Near-Term Issues:

- In order to create an economy opportunity for the hospitality industry who were negatively impacted by the BP oil spill, staff recommends that the Board allocate a portion of the settlement funds (\$160,000) to subsidize two to four concerts over the next two years at the Amphitheater in order to put on marquee events featuring headlining artists/events that would otherwise be viewed as cost prohibitive. These concerts would have below market ticket prices. For example, a subsidy of \$50,000 to \$75,000 could enable booking acts (Hall & Oates, Journey, Foreigner, Mumford & Sons, Bobby Brown, and others). In addition, subsidizing concerts may attract genres of entertainment that the County has not been successful in securing, such as a family-focused performance as discussed previously. Finally, allocating BP funds to support marquee events aligns with the Board's strategic initiative to grow the tourism economy by being a regional hub for sports and cultural activities (EC4).
- To measure the success of the Amphitheater, the Division of Tourism Development plans to conduct an economic impact study through *Kerr & Downs Research* on one or more concerts in FY 2016.
- Identify design concepts and cost estimates for weatherproofing the stage and electrical systems, covering the permanent seating sections, all of which should contemplate sound mitigation elements to further alleviate neighborhood concerns through the utilization of BP oil spill settlement funds and the remaining funding for the construction of the amphitheater. If \$160,000 from the BP oil spill settlement were set aside to subsidize marquee events at the Amphitheater, it would leave approximately \$586,000 for the design and installation of weatherproofing. Given that there are significant drainage structures under the Amphitheater stage and seating, any proposed covering would need to be planned based on the known subsurface constraints. This may require subsurface survey work so that all known constraints can be identified. The complete weatherization of the Amphitheater is anticipated to be greater than the amount of BP settlement funds available so staff recommends making the weatherproofing of the stage a priority for the remaining \$586,000.

Long-Term Issues:

- Direct the STAGE Committee to consider developing a Capital City Amphitheater membership program that would allow members to receive priority ticketing for concerts/events.
- In the future, the Board may wish to seek design and cost estimates for constructing skybox seating near the back of the amphitheater. Prior to construction, computer models would be run to determine the amount of sound mitigation this type of structure could provide. Sky boxes would increase the amphitheater's capacity and be a revenue source for season subscriptions and corporate sponsorships important for the long-term viability of the venue. Making the amphitheater market driven versus a limited amount of concerts per year could be a consideration in any Skybox discussion.

Current Strategic Priorities:

- Economy – To be an effective leader and a reliable partner in our continuous efforts to make Leon County a place which attracts talent, to grow and diversify our local economy, and to realize our full economic competitiveness in a global economy.
 - (EC4) – Grow our tourism economy, its economic impact and the jobs it supports, including: being a regional hub for sports and cultural activities (2012);
 - (EC4) – Implement strategies that promote the region as a year round destination.
- Quality of Life – To be a provider of essential services in our continuous efforts to make Leon County a place where people are healthy, safe, and connected to their community.
 - (Q1) – Maintain and enhance our recreational offerings associated with parks and greenway system for our families, visitors and residents (2013);
 - (Q4) – Enhance and support amenities that provide social offerings for residents and visitor of all ages (2013).

Current Strategic Initiatives:

- Implement strategies that promote the region as a year round destination including:
 - (Q4, EC4) – Consider programming Cascades Park Amphitheater (2012);
 - (Q4, EC4, G5) – Evaluate opportunities to maximize utilization of Tourism Development taxes and to enhance effectiveness of County support of cultural activities, including management review of COCA (2012).

Potential New FY 2016 Strategic Initiative, for Board Consideration:

- Revision of the following current strategic initiative utilizing \$160,000 from the BP settlement:
 - (Q4, EC4) Pursue programming for the Capital City Amphitheater at Cascades Park to include subsidies for two to four concerts over the next two years in order to put on marque events featuring well know headlining artists and events that would otherwise be viewed as cost prohibitive. (2012) (rev. 2015)
- (Q4, EC4) Identify design concepts and cost estimates for weatherization of the stage and shade for the permanent seating area with the funding priority being the stage utilizing \$586,692 from the BP settlement. These design concepts should also contemplate sound mitigation elements to further alleviate neighborhood concerns.

Attachments:

1. September 28, 2015 Blueprint Agenda Item on Amphitheater Sound Issues
2. First Amendment to the Interlocal Agreement on the Demolition of the Johns Building for the Performing Arts Center
3. Third Amendment to the Interlocal Agreement on the Funding for the Performing Arts Center
4. STAGE Interlocal Agreement
5. May 12, 2015 BOCC Agenda Item on the STAGE Report



ITEM #9

Agenda Item

SUBJECT/TITLE: Cascades Park Sound Mitigation Options	
Date: September 28, 2015	Requested By: Wayne Tedder
Contact Person: Wayne Tedder	Type of Item: Discussion/Presentation

STATEMENT OF ISSUE:

The purpose of the agenda item is to provide options to the IA for mitigating noise from Visit Tallahassee and local performances at the Capital City Amphitheater at Cascades Park on the surrounding residential area. Direction from the IA is desired to authorize Blueprint staff to implement sound mitigation strategies.

SUPPLEMENTAL INFORMATION:

Background

In the September 16, 2013 meeting, the IA directed Blueprint staff to form a working group that includes representatives from the Myers Park and Woodland Drives neighborhoods and retain Siebein and Associates to conduct a second sound study. Since then, a working group made up of six neighborhood representatives, City Parks and Recreation and Blueprint staff, and others have met numerous times (typically once every four to six weeks). The mission of the working group is as follows:

The Cascades Park Work Group (CPWG) provides input and feedback on the operational structure and sound levels in Cascades Park. The CPWG allows representatives from the nearby neighborhoods and key City Departments to create open dialogue resulting in input for the operational direction of Cascades Park. In the future, the CPWG will objectively identify concerns from park users, event attendees, neighboring communities and businesses and event planners in relation to events permitted by the City of Tallahassee and offer solutions.

In preparation of establishing sound levels for ticketed events, a sound test was conducted on Sunday, November 10, 2013 by Seibien and Associates with support from Scott Carswell Presents. Prior to the test, over 2,450 surveys were mailed to all properties located within the boundaries of Magnolia Drive to the south and east, South Gadsden Street to the west and Tennessee Street to the north. Additionally, the survey was emailed to the current electronic project area distribution list (200 contacts) and was available to download from the Blueprint website. A media release announcing the sound test and availability to access and complete the survey electronically was distributed to local media outlets, city and county elected officials, the city executive team and the county communication team via email.

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A total of 121 surveys were completed, 25 by U.S. mail and 96 electronically, i.e. by either email or the electronic survey tool. Of the responses received, 76 (62.8%) were from locations within a 3,000' radius of the amphitheater.

IA Sound Recommendations

At the February 24, 2014 meeting, the Seibien Associates, Inc. *Live Sound Test Acoustical Study* was presented to the IA. The following was the IA approved approach to noise mitigation and sound level limits for the Capital City Amphitheater at Cascades Park. This approach took into account the Cascades Park Working Group discussions, the February 13, 2014 Siebein Associates, Inc. *Live Sound Test Acoustical Study* and the February 19, 2014 *Top Priorities of Myers Park and Woodland Drives Working Group Representatives For the IA Meeting of February 24, 2014*.

1. Establish a fund in the amount of \$40,000 from Blueprint 2000 to provide sound monitors to be used in the neighborhoods and at the mix location that can alert the operator at the mix when a specific sound level limit has been approached and/or exceeded. The monitor should also log the sound levels for each performance. The cost also included analysis of the data.
Note: Blueprint purchased sound meters and necessary equipment to continuously monitor the mix location as well as areas within the surrounding neighborhoods. Every concert has been monitored for compliance with the adopted sound levels provided below.
2. The City of Tallahassee would adopt a noise policy for the Capital City Amphitheater to regulate the noise generated from all amplified events.
This policy:
 - a. **Was adopted prior the first “ticketed” event.**
 - b. **Established a trial period to monitor sounds for six amplified house events and four touring events. Monitoring has been conducted for the required number of events.**
 - c. **Defined maximum allowable noise levels consistent with the Siebein Associates, Inc. recommended sound levels as follows:**
 1. **House System - 85 dBA and 95 dBC using the one second LA eq metric**
 2. **Ticketed Events - 96 dBA and 104 dBC using the ten second LA eq metric.**
 - d. **Requires a review at the end of the trial period.**
3. Continue dialogue with the working group through the trial period.
Note: Staff has met with the working group approximately once every four to six weeks throughout the entire trial period.
4. Should the above approaches prove to be unsuccessful in mitigating the impacts from the amphitheater, the IA would consider whether additional funding may be required to implement the following strategies:
 - a. Changes to the audio system that could further reduce the level of sounds propagated off site
 - b. Purchase and install fixed sound level meters in the neighborhoods

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- c. Limitation of low frequency bass sounds, mainly those below 50 Hz
- d. Limit the number of touring events to no more than 10 in any 18 month period
- e. Construction of a sound barrier at targeted locations
- f. Retrofits on individual properties such as a localized barrier wall and upgraded glazing
- g. Other options as identified.

General Observations of Ticketed Events

Complaints have been received from residents on the following streets: East College Avenue, Golf Terrace, Carlton, Governors, Broome, Fairway, Merritt, Hart, Oakland, Myers Park and Van Buren Street. Attachment #1 is a map that illustrates the location of all properties who have submitted complaints during events as well as those property owners who have filed a petition requesting additional mitigation of sound intrusion into the neighborhood. Staff has received reports of sound from the concerts being audible as far away as Lafayette Park and TMH. However, there are two areas that consistently report intolerable impacts – Myers Park Drive from Lafayette to Circle Drive and the Oakland Avenue/Broome/Fairway/Van Buren area. In general, higher dBC levels seem to be of more concern in areas east of the amphitheater while both higher dBC and dBA levels affect those areas closer to the park south of the amphitheater. Neighborhood representatives from the Working Group also prepared a report (Attachment #2) that was included in the County Commission agenda item regarding sound from the amphitheater.

Neighborhood Request

At the May 28, 2015 Cascades Park Work Group meeting, the neighborhood representatives requested a comprehensive review of all possible solutions to mitigate the sound levels. Such study would require the services of an acoustics expert such as the professionals previously obtained by Blueprint for the earlier sound studies and the allocation of funds to cover the professional fees.

The neighborhood is requesting that a comprehensive strategy/ies are developed to ensure that sound levels from the amphitheater do not exceed 47 to 55 dBA and 65 dBC at residences which are consistent with levels suggested as appropriate by Siebein and Associates. Furthermore, the neighborhood desires workable solutions that will be holistic in nature, and not merely relocate sound impacts from one area to another. The scope recommended by the neighborhood includes the following measures:

Speaker system design, placement, calibration, evaluation, and refinement for local events:

1. Specifications regarding the type, placement, installation, and calibration of a new permanent house speaker system designed to ensure adequate sound quality for event attendees while minimizing impacts on adjacent residential areas.
2. Identification of appropriate dBA and dBC levels throughout the park to minimize intrusion into the neighborhoods. To the extent possible, these levels shall be programmed into the house speaker system to not allow manual overrides.
3. Once the system has been installed, evaluation of the sound impacts and recalibration as necessary to further lessen impacts.

Touring sound system recommendations for Visit Tallahassee events:

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1. Recommendations regarding the placement of touring sound systems in order to minimize impacts on adjoining neighborhoods.
2. Recommendations on appropriate dBA and dBC levels and octave bands that will result -- with the implementation of physical barriers -- in sound levels not exceeding 47 to 55 dBA and 65 dBC at residences.

Optimal physical barriers for both local and Visit Tallahassee events, with the understanding that such barriers will not necessarily address impacts from both types of events:

1. Recommendations regarding the design, placement, and approximate cost of physical barriers in order to significantly minimize sound impacts on the neighborhoods. Such barriers shall include but not be limited to:
 - a. Additional sound curtains
 - b. Berms
 - c. Other physical barriers as recommended by the consultant
2. Recommendations for individual property improvements as necessary:
 - a. Local barrier walls
 - b. Upgraded glazing
 - c. Other recommendations as appropriate

Board of County Commissioners, City Commission and Intergovernmental Agency Actions on the Capital City Amphitheater Interlocal Agreement

On May 12, 2015, The Board of County Commissioners reviewed the STAGE Committee's Twelve-Month Comprehensive Report regarding the Capital City Amphitheater Concert Series. On June 17, 2015, the City Commission reviewed an agenda item related to changes to the Interlocal Agreement governing the Capital City Amphitheater and voted to defer the item until the June 22 IA meeting. On June 22, 2015 the IA discussed the STAGE Committee's recommendations to changes to the Interlocal Agreement and also discussed the sound mitigation options presented by Cascades Park Work Group. In this meeting, the IA voted to include KCCI and Downtown Improvement Authority as permanent positions on the STAGE Committee and directed Blueprint to perform an analysis of the stage curtain and the cost and effectiveness of 1) a berm and 2) and upgraded speaker system for local events.

Use of the Sound/Stage Curtain

The current curtain system at the amphitheater consists of 10 panels that are made of 27-ounce Charisma 1064 fabric. Four panels are hung from the truss at the back of the stage, two panels are hung on each side and two panels are used to wrap the truss system towers. However, there is not a setup template that works for all concerts, wind conditions, technical specs of producing the show and sightlines all play a role. County staff have asked Scott Carswell Presents to work with the artist's stage manager and include all 10 panels unless technical setup requirements of the band mandate otherwise. In addition, wind conditions above a certain level can also force side panels to be adjusted in order to avoid disrupting the performance. To date, the full curtain system was utilized 87 percent of the time for the seven concerts. It should be noted that it is the goal to use all 10 panels for the ticketed concerts whenever possible and County staff have instructed Scott Carswell Presents to this effect.

In order to continue to mitigate sound on the adjacent neighborhoods, we are requesting that Blueprint funds are used to purchase two additional half-curtain panels (one for the east side of

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the stage and one for the west) that would be hung in place of a full panel, if production requirements do not allow for full panels. These half-panels, in conjunction with the stage walls, will assist with sound mitigating from the stage area. To help with possible wind concerns, these half panels will be anchored to certain points on the stage or the stage walls. The estimated cost of the half-curtain panels and storage for the curtains are approximately \$4,000.

If the IA agrees to fund the half curtains, the County staff would be supportive of adding language to the revised Interlocal Agreement stating that it is the County's intent to utilize the maximum amount of curtain panels that the production will allow. City and County staff propose the following language to be included in the Interlocal Agreement:

For each concert, it is the County's intent to utilize the full stage curtain, and therefore the County will ensure that its management company works with the artist's stage manager and utilizes all 10 panels unless technical setup requirements of the band mandate otherwise, in which case the maximum amount of curtain panels that the production will allow will be utilized.

Current Blueprint 2000 Funded Sound Studies

Noise Mitigation Effects of a Sound Barrier

Blueprint recently commissioned a sound study from Acoustics by Design based on the house system to investigate the effect of constructing a berm on the City property south of the CSX Railroad tracks. The study identifies the levels of noise reduction if the berm/barrier was 10 feet, 20 feet or 30 feet high. Their analysis showed that a 30 foot high berm could potentially reduce noise impacts by as much as 7-9 dBA's for most residences south of the berm. This option would benefit the portion of the neighborhood most severely affected but not reduce the noise in other areas.

Sound Barrier Concepts and Estimated Cost

Staff retained Michael Baker International to conduct a preliminary analysis and prepare conceptual drawings for the noise barrier analyzed in the Acoustics by Design Study referenced above. The Michael Baker International *Noise Barrier Concept Study* is included as Attachment 4. Three noise barrier concepts of 30 foot height were reviewed, consisting of a standard FDOT precast noise wall, an earthen berm and shipping containers. It was found that the earthen berm concept was not feasible. This is due to the amount of area needed for the berm footprint and the amount of impact to the FEMA Flood Zone A that is located in the parcel. Furthermore, Acoustics by Design was asked to compare the effectiveness of the three proposed noise barriers with regard to noise reduction. See attachment 4 for the Acoustics by Design *Noise Barrier Design Review*. Table 1 presents a matrix comparing the three options.

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Table 1. Noise Barrier Concept Comparison

Criteria	FDOT Precast Noise Wall	Shipping Containers	Earthen Berm*
dBA Reduction	9-11	8-10	7-9
Full Barrier Length (in linear feet)	315	280	125
Flood Zone Impact (in acres)	0.27	0.22	0.75
Design Cost	\$61,200	\$62,100	\$71,700
Construction Cost	\$371,000	\$423,200	\$362,000
10% Contingency	\$43,220	\$48,530	\$43,370
Total Cost	\$475,420	\$533,830	\$477,070
*Earthen berm is not recommended for two reasons: 1) the reduction in barrier length at the needed height due to the slope required and 2) impact to the floodplain.			

Should the IA recommend construction of a sound barrier, staff recommends pursuing the FDOT Precast Noise Wall option. Funding in the amount of \$475,420 for the barrier design, construction and contingency will need to be identified in the Fiscal Year 2016 Capital Budget.

Audio Equipment Analysis for Local Events

An additional study from Acoustics by Design to identify audio equipment and configurations for local events to optimize coverage at the amphitheater and minimize community noise exposure for the adjacent neighborhoods was recently completed. This analysis is included as Attachment 5.

A critical finding in the analysis is that even with the main speakers turned off the potential sound from the stage monitors can be equal to or louder than the main speakers. Given this information, the consultant recommends that any potential solution required to limit the audio spill out into the community address the sound from the stage monitors. Taking this caveat into consideration, the study contains the following recommendations:

1. Recommend that musicians performing on stage only use In-Ear-Monitors (IEM). It is possible that some musicians will be resistant to this, but the benefit to the sound control and reduced stage volume makes this a high priority. Exceptions could be made for choirs and other large groups. Wireless IEM system (4 units) \$8,000.
2. Recognizing that it may not be possible for all musical groups to utilize IEMs it is possible that stage monitors could still be used. If they must be used, the recommendation is to limit the total stage volume when measured at the front edge of the stage to be no more than 85 dBA which would be approximately 70 dBA when measured at the mix and 67 dBA when measured at the back of the grassed seating area.

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Note: City Parks and Recreation staff support the purchase of the IEM system/and or reduction of total stage volume to best accomplish the sound mitigation goals, however, they are still evaluating the best way to implement these recommendations for house events.

3. Replace the current house system with a high directivity, digitally steered column array. Digitally Steered Column Array Speakers with Rigging \$60,000.
4. The existing subwoofers can be re-used instead of purchasing new “matching” subwoofers, but the recommended subwoofers do provide some directionality for the lower frequencies but do not represent any large improvement in the amount of sound that will be projected out of the amphitheater. If needed, replace existing subwoofers and prior to purchase, have contractor demonstrate its effectiveness. Cardioid Subwoofers with Amplifiers and Processing \$25,000.
5. Permanently install all loudspeakers as low as reasonably possible in relation to the stage.

OPTIONS:

Should the IA desire to design and construct a sound barrier, purchase and install new audio equipment, and/or purchase supplemental half-curtains, additional dollars will need to be allocated. The following is a list of options for the IA to consider.

Option 1: Utilize Blueprint 2000 funds in the amount of \$4,000 to purchase two half-curtain panels and storage cases. Funding for this mitigation strategy is identified in the Blueprint 2000 FY 2016 Capital Budget.

Option 2: Utilize Blueprint 2000 funds to design and construct a sound barrier on the City property south of the CSX Railroad tracks that will reduce the noise impacts on the residential properties south of Cascades Park by at least 9 dBA. The estimated cost for design, construction and 10 percent contingency is \$475,420. Funding for this mitigation strategy must be allocated in the Blueprint 2000 FY 2016 Capital Budget.

Option 3: Utilize Blueprint 2000 funds in the amount of \$8,000 to purchase wireless In-Ear-Monitors. Funding for this mitigation strategy is identified in the Blueprint 2000 FY 2016 Capital Budget.

Option 4: Utilize Blueprint 2000 funds to purchase and install as low as reasonably possible in relation to the stage, two digitally steered column array speakers with rigging plus 10 percent contingency for power and signal conduits for a total of \$66,000. Funding for this mitigation strategy is identified in the Blueprint 2000 FY 2016 Capital Budget.

Option 5: Utilize Blueprint 2000 funds to purchase and install as low as reasonably possible in relation to the stage, two Cardioid Subwoofers with Amplifiers and Processing plus 10 percent contingency for power and signal conduits in the amount of \$27,250. Funding for this mitigation strategy is identified in the Blueprint 2000 FY 2016 Capital Budget.

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Option 6: IA Direction

RECOMMENDED ACTION:

Approve:

Option 1: Utilize Blueprint 2000 funds in the amount of \$4,000 to purchase two half-curtain panels and storage cases. Funding for this mitigation strategy is identified in the Blueprint 2000 FY 2016 Capital Budget.

Option 3: Utilize Blueprint 2000 funds in the amount of \$8,000 to purchase wireless In-Ear-Monitors. Funding for this mitigation strategy is identified in the Blueprint 2000 FY 2016 Capital Budget.

Option 4: Utilize Blueprint 2000 funds to purchase and install as low as reasonably possible in relation to the stage, two digitally steered column array speakers with rigging plus 10 percent contingency for power and signal conduits for a total of \$66,000. Funding for this mitigation strategy is identified in the Blueprint 2000 FY 2016 Capital Budget.

Option 5: Utilize Blueprint 2000 funds to purchase and install as low as reasonably possible in relation to the stage, two Cardioid Subwoofers with Amplifiers and Processing plus 10 percent contingency for power and signal conduits in the amount of \$27,250. Funding for this mitigation strategy is identified in the Blueprint 2000 FY 2016 Capital Budget.

Blueprint 2000 Project Definitions Report Consistency: N/A

Action by the CAC and TCC: This item was not presented to the TCC. The CAC discussed the item, but a vote was not required due to the incomplete sound mitigation analyses.

ATTACHMENTS:

Attachment 1: Petition Signature and Complaint Property Locations

Attachment 2: CPWG Report

Attachment 3: Noise Barrier Concept Study, Michael Baker International

Attachment 4: Noise Barrier Design Review, Acoustics by Design

Attachment 5: Acoustics by Design Audio Equipment List Report, Acoustics by Design

FIRST AMENDMENT TO INTERLOCAL AGREEMENT AMONG THE CITY OF TALLAHASSEE, LEON COUNTY, AND THE COMMUNITY REDEVELOPMENT AGENCY OF THE CITY OF TALLAHASSEE REGARDING THE USE OF DESIGNATED TOURIST DEVELOPMENT TAX FUNDS FOR DEMOLITION AND SITE PREPARATION TO SUPPORT THE PROPOSED DOWNTOWN PERFORMING ARTS CENTER IN THE DOWNTOWN DISTRICT COMMUNITY REDEVELOPMENT AREA

This First Amendment to the Interlocal Agreement is made and entered into as of this 11 day of December, 2014, by and between Leon County, Florida, a charter county and political subdivision of the State of Florida (the "County"), the City of Tallahassee, a municipal corporation created and existing under the laws of the State of Florida (the "City"), and the Community Redevelopment Agency of the City of Tallahassee, a body politic and entity created, existing and operating under Part III of Chapter 163, Florida Statutes (the "Agency").

RECITALS

WHEREAS, the County, City, and Agency (hereinafter collectively referred to as the "Parties") entered into an Interlocal Agreement as of the 23rd day of June, 2004, as amended by that certain First Amendment dated October 4, 2007, and as further amended by that certain Second Amendment dated February 9, 2009, regarding the Downtown District Community Redevelopment Area (the "District"); and

WHEREAS, in 2007 the City entered into an Option Agreement for Sale and Purchase with the Florida Center for Performing Arts and Education, Inc. ("Florida Center") for the Johns Building Block for the purposes of constructing a Performing Arts Center subject to the Florida Center meeting certain milestones to demonstrate the capacity to fund the construction of proposed Performing Arts Center; and

WHEREAS, the Parties entered into a subsequent Interlocal Agreement as of the 22nd day of July, 2008 (the "Agreement"), relating specifically to the use of Tourist Development Tax funds for costs associated with the demolition and site preparation work on City property located at the Johns Building Block to support the development of the proposed Performing Arts Center; and

WHEREAS, Tourist Development Tax funds in the amount of \$502,573.38 were utilized for the demolition and site preparation work on the Johns Building Block property; and

WHEREAS, the Parties recognize that the Florida Center has failed to meet certain required milestones necessary to demonstrate its capacity to construct the Performing Arts Center at the Johns Building Block site; and

WHEREAS, the Agreement requires that the \$502,573.38 expended for the demolition and site preparation work on the Johns Building Block site, be reimbursed to the County should certain conditions subsequent occur; and

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BOB INZER, CLERK OF COURTS

WHEREAS, the Parties agree that it is in their best interests to allow the City to utilize all or part of the \$502,573.38 in Tourist Development Tax funds to make improvements for the benefit of the Capital City Amphitheater; and

WHEREAS, the Parties agree that at the conclusion of a five-year period of time, any portion of the \$502,573.38 in funds that have not been expended in accordance with this Agreement shall be returned to the County's Tourist Development Trust Fund; and

WHEREAS, the Agreement provides that any portion of the Agreement may be amended or waived only pursuant to an instrument in writing, approved by the City Commission, the Governing Board of the Agency, and the County's Board of County Commissioners, and jointly executed by the Parties; and

WHEREAS, the Parties desire to enter into a first amendment to the Agreement to modify the provisions relating to the return or use of the \$502,573.38 in Tourist Development Tax funds.

NOW, THEREFORE, for and in consideration of the forgoing recitals and the mutual covenants and promises contained herein, the Parties do hereby covenant and agree as follows:

1. The Recitals set forth above are incorporated herein as if fully set forth below.
2. Section 5 of the Agreement is hereby deleted, replaced, and superceded by the following:

Section 5. Reimbursement of Tourist Development Tax Funds.

The City shall make improvements for the benefit of the Capital City Amphitheater in the amount of \$502,573.38 by or before September 30, 2019. The improvements for the benefit of the Capital City Amphitheater may include, but are not limited to, dressing rooms, green rooms and storage space. Prior to commencement of the improvements, such improvements shall be approved by the City and the County. The expenditures for the improvements shall be limited to those authorized under section 125.0104 of the Florida Statutes.

In the event that the City fails to expend \$502,573.38 for improvements for the benefit of the Capital City Amphitheater by or before, September 30, 2019, the City shall refund to the County the difference between the amount expended and \$502,573.38. The Funds shall be held in an interest bearing account and the accrued interest shall accumulate to the Funds. The interest rate shall be the same as that accruing to accounts holding the monies which constitute the City's general fund.

On September 30, 2019, any portion of the \$502,573.38 in Tourist Development Tax funds, not encumbered or expended for the purposes set forth in this Section 5, shall be reimbursed and returned to the County and deposited in the County's Tourist Development Trust Fund, not later than thirty (30) days thereafter.

3. All other terms and conditions of the Agreement shall remain in full force and effect, except as amended herein.

4. This First Amendment to the Agreement shall be effective upon full execution hereof.

IN WITNESS WHEREOF, the Parties have caused this First Amendment to the Interlocal Agreement to be executed by their duly authorized representatives this 12 day of Dec, 2014.



LEON COUNTY, FLORIDA

BY: Mary Ann Lirdley
Mary Ann Lirdley, Chairman
Board of County Commissioners

Date: 12-12-14

ATTEST:
Bob Inzer, Clerk and Comptroller
Leon County, Florida

BY: John Stott, Deputy Clerk

Approved as to Form:
Leon County Attorney's Office

BY: Herbert W. A. Thiele, Esq.
Herbert W. A. Thiele, Esq.
County Attorney

CITY OF TALLAHASSEE

BY: Andrew D. Gillum
Andrew D. Gillum, Mayor

Date: 11/7/15

ATTEST:

BY: James O. Cooke, IV
James O. Cooke, IV
City Treasurer/Clerk

Approved as to Form:

BY: Lewis E. Shelley, Esq.
Lewis E. Shelley, Esq.
City Attorney

**TALLAHASSEE COMMUNITY
REDEVELOPMENT AGENCY**

BY: Andrew D. Gillum
Andrew D. Gillum, Chair

Date: 11/7/15

THIRD AMENDMENT TO INTERLOCAL AGREEMENT AMONG THE CITY OF TALLAHASSEE, LEON COUNTY, AND THE COMMUNITY REDEVELOPMENT AGENCY OF THE CITY OF TALLAHASSEE REGARDING THE CREATION AND OPERATIONS OF THE DOWNTOWN DISTRICT COMMUNITY REDEVELOPMENT AREA AND THE EXPANSION OF ANY COMMUNITY REDEVELOPMENT AREA

This Third Amendment to the Interlocal Agreement is made and entered into as of this 11 day of December, 2014, by and between Leon County, Florida, a charter county and political subdivision of the State of Florida (the "County"), the City of Tallahassee, a municipal corporation created and existing under the laws of the State of Florida (the "City"), and the Community Redevelopment Agency of the City of Tallahassee, a body politic and entity created, existing and operating under Part III of Chapter 163, Florida Statutes (the "Agency").

RECITALS

WHEREAS, the County, City, and Agency entered into the Interlocal Agreement as of the 23rd day of June, 2004, as amended by that certain First Amendment dated October 4, 2007, and as further amended by that certain Second Amendment dated February 9, 2009 (collectively the "Agreement"); and

WHEREAS, the Agreement includes provisions dedicating certain tourist development tax proceeds for the debt service, construction, and/or operational costs of a performing arts center(s); and

WHEREAS, the parties to the Agreement agree that it is in the best interest of the Agency, the City, and the County (hereinafter collectively referred to as the "Parties") to discontinue dedicating tourist development tax proceeds for a performing arts center(s), and to reallocate the previously dedicated tourist development tax proceeds for other projects, programs and expenses consistent with the uses of such tax proceeds as set forth in section 125.0104, Florida Statutes; and

WHEREAS, the Agreement provides that any portion of the Agreement may be amended or waived only pursuant to an instrument in writing, approved by the City Commission, the Governing Board of the Agency, and the County's Board of County Commissioners, and jointly executed by the Parties; and

WHEREAS, the Parties desire to enter into a third amendment to the Agreement to modify the provisions relating to the dedication, allocation, and use of tourist development tax proceeds.

NOW, THEREFORE, for and in consideration of the forgoing recitals and the mutual covenants and promises contained herein, the Parties do hereby covenant and agree as follows:

1. Section 6.a. of the Agreement is hereby deleted, replaced, and superceded by the following:

a. Tourist Development Tax.

- (1) The tourist development tax funds (the "Funds") in the amount of \$5,042,522 previously collected through and including September 30, 2014, which had been dedicated exclusively for the debt service, construction and/or operational costs of a performing arts center(s) in the Downtown District Community Redevelopment Area, shall be set aside for use by the Agency consistent with this Section 6.a. of the Agreement. The Funds shall be held in an interest bearing account and the accrued interest shall accumulate to the Funds. The interest rate shall be the same as that accruing to accounts holding the monies which constitute the County's general fund.
 - (2) The Funds shall be utilized for projects, programs and expenses recommended by the Agency, and subject to the approval of the County and City, related to culture, visual arts, and heritage programs; performing arts space, as part of the convention center project; or other performing arts projects. The Funds may be utilized in the Downtown District Community Redevelopment Area or the Greater Frenchtown/Southside Community Redevelopment Area. The Funds shall be utilized for projects, programs and expenses authorized under section 125.0104, Florida Statutes.
 - (3) All tourist development tax funds collected on and after October 1, 2014, shall be retained by the County for utilization consistent with section 125.0104, Florida Statutes.
 - (4) Any portion of the Funds not utilized by the Agency, shall be returned to or otherwise be made available to the Leon County Tourist Development Tax Trust Fund, upon the termination or expiration of the Agency.
2. Section 6.h. of the Agreement is hereby deleted in its entirety.
 3. All other terms and conditions of the Agreement shall remain in full force and effect, except as amended herein.
 4. This Third Amendment to the Agreement shall be effective upon full execution hereof.

IN WITNESS WHEREOF, the Parties have caused this Third Amendment to the Interlocal Agreement to be executed by their duly authorized representatives this ____ day of _____, 20____.



LEON COUNTY, FLORIDA

BY: Mary Ann Lindley
Mary Ann Lindley, Chairman
Board of County Commissioners

Date: 12-12-14

ATTEST:
Bob Inzer
Clerk & Comptroller
Leon County, Florida

BY: [Signature]

Approved as to Form:
Leon County Attorney's Office

BY: [Signature]
Herbert W. A. Thiele, Esq.
County Attorney

CITY OF TALLAHASSEE

BY: _____
Andrew D. Gillum, Mayor

Date: _____

ATTEST:

BY: _____
James O. Cooke, IV
City Treasurer/Clerk

Approved as to Form:

BY: _____
Lewis E. Shelley, Esq.
City Attorney

**TALLAHASSEE COMMUNITY
REDEVELOPMENT AGENCY**

BY: _____
Andrew D. Gillum, Chair

Date: _____

**INTERLOCAL AGREEMENT BETWEEN THE CITY OF TALLAHASSEE
AND LEON COUNTY REGARDING PROGRAMMING FOR THE CAPITAL CASCADES
STAGE AND CONCERT SERIES AT THE CAPITAL CITY AMPHITHEATER AT
CASCADES PARK**

THIS INTERLOCAL AGREEMENT ("Agreement") is made and entered into this 11th day of July, 2013, pursuant to the authority of Section 163.01, Florida Statutes, by and between the CITY OF TALLAHASSEE, a Florida municipal corporation (the "City") and LEON COUNTY, Florida, a charter county and political subdivision of the State of Florida (the "County") for the purpose of developing operational guidelines for the Leon County Division of Tourism Development Sponsored Events at the Capital City Amphitheater at Cascades Park ("Amphitheater") to be known as the Capital Cascades Stage and Concert Series. The City and County may be referred to collectively as "Parties".

RECITALS

WHEREAS, the Amphitheater has been created as an amenity in Cascades Park, utilizing both Blueprint 2000 funds and Leon County Tourist Development Tax proceeds; and,

WHEREAS, programming of the Amphitheater will include local festivals and local events as well as regional ticketed concerts, the Capital Cascades Stage and Concert Series; and,

WHEREAS, the City and County agree that the Amphitheater has been constructed as a venue for large outdoor concerts drawing the caliber of entertainment suitable to be a regional attraction in an effort to drive economic development through tourism; and that up to a maximum of ten (10) ticketed events will be scheduled to occur within the first eighteen (18) months of operation of the Amphitheater, ("Capital Cascades Stage and Concert Series"); and,

WHEREAS, the Parties also agree that the Amphitheater is intended to attract events that are oriented to the entire community in all of its diversity; and

WHEREAS, the Parties recognize the benefits of hiring a management company to develop and manage the programming of the Capital Cascades Stage and Concert Series at the Amphitheater and of establishing a volunteer committee to be known as the Strategic Team for Amphitheater Grand Entertainment ("STAGE"); and,

WHEREAS, the Parties recognize the need to establish guidelines and responsibilities for STAGE, City staff and County staff related to the Capital Cascades Stage and Concert Series. This Agreement is intended to establish those guidelines, which are limited to the Capital Cascades Stage and Concert Series Events.

NOW, THERFORE, in consideration of the following mutual promises, and representations set forth below, the sufficiency of which being acknowledged, the City and County do hereby agree as follows:

SECTION 1. INCORPORATION OF RECITALS. The Recitals set forth above are hereby incorporated into this Agreement and made a part hereof as if set forth below.

SECTION 2. ESTABLISHMENT OF THE STRATEGIC TEAM FOR AMPHITHEATER GRAND ENTERTAINMENT (STAGE).

1. Purpose: There is hereby established a Strategic Team for Amphitheater Grand Entertainment, hereinafter "STAGE" or "STAGE Committee" to act as a "Focus Group" with regard to the Capital Cascades Stage and Concert Series held at the Capital City Amphitheater ("Amphitheater"). The STAGE Committee shall develop guidelines for the Capital Cascades Stage and Concert Series at the Amphitheater as set forth herein.

2. Membership: The STAGE Committee shall have seven (7) members. Membership of the STAGE Committee shall consist of the following:

- a. Director of the Leon County Division of Tourism Development.
- b. Director of the City's Department of Parks, Recreation, and Neighborhood Affairs ("PRNA").
- c. Representative from the Cultivate Cascades Initiative Team of the Knight Creative Communities Institute ("KCCI") who will be replaced by a rotating appointment, as outlined below.
- d. Representative appointed by the Myers Park Neighborhood Association.
- e. Representative appointed by the Woodland Drives Neighborhood Association.
- f. Representative from Seven Days of Opening Nights at Florida State University, appointed by Florida State University.
- g. Representative from the Lyceum Series at Florida A&M University, appointed by Florida A&M University.

3. Membership Terms. The Director of the Leon County Division of Tourism Development and PRNA Director shall be permanent members. The KCCI, Myers Park Association, Woodland Drives Neighborhood Association, Seven Days of Opening Nights and Lyceum Series members shall serve two-year terms. Upon the expiration of the first two-year term the KCCI membership shall cease, and be replaced with a seventh member who shall then become a member representing the community-at-large appointed by either the City Commission or the Board of County Commissioners on a rotating basis for a two-year term. The Board of County

Commissioners shall appoint the first community-at-large member. Upon the expiration of the first two-year term for the Myers Park Association, the Woodland Drives Neighborhood Association, Seven Days of Opening Nights, and Lyceum Series members, those organizations shall have an opportunity to select a new member to represent each organization, or may reappoint the current member representative to the STAGE Committee for another two-year term.

4. STAGE Operations: The STAGE Committee shall be and act as a “Focus Group” of the Board of County Commissioners, which shall comply with all policies applicable to such committees. All meetings of the STAGE Committee shall be advertised, open to the public, and minutes of the meetings shall be taken. Pursuant to Section 6 herein, the City Manager and County Administrator, acting jointly are authorized to revise the membership of the STAGE Committee and its duties and responsibilities.

SECTION 3. STAGE COMMITTEE RESPONSIBILITIES.

The STAGE Committee shall make reports to the City Manager and the County Administrator, related to the Capital Cascades Stage and Concert Series on:

1. Developing a booking policy that will reserve certain priority dates for a maximum of ten (10) Capital Cascades Stage and Concert Series events to occur within the first eighteen (18) months of Amphitheater operation.
2. Coordinating a master calendar for the Capital Cascades Stage and Concert Series events.
3. Exploring various musical and performance genres.
4. Developing community-oriented and other cultural programming, reflective of the diversity of the Tallahassee-Leon County community.
5. Developing a plan for concert and event times for the Capital Cascades Stage and Concert Series consistent with the Amphitheater’s hours of operation and this Agreement.
6. Developing a plan and procedure for special exceptions to Amphitheater hours of operation for federal, state, or locally recognized holidays, which special exceptions shall be submitted to and approved by the City Manager and County Administrator, acting jointly, in writing prior to the first event of the Capital Cascades Stage and Concert Series.
7. Developing a plan to address concerns, if any, of adjacent neighborhoods related to the Capital Cascades Stage and Concert Series.
8. Recommending the number of permissible Capital Cascades Stage and

Concert Series events to occur annually after the first eighteen (18) months of Amphitheater operation.

9. Reviewing on a monthly basis for the first twelve (12) months of Amphitheater operation all activity related to the Capital Cascades Stage and Concert Series. After the first twelve (12) months of Amphitheater operation, conducting such reviews on a quarterly basis.
10. Recommending whether earned profits from the Capital Cascades Stage and Concert Series, if any, should be expended for Amphitheater capital improvements and costs related to marketing the Amphitheater to attract performers and visitors to Leon County and the City of Tallahassee for the Capital Cascades Stage and Concert Series.

Pursuant to Section 6 herein, the City Manager and County Administrator are authorized to revise the duties and responsibilities of the STAGE Committee.

SECTION 4. CITY STAFF RESPONSIBILITIES.

City staff shall:

1. Conduct regular maintenance of the Amphitheater as part of routine Cascades Park operations.
2. Establish price lists for services provided by the City for the Capital Cascades Stage and Concert Series.
3. Allow the Capital Cascades Stage and Concert Series consisting of a maximum of ten (10) ticketed outdoor concerts to occur at the Amphitheater within the first eighteen (18) months of Amphitheater operation, provided all City permitting requirements are complied with.
4. Implement use agreements with owners of parking lots and facilities surrounding the park.
5. Create a traffic control plan which may include parking limitation signs in surrounding neighborhoods to limit ingress to adjacent neighborhoods during the Capital Cascades Stage and Concert Series events.
6. In the event that the Meridian Point Building is acquired by the City and becomes available for redevelopment within the initial five (5) year term of this Agreement or any subsequent two (2) year renewal term, it is recognized by the Parties that Amphitheater operations would benefit from dressing rooms, restrooms, production office, box office, catering space, which therefore shall be incorporated, if feasible, into the design of any proposed

redevelopment of the first level of the Meridian Point Building.

7. If the Meridian Point Building is acquired by the City, work with County staff to develop an agreement to share the costs of operating the building for the benefit of the Amphitheater.
8. Invoice the County, after completion of each Capital Cascades Stage and Concert Series event for the cost of City services, as specified in the City's Special Events Permit process.
9. Work with the Leon County Division of Tourism Development, the management company, if any, and the concert/event promoter(s) on all aspects of each Capital Cascades Stage and Concert Series event staging and production.
10. Provide services for the Capital Cascades Stage and Concert Series, as agreed upon in City's Special Events Permit process.
11. Work with the STAGE Committee and the Leon County Division of Tourism Development to address neighborhood concerns, if any.
12. Adjust neighborhood trash pickup schedules following a Capital Cascades Stage and Concert Series event, if necessary.
13. Work with County staff to assist the STAGE Committee in developing a plan, providing that profits from the Capital Cascades Stage and Concert Series are used for Amphitheater capital improvements and costs related to marketing the Amphitheater to attract performers and visitors to Leon County and the City of Tallahassee for the Capital Cascades Stage and Concert Series.

SECTION 5. COUNTY STAFF RESPONSIBILITIES.

County staff shall:

1. Provide for a private management company retained through a competitive selection process or budget for salary and benefits for a program manager, who shall be an employee of the County.
2. If the Meridian Point Building is acquired by the City, work with City staff to develop an agreement to share the costs of operating the building for the benefit of the Amphitheater.
3. Work with concert promoters to establish ticket prices and make all final

decisions on booking entertainment for each Capital Cascades Stage and Concert Series event.

4. After completion of each Capital Cascades Stage and Concert Series event and upon receipt of an invoice from the City, pay such approved costs to the City for services as agreed upon in City's Special Events Permit in accordance with the City's price list.
5. Provide any advance funding, where appropriate or necessary to book a Capital Cascades Stage and Concert Series event.
6. Provide funding, where appropriate, to enter into self-promotion or co-promotion agreements with concert promoters.
7. Maintain profit and loss records for each Capital Cascades Stage and Concert Series event. Revenues may consist of ticket revenues, sponsorships, concession fees, percentage of food and beverage sales, VIP hospitality area income, percentage of merchandise sales and other sources as identified. Costs may include, but are not limited to, fees due to the concert or event, promoter/entertainment, and related concert costs.
8. Work with City staff to develop a plan, which will provide that profits from the Capital Cascades Stage and Concert Series are used for Amphitheater capital improvements and costs related to marketing the Amphitheater to attract performers and visitors to Leon County and the City of Tallahassee for the Capital Cascades Stage and Concert Series.
9. Retain all profits earned, if any, from the Capital Cascades Stage and Concert Series events to be held within the first eighteen (18) months of operation of the Amphitheater, in an account to be managed by the County, specifically to use for Amphitheater capital improvements and costs related to marketing the Amphitheater to attract performers and visitors to Leon County and the City of Tallahassee. The County shall make available an annual statement of earned revenues from the Capital Cascades Stage and Concert Series for interested parties.
10. Issue a Request For Proposals, if necessary, and enter into an agreement for electronic ticketing.
11. Operate a box office and reconcile concert ticket sales and associated event costs with the concert promoter.
12. Through the Leon County Division of Tourism Development, market the Capital Cascades Stage and Concert Series events to regional audiences.

13. Develop and sell possible Capital Cascades Stage and Concert Series sponsorship opportunities, subject to PRNA approval, within the Amphitheater.
14. Unless a special exception for a holiday is submitted to and approved by the City Manager and County Administrator pursuant to this Agreement, require all entertainment provided at the Capital Cascades Stage and Concert Series to be completed not later than 11:00 p.m. on Fridays and Saturdays, and not later than 10:00 p.m. on Sundays through Thursdays. No Capital Cascades Stage and Concert Series event shall begin earlier than 7:00 a.m. on any day of the week.
15. Require the management company, if any, to comply with any noise ordinance enacted by the City or the County.
16. Obtain a City Special Events Permit for each Capital Cascades Stage and Concert Series event.

SECTION 6. CITY MANAGER AND COUNTY ADMINISTRATOR.

This Agreement authorizes the City Manager and the County Administrator to resolve all programming, policy, and governance matters that may arise during the planning, implementation, and operation of the Amphitheater for the Capital Cascades Stage and Concert Series. However, should the City Manager and County Administrator be unable to resolve such matters, then the provisions of Section 9B shall apply. The City Manager and County Administrator, acting jointly, are hereby authorized to enhance or revise the membership and responsibilities of the STAGE Committee as needed.

SECTION 7. EFFECTIVE DATE.

This Agreement shall be effective ("Effective Date") when filed with the Clerk of the Circuit Court pursuant to Section 163.01(11), Florida Statutes after approval and execution by both Parties.

SECTION 8. TERM, RENEWAL, TERMINATION, REVIEW.

The term of the Agreement shall be for a period of five (5) years commencing upon the Effective Date and shall be renewed automatically thereafter for two (2) year terms, unless either the City or County provides written notice to the other Party of its intent not to renew this Agreement, not later than sixty (60) days prior to the end of the then current term.

If either Party fails to comply with any of the material terms or conditions of this Agreement or otherwise defaults in any of its material obligations under this Agreement and shall fail, within sixty (60) calendar days after written notice from the other Party to correct such default or

noncompliance, the non-defaulting Party may, at its option, terminate this Agreement.

It is the intent of the Parties to conduct a joint City and County review of the contractual terms, conditions and performance of the Parties, to occur not less than eighteen (18) months after the Effective Date of this Agreement.

SECTION 9. MISCELLANEOUS.

A. Amendments.

The Parties hereby acknowledge that the terms hereof constitute the entire understanding and agreement of the Parties with respect to the subject matter hereof. No modification hereof shall be effective unless in writing, executed with the same formalities as this Agreement, in accordance with general law.

B. Conflict Resolution.

1. The Parties shall attempt to resolve all disputes that arise under this Agreement in good faith and in accordance with this section. The provisions of the "Florida Governmental Conflict Resolution Act" shall not apply to disputes under this Agreement, as an alternative dispute resolution process is hereby set forth in this section. The aggrieved Party shall give notice to the other Party in writing, setting forth the name of the Party involved in the dispute, the nature of the dispute, date of occurrence (if known), and proposed resolution, hereinafter referred to as the "Dispute Notice."

2. Should the Parties be unable to reconcile any dispute, the City Manager and County Administrator, or their designees, shall meet at the earliest opportunity, but in any event within ten (10) days from the date that the Dispute Notice is received, to discuss and resolve the dispute. If the dispute is resolved to the mutual satisfaction of the Parties, they shall report their decision, in writing, to the City Commission and Board of County Commissioners. If the City Manager and County Administrator, or their designees, are unable to reconcile the dispute, they shall report their impasse to the City Commission and Board of County Commissioners, who shall then convene a meeting at their earliest appropriate opportunity, but in any event within forty-five (45) days following receipt of a Dispute Notice, to attempt to reconcile the dispute.

3. If a dispute is not resolved by the foregoing steps within forty-five (45) days after receipt of the Dispute Notice, unless such time is extended by mutual agreement of the Parties, then either Party may require the dispute to be submitted to mediation by delivering written notice thereof (the "Mediation Notice") to the other Party. The mediator shall meet the qualifications set forth in Rule 10.100(d), Florida Rules for Mediators, and shall be selected by the Parties within ten (10) days following receipt of the Mediation Notice. The mediator shall also have sufficient knowledge and experience in the subject of the dispute. If agreement on a mediator cannot be reached in that ten (10) day period, then either Party can request that a mediator be selected by an independent conflict resolution organization, and such selection shall be binding on the Parties.

The costs of the mediator shall be borne equally by the Parties.

4. If an amicable resolution of a dispute has not been reached within sixty (60) calendar days following selection of the mediator, or by such later date as may be mutually agreed upon by the Parties, then, upon the agreement of both Parties, such dispute may be referred to binding arbitration; otherwise, each Party may pursue whatever remedies may be available at law, in equity, or otherwise. If the dispute is so referred, such arbitration shall be conducted in accordance with the Florida Arbitration Code (Chapter 682, Florida Statutes).

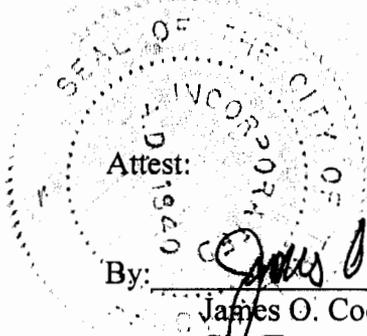
- a. Such arbitration shall be initiated by delivery, from one Party (the "Claimant") to the other Party (the "Respondent"), of a written demand therefore containing a statement of the nature of the dispute and the amount, if any, involved. The Respondent, within ten (10) days following its receipt of such demand, shall deliver an answering statement to the Claimant. After the delivery of such statements, either Party may make new or different claims by providing the other(s) with written notice thereof specifying the nature of such claims and the amount, if any, involved.
- b. Within ten (10) days following the delivery of such demand, each Party shall select an arbitrator and shall deliver written notice of that selection to the other. If either Party fails to select an arbitrator within such time, the other Party may make application to the court for such appointment in accordance with the Florida Arbitration Code. Within ten (10) days following delivery of the last of such written notices, the two arbitrators so selected shall confer and shall select an additional arbitrator.
- c. The arbitration hearing shall be commenced in Leon County, Florida within sixty (60) days following selection of the additional arbitrator. Except as may be specifically provided herein, the arbitration shall be conducted in accordance with Rules R-23 – R-48 of the Commercial Arbitration Rules of the American Arbitration Association.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by their duly authorized representatives this 11th day of July, 2013.

Approved by the City Commission on July 10, 2013.

Approved by the Leon County Board of County Commissioners on July 9, 2013.

Filed with the Leon County Clerk of Court on August 14, 2013.



CITY OF TALLAHASSEE

Attest:

By: James O. Cooke, IV

James O. Cooke, IV
City Treasurer Clerk

By: John R. Marks, III

John R. Marks, III
Mayor

Approved as to form:

By: Lewis E. Shelley

Lewis E. Shelley
City Attorney

LEON COUNTY, FLORIDA

Attest:

Bob Inzer, Clerk of Court
Leon County, Florida

By: Nicholas Maddox

Nicholas Maddox, Chairman
Board of County Commissioners

By: Herbert W. A. Thiele, Esq.

Approved as to form:

Leon County Attorney's Office

By: Herbert W. A. Thiele, Esq.

Herbert W. A. Thiele, Esq.
County Attorney

BOARD OF COUNTY COMMISSIONERS

INTER-OFFICE MEMORANDUM

TO: Dionte Gavin,
Finance Department, Clerk of the Circuit Court

FROM: Patrick T. Kinni, Esq.
Deputy County Attorney

DATE: August 14, 2013

SUBJECT: INTERLOCAL AGREEMENT BETWEEN THE CITY OF TALLAHASSEE AND
LEON COUNTY REGARDING PROGRAMMING FOR THE CAPITAL
CASCADES STAGE AND CONCERT SERIES AT THE CAPITAL CITY
AMPHITHEATER AT CASCADES PARK

Attached hereto for inclusion in the County's contract database please find the Interlocal Agreement Regarding Programming for the Capital Cascades Stage and Concert Series at the Capital City Amphitheater at Cascades Park dated July 13, 2013, by and between the Leon County and the City of Tallahassee.

Further, our office has retained a copy of the above-referenced document for our file, please retain this original Agreement for safekeeping along with other original County documents.

Please contact me with any questions or concerns you may have.

PTK/kam

Attachment

RECEIVED
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FINANCE DIVISION
BOB INZER
CLERK CIRCUIT COURT

Leon County Board of County Commissioners

Cover Sheet for Agenda #17

May 12, 2015

To: Honorable Chairman and Members of the Board

From: Vincent S. Long, County Administrator

Title: Consideration of the STAGE Committee's Comprehensive Report and Recommendations on the Capital City Amphitheater Concert Series' First Year of Operations

County Administrator Review and Approval:	Vincent S. Long, County Administrator
Department/ Division Review:	Alan Rosenzweig, Deputy County Administrator Ken Morris, Assistant County Administrator
Lead Staff/ Project Team:	Lee Daniel, Director of Tourism Development Ryan Aamodt, Management Intern

Fiscal Impact:

The Board allocates and invests tourism funds in support of the Capital City Amphitheater Concert Series as part of its annual budget. This item presents a comprehensive report and recommendations by the STAGE Committee on the first year of operations for Concert Series (Attachment #1). However, the report includes information and recommendations that contemplate the number of future concerts, the types of promotion models used to attract performers, capital improvements to the Amphitheater and cost saving strategies for the production of these concerts; all of which can affect the future return on investment, or fiscal impact, of the Concert Series.

Staff Recommendation:

- Option #1: Accept the STAGE Committee's Report on the first year of operations at the Capital City Amphitheater Concert Series.
- Option #2: Approve the STAGE Committee's recommendations, with the revisions proposed by staff, for the Capital City Amphitheater Concert Series and authorize the County Administrator to execute the changes to the Interlocal Agreement and enabling resolution in a form to be approved by the County Attorney.

Title: Consideration of the STAGE Committee's Comprehensive Report and Recommendations on the Capital City Amphitheater Concert Series' First Year of Operations
May 12, 2015
Page 2

Report and Discussion

Background:

During a County Commission workshop on November 15, 2011, the Board requested the reallocation of up to \$1.2 million of Tourist Development Taxes (TDT) previously set aside for the proposed performing arts center to be used for improvements to the amphitheater planned at Cascades Park in order to host concerts and large community events. In 2012, the Knight Creative Communities Initiative's (KCCI) Cultivate Cascades Team canvassed the community and found that 80 percent of respondents would be willing to pay for admission to attend a special event within Cascades Park. Based on that finding, KCCI concluded that an exemplary model for the Cascades Park Amphitheater was the St. Augustine Amphitheatre located in Anastasia State Park due to its similar size and climate (Attachment #1, Appendix 1 in the STAGE Report).

The City of Tallahassee and Community Redevelopment Agency concurred on the reallocation of the TDT funds, which led to the execution of an Interlocal Agreement between Leon County and the City authorizing up to 10 regional ticketed events during the first 18 months of operation, from April 12, 2014 until November 12, 2015, at the Capital City Amphitheater at Cascades Park (Attachment #1, Appendix 2 in the STAGE Report). In conjunction with the approval of the Interlocal Agreement with the City, the Board adopted a resolution that established the Strategic Team for Amphitheater Grand Entertainment (STAGE) Committee on July 9, 2013. This seven-member Committee serves as a focus group to receive public input concerning program entertainment for the concerts held at the Amphitheater. The Committee is comprised of representatives from the County, City, Florida State University Opening Nights, Florida A&M University Lyceum Series, KCCI, and two neighborhoods. One of the STAGE Committee's responsibilities is to develop a comprehensive report on the Concert Series after 12 months of operations that offers guidance on future concert operations to the County and City.

The Amphitheater has become an important community asset to a wide range of organizations and is being utilized throughout the year for much more than Concert Series events (Attachment #2). For example, several churches utilize the venue to offer religious services at the park. Many local non-profits and cultural organizations hold community events at the Amphitheater to help raise funds and/or showcase local cultural assets. Cascades Park was officially dedicated on March 14, 2014 and held its first concert less than a month later. A status report on the Amphitheater concerts and the first three concerts was accepted by the Board on July 8, 2014 (Attachment #1, Appendix 3 in the STAGE Report). Following the most recent concert on April 26, 2015, the STAGE Committee finalized its comprehensive report and recommendations on the first year of operations for the Capital City Amphitheater Concert Series. This agenda item provides the Board an overview of the Committee's report and recommendations, together with staff analyses on the Amphitheater operations.

Title: Consideration of the STAGE Committee's Comprehensive Report and Recommendations on the Capital City Amphitheater Concert Series' First Year of Operations
May 12, 2015
Page 3

Analysis:

The STAGE Committee held its first meeting on December 17, 2013, and was essential in establishing event logistics for the Concert Series as the finishing touches were being made to Cascades Park. The Committee represents a diverse cross-section of Amphitheater stakeholders dedicated to ensuring the success of the Amphitheater as a performance venue while addressing all neighborhood concerns and formulating plans to mitigate those concerns. The Committee met regularly for the past 12 months, and remains committed to ensuring all meetings continue to be publicly noticed, recorded, and summarized in a timely fashion.

The Committee recognizes the difficulty associated with managing a new venue and the various issues that arose in the first year of operation. However, the Committee acknowledges the willingness of all parties to cohesively resolve such challenges that arise in an effort to continuously enhance the performance venue. The STAGE Committee's report highlights some of the successes, shortcomings, and lessons learned from the first year of operations as well as recommendations for future improvements to the Concert Series. The report contains the following sections:

- A. STAGE Committee History
- B. Scott Carswell Presents Contract
- C. Overview of Business Models
- D. Overview of 2014 and 2015 Concert Series
- E. Addressing Neighborhood Concerns
- F. Market Driven versus Limited Number of Concerts
- G. Options for Ticket Surcharges
- H. Options for County and City Profit Sharing
- I. Venue Capital Improvements
- J. Conclusions and Recommendations
- K. Appendix

Overview of the Capital City Amphitheater and Concert Series

The Capital City Amphitheater (Amphitheater) was partially constructed using County Tourism Development Tax (TDT) funds, which are earmarked to promote and enhance visitation within the area. In order to achieve a return on investment from the construction of the Amphitheater, the County entered into an Interlocal Agreement with the City to host up to 10 County-sponsored ticketed events over the Amphitheater's first 18 months of operations. As enumerated in the Interlocal Agreement, the City is responsible for the day-to-day maintenance and operation of Cascades Park and the Amphitheater, while the County hosts regional events to attract visitors and enhance economic development through tourism.

Staff previously provided the Board a status report on July 8, 2014 on the first three Concert Series events at the Amphitheater. As such, the Board directed staff to proceed with the production of the remaining seven Concert Series events utilizing a variety of business models, including those with less financial investment, but no more than two self-promote models in a given fiscal year. It is important to note that the first three concerts were critical in creating new opportunities for future events. Positive venue reviews quickly spread across the industry, which then led to various entertainment organizations and community organizations reaching out to the County for co-promote and co-sponsored opportunities.

Title: Consideration of the STAGE Committee's Comprehensive Report and Recommendations
on the Capital City Amphitheater Concert Series' First Year of Operations

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Due to missed opportunities and the challenges of scheduling events during football season, there were no concerts in fall 2014. The 2015 Spring Concert series began with a co-promote event, the Pink Floyd Experience, where the concert promoters assumed the entire cost of providing the entertainment, while the County was responsible for staffing the event. The fifth concert, the Avett Brothers, held at the Amphitheater was a co-sponsored event with the Word of South Festival of Literature and Music. The festival made a financial commitment to cover 50% of the band fee up front. The County then recovered its investment from ticket revenue, including the balance owed to the band. Once the County's investment was recovered, ticket proceeds went to offset the festival's contribution. Word of South recovered its entire investment, as this concert was a sellout and resulted in a small net profit to the County.

Sublime with Rome was scheduled to perform the following night after the Avett Brothers as part of the Word of South Festival and the County's Concert Series. Due to inclement weather, the concert was successfully relocated to The Moon; however, it is no longer considered one of the County's 10 authorized concerts because it did not take place at the Capital City Amphitheater. In the event that concerts need to be cancelled, the County purchases cancellation insurance policies for all shows and is required to mitigate the loss of the insurer by relocating the concert if possible. This allows the County investment to be held harmless. Scott Carswell Presents and the Word of South Festival worked together to still produce the show at the Moon. Ticket holders were offered a full refund or were able to use their tickets for admission at The Moon.

The sixth concert, Wilco, was a co-sponsored in partnership with Florida State University Student Activities which provided 750 FSU students with free general admission. Following the announcement for this concert, ticket sales consistently grew until the final week before the show. The week leading up to a concert is typically when there is the greatest demand for tickets but staff believes that this did not occur for the Wilco concert due to the number of severe thunderstorms which produced heavy winds, rains, a tornado, and a number of tornado watches/warning throughout the week. Although this event was relatively well-attended (1,912 people), staff anticipated a sell-out or near sell-out was not reached due to the weather conditions in the days prior to the event.

There are numerous performers and bands representing various musical genres that can be successfully accommodated at the Amphitheater. A key component of finding shows that fit a break-even or profitable financial pro forma includes contracting with performers that are routed through or near Florida. Band agents and managers are more willing to negotiate a reduced appearance fee if distance between performances is limited and availability exists in a performer's schedule. With the relocation of the Sublime with Rome concert, the County has four remaining shows to fulfill the original 10-concert allocation identified in the Interlocal Agreement. This includes the upcoming Beach Boys concert scheduled for May 15, 2015.

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Report Recommendations

The Committee's report on the first year of operations offers several recommendations for consideration by both the County and City Commissions. This section of the agenda item provides a brief issue summary and analysis for each of the Committee recommendations, together with recommendations by County staff.

STAGE Recommendation A: Expansion of the STAGE Committee

Summary: The Committee is currently comprised of representatives from the County, City, adjacent neighborhoods, KCCI, FSU Opening Nights, and FAMU Lyceum Series.

Due to recent and successful partnerships with Tallahassee Community College (TCC) and FSU Student Activities Departments producing several concerts, the Committee discussed the opportunity to expand the membership of the STAGE Committee to include the director of student activities, or their designee, from FSU, FAMU, and TCC. By including these representatives at the table, more partnership opportunities may be available for future events, potentially limiting the financial investment of the County. Additionally, these representatives may act as a spokesperson of their respective students and provide insight on desired genres, performers, and event schedules that a large population of the community may wish to see.

In reviewing the Interlocal Agreement and Enabling Resolution, staff observed the unique manner in which KCCI is represented on the Committee, compared to the other volunteers. Currently, the KCCI representative has a two-year term which will be replaced with a person from the community at-large, appointed by the Board then the City Commission, respectively, on a rotating basis for a two-year term. This provision was originally included in the Interlocal Agreement and Enabling Resolution due to the anticipated dissolution of KCCI. Since that time, KCCI has received additional funding and hired a new executive director to facilitate its civic initiatives. While this matter was not formally considered by the STAGE Committee, staff is recommending that KCCI have 'permanent' membership on the Committee similar to the other partner organizations.

Any modifications to the STAGE Committee membership will require an amendment to the Interlocal Agreement and Enabling Resolution.

STAGE Recommendation: Expand the STAGE Committee to include the director of FSU, FAMU, and TCC's Student Activities Departments, or their designee.

Staff Recommendation: Concur with the Committee's recommendation and modify KCCI's membership as a permanent position similar to the other partner organizations.

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STAGE Recommendation B: Continue to Utilize All Three Business Models

Summary: On July 8, 2014, the Board directed staff to continue to utilize all three business models for future concerts, with self-promotes being limited to two per year. Due to the increased awareness of the venue across the industry and the community, several opportunities for all three types of business models have been presented for performances at the Amphitheater. Since each business model has its advantages and disadvantages, it would not be advised to further limit the type of business model used to attract high quality performers. The Board's guidance on July 8, 2014, limiting the Concert Series to two self-promotes in a given year, provided sensible limits on the County's investment in the concerts, while recognizing the value and opportunity this promotional model affords the community of high quality entertainment.

Due to the financial investment required by the County to self-promote concerts, the Committee concurs with the previous action taken by the Board and recommends the continued utilization of all three business models with no more than two self-promotions in a given year. Additionally, the Committee suggests that the Board may wish to allocate a specific budget amount for self-promotions. It is important to note that none of the 2015 Spring Concert Series utilized a self-promote model.

STAGE Recommendation: Continue to utilize all three business models for future concert development with self-promote concerts limited to either two per year, or to a certain budget amount as determined through the County's annual budget process.

Staff Recommendation: Concur with the Committee's recommendation.

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STAGE Recommendation C: Utilize Market Driven Approach to Determine the Number of Concerts at the Amphitheater

Summary: The Committee spent a significant amount of time, with input from several residents from Myers Park and Woodland Drives, debating the appropriate number of concerts to be hosted at the Amphitheater. One of the overarching goals of the Amphitheater is to enhance economic development through tourism by drawing regional visitors and regenerating TDT revenue. It has been a priority of the Board, City, and the Committee to balance the economic benefit of the Amphitheater with the legitimate concerns of the nearby neighborhoods. Restricting the number of Concert Series events at the Amphitheater per year would mitigate much of the increased sound and traffic concerns raised by the neighborhoods. As such, residents from the Myers Park and Woodland Drives neighborhood associations provided input to the STAGE Committee and recommended limiting the number of concerts to seven over a 12-month period. Another group of concerned residents submitted a number of recommendations that included maintain the status quo on the number of concerts (10 over 18 months), accompanied with the lowering of sound and decibel levels.

A market driven approach entails allowing the demand for concerts and the industry supply of potential events at the Amphitheater to dictate the number of concerts held at the venue each year. However, with limited resources available from the Division of Tourism Development to produce these concerts, limits on discretionary income, and weather considerations, the Committee does not anticipate that the market will produce more than 12 ticketed shows during a 12-month period. Proponents of this approach stated that for the Amphitheater to be a legitimate venue within the music industry, a market driven approach is critical to attract high quality performers in the future.

All Committee members contributed to the discussion and residents from Myers Park and Woodland Drives spoke to express their desire for a limited number of concerts, especially considering that they are impacted by not just the ticketed events but by many other activities taking place in Cascades Park. There were strong feelings from Committee members on limiting the number of shows and equally strong feelings to make the Amphitheater market driven. All of the Committee members agreed that quality performances are more important than the quantity of shows. Proponents of limiting the number of shows primarily wanted to provide the neighborhoods with assurance that the number of concerts would not exceed a specific number. Limits of seven and eight concerts over the next 12 months were discussed but the Committee struggled to find a consensus. Following a 4-3 vote against a motion to limit the Concert Series to eight concerts in a given year, the Committee recommended, by a 4-3 vote, that the number of concerts to occur at the Amphitheater for the remainder of the initial term of the Interlocal Agreement (through August 2018) be market driven.

Committee Recommendation: Following the first 18 months of operation, the Concert Series should utilize a market driven approach to determine the appropriate number and frequency of concerts for the remainder of the initial term of the Interlocal Agreement (through August 2018).

Staff Recommendation: Concur with the Committee's recommendation.

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STAGE Recommendation D: Do Not Levy a Ticket Surcharge

Summary: The Committee is charged with providing recommendations for ticket surcharges payable to the City to offset maintenance and future capital costs of the Amphitheater. Currently, the City is responsible for maintenance and repairs to the Amphitheater, which is funded through the City's operating budget. After input from the local non-for-profits interested in utilizing the Amphitheater and a review of for-profit concerts, the Committee unanimously agreed to defer a ticket surcharge for the next 12 months at which time the Committee will once again review the issue.

***Committee Recommendation:* Defer a ticket surcharge for non-profit and for-profit concerts for the next 12 months, at which time the Committee will review the issue.**

***Staff Recommendation:* Concur with the Committee's recommendation.**

STAGE Recommendation E: Do Not Create Profit Sharing Percentage at This Time

Summary: The Committee is also charged with providing recommendations for County and City profit sharing percentages, if any. It is important to note that only one of the six concerts held at the Amphitheater has generated a direct return on investment. However, this measurement does not take in to consideration the net economic impact of the local concert patrons and out of town guests converging downtown for an evening of entertainment.

The Committee considered all of the costs associated with establishing the Amphitheater as a high quality venue, including marketing efforts, maintenance and capital costs, and recommended deferring a recommendation on a profit sharing split between the County and City at this time.

***Committee Recommendation:* Defer a recommendation on a profit sharing percentage between the County and City for the next 12 months, at which time the Committee will review the issue.**

***Staff Recommendation:* Concur with the Committee's recommendation.**

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STAGE Recommendation F: Venue Capital Improvements

Summary: All stakeholders recognize the current infrastructure needs of the Amphitheater, such as weather and sound mitigation improvements, the lack of permanent restrooms, and a need for more storage. Currently, the venue cannot hold a Concert Series event or some local events even in the slightest of rain, due to the tendency of the roof to drip rain onto the stage and electrical area. Fortunately, there are several funding sources and redevelopment opportunities available to support some capital improvements at the Amphitheater.

The Community Redevelopment Agency is formulating plans to redevelop the Firestone and Bonham Annex properties adjacent to Cascades Park. The Interlocal Agreement between the County and City states that, if feasible, the City would incorporate into the design of any proposed redevelopment of the Meridian Point building (also known as the Firestone building) items such as a dressing room, production office, box office and catering space in support of Amphitheater events. In addition, the County and City recently agreed to utilize the \$508,425 of Tourist Development Tax funds owed to the County for the Johns Building demolition to make improvements to the Amphitheater and/or Meridian Building within five years. In addition, there exists \$250,000 of Tourist Development Tax funds previously approved by the County, City, and CRA to be spent to construct another permanent restroom facility near the Amphitheater. In response to the feedback received following the initial six concerts, the Committee advised that a permanent standalone restroom is not necessary and that the Concert Series should continue to utilize Portalets for large crowds.

Assuming the redevelopment of the Meridian Point Building includes the necessary Amphitheater production needs and permanent standalone restrooms are not constructed, the amount available for capital improvements to the Amphitheater is \$758,425 (the \$250,000 plus the \$508,425). The Committee recommends redirecting the \$250,000 of Tourist Development Tax funds set aside for the construction of the permanent restroom facilities and combine with the \$508,425 (reimbursement of the Tourist Development Tax funds used for the demolition of the Johns Building) to enhance the weatherproofing of the stage and protection of electrical systems from front to back. If funds remain, the Committee recommends utilizing them to research the cost and design options for covering the reserved seating sections.

***Committee Recommendation:* Redirect the \$250,000 of Tourist Development Tax funds set aside for the construction of the permanent restroom facilities and combine with the \$508,425 (reimbursement of the Tourist Development Tax funds used for the demolition of the Johns Building) to enhance the weatherproofing of the stage and protection of electrical systems from front to back. If funds remain, utilize them to research the cost and design options for covering the reserved seating sections.**

***Staff Recommendation:* Staff concurs with the Committee and recommends a caveat that said improvements contemplate sound mitigation elements in their design and construction in order to further alleviate neighborhood concerns.**

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Event Production Costs and Cost Saving Opportunities

Each of the first six concerts at the Amphitheater helped to establish and reinforce the venue as a premier facility among concert patrons, local residents, and industry professionals. From an operational and programmatic standpoint, each concert presented its own unique set of challenges and learning opportunities that have led to continuous administrative improvements and cost savings in the production of these concerts. One matter of concern going forward is the feedback received from industry giants noting the high production costs associated with putting on a show at the Amphitheater. This further compelled the Committee and staff to review opportunities that would reduce production costs in order to attract the highest caliber of entertainers to the Amphitheater.

Staff has coordinated with Volunteer Leon to replace some of the paid concert staff with volunteers. A volunteer sign-up portal for the Concert Series was created to find interested residents to volunteer as ushers and ticket scanners. By replacing a significant portion of paid staff with volunteers, the cost savings is anticipated to be approximately \$3,292 per event. Staff will continue to market this opportunity across all media platforms to increase volunteer participation.

The Committee and Scott Carswell Presents have requested clarification regarding the ongoing costs of the Tallahassee Police Department (TPD) staffing levels at the various concerts. All parties recognize the role of TPD in determining the appropriate number of law enforcement officers needed to ensure public safety. Given the costs associated with the presence of law enforcement officers, all parties have inquired about the consistent application of law enforcement staffing levels for similar events held at the Amphitheater and throughout the community. The ratio of police officers to attendees for Concert Series events has ranged from 1:53 to 1:161, and can account for approximately \$6,000 - \$7,000 of production costs.

One avenue to explore may be the City's official co-sponsorship of the Concert Series by waiving the full cost, or a portion of the cost, for law enforcement personnel, similar to other community events such as the New Year's Eve Celebration, the Lemoyne Chain of Parks Art Festival, and the Red Hills Horse Trials. The Committee wishes to continue exploring all facets of the concert operation to see if other cost savings could be identified. By collaboratively resolving this issue, the Committee seeks to mitigate some of the growing costs of the overall production expenses in order to appeal to large promotional organizations in the concert industry.

In addition to the administrative improvements and cost savings strategies identified during the first year of operation to reduce production costs, the ability to establish partnerships with local community organizations has played a pivotal role in reducing the County's overall financial investment in the concerts. All of the 2015 Spring Concert events have been either a co-promote business model or co-sponsorship model, as local organizations have demonstrated their growing support for the venue and the Concert Series. The Committee, Scott Carswell Presents, and staff will continue to develop and foster these relationships with community organizations for co-sponsorship opportunities.

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Concert Subsidies

During the County Commission's Annual Retreat on December 8, 2014, the Board directed staff to prepare an agenda item, which identifies options for evaluating the success of the Capital City Amphitheater at Cascades Park Concert Series, and considers providing supplemental funding through TDC revenue for high caliber concerts. Some of the overarching goals in the creation of the Amphitheater include serving as a centralized cultural and performance venue for local artists and to enhance economic development through tourism by drawing regional visitors and regenerating TDT revenue. Both of these goals emphasize the public purpose of the Amphitheater as a community asset and take precedent over the net return on investment or 'profit' earned from individual concerts.

To measure the success of the Amphitheater, the Division of Tourism Development plans to conduct an economic impact study through *Kerr & Downs Research* on one or more concerts in FY 16. To date, the Division has only collected data relating to the Concert Series as part of the overall weekend impact from April 10 – 12, 2015, which included large community events such as the Word of South Festival, the Avett Brothers and Sublime concerts, FSU and FAMU Spring Football Games, and a large southeastern youth soccer tournament. There are a number of elements that should be considered in determining the success of the Amphitheater, such as:

- Concert attendance: This should help determine the value that people place on the performances at a reasonable ticket price.
- Number of visitors attending the concert: This should determine the Amphitheater's ability to attract people from other markets and help regenerate the TDT.
- Patron surveys: It is always important to get direct feedback and qualitative data from concertgoers.
- Sponsorships and partnerships: This will demonstrate the growing financial support from local businesses and organizations, as well as the number of organizations that wish to utilize the Amphitheater for concerts in partnership with the Concert Series (i.e. the Word of South Festival).
- Economic impact to local businesses: This will examine direct and indirect spending associated with the concerts to determine the financial benefit to the local economy.

The County allocates \$80,000 of TDT annually to attract performers to the Amphitheater and support the production costs. The majority of the groups booked to date can command a range of \$40,000 to \$75,000 in performance fees depending on the structure of the contract and the promotional model. With a capacity of 3,250 spectators, staff is careful to abide by a conservative pro-forma to attract entertainers that can provide a small return on the County's investment. Booking a performer with exorbitant fees at the Amphitheater would require a ticket price well above the market rate or a subsidy by the County to cover the difference. Underwriting an occasional top tier performance would allow the Concert Series to attract a greater variety of performers with the recognition that the size of the venue simply does not allow for the County to fully recover its investment in the particular concert. Given the number of recommendations put forward by the STAGE Committee and the actions required of both the County and City Commissions to proceed with concerts in FY 16, staff recommends that the Board not take any action on this matter until the number of concerts going forward is determined and modifications are made to the Interlocal Agreement.

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Conclusion

The Amphitheater has become an important asset to the Tallahassee-Leon County community. Not only has it established itself as a unique venue for high quality performances across the entertainment industry, but it has also established itself as an important community venue to hold a variety of cultural and civic events. As evident from the 2015 Spring Concert Series, the Amphitheater is attracting bigger name artists, with the ability to attract large audiences and capture the interest of sponsors. A number of challenges persist with the production of these concerts and their impact on the adjacent neighborhoods. The County, City, and STAGE Committee remain steadfast in their dedication to mitigating these issues while also trying to balance the economic and cultural benefits the venue offers the community. Staff will continue to work with the City and the Committee to develop innovative ways to reduce the County's financial investment, while maintaining partnerships with local businesses and organizations to provide high quality entertainment to Leon County residents and regional visitors.

Options:

1. Accept the STAGE Committee's Report on the first year of operations at the Capital City Amphitheater Concert Series.
2. Approve the STAGE Committee's recommendations, with the revisions proposed by staff, for the Capital City Amphitheater Concert Series and authorize the County Administrator to execute the changes to the Interlocal Agreement and enabling resolution in a form to be approved by the County Attorney.
3. Approve the STAGE Committee's recommendations for the Capital City Amphitheater Concert Series and authorize the County Administrator to execute the changes to the Interlocal Agreement and enabling resolution in a form to be approved by the County Attorney.
4. Do not accept the STAGE Committee's Report.
5. Board direction.

Recommendation:

Options #1 and #2.

Attachments:

1. STAGE Committee Report
2. Calendar of Permitted Events at the Amphitheater (March 2014 – May 2015)

4.4 Crafting the Livable Infrastructure for Everyone (LIFE) Program Guidelines

Background:

- During the Blueprint Extension Sales Tax discussions, rural residents expressed concerns regarding the proposed large distribution of funding to largely urban infrastructure/place making projects and the lack of funding for smaller scale projects in the more rural areas.
- At the February 11, 2014 Board Meeting, the board approved the concept of the LIFE program and set aside 2% of the projected revenues to fund the LIFE projects.
- Funding starts in 2020 and is projected to generate about \$750,000/year or about \$15 million over the 20 year period.
- Generic Project Categories were paving of dirt roads, shoulder construction, intersection realignments upgrading stormwater treatment facilities, drainage/culvert repairs/replacements, fire hydrants, sidewalks/trails and water extensions.
- Project location criteria were not defined as part of the sales tax project description; but generally many of the projects are anticipated to be outside the urban services area.
- At the February 25, 2014 workshop on Fire safety needs, the Board added direction to consider adding a shared cost model for waterline extension and fire protection enhancements into the LIFE program
- As part of the ratification to the February 2014 workshop, the Board also approved guidance to staff “to provide a pathway funding for more complex water system infrastructure improvement projects, such as waterline upgrades, tank and water storage improvements to increase overall water system capacity.”

Current and Near Term Issues:

- Pursuant to the Blueprint Agreement, the City can seek from LIFE, but the Board has the final authority regarding approving any projects.
- Develop program parameters over the next two fiscal to ensure that the initial projects are identified ready for budgeting in FY 2020. In order to maximize the full utilization of the LIFE funding from its start in 2020, the development of a LIFE policy will provide guidance to staff development for project development.
- Selection criteria considerations may include:
 - Geographic Diversity
 - Project size limit
 - Cost sharing requirements for some projects to leverage program dollars.
 - County contribution limit to a specified amount in order to maximize the number and impact of the projects (20% - 50%)
 - Current County Acquisition of Roads and Drainage Program (CARDS) stormwater program requires a 20% cost sharing and 100% of right-of-way donation, and only one project has been initiated in the last five years. A lower County project contribution level, will likely result in a lower participation level.
 - For economically disadvantaged areas, consider waiving or reducing whatever matching requirements are established. Project Types – transportation, stormwater, potable water (health) and/or health fire protection (safety)
- Types of Projects to consider include:
 - Paving of unpaved dirt roads including private roads through a shared funding model; which would include 100% of right-of-way donations and the road becoming public.
 - Road shoulder construction and safety projects
 - Culvert repair
 - Small stormwater projects
 - Intersection realignments
 - Erosion stabilization projects

- Potable waterline extensions through a shared funding model
- Elevated tank for fire protection
- Fire hydrants
- Sanitary sewer extensions
- A low or no interest loan program for septic to sewer conversions not paid for by grants.

Implementation Process

- Develop a LIFE policy that takes into consideration the project types and selection criteria that includes the following:
 - How to rank projects- Are the criteria equal or weighted for differing project types
 - Level program funding at \$750,000 per year
 - Only select the first three to five years of projects to allow for flexibility as needs change.
 - If a project matching program is created, establish a funding cap for the program, for example \$200,000/year to determine the participation level. If there is no matching fund projects in the first three years, the funds could be realigned for other programmed LIFE projects
 - Update projects and funding as part of the annual budget process

Long-Term Issues:

- Goal to implement small scale rural projects which improve the quality of life for our citizens
- Using the available funding to achieve the greatest benefit for the rural areas of the County

Current Strategic Priorities:

- Economy – To be an effective leader and a reliable partner in our continuous efforts to make Leon County a place which attracts talent, to grow and diversify our local economy, and to realize our full economic competitiveness in a global economy.
 - (EC6) – Ensure the provision of the most basic services to our citizens most in need so that we have a “ready workforce.” (2012)
- Quality of Life- To be a provider of essential services in our continuous efforts to make Leon County a place where people are healthy, safe, and connected to their community.
 - (Q2) Provide essential public safety infrastructure and services which ensure the safety of the entire community (2012)

Current Strategic Initiatives:

- None currently

Potential New FY 2015 Strategic Initiative, for Board Consideration:

- (Q2, Q5) Develop a selection and implementation policy for the LIFE sales tax category funding for consideration during the FY2017 budget process.

Attachments:

1. Core Infrastructure Project list provided during the Sales Tax discussion for LIFE

Core infrastructure projects outside of the Urban Services Area include roadway improvements, drainage improvements and sidewalks for Safe Routes to Schools. Project examples are:

Upgrading existing stormwater treatment facilities would improve water quality throughout the area. In addition, drainage issues which will require significant enlargement and/or road elevation are:

- Crump Road at Rifle Avenue
- T.S. Green Road east of Veterans Memorial Highway
- Tram Road multiple culverts at the county line
- Natural Bridge Road east of Old Plank Road
- County Road 12 at Beth Page Road
- Baum Road north of Buck Lake Road

Two sites require road and shoulder reconstruction to stabilize the cross-drains:

- Buck Lake Road east of Benjamin Chaires Road
- Smith Creek Road approximately 2 miles south of Blountstown Highway

Roadway improvements include paving, intersection improvements or shoulder stabilization:

- Paving Proctor Road
- Intersection realignments:
 - County Road 12 at Fairbanks Ferry Road
 - Buck Lake Road at Chaires Crossroad
 - Miles Johnson Road at Miccosukee Road
- Turn lane extension for Oak Ridge Road at Wakulla Springs Highway
- Shoulder pavement for pedestrian use:
 - WW Kelley, Tram and Springhill
 - Oak Ridge Road from Wakulla Springs Highway to Old Woodville Road

Sidewalk or trail improvements include:

- Sidewalks along SR 20 to Ft. Braden School
- Sidewalks along Woodville Highway and Natural Bridge Road to Woodville Elementary School
- Sidewalks along Cromartie Road and Moccasin Gap Road between the Miccosukee Community Center and Park
- Trailhead and park improvements for 8-Mile Pond Park
- Orchard Pond Road conversion to trail with trailheads

An additional substantial need within the Urban Services Area is waterline/hydrant construction for fire protection. Areas affected include:

- Lake Jackson Heights/Harbinwood Estates
- Edinburgh Estates
- Autumn Woods
- Windwood Hills and Mt. Sinai
- Mahan Drive east of Capital Circle NE

4.5 Planning Ahead: The Urban Services Boundary and Available Future Housing

Background:

- The Urban Service Boundary (USA) was adopted in 1990 to support growth that is fiscally responsible to the tax payers of the County as a whole by supporting urban infill while preserving rural and agricultural resources.
 - Since that time, density within the USA has gradually but steadily increased.
 - Inherent with the adoption of the USA was recognition that there would be a point in time when large swaths of undeveloped, inexpensive land would become scarce, triggering greater redevelopment and infill within the USA.

Current Issues:

- A review of local monthly home sales data over the past 3 years initially shows a leveling as the market adjusted from the real estate bubble, and around a six-month supply of homes since the beginning of 2014, which is considered a healthy balance. (Attachment 1).
- Over recent years, Planning has tracked development and compared it to the demand expected based on population growth trends. This analysis has consistently shown existing development entitlements within the USA are sufficient to support population growth within the next 20 years (Attachment 2).
- Staff analysis shows a significant number of vacant and developable parcels inside the USA and inside the Southern Strategy Area (Attachment 3). Several developers and real estate agents have mentioned to staff that concerns with school performance and perceptions of crime have been an impediment to marketing other parts of the community.
- Current data from the National Board of Realtors show approximately 50 percent of housing demand from Baby Boomers and Millennials is for relatively small homes in walkable, urban areas. These trends hold true even as Millennials have children (Attachment 4). Locally, sales data (Attachment 1) indicates a moderate *undersupply* of townhomes and condominiums. Living in mixed use, walkable neighborhoods can be even more important for families with children, elderly, or disabilities because this development pattern allows for independent living even without the ability to drive.
- A growing body of national data, as well as initial evaluations locally, support the basic vision of the Comprehensive Plan – that focused, compact growth leads to a more efficient, financially sustainable use of taxpayer dollars. It also preserves environmental and agricultural resources in the rural part of the County.
 - A recent study of 17 communities produced by the Smart Growth America Coalition (Attachment 5) found compact development, when compared to typical suburban development, results on average in:
 - 38% reduction in infrastructure costs
 - 10% reduction in operating/service provision costs
 - 10 times the ad valorem tax revenues
 - A quick comparison of ad valorem based on different development types within Tallahassee reveals similar trends. (Attachment 6)

Near-Term Issues:

- The Canopy Planned Unit Development was approved for approximately 1600 units in 2011, and the Welaunee Toe East Planned Unit Development was approved for approximately 1700 units in 2013. A local developer is currently pursuing implementing the Canopy Planned Unit Development, which would present near term homebuilding opportunities.
- Changing market preferences present an opportunity to support compact development and infill in key locations, as was envisioned 25 years ago when the Comprehensive Plan was adopted. A recent USA today article discusses both the importance of planning to meet the demand for homes in close proximity to urban amenities, as well as the cause of lot shortage problems nationwide (Attachment #7)
- In order to support more distributed investment by the private sector, focused strategies to increase school performance Countywide and decrease the perception of crime are needed.

Long-Term Issues:

- Successfully implementing the USA while still supporting the provision of affordable housing is of vital importance.
 - In addition to formal affordable housing programs, it is important to ensure zoning and land use regulations within the urban area provide enough land to incentivize mixed use developments and residential developments with a mixture of housing sizes and types. This natural mixture of home types allows people with a diversity of incomes to live next to one another. Historical examples can be seen in Lafayette Park and Levy Park.
 - This topic is one focus of the ongoing Land Use Element update.

Current Strategic Priorities:

- Governance - To be a model local government which our citizens trust and to which other local governments aspire. (G)
 - (G5) - Exercise responsible stewardship of County resources, sound financial management, and ensure that the provision of services and community enhancements are done in a fair and equitable manner. (2012)
- Economy - To be an effective leader and a reliable partner in our continuous efforts to make Leon County a place which attracts talent, to grow and diversify our local economy, and to realize our full economic competitiveness in a global economy. (EC)
 - (EC1) - Integrate infrastructure, transportation, redevelopment opportunities and community planning to create the sense of place which attracts talent. (2012)
 - (EC6) - Ensure the provision of the most basic services to our citizens most in need so that we have a “ready workforce.” (2012)
- Environment - To be a responsible steward of our precious natural resources in our continuous efforts to make Leon County a place which values our environment and natural beauty as a vital component of our community’s health, economic strength and social offerings. (EN)
 - (EN2) - Promote orderly growth which protects our environment, preserves our charm, maximizes public investment, and stimulates better and more sustainable economic returns. (2012)
- Quality of Life - To be a provider of essential services in our continuous efforts to make Leon County a place where people are healthy, safe, and connected to their community. (Q)
 - (Q7) - Further create connectedness and livability through supporting human scale infrastructure and development, including enhancing our multimodal districts. (2012)

Current Strategic Initiatives:

- (Q6, Q7) - Initiate a comprehensive review and revision to the Land Use Element of the Comprehensive Plan (2015)
- (EC2, EC6) - Based upon the projected unmet local market for middle-skill jobs, and with Board approval, collaborate with community and regional partners to host a new “Leon Works” exposition to educate high school students (15-18 years old) on the diverse and exciting middle-skill career and jobs anticipated locally, while raising awareness regarding a wide range of career opportunities (2015)

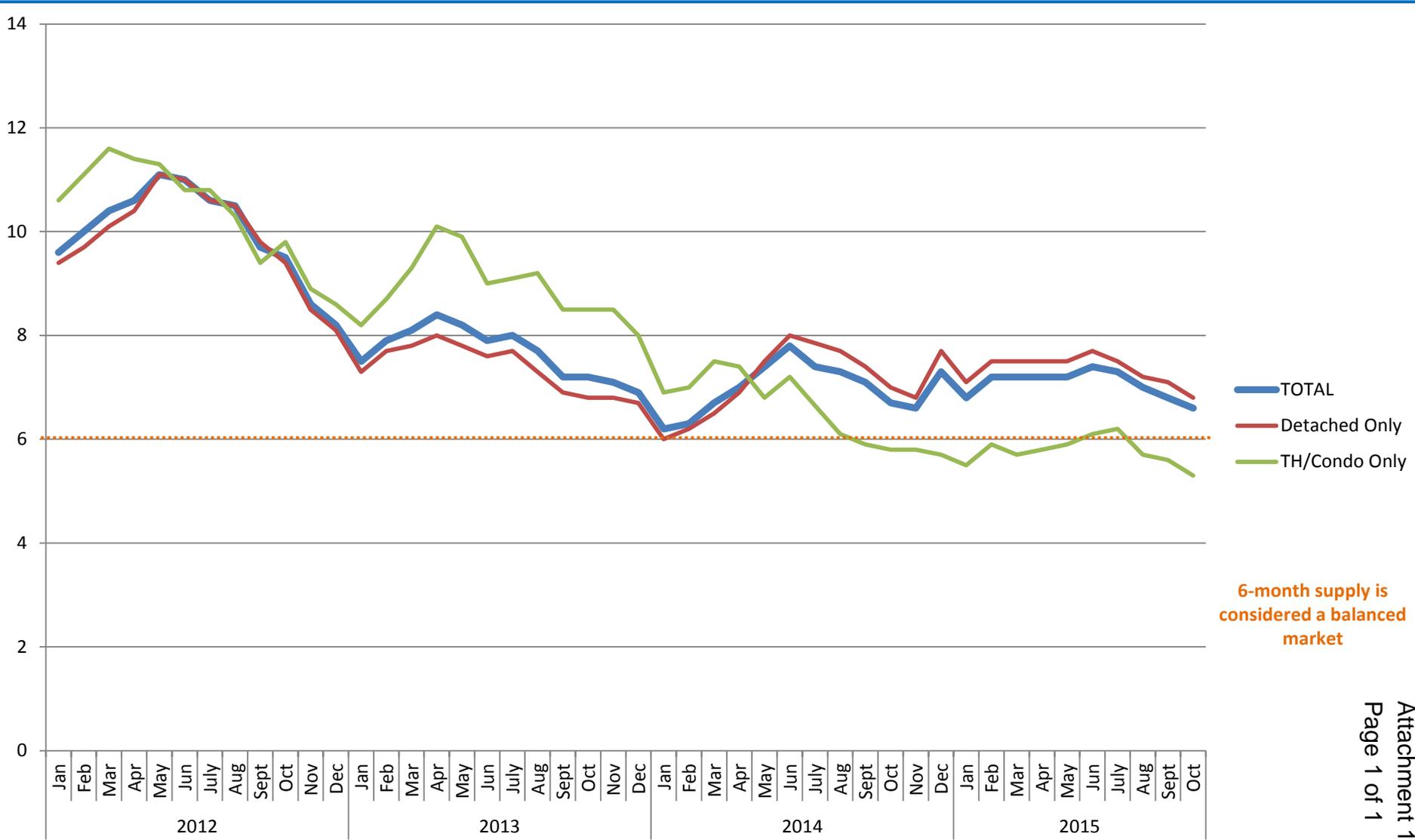
Potential Updated FY 2015 Strategic Initiative, for Board Consideration:

- (EN2, Q6) As part of the inclusionary housing review being conducting with the Land Use Element rewrite, evaluate potential impediments or opportunities to infill housing development, particularly within the Southern Strategy Area.

Attachments:

1. Available Housing Supply in Months
2. Population Growth versus Lot Availability to 2030
3. Vacant and Potentially Developable Parcels
4. National Board of Realtors Home Preference Survey Results
5. Executive Summary, *Building Better Budgets: A National Examination of the Fiscal Benefits of Smart Growth Development*, Smart Growth America, May 2013.
6. Local Comparison of Ad Valorem receipts
7. USA Today Article, 10/27/2015, “Housing lot shortage stymies home sales”

Available Housing Supply in Months



6-month supply is considered a balanced market

What do we know about population and housing units needed?

Population Projections (BEBR)

- 2014 = 281,292
- 2030 = 323,800
- Growth = 42,508 people

Persons Per Housing Unit

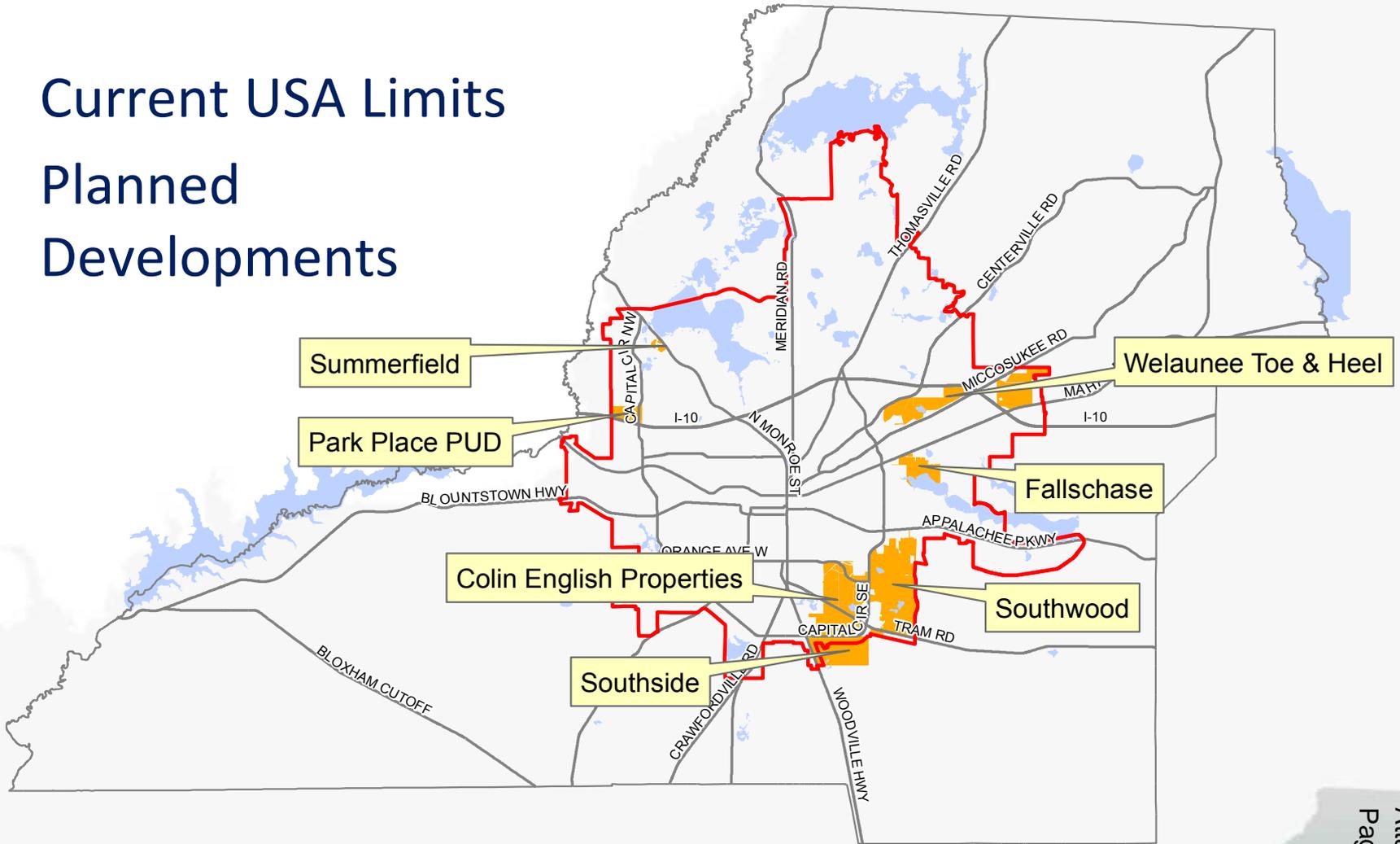
- 2014 County = 2.35

New Units Needed by 2030

- 42,508 people / 2.35 people per unit = 18,089 Units

Population Accommodation and the USA

- Current USA Limits
- Planned Developments



Population Accommodation and the USA

Major Planned Developments

- Southwood = 2,000 units (Remaining in DRI as of Jan. '15)
 - Fallschase = 1,514 units (Site Plan)
 - Southside = 2,800 units (Formerly Proposed DRI)
 - Welaunee = 4,819 units (Toe and Heel only)
 - Summerfield= 255 units (Remaining Units in PUD)
 - Park Place PUD= 680 units (PUD Concept Plan)
 - Colin English = 2,000 units est. (10,610 based on SESP)
- Total = 14,068 units**

Population Accommodation and the USA

Other Major Ongoing and Proposed Projects Inside the USA (greater than 20 units each)

	SF Detached	Townhouse	Condo	Multi-Family	TOTAL
Proposed				190	190
Under Review		36		49	85
Approved (in subs/projects not yet started)	264			796	1,060
Approved (in subs/projects under construction)	1,036	244	155		1,435
Clearing Site			106	80	186
Under Construction	124	4	32	373	533
Projects Not included in the above totals	1,424	284	293	1,488	3,489

Updated March 2015

Population Accommodation and the USA

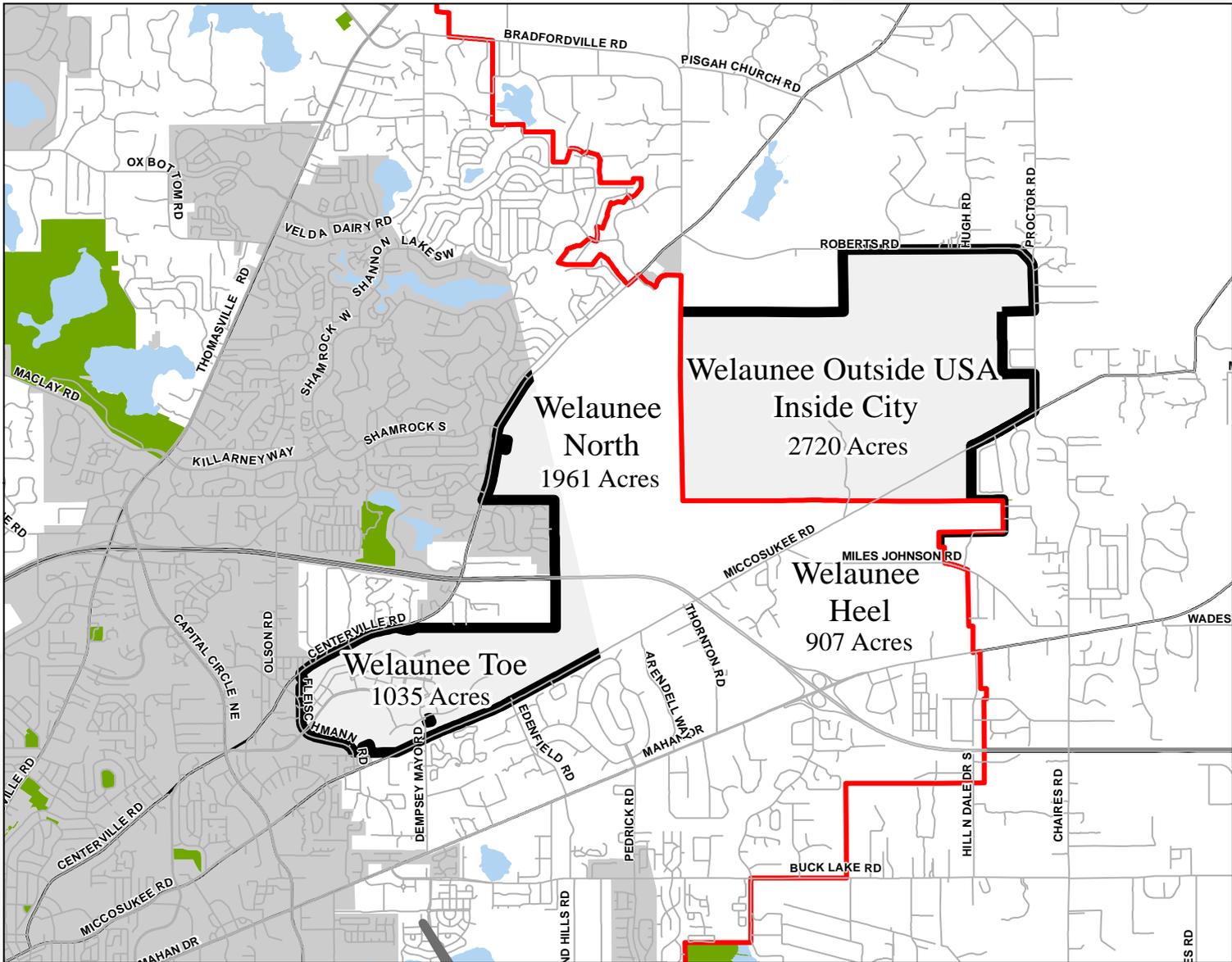
Major Planned Developments	14,068 Units
	+
Other Ongoing and Proposed Projects	<u>3,489 Units</u>
	= 17,557 Units

Population Accommodation and the USA

New Units Needed by 2030	18,089 Units
Planned and Ongoing Projects	17,557 Units
Remaining Units Needed by 2030	= 532 Units

Note: No units have been attributed to:

- Welaunee North inside the USA (~1,950 acres), or
- Welaunee outside the USA inside the City (~2,700 acres)



Additional Ways to Accommodate Population

- Vacant Land in the USA
- Redevelopment in the USA
- Vacant Land in the Urban Fringe
- Redevelopment in the Urban Fringe

Note: A recent Vacant Lands Analysis identified the potential for an additional 371,503 units inside the USA.

Enough Units to house **880,245** additional people

Vacant & Potentially Developable Parcels in the USA

Parcels not contained within Major Development Projects nor Other Residential Major Ongoing & Proposed Development Projects

	Number of Parcels	Total Acreage	Median Parcel Size (Acres)	% of Acreage in Wetland
Vacant Parcels in USA in Single-Family Detached Subdivisions	1,613	1,327	0.44	10.8%
Vacant Parcels in USA in Subdivisions With Other Residential & Mixed Uses	2,535	1,436	0.19	11.8%
Vacant Parcels in USA not in Subdivisions	2,425	7,771	1.00	20.0%
Large Parcels (10+ Acres) in USA With Existing Single-Family Uses	137	3,351	15.08	24.5%

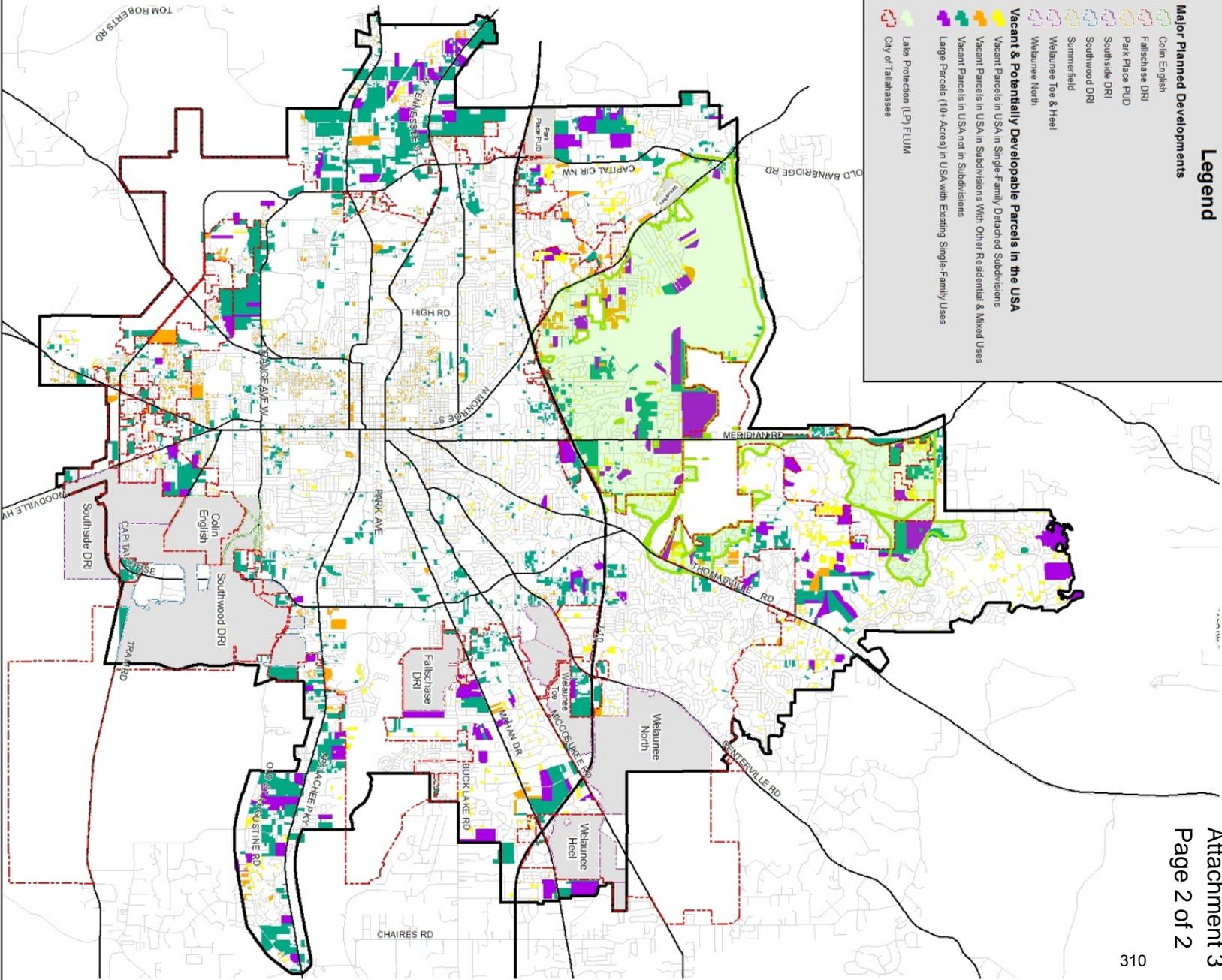
Legend

Major Planned Developments

- Colin English
- Fallschase DRI
- Park Place PUD
- Southside DRI
- Southwood DRI
- Summerfield
- Welaurne Toe & Heel
- Welaurne North

Vacant & Potentially Developable Parcels in the USA

- Vacant Parcels in USA in Single-Family Detached Subdivisions
- Vacant Parcels in USA in Subdivisions With Other Residential & Mixed Uses
- Vacant Parcels in USA not in Subdivisions
- Large Parcels (10+ Acres) in USA with Existing Single-Family Uses
- Late Protection (LP) FLUM
- City of Tallahassee



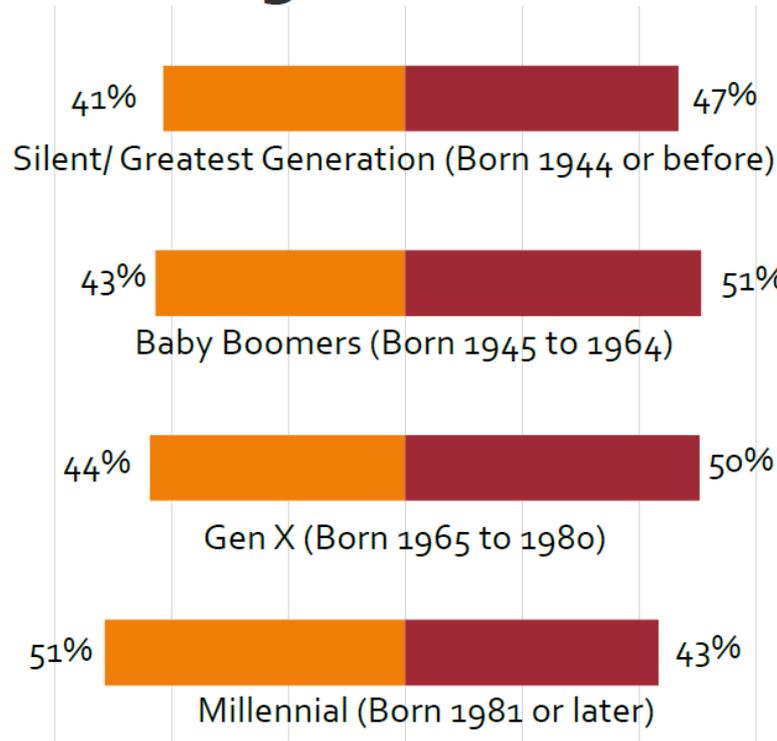
Vacant & Potentially Developable Parcels in the USA

This product has been compiled from the most accurate source data from Leon County and the City of Tallahassee. It is intended for informational purposes only and is not to be construed as a legal document or survey instrument. Any reliance on this information is at the user's own risk. Leon County and the City of Tallahassee assume no responsibility for any loss resulting therefrom.

Millennials prefer attached homes in walkable neighborhoods

**Home A:
(attached, walkable)**
Own/rent an apartment/townhouse, and you have an easy walk to shops/restaurants & have a shorter commute

**Home B:
(detached, conventional)**
Own/rent detached, single-family house, and you have to drive to shops, restaurants, & have a longer commute



Q18. Imagine for a moment that you are moving to another community. These questions are about the kind of community where you would like to live. Please select the community where you would prefer to live.

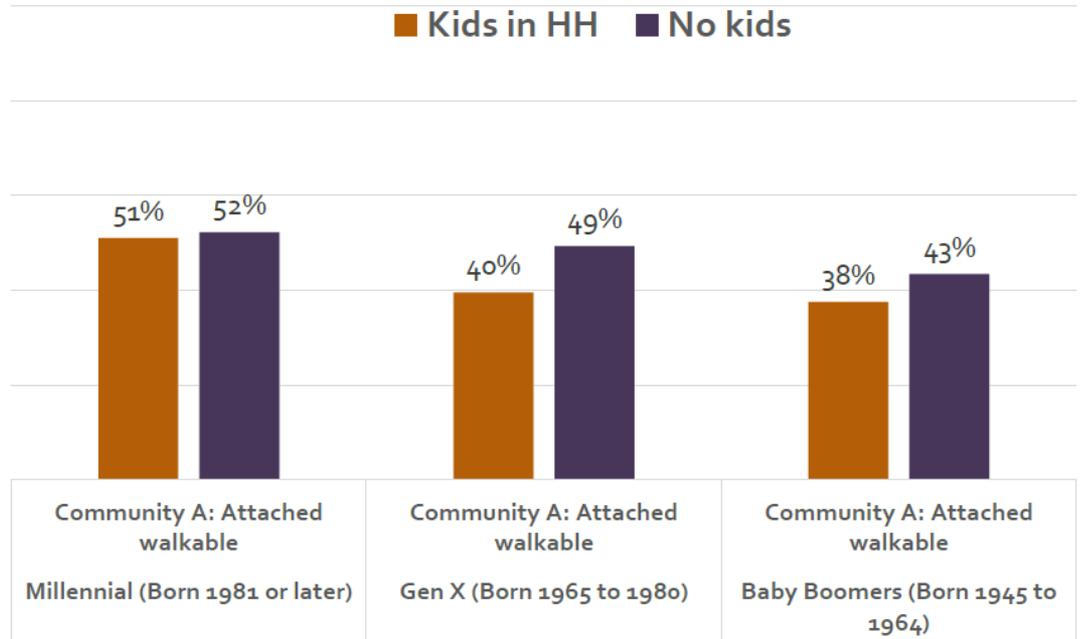


What about households with kids?

For Millennials with kids in the household, there was no significant difference in the share that chose the attached home in a walkable location (vs. the detached home that required more driving). Over half chose that option.

For Gen Xers with kids, there is a difference. Only 40% of the Gen Xers with kids preferred the attached walkable option, compared to 49% of the Gen Xers without kids.

The difference for Baby Boomers with and without kids is not statistically significant.





Smart Growth America
Making Neighborhoods Great Together



Building Better Budgets

A National Examination of the Fiscal Benefits of
Smart Growth Development

May 2013

Executive Summary

Local governments across the country have compared development strategies to understand their impact on municipal finances. These studies generally compare two or more different development scenarios, and help local leaders make informed decisions about new development based on the costs or revenues associated with them.

Many municipalities have found that a smart growth approach would improve their financial bottom line. Whether by saving money on upfront infrastructure; reducing the cost of ongoing services like fire, police and ambulance; or by generating greater tax revenues in years to come, community after community has found that smart growth development would benefit their overall financial health. Many of these findings have been made publicly available.

No national survey has examined these savings as a whole until now. This report is the first to aggregate those comparisons and determine a national average of how much other communities can expect to save by using smart growth strategies.

Building Better Budgets: A National Examination of the Fiscal Benefits of Smart Growth Development surveys 17 studies that compare different development scenarios, including a brand-new study of Nashville-Davidson County, TN, commissioned specifically for this report.

The development scenarios included in our analysis are separated into two categories: “Smart growth development” is characterized by more efficient use of land; a mixture of homes, businesses and services located closer together; and better connections between streets and neighborhoods. “Conventional suburban development” is characterized by less efficient use of land with homes, schools and businesses separated and areas designed primarily for driving. While not all studies use these terms, the scenarios in each category share many of these defining traits. A detailed discussion of individual studies is included in the appendices of this report.

The report looks at the costs associated with each development strategy as well as its revenue potential. When compared to one another, we find:

1. Smart growth development costs one-third less for upfront infrastructure.

Our survey concluded that smart growth development saves an average of 38 percent on upfront costs for new construction of roads, sewers, water lines and other infrastructure. Many studies have concluded that this number is as high as 50 percent.

Smart growth development patterns require less infrastructure, meaning upfront capital costs, long-term operations and maintenance costs, and, presumably, cost for eventual replacement are all lower. Smart growth development also often uses existing infrastructure, lowering upfront capital costs even more.

2. Smart growth development saves an average of 10 percent on ongoing delivery of services.

Our survey concluded that smart growth development saves municipalities an average of 10 percent on police, ambulance and fire service costs.

The geographical configuration of a community and the way streets are connected significantly affect public service delivery. Smart growth patterns can reduce costs simply by reducing the distances service vehicles must drive. In some cases, the actual number of vehicles and facilities can also be reduced along with the personnel required.

3. Smart growth development generates 10 times more tax revenue per acre than conventional suburban development.

Our survey concluded that, on an average per-acre basis, smart growth development produces 10 times more tax revenue than conventional suburban development.

An opportunity for municipal leaders

Local leaders everywhere can use this information to make better fiscal decisions about development in their region.

The evidence presented in this report suggests improved strategies for land use and development can help local governments maintain and improve their fiscal solvency. As this report shows, smart growth development can reduce costs and in many cases increase tax revenue. This combination means that in some cases smart growth development can generate more revenue than it costs to operate.

These findings are true for any rural, suburban or urban community, anywhere in the country. Local governments throughout the United States are already facing unprecedented challenges in providing high-quality infrastructure and adequate public services to their residents on a tight budget. Choosing financially responsible development patterns can help communities across the country protect their fiscal health for generations to come.

Download the full report

Visit www.smartgrowthamerica.org/building-better-budgets to read the full report, including detailed findings, full methodology, summaries of the studies and original research from Nashville-Davidson County, TN.



Smart Growth America

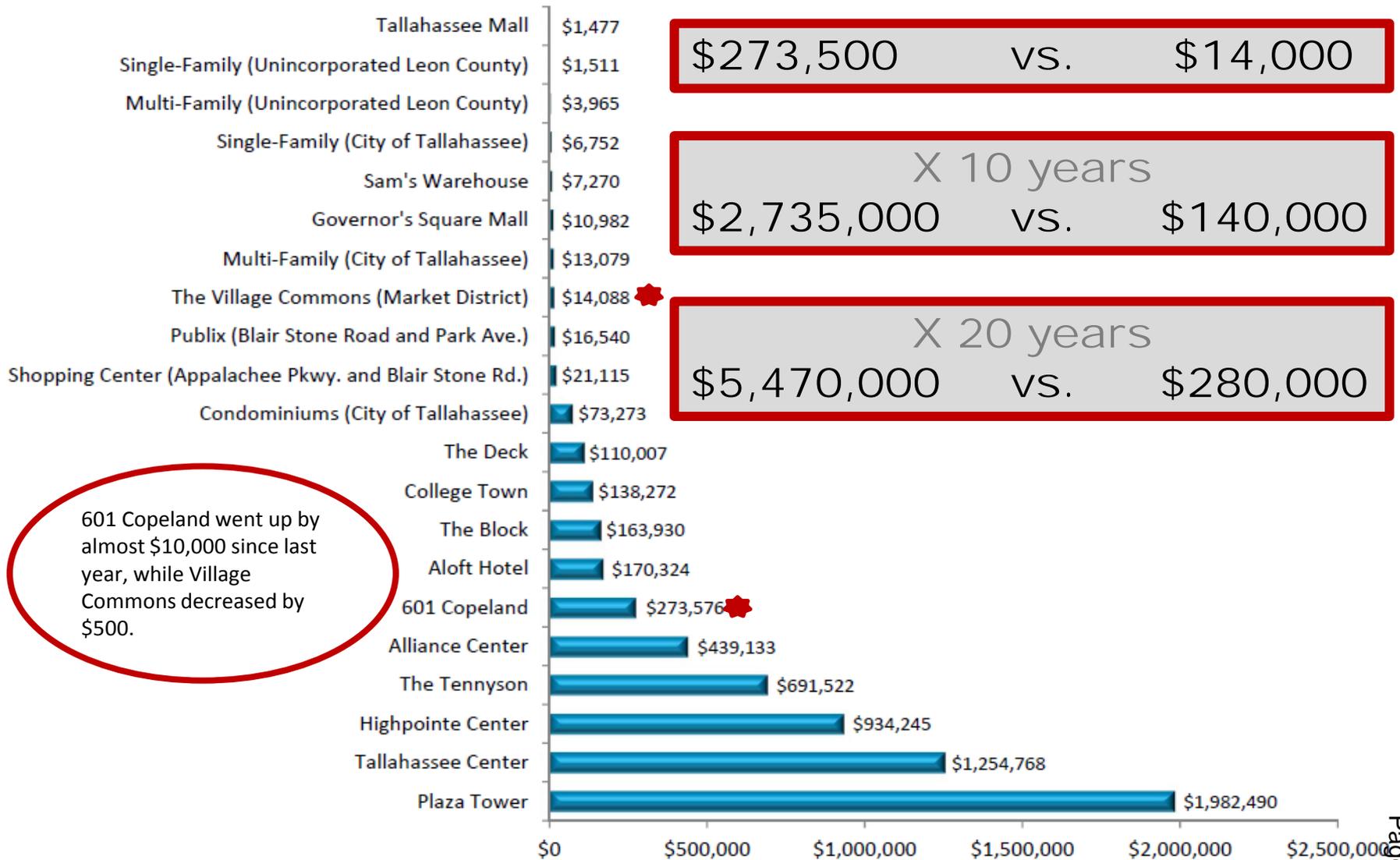
Making Neighborhoods Great Together

Smart Growth America advocates for people who want to live and work in great neighborhoods. We believe smart growth solutions support thriving businesses and jobs, provide more options for how people get around and make it more affordable to live near work and the grocery store. Our coalition works with communities to fight sprawl and save money. We are making America's neighborhoods great together.

Smart Growth America is the only national organization dedicated to researching, advocating for and leading coalitions to bring smart growth practices to more communities nationwide. Visit us online at www.smartgrowthamerica.org.

1707 L St. NW Suite 250, Washington, DC 20036
202-207-3355
www.smartgrowthamerica.org

Ad Valorem Taxes Per Acre - Tallahassee/Leon County (2015 Tax Roll)



601 Copeland went up by almost \$10,000 since last year, while Village Commons decreased by \$500.

Source Data: Leon County Property Appraiser
 Prepared By: Tallahassee-Leon County Planning Department, Planning Research Division

Housing lot shortage stymies home sales



Paul Davidson, USA TODAY 7:48 a.m. EDT October 27, 2015



(Photo: John Bazemore, AP)

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Home construction is on pace to hit a post-recession high this year, but a fundamental problem is preventing an even sharper ramp-up: a shortage of places to put the units.

Builders are increasingly complaining of a dearth of developed lots, a crunch that's becoming more prominent as housing starts pick up. They blame restrictive regulations, limited financing for lot development and buyers' growing preference to live in or near cities, where there's little unused land.

"It's likely limiting the number of new homes for sale," says David Crowe, chief economist of the National Association of Home Builders (NAHB). And, he adds, tighter supplies are "raising the price of a house."

New home sales fell 11.5% in September, the Commerce Department said Monday, but they're still up 18% for the year and builders' sales expectations are at a 10-year high. NAHB expects 1.1 million housing starts this year, which is up from 1 million in 2014 and the most since the 2007 real estate crash, but still short of the 1.5 million historical average.

One reason starts aren't accelerating faster is the shortage of developed lots. Typically, a developer installs infrastructure such as roads, water and sewer lines on a vacant parcel of land and sells the tract to a builder who then constructs a subdivision. Earlier this year, 57% of builders said they expect the cost and availability of developed lots to be among their most significant problems in 2015, up from the 46% who rated it a big issue in 2013.

Among the reasons:

- **Regulations and local demands.** Federal environmental rules have gotten more stringent in recent years, including a broader definition of wetlands that builders must avoid or mitigate. Meanwhile local governments increasingly are requiring developers make concessions such as financing the expansion of a sewage plant. Such requirements can delay or scuttle projects and have become more prevalent as the improving economy reduces local officials' need for the tax revenue that new development brings, Crowe says.

Builders surveyed by NAHB this year said regulatory requirements have added seven months to development, up from four months in 2011.

Randy Noel, president of Reve, a home builder in New Orleans' western suburbs, says more expensive wetlands mitigation mandates have severely reduced lot development and increased his land purchase costs by about \$25,000 per lot. As a result, he says he plans to cease subdivision construction during the next few years and instead build pricier homes on isolated lots in cities.

"I've been begging (developers) to get something in the ground," Noel says.

- **Limited financing.** Banks remain wary of financing land acquisition and development, leaving fewer lots for builders. Of those that both develop land and build houses, about 13% said they didn't seek a loan in the second quarter because they knew they wouldn't get it, a share that has fallen but remains elevated.

Some lenders are raising borrowing costs. Dean Mon, head of the Mon Group, an apartment builder in New Jersey, says he'll build a 48-unit project in Union City instead of three projects with 132 units because he can only borrow 80% of the cost, down from 90%.

- **Less land in cities.** Buyers increasingly want to live in or near cities to be closer to amenities, but there are few available lots, partly because zoning laws have gotten stricter, especially for multifamily complexes, says Svenja Gudell, chief economist of online real estate database firm Zillow.

Paul Davidson on Twitter: [@PDavidsonusat](#).

4.6 Examining Essential Components of Our Economic Vitality

Background: The Office of Economic Vitality guides the County's economic development efforts, in coordination with the private sector and community stakeholders, by fostering fair and open competition, conducting extensive outreach to assist vendors in navigating and competing in today's marketplace, and leveraging existing resources in the community.

- *Entrepreneurism:* The Board has long maintained a strong focus on supporting entrepreneurship as a means of spurring job growth in Leon County. On October 29, 2013, Leon County entered into a public-private partnership with Domi Education Inc. (Domi) to operate an urban business incubator program in a County-owned warehouse that formerly housed election equipment. The County's provision of the physical incubator facility, combined with Domi's development services, access to funding, and the facilitation of community collaboration and culture, contributes to a holistic startup ecosystem in our community. The County and Domi regularly work in tandem to support the entrepreneur community and cultivate an environment for job creation. Domi's 2015 Annual Report is on the December 8, 2015 agenda. In addition, the Board has also supported the growth of National Entrepreneur Month (eMonth) which was a product of the Board's Entrepreneurial Resources Stakeholder Forums held in 2012-2013 featuring over 40 community stakeholders. The Board's leadership in facilitating collaboration among the business community serves as a catalyst in expanding entrepreneurial resources and awareness in Leon County. To date, the Board has taken several actions in support of eMonth such as: modified its agreement with the Economic Development Council (EDC) to ensure the annual coordination of eMonth activities and required Domi to host a signature eMonth event each year.
- *Convention Center:* During the sales tax process, the Sales Tax Committee heard a proposal from Florida State University (FSU) regarding the Madison Mile project, which was later approved by the County and City Commissions as part of the sales tax extension. The proposed project would be utilized to create a convention center on or near the existing Civic Center site. The broader Madison Mile Convention District redevelopment effort, including the convention center, is estimated to create 4,000 jobs and a \$430 million in economic impact during the construction period. The convention center is estimated to create 1,000 jobs and a recurring \$100 million economic impact. Conservatively, the convention center will drive an additional 25,000 visitor nights annually, boosting tourism development tax (TDT) revenues. The economic development portion of Blueprint 2020 includes \$20 million for the Madison Mile Convention District. The Board also took additional action on October 14, 2014 regarding the operational support of the convention center. Specifically, the Board directed that ¼ cent of tourism development tax (TDT) be utilized for tourism related expenses and, upon a future determination by the Board, redirect these funds to support the operations of the convention center once it is operational.
- *Blueprint 2020:* On January 30, 2014, the Sales Tax Committee completed its report on the recommendations to the County and City Commission for the extension of the sales tax. The Committee considered infrastructure projects as well as Imagine Tallahassee's recommendations for the economic development component of the sales tax. The Committee recommended a 20-year continuation of the sales tax to include a funding split of 66% Blueprint, 12% dedicated to economic development, 10% County, 10% City and 2% for L.I.F.E projects. On November 4, 2014, voters approved by extension of the sales tax by 65%. Specifically regarding the economic development program, 12% (estimated \$90.7 million) of the sales tax proceeds will be reinvested into the community for projects such as convention center, airport infrastructure improvements, workforce development, as well as business expansion, retention, and attraction upon evaluation/recommendation of economic development professional technical committee, citizen input and Intergovernmental Agency (IA) approval.
- *Leon Works:* During last year's annual retreat, the Board adopted initiatives to collaborate with community partners in order to promote skilled job and training opportunities, specifically to high school students preparing to enter the workforce (Attachment #1). On March 10, 2015, the Board approved hosting the Leon Works Exposition to raise awareness on the skilled jobs anticipated locally and a wide range of career and training opportunities available.

Current Issues:

- Entrepreneurism: In order to continue to support local entrepreneurs and startup companies, staff has been working with Domi to identify companies that have products/programs that could be utilized/tested in County departments and/or work to identify possible consumers/partners in the community. For example, staff has been working with Optimal Bagging to utilize their products at County parks, community centers, and other events such as the Leon Works Expo. Staff has also assisted a number of other startup companies including PointCatcher which participated as a vendor at this year's Well Being fair to highlight its points system. PointCatcher offers a ready-made reward system for local businesses, operating with bank level security and effortless exchange of points.
- Convention Center: Recently, FSU completed the master planning of its Arena District and is currently engaged in a solicitation process with private developers for the \$400 million redevelopment of several downtown parcels in partnership with Leon County and the City of Tallahassee that includes the relocation of the College of Business and School of Hospitality. The addition of a large venue to host major conferences and conventions at this site would contribute to the redevelopment of downtown and Gaines Street, increase passenger traffic at the airport, and enhance the regeneration of the TDT to support other investments such as the visitor-marketing program and cultural organizations. Additionally, the plan would provide workforce opportunities and workforce training.
- Blueprint 2020: Currently, both the County and the City separately contract and fund the EDC to serve as the as the official economic development organization of record for the community. The EDC's potential role in the administration of the economic development portion of the sales tax proceeds would further its efforts to serve both governmental entities and the private sector as the state-recognized economic development organization for the area. A joint EDC contract will ensure a seamless point-of-contact for the business, startup, researcher, site consultant, etc., seeking to expand or establish their footprint in the area. On April 1, 2015, the IA directed County, City, and EDC staff to prepare an agenda item on the unified contract detailing the role of the EDC in administering, staffing needs, and adequate funding, be brought to the IA for their consideration as part of the development of the FY 2017 budget, assuming that the EDCC first meeting is held on or shortly prior to February 16, 2018 (Attachment #2).
- Leon Works: On October 23, 2015, the Leon Works Expo was held to promote skilled careers and training opportunities, specifically to high school students in the community. Over 330 high school students attended the event during the morning session and approximately 200 people attended the afternoon session. Over 80 area business and academic exhibitors participated in the Expo. On November 12, 2015, the stakeholders held a wrap-up meeting to discuss the expo and next steps on raising awareness on skilled jobs. As a direct result of feedback from the Leon Works Expo, Lively Technical Center will begin offering Career Fair Fridays. Representatives from various Lively programs will visit Leon County high schools and provide hands-on demonstrations. Lively is also working with the school guidance counselors to integrate industry certifications into offered curriculum. In addition, Career Source will no longer hold career fairs but has chosen instead to coordinate hiring fairs that are focused on specific sectors. The intention is for the fairs to lead up to the Leon Works Expo or a similar event. Career Source has also agreed to partner with the County to coordinate the Leon Works Expo in 2016 and would like to explore how to better incorporate the public into this event. Community partners also agreed that there is a need for new and additional internships, externships, and apprenticeship like programs for students interested in pursuing a skilled career. Attachment #3 contains more detailed information regarding outcome of the Expo and stakeholder wrap-up meeting.

Near-Term Issues:

- Entrepreneurism: Formalize the County's efforts assist local startup companies in a program entitled **Leon Investment For Thriving Startups (LIFTS)**. The LIFTS program will operate out of the Office of Economic Vitality and work with entrepreneurs and startup companies to determine how the County can assist with development of the product/service within the organization and/or work with them to identify possible consumers/partner within the community.
- Convention Center: Staff is currently working closely with FSU to determine the market conditions and identify construction and operation cost related demand for a full service hotel and convention center space as the centerpiece of the Madison Mile Convention District. As directed by the Board, staff plans to bring back issues related to the County's financial participation and programmatic role for future Board consideration.
- Blueprint 2020: On January 1, 2020, funding for Blueprint 2020 projects, including economic development projects, will become available subject to the IA's approval. These economic development investments/projects will be analyzed and vetted through the Economic Development Coordinating Committee (EDCC), an oversight committee of economic development professionals approved by the IA, which must convene by February 16, 2018 (Attachment #4). The 2020 sales tax program presents the invaluable benefit of having the dedicated resources to help achieve the community's collective economic development goals. Through the IA, both the County and City Commissions will be able to jointly evaluate, plan, set and approve community-wide economic goals, which has often been a challenge, as the County and City tend to independently develop strategic initiatives relating to economic development. P The scope of services of the consolidated EDC contract should reflect the economic development efforts associated with the 2020 program. Per the direction of the IA at its April 1, 2015 meeting, staff is currently working with the City and the EDC on this joint contract.
- Leon Works: Beyond simply raising awareness about careers in the skilled workforce, it is imperative that opportunities exist in the community for early-career workers to gain hands-on experience in the workplace. The Board adopted a Strategic Initiative in 2012 to provide internships in various County departments, supporting the Board's Strategic Priority (E6) to ensure that our community has a "ready workforce." For example, the County has collaborated with local academic institutions to establish EMS internships for students. Many additional opportunities exist for the County to offer internships/apprenticeships in support of local existing academic programs in skilled career fields such as fleet management, building maintenance/construction, computer technology, graphic design, public safety, and other fields that require more than a high school diploma but less than a four-year degree. In addition, as identified in the December 2014 Annual Retreat item, an objective of Leon Works is to make the Expo self-sufficient through the engagement of community and regional partners. Staff is currently engaging in conversations with community partners regarding this outcome.

Long-Term Issues:

- Convention Center: As part the 2016 legislative priorities, the Board is supporting the revision of Sec. 125.0104, F.S. to modify the eligibility for levying the local option High Tourism Impact Tax to include counties that are home to Preeminent State Research Universities. The proposed statutory revision would enhance the Board's investment of up to \$20 million in local funds by ensuring that a dedicated revenue source is in place to support the long-term viability of the convention center such as operating costs. In addition to operating cost considerations, there may arise opportunities prior to 2020 that may require the IA to discuss bonding options, which could include the convention center. The paragraph below explains a strategy approved by the IA in April 1, 2015 regarding bonding considerations (Attachment #2). The Board may also wish to consider in the future allocating TDT funds to support the operations of the convention center once it is operational.

- Blueprint 2020: As stated previously, the IA approved strategies regarding bonding options for the 2020 sales tax program. These strategies may need to be considered if economic opportunities arise prior to 2020 that could come before the IA for their consideration, such as business relocation and/or economic development programmatic recommendations. Under these circumstances, staff will provide an analysis of each project, funding levels required and the cost associated with the required bonding level to the IA for their consideration. However, due to the high cost of bonding prior to 2020, the IA agreed to only consider bonding when significant leveraging opportunities are identified through the federal and state government or public/private partnerships and phases of a project have been completed or are underway.
- Leon Works: To continue to work with community partners and stakeholders on raising awareness on the availability of skilled careers and training opportunities in the region through.

Current Strategic Priorities:

- Economy – To be an effective leader and a reliable partner in our continuous efforts to make Leon County a place which attracts talent, to grow and diversify our local economy, and to realize our full economic competitiveness in a global economy.
 - (EC1) - Integrate infrastructure, transportation, redevelopment opportunities and community planning to create the sense of place which attracts talent. (2012)
 - (EC2) - Support business expansion and job creation, including: the implementation of the Leon County 2012 and 2013 Job Creation Action Plan, to include evaluating the small business credit program. (2012)
 - (EC3) - Strengthen our partnerships with our institutions of higher learning to encourage entrepreneurship and increase technology transfer and commercialization opportunities, including: the Leon County Research and Development Authority at Innovation Park. (2012) (rev. 2015)
 - (EC6) - Ensure the provision of the most basic services to our citizens most in need so that we have a “ready workforce.” (2012)
 - (EC7) - Promote the local economy by protecting jobs and identifying local purchasing, contracting and hiring opportunities. (2013)

Current Strategic Initiatives:

- (EC1, G5) - Work with the City of Tallahassee and Blueprint to implement the Sales Tax extension, including the Economic Development portion (2015).
- (EC1, G5) - Identify projects that may be advance-funded as part of the Sales Tax extension (2015).
- (EC2, EC6) - Evaluate and identify the projected unmet local market for middle-skill job opportunities (2015); and
 - (EC2, EC6) - Based upon the projected unmet local market for middle-skill jobs, and with Board approval, collaborate with community and regional partners to host a new “Leon Works” Expo to educate high school students (15-18 years old) on the diverse and exciting middle-skill career and jobs anticipated locally, while raising awareness regarding a wide range of career opportunities (2015).
- (EC3) - Coordinate efforts, with institutions of higher learning and other partners, to support local entrepreneurs (2015).
- (E6, Q2) - Implement strategies to promote work readiness and employment, including: provide job search assistance for County Probation and Supervised Pretrial Release clients through private sector partners (2012).
- (EC1, EC4) - Work with FSU on the Civic Center District Master Plan to include the potential partnership to realize the convention center space desired by the County and to bring back issues related to the County’s financial and programming roles and participation for future Board consideration (2014).

Potential New FY 2016 Strategic Initiative, for Board Consideration:

Entrepreneurism:

- (EC2, EC7, G2) Formalize the **Leon Investment For Thriving Startups (LIFTS)** program and continue to engage and work with local entrepreneurs and the startup community through the and identify ways to provide assistance by giving these businesses a lift.

Convention Center:

- (EC3, EC4, EC7) Support the revision of Sec. 125.0104, F.S. to modify the eligibility for levying the local option High Tourism Impact Tax to include counties that are home to Preeminent State Research Universities in order to levy a sixth cent to support the convention center and arena district.

Blueprint 2020:

- (G5) Develop a unified contract detailing the role of the EDC in administering, staffing needs, and adequate funding, for the implementation of the Blueprint 2020 Economic Development of the sales tax.

Leon Works:

- (EC2, EC6) Create a proposed structure for an apprenticeship-like program for the Board's consideration during the budget process in support of local existing academic programs in skilled career fields such as fleet management, building maintenance/construction, computer technology, graphic design, public safety, and other fields that require more than a high school diploma but less than a four-year degree.
- (EC2, EC3, EC6) Engage community partners, such as Leon County Schools and CareerSource, to host the Leon Works Expo in 2016.

Attachments:

1. December 8, 2014 BOCC Annual Retreat: Leon Works
2. April 1, 2015 Blueprint Agenda Item
3. Leon Works Expo Fact Sheet
4. Economic Development Coordinating Committee Information

5.3 Partner to Promote Skilled Workforce Opportunities

Background:

- During the 2014 National Association of Counties Annual Conference, a workshop was held on Innovations in Workforce Development. This workshop focused specifically on the Upper Peninsula of Michigan's efforts to promote job opportunities in the community for high-demand, high-wage careers in the construction and industrial trades.
 - The mission of the Upper Peninsula Construction and Industrial Trades Regional Skills Alliance (UP Construction RSA) is to recruit the best and brightest into the construction industry by raising awareness among parents, students, job seekers and educators.
 - *Industrial Trades Career Day* was created in 2005 due to an estimated 40% of the industries' workforce set to retire by 2010 and awareness of the high-demand, high-wage career opportunities in the construction and industrial trades industries.
 - The event was nominated for the National Association of Workforce Boards W.O. Lawton Business Leadership Award in 2014 (Attachment #1).
 - A planning committee includes: UP Construction RSA, Michigan Works!, The Job Force Board, local educators and union representatives.
 - Over 400 high school juniors and seniors from three counties typically participate in the Industrial Trades Career Day to experience hands-on activities and gain first-hand knowledge of career opportunities within the trades. The career day also focuses on the role math plays in the everyday life of a construction worker while on-the-job. Attachment #2 contains several news articles regarding the day.

Current Issues:

- The National Skills Coalition estimates that from 2013-2021, 51% of Florida's job openings will be middle-skill jobs (Attachment #3).
- Middle-skill jobs require education beyond high school but not a four-year degree, make-up the largest part of America's labor market.
- Account for 55% of Florida's labor market, but only 46% of the state's workers are trained to the middle-skill level (National Skills Coalition). USA Today article on "Where the Jobs Are" estimates that more than 2.5 million good paying middle-skill jobs will be created in the next few years and poses the question "will workers know how to get them?" (Attachment #4).
- Florida CHOICES (www.flchoices.org) is the state's career information delivery system where high school students can prepare for work or postsecondary education.
 - Includes assessments for interests, skills, and values as well as information on careers and postsecondary education.
 - Explore career clusters, search for careers matching education and needs, see hot careers in Florida, explore job banks, create resume, prepare for interview, explore schools choices and college planning timeline.
- Local institutions providing career day opportunities:
 - Lively Technical Center, Tallahassee Community College and Florida State University all currently hold career affairs geared toward adults.
 - Leon County Schools partners with Tallahassee Community College to host a College and Career Fair.

Near-Term Issues:

- Evaluate and determine the specific middle-skill job opportunities
- Collaborate with community and regional partners to host a new "*Leon Works*" exposition to educate high school students (15-18 years old) on middle-skill career and job possibilities that do not necessarily require a traditional four-year college degree.
 - Possible partners include: CareerSource Capital Region, Leon County Schools, Tallahassee Community College Lively Technical Center, Keiser University, Florida Choices, and the Economic Development Council.

- The “*Leon Works*” exposition will provide students in our region with hands-on exposure to the diverse and exciting middle-skill careers while raising awareness among parents, students, job seekers, and educators regarding a wide range of career opportunities.
- This exposition could include interactive exhibits, trade industry displays and demonstration projects that may require student involvement.

Long-Term Issues:

- Goal to make this event self-sufficient through the engagement of community and regional partners.

Current Strategic Priorities:

- Economy – To be an effective leader and a reliable partner in our continuous efforts to make Leon County a place which attracts talent, to grow and diversify our local economy, and to realize our full economic competitiveness in a global economy.
 - (EC2) – Support business expansion and job creation, including: the implementation of the Leon County 2012 Job Creation Action Plan, to include evaluating the small business credit program. (2012)
 - (EC6) – Ensure the provision of the most basic services to our citizens most in need so that we have a “ready workforce.” (2012)

Current Strategic Initiatives:

- None currently

Recommended New FY2015 Strategic Initiative:

- Evaluate and determine the specific middle-skill job opportunities
- Based the evaluation and with Board approval, collaborate with community and regional partners to host a new “Leon Works” exposition to educate high school students (15-18 years old) on the diverse and exciting middle-skills career and jobs while raising awareness regarding a wide range of career opportunities. (EC2, EC6)

Attachments:

1. National Association of Workforce Boards W.O. Lawton Business Leadership 2014 Award Application
2. News articles regarding the *Industrial Trades Career Day*



ITEM #3

Agenda Item

SUBJECT/TITLE: Consideration of Funding 2020 Sales Tax Extension Projects in Advance of Revenue Collection	
Date: April 1, 2015	Requested By: IA
Contact Person: Anita Favors Thompson, City Manager Vincent S. Long, County Administrator	Type of Item: Discussion/Presentation

STATEMENT OF ISSUE:

The purpose of this agenda item is to obtain direction from the Intergovernmental Agency (IA) regarding advance funding and prioritization strategies for projects prior to the collection of the sales tax extension receipts beginning in January 2020.

BACKGROUND:

On November 4, 2014, Leon County voters approved a referendum by 65% to extend the penny sales tax. The City and County Attorney Offices are preparing an amended and restated interlocal agreement for the City and County Commissions to consider at a later date. This agreement adds the projects approved as part of the 2020 sales tax extension as well as amends procedural requirements as previously approved by the City Commission and Board of County Commissioners.

This agenda item identifies strategies for the IA’s consideration that could advance projects while at the same time limit the initial debt that would reduce/eliminate the ability to fund a portion of the remaining projects in the future. The overarching goal of the 2020 sales tax program is to maximum leveraging opportunities to allow Blueprint to accomplish all of the projects included within the infrastructure projects list. This agenda addresses the following:

- Reviews the allocation of the penny sales tax extension and Blueprint 2020 infrastructure project allocations.
- Provides an update on the funding timetable for Capital Circle Southwest.
- Discusses projects that could be funded on an annual allocation basis versus a single project request.
- Addresses leveraging opportunities for state and federal funding.
- Reviews possible means of advance funding projects through bond financing.
- Discusses possible means of advance funding projects through the City, County, or Blueprint.
- Identifies other possible funding sources for infrastructure projects.
- Discusses the prioritization of 2020 infrastructure projects.
- Addresses educational opportunities for city and county departments.
- Provides an update on the economic development portion of the 2020 sales tax program.

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ANALYSIS:

Overview of the Allocation of the Penny Sales Tax Extension

Table #1 identifies the share of proceeds for each entity/project that were approved by the IA as part of the 2020-penny sales tax extension. Based on revenue projections, staff estimates that the penny sales will bring in an estimated \$37.8 million per year or \$756 million over the 20-year sales tax program, which begins on January 1, 2020. Table #1 also provides an idea of the importance of leveraging dollars and minimizing costs associated with moving projects forward. The list of Blueprint 2020 Infrastructure Projects is estimated to cost approximately \$661 million. However, based on initial projections, approximately \$499 million will be available for the infrastructure projects over the 20-year sales tax program. This gap in funding availability could be bridged by leveraging funds similar to what the Blueprint 2000 program has been able to accomplish. For example, Blueprint has leveraged over \$120 million in the last 10 years.

Table #1: 2020 Sales Tax Projects Summary

Entity/Project	Share of Total Proceeds	Estimated Total Proceeds*	Estimated Projects Cost
Blueprint 2020 Infrastructure Projects	66%	\$498.96 million	\$661.8 million
Blueprint 2020 Economic Development Projects	12%	\$90.72 million	\$90.72 million
Leon County Projects	10%	\$75.6 million	\$75.6 million
City of Tallahassee Projects	10%	\$75.6 million	\$75.6 million
L.I.F.E. Projects	2%	\$15.12 million	\$15.12 million
Total	100%	\$756 million	\$918 million

*Note: This estimate is based on the penny sales tax revenue estimates of \$756 million over the 20-year Sales Tax program.

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Overview of the Blueprint 2020 Infrastructure Project Allocations

The table below identifies all Tier 1 Blueprint 2020 infrastructure projects.

Table #2: Blueprint 2020 Tier 1 Infrastructure Projects

Project Category	Project Name	Committed Sales Tax Funding
Regional Mobility	Capital Circle Southwest	\$70,000,000
	Northwest Connector Corridor: Widening of Tharpe Street	\$53,184,800
	Northeast Connector Corridor: Widening of Bannerman Road	\$33,300,000
	Orange Avenue: Widening from Adams Street to Springhill Road	\$33,100,000
Gateways	Westside Student Corridor Gateway: Widening of Pensacola Street	\$29,936,800
	Airport Gateway: Springhill Rd and Lake Bradford Rd	\$58,698,138
	Southside Gateway Enrichment: Widening of Woodville Highway	\$29,700,000
	North Monroe Gateway	\$9,400,000
	Northeast Gateway: Welaunee Critical Area Plan Regional Infrastructure	\$47,300,000
Community Enhancement Districts	Market District	\$9,400,000
	Midtown Placemaking	\$22,000,000
	College Avenue Placemaking	\$7,000,000
	Monroe-Adams Corridor Placemaking	\$7,000,000
	Orange Avenue/Meridian Road Placemaking	\$4,100,000
	Beautification and Improvements to the Fairgrounds	\$12,000,000
	De Soto Winter Encampment	\$500,000
Connectivity	Bike Route System	\$15,000,000
	Sidewalks	\$50,000,000
	Greenways Master Plan	\$15,803,622
	Star Metro Enhancements	\$12,250,000
	Florida A&M Entry Points	\$1,500,000
Quality of Life	Tallahassee-Leon County Animal Service Center	\$7,000,000
	Northeast Park	\$10,000,000
	Lake Lafayette and St. Marks Regional Linear Park	\$15,816,640
	Operating Costs for Parks Built with Sales Tax Funds	\$20,000,000
	Alternative Sewer Solutions Study	\$2,800,000
	Water Quality and Stormwater Improvements	\$85,000,000
<i>Total Estimated Blueprint 2020 Infrastructure Project Costs</i>		<i>\$661,790,000</i>

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Update on 2020 Infrastructure Projects Currently Underway

The Capital Circle Southwest Project - Orange Avenue to Crawfordville Highway is the only project that carried over from the current Blueprint 2000 list of projects. Also, it is the only remaining Tier 1 project of the current Blueprint program which was not completed due to the decrease in sales tax dollars related to the 2009 economic recession; therefore staff has been working diligently with the Florida Department of Transportation (FDOT) to maximum the leveraging opportunities that are discussed below. It is important to note that the PD&E is funded by Blueprint 2000 and design is fully funded by the FDOT and moving toward completion.

This project is currently divided into three phases:

- Capital Circle Southwest Master Stormwater Management Facilities (Orange Avenue to Springhill Road)
- Capital Circle Southwest Construction (Orange Avenue to Springhill Road)
- Capital Circle Southwest Construction (Springhill Road to Crawfordville Highway)

Generally, the project development that has occurred to date (PD&E is completed, design is in progress, and FDOT has allocated approximately \$8.5 million for ROW acquisition will be made available by 2017) has prepared this project, or at least a portion of the project, to possibly move forward prior to 2020. Additionally, Blueprint 2000 is completing a stormwater master plan for the corridor between Springhill Road and Orange Avenue that will combine required stormwater management facilities for the roadway expansion with those facilities needed to support the airport redevelopment as identified in the 2020 sales tax list of projects. This master plan is essential for programming stormwater management facilities consistent with the Blueprint philosophy. Based on this master plan, FDOT has requested that the construction of the stormwater facilities be completed prior to the commencement of the roadway improvements. Staff and FDOT have begun discussions to develop a partnership that will fully fund this project through federal, state and local funds.

Through Blueprint's preliminary negotiations with FDOT, Table #3 provides a summary of anticipated leveraging of state and federal funds necessary to complete various phases of the project. In addition, the County and City have prioritized this project as a legislative appropriation request for additional state and federal funding.

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Table #3: Capital Circle Southwest FDOT Estimated Time Table for Funding

Document	Segment	Fiscal Year	Funding Source	Amount
FDOT Draft Work Plan ¹	Springhill – Orange ROW	2016	State	\$5,480,100
FDOT Draft Work Plan ¹	Springhill – Orange ROW	2017	State	\$3,141,800
FDOT Draft Work Plan ¹	Crawfordville – Springhill ROW	2019	Local	\$14,417,200
FDOT Draft Work Plan ¹	Crawfordville – Springhill Construction	2020	Local	\$24,386,578
FDOT District 3 SIS 2 nd Five Year Plan ²	Springhill – Orange Construction	2020	SIS	\$6,190,000
FDOT District 3 SIS 2 nd Five Year Plan ²	Springhill – Orange Construction	2021	SIS	\$40,383,000
<i>Total Estimated Funding Available</i>				\$93,998,678

Notes: (1) FDOT 2015 Five Year Draft Work Plan is contingent upon the approval of the Florida State Legislature and the Governor. (2) FDOT District 3 Strategic Intermodal System Funding Strategy 2nd Five Year Plan illustrates projects with funding planned in the five years (Years 6 through 10) beyond the Adopted Work Program. Projects in this plan could move forward into the First Five Year Plan as funds become available.

Currently, the total estimated project cost is \$119 million. To date, approximately \$94 million has been identified to fund this project. Therefore, it is anticipated that an additional \$25 million may need to be allocated towards this project from a funding source to be determined. As a reminder, the proposed sales tax list of projects has identified up to \$70 million for this specific project. Blueprint’s discussions with FDOT to date has been that the \$70 million is the maximum amount of funding available for this project and is only intended to cover the costs that are above and beyond that of a typical FDOT roadway cross-section that will yield a project consistent with the Blueprint philosophy. It is important to note, that the final project cost could be refined upon completion of the required designs for all components of the project. Based on the funding sources identified in Table #3, the current identified local share for completing this project is estimated to be \$38,803,778. Blueprint is working with FDOT to seek innovative funding approaches to avoid any significant or all finance costs to completely fund this project. For example, one approach is to seek advanced funding from FDOT and pay back FDOT over time. This approach is similar to what was utilized for the Blueprint 2000 Capital Circle Northwest project where Blueprint advanced funded the project at no cost to the State. As shown in Table #3, it is currently anticipated that this project will not need to be advance funded since the local contribution is subject to begin around the time that the sales tax extension revenues start being collected. However, should the this project need funding prior to the implementation of the 2020 sales tax program, staff will bring it before IA for their consideration due to the fact that this project would leverage state dollars, address critical infrastructure needs, and have significant portions of the project complete (such as PD&E and design).

Strategy #1: Staff recommends that the Capital Circle Southwest project (Orange Avenue to Crawfordville Highway) be identified as the top priority 2020 project, based on the amount of available state funding and current status of the project, and continue to focus efforts to move the project to completion/construction.

Strategy #2: Staff recommends completing the final stormwater master plan design and work with FDOT to negotiate funding plans for the completion of the Capital Circle Southwest project.

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Annual Allocation to Projects

Table #4 provides a list of sales tax projects that could be funded on an annual allocation basis versus in a single project request.

Table #4: Penny Sales Tax Projects for Proposed Annual Funding

Project Name	Implementing Entity	Sales Tax Funding	Estimated Annual Allocation
Bike Route System	Blueprint in coordination with City and County	\$15,000,000	\$750,000
Sidewalks	City and County (funding to be split 50/50)	\$50,000,000	\$2,500,000
Greenways Master Plan	Blueprint in coordination with City and County	\$15,803,622	\$790,000
Star Metro Enhancements	City	\$12,250,000	\$612,000
Operating Costs for Parks Built with Sales Tax Funds	City and County (funding to be split 50/50)	\$20,000,000	\$1,000,000
Water Quality and Stormwater Improvements	City and County (funding to be split 50/50)	\$85,000,000	\$4,250,000
	Total	\$198,053,622	\$9,902,000

More than likely the projects listed above will not require large amounts of funding for single projects and could be funded through an annual allocation process over a 20-year period. The City, County, and Blueprint may wish to consider funding preliminary design, final design, and permitting as part of the development of the FY 2016 budget 5-year Capital Improvement Plans with implementation in the fifth fiscal year (FY 2020). For example, the City and County are both developing a sidewalk priority plan. Once those priority plans are completed, the City and County could begin funding construction of the top priority projects beginning in 2020. Prior to 2020, the necessary community input meetings, design, engineering and permitting could commence, provided that these tasks could be absorbed in the respective departments' budgets. This approach will provide shovel ready projects in 2020 and a reliable funding source once the sales tax proceeds begin to be collected.

Strategy #3: Staff recommends that the projects identified in Table #4 receive annual allocations as identified beginning in year 2020. This will result in an annual total allocation (for these specified projects) of \$9,902,000 each year for 20 years.

Strategy #4: Staff recommends that the City, County and Blueprint consider funding planning, preliminary design, final design, and permitting where necessary for Bike Route System, Sidewalks, Greenway Master Plan and StarMetro projects in order for construction of the projects to commence in Fiscal year 2020.

Note: Additional prioritization for projects in these categories may be required before designs commence.

In regards to the Water Quality and Stormwater Improvements project, substantial consideration should be given to the recent passage of the Florida Water and Land Conservation Initiative (Amendment 1-2014) which received 75% voter approval during the November 4, 2014 elections. This measure designates 33% of net revenue from the documentary stamp tax (the fee

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collected by the state when real estate is sold) to the Land Acquisition Trust Fund for 20 years. It is estimated that the Land Acquisition Trust Fund will receive \$747.7 million in Fiscal Year 2015-2016 due to this passage of this amendment. Currently, the Florida Legislature is developing legislation to implement Amendment 1 and staff anticipates that negotiations between the House and the Senate will be ongoing throughout the 2015 legislative session. Staff will be monitoring this legislation closely, specifically looking for opportunities to leverage funding in support of water quality projects.

Strategy #5: Staff recommends that the IA begin programming the Water Quality and Stormwater Improvement funds after the legislation regarding the implementation of Amendment 1-2014 has been signed into law in order to leverage any available funding.

Based on the recommendations to this point, the projects identified in Table #6 would be the remaining projects to consider for prioritization and funding strategies.

Table #6: Remaining 2020 Projects for Consideration on Prioritization and Funding Strategies

Project Category	Project Name	Committed Sales Tax Funding
Regional Mobility	Northwest Connector Corridor (Widening of Tharpe Street)	\$53,184,800
	Northeast Connector Corridor (Widening of Bannerman Road)	\$33,300,000
	Orange Avenue: Widening from Adams Street to Springhill Road	\$33,100,000
Gateways	Westside Student Corridor Gateway (Widening of Pensacola Street)	\$29,936,800
	Airport Gateway: Springhill Rd and Lake Bradford Rd	\$58,698,138
	Southside Gateway Enrichment (Widening of Woodville Highway)	\$29,700,000
	North Monroe Gateway	\$9,400,000
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Community Enhancement Districts	Market District	\$9,400,000
	Midtown Placemaking	\$22,000,000
	College Avenue Placemaking	\$7,000,000
	Monroe-Adams Corridor Placemaking	\$7,000,000
	Orange Avenue/Meridian Road Placemaking	\$4,100,000
Connectivity	Beautification and Improvements to the Fairgrounds	\$12,000,000
	De Soto Winter Encampment	\$500,000
	Florida A&M Entry Points	\$1,500,000
Quality of Life	Tallahassee-Leon County Animal Service Center	\$7,000,000
	Northeast Park	\$10,000,000
	Lake Lafayette and St. Marks Regional Linear Park	\$15,816,640
	Alternative Sewer Solutions Study	\$2,800,000
<i>Total Estimated Blueprint 2020 Infrastructure Project Costs</i>		\$393,736,378

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Leveraging: State and Federal Funding for Transportation Projects

Effective leveraging is necessary for completing the list of projects identified in Table #6. Through the legislative and grant efforts of the City and County Governments, Blueprint has leveraged over \$120 million in the last 10 years and has been particularly successful in leveraging federal and state funding for roadways with capacity improvements. Those projects with the greatest potential for leveraging include projects on the state and federal highway system that are capacity projects. In other words to successfully obtain state and federal dollars, the proposed projects need to address capacity improvements to a roadway. Those projects that are not considered by FDOT to address capacity issues will not be eligible for leverage funding. It is important to ensure that all capacity projects on the State highway system are included in the Capital Regional Transportation Planning Agency (CRTPA) Regional Mobility Plan and ranked high in order to maximize the amount of leveraged funds. Projects that are not deemed as capacity projects will require full local funding. Projects that are on the State highway system include the following:

- Capital Circle Southwest (Orange Avenue to Crawfordville Highway)
- Midtown Placemaking (5 Points Intersection Improvements)
- Southside Gateway Improvements (Woodville Highway Widening)
- Westside Student Gateway Corridor (Pensacola Street Widening)
- Orange Avenue Widening (Adams Street to Springhill Road)

A determination will need to be made as to whether each of these improvements are capacity projects. Over time, after these projects are included in a FDOT work plan (as is the case for the Capital Circle Southwest project) a determination can be made as to the level of local participation required and method of funding necessary to complete the project as anticipated. This approach may take a number of years to complete and is clearly contingent upon FDOT funding.

Strategy #6: Staff recommends that the IA include all State roadway projects in the CRTPA Regional Mobility Plan and elevate all capacity projects to a top tier priority within the CRTPA Regional Mobility Plan. This strategy will ensure maximum leveraging opportunities are achieved.

Note: Because the sales tax projects typically address more than the State's responsibilities, it should be expected that a partnership with FDOT using the sales tax proceeds will be required. At this time, a determination can be made as to how the partnership will be achieved.

Bonding

The issuance of municipal bonds is a common tool for funding capital projects. Since 2003, Blueprint has issued \$145.3 million of bonds (\$70 million in 2003 and \$75.3 million in 2007) which were utilized primarily for the widening of Capital Circle.

Given the fact that the sales tax extension revenues will not be collected for five years, it is important to note that issuing municipal bonds prior to the receipt of sales tax funds carries additional cost due to the interest payments, which are made before these collections begin. These interest costs are added to the total debt that is issued and is referred to as "capitalized interest" or CAPI. Table #7 provides a summary of annual payments required for a period from

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2020-2040 and the total debt service to facilitate three bond sale levels (\$25, \$50 and \$75 million) applied to four years (2016, 2017, 2018 and 2020).

Table #7: Bond amounts, Annual Payments and Total Debt Service

Issue Date	Project Amount	Annual Payments	Total Debt Service (Principal and Interest)
7/1/2016	25,000,000	2,130,000	46,375,000
7/1/2016	50,000,000	4,260,000	92,750,000
7/1/2016	75,000,000	6,390,000	139,125,000
7/1/2017	25,000,000	2,040,000	43,330,000
7/1/2017	50,000,000	4,080,000	86,660,000
7/1/2017	75,000,000	6,120,000	129,990,000
7/1/2018	25,000,000	1,960,000	40,505,000
7/1/2018	50,000,000	3,915,000	81,010,000
7/1/2018	75,000,000	5,865,000	121,515,000
7/1/2020	25,000,000	1,875,000	36,000,000
7/1/2020	50,000,000	3,750,000	72,000,000
7/1/2020	75,000,000	5,625,000	108,000,000

As shown in the table above, bonding early will be very costly and could jeopardize projects in the outlying years from being completed. For example, if the IA were to bond \$75 million in 2016, the total of debt service would be approximately \$139.12 million as compared to bonding in 2020 when the total debt service would be \$108 million. By waiting, four years to issue a \$75 million bond, the IA could save \$31 million that could be used to fund other projects. As stated previously, the list of 2020 infrastructure project costs is approximately \$661.8 million and current revenue projections estimate the total proceeds at \$499 million. Bonding projects early would increase costs and could remove project(s) from being funded by the 2020 sales tax program.

While not a preferred funding mechanism, the need may arise to explore bonding options in the future should Blueprint, County, or City be successful leveraging funding for a particular project. In addition, a critical infrastructure need in the community may arise that addresses safety, health, and welfare issues, which could require a certain project to be expedited. Under these circumstances, staff can provide an analysis of each project, funding levels required and the cost associated with the required bonding level. Due to the high cost of bonding prior to 2020, staff recommends that the IA only consider bonding when significant leveraging opportunities are identified either through the federal and state government or a public/private partnership, addresses critical infrastructure needs related to safety, health, and welfare of the community, and a project has phases which have been completed or are underway.

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Strategy #7: Staff recommends that, due to the high cost of bonding prior to 2020, bonding should not be utilized as a funding mechanism unless funding is specifically required to complete a project based on approved criteria that can be used to evaluate a project. The criteria should include the following:

- **Funding satisfies a match for the following:**
 - **Federal or state government leveraging opportunity;**
 - **Public/private partnership.**
- **Addresses critical infrastructure needs related to the following:**
 - **Safety of the community;**
 - **Health and welfare of the community.**
- **Completion of project phases such as the following:**
 - **An action plan/study has been completed and approved by the City/County Commission and/or the State;**
 - **Project development and environment (PD&E) study has been completed or is underway;**
 - **Design has been completed or is underway;**
 - **All or substantial amounts of right-of-way necessary to complete the project has been acquired/obtained.**

In addition, staff will bring an agenda item to the IA with an evaluation according to the above criteria as well as identify probable costs, should the IA desire to pursue funding of a project (or projects) through the use of bonding. If a project is approved by the IA for funding through bonding, then the Finance Committee will be convened for additional analysis and development of recommendations for the IA's consideration on how to best proceed with bonding and financing the project(s).

Advance Funding through City, County, or Blueprint

The City and County Commissions may wish to consider advance funding particular projects that are jurisdictional in nature (i.e. solely located in the City or the County). For example, the City Commission recently approved a funding partnership (\$500,000) with a developer that will complete the Desoto Winter Encampment project. In return, the City will be seeking repayment of these costs after the 2020 sales tax proceeds are collected. Additionally, there may be certain projects that have a significant amount of progress such as the Northwest Corridor Project (Bannerman Road widening) that is desired to move forward whether in phases or in its entirety. Regardless, this approach toward advance funding projects could be an innovative tactic to initiate projects without incurring significant debt. It is important to note that the prioritization of the repayment to the City and/or County will be considered as part of the IA's future budgeting and project prioritization process for the 2020 program. This approach does not guarantee that repayment will be an initial priority.

Additionally, the IA may wish to consider setting aside a specific amount of funding from the current Blueprint program to fund 2020 projects program development, design and construction. Any advanced funding will be required to be paid back by the 2020 sales tax proceeds as funding is made available through the 2020 program's budgeting and prioritization process. Any project

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utilizing this advanced funding strategy should require authorization of the full IA and ensure that no current Blueprint program projects are adversely impacted.

Other Funding Sources

Staff has identified other possible funding sources for infrastructure project that may allow projects to move forward. Attachment #1 provides a detailed analysis of these funding sources such as public private partnerships, 163 development agreements, and Florida State Infrastructure Bank Loans (SIB Loans). As projects arise that may require additional funding sources, staff will provide an analysis of the project, funding levels required and the cost associated to the IA for their consideration.

Strategy #8: Staff will provide an analysis of the project, funding levels required and the cost associated to the IA for their consideration as projects arise that may require additional funding sources.

Prioritization of 2020 Infrastructure Projects

Based on the recommended strategies above, the future funding needs and the potential leveraging opportunities should be clearer in the within the next few years. As such, it is challenging to identify priorities for the projects listed in Table #6 until leveraging opportunities are more defined and anticipated cash flow can be determined. In essence, a process that tracks available cash flow will be required to determine if and when a project can move forward. Until the funding needs to complete the Capital Circle Northwest project have been determined and the ability to leverage funds from Amendment 1, it will be difficult to move projects through a process unless an alternative funding source is provided. Staff anticipates that the required local funding needs for the partnership with FDOT on Capital Circle Southwest can be determined by July 1, 2016. At that point, staff can start identifying available funds to initiate projects. This process does not preclude either the City or the County from advance funding projects desired within their respective jurisdictions through other means.

In the interim, staff will be developing a prioritization process with evaluation criteria to be utilized prior the commencement of the BP 2020 infrastructure program. For example, the proposed criteria could include geographic diversity, annual funds available, leverage opportunities, and projects that have significant development and/or completion of phases. It is anticipated that staff will bring back a proposed prioritization process for the IA's consideration at a future meeting subsequent to July 1, 2016 when required local funding needs for the partnership with FDOT on Capital Circle Southwest should be determined or earlier if the IA desires to consider bonding options.

Strategy #9: Staff recommends that only those projects with significant leveraging opportunities either through the federal and state government or a public/private partnership or projects that are needed to address critical infrastructure needs related to the safety, health, and welfare of the community should be prioritized prior to 2020.

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Strategy #10: Staff recommends proceeding with development of a prioritization process and criteria to be utilized prior to the commencement of the BP 2020 program.

Note: The date for providing the process and criteria to the IA is highly dependent upon factors and successes identified above.

Education Training for City and County Departments

In order to ensure that City and County departments are aware of the infrastructure projects associated with the 2020 sales tax extension, staff has as begun to educate departments regarding these projects. It is imperative for City and County departments to continually be aware of how their work can address these projects or impact their future viability. For instance, the City Utilities Department may be looking to establish a new transmission line in an area where a programmed greenway trail connection is identified in the 2020 projects. Proper consideration of the location of the transmission line could also create a trail corridor consistent with the 2020 project. Staff will continue to utilize the Technical Coordination Committee (TCC) to maintain a high level of coordination between the 2020 program and City and County departments to ensure that the Blueprint philosophy of a holistic approach to infrastructure planning is seamless.

Strategy #11: In order to ensure that Blueprint philosophy of a holistic approach to infrastructure planning continues, staff will continue to coordinate through the TCC and initiate annual training to the necessary City and County departments to ensure high levels of coordination and opportunities to complete 2020 projects are identified and future costs of projects are not increased.

Economic Development:

As stated previously, on January 1, 2020, funding for Blueprint 2020 projects, including economic development projects, will become available subject to the IA's approval. As shown in Table #1, 12% percent (\$90.72 million) of the total sales tax proceeds will be dedicated to economic development over 20 years. These economic development investments will be analyzed, vetted, and recommended to the IA through the Economic Development Coordinating Committee (EDCC), an oversight committee of economic development professionals approved by the IA, which must convene by February 16, 2018 (Attachment #2). The 2020 economic development projects are also subject to an independent annual audit and overseen by the IA. From start to finish, all economic development funding will be transparent and accountable to the public.

On April 22, 2014, the IA directed staff to prepare an agenda item, subject to the passage of the referendum, on consolidating the County and City contractual agreements with the Tallahassee-Leon County Economic Development Council (EDC) to reflect the EDC's role in administering the economic development portion of the sales tax proceeds, which may include staffing the EDCC, marketing the newly available resources, identifying best practices, developing a community wide strategic plan for economic development, etc. Currently, both the County and the City separately contract and fund the EDC to serve as the official economic development organization of record for the community. The EDC's potential role in the administration of the economic development portion of the sales tax proceeds would further its efforts to serve both governmental entities and the private sector as the state-recognized economic development organization for the area. A joint EDC contract will ensure a seamless point-of-contact for the

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business, startup, researcher, site consultant, etc., seeking to expand or establish their footprint in the area. The scope of services of the consolidated EDC contract should reflect the economic development efforts associated with the 2020 program. Through the IA, both the County and City Commissions will be able to jointly evaluate, plan, set and approve community-wide economic goals, which has often been a challenge, as the County and City tend to independently develop strategic initiatives relating to economic development. The 2020 sales tax program presents the invaluable benefit of having the dedicated resources to help achieve the community's collective economic development goals.

Recently, the EDC has undertaken an organization-wide planning and improvement initiative. Overarching and guiding this initiative is the preparation work preceding application to the International Economic Development Council (IEDC) for full accreditation, a status only three other Florida-based EDO's have achieved. The application process for IEDC accreditation is multi-year and is now in its early stages at the EDC. An important component and requirement of achieving IEDC accreditation is having an approved multi-faceted strategic plan to guide organizational priorities over time. The EDC announced the implementation of the two-year strategic plan, approved in January 2015, which is a key part of this holistic organizational improvement.

Staff is recommending that a unified contract detailing the role of the EDC in administering the economic development portion, staffing needs, and adequate funding, be brought to the IA for their consideration as part of the development of the FY 2017 budget, assuming that the first EDCC meeting is held on or shortly prior to February 16, 2018. Under this proposed timeline, the unified contract would be executed upon the sunset of the EDC's recently adopted two year strategic plan and would allow for a smooth transition toward implementing a new strategic plan regarding collective economic development goals and the 2020 sales tax program.

County and City staff will also be working with the EDC to determine staffing needs related to the implementation of the economic development program. It is anticipated that a staff person from the EDC will be the primary liaison to the EDCC and charged with educating a prospective applicant on the available incentives, guiding the applicant through the application and vetting processes, and providing updates and analyses to the EDCC. The EDCC's role is to advise the IA on economic development matters by providing oversight and recommendations on economic development programs and projects to the IA for final approval, similar to the current governing structure for infrastructure projects. The EDCC will also ensure coordination and cooperation between economic development projects by Blueprint, County and City governments, universities and the community college, and other community entities. This will allow for the recurring economic development funding levels to be identified and fulfilled prior to convening the EDCC, which according to the Interlocal must be done by February 16, 2018.

As discussed previously with the infrastructure projects, the need may arise to explore funding options in the future should Blueprint, County, or City be successful leveraging funding for economic development projects, more specifically, capital projects, such as the Madison Mile Convention Center District (Madison Mile) and the Regional Airport Growth Development (Airport) projects. It is important to note that the Madison Mile and Airport projects are currently being developed within their respective organizations and could possibly seek funding

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from the IA prior to the implementation of the 2020 sales tax program. A final determination on the level of funding to be provided, the time period of the funding, and other such matters would be specifically addressed through appropriate formal agreements among all parties to the project, including the IA. In recognizing that these capital intensive projects may seek funding prior to 2020, and perhaps the convening of the EDCC, the interlocal agreement authorizes these projects to go directly to the IA for consideration.

In addition, other economic opportunities may arise prior to 2020 that could come before the IA for their consideration, such as business relocation and/or economic development programmatic recommendations. Under these circumstances, staff will provide an analysis of each project, funding levels required and the cost associated with the required bonding level to the EDCC and IA for their consideration. However, similar with the infrastructure projects, due to the high cost of bonding prior to 2020 staff recommends that the IA only consider bonding when significant leveraging opportunities are identified either through the federal and state government or a public/private partnership and phases of a project have been completed or are currently underway.

Strategy #12: Staff recommends that the IA direct County, City, and EDC staff to prepare an agenda item on the unified contract detailing the role of the EDC in administering, staffing needs, and adequate funding, be brought to the IA for their consideration as part of the development of the FY 2017 budget, assuming that the EDCC first meeting is held on or shortly prior to February 16, 2018.

Strategy #13: Staff recommends that, due to the high cost of bonding prior to 2020, bonding should not be utilized as a funding mechanism for economic development projects unless funding is specifically required to complete a project based on approved criteria that can be used to evaluate a project. The criteria should include the following:

- **significant leveraging opportunities are identified through either the federal and state government or a public/private partnership;**
- **project phases that have been completed or are currently underway, and;**

In addition, staff will provide an analysis of each project, funding levels required and the cost associated with the required bonding level to the EDCC and IA for their consideration.

CONCLUSION:

It is important to consider the long-term effects of the decisions that move the 2020 sales tax program forward. Essentially, there are two recommended approaches that should guide moving projects forward as well as the prioritization of the projects: 1) maximize use of leveraging opportunities and; 2) utilize no cost or low cost alternatives to advance the 2020 sales tax projects. The analysis section of this item identified several strategies that could advance projects while at the same time limit initial debt that can eliminate the ability to fund a portion of the projects in the future. Additionally, the overarching need of the 2020 sales tax program is leveraging dollars in order to accomplish all of the projects included within the Blueprint infrastructure projects list.

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Based on the strategies identified in the analysis section of this item, the following recommendations are intended to move projects forward in a manner to maximize leveraging opportunities and minimize cost in order to ensure maximum potential to fund all projects within the 2020 sales tax program.

These recommendations include:

1. Identify Capital Circle Southwest project (Orange Avenue to Crawfordville Highway) as the top priority 2020 project and continue to focus efforts to move the project to completion/construction.
2. Complete the final stormwater master plan design and work with FDOT to negotiate funding plans for the completion of the Capital Circle Southwest.
3. Provide annual funding for Bike Route System, Sidewalks, Greenways Master Plan, Starmetro Enhancements, Operating Costs for Parks built with sales tax funds, and Water Quality and Stormwater improvements beginning in year 2020. This will result in an annual total allocation of \$9,902,000 each year for 20 years.
4. Begin funding planning, preliminary design, final design, and permitting, where necessary, for Bike Route System, Sidewalks, Greenway Master Plan and StarMetro projects in order for construction of projects to commence in Fiscal year 2020.
5. Begin programming the Water Quality and Stormwater Improvement funds after the legislation regarding the implementation of Amendment 1-2014 has been signed into law in order to leverage any available funding.
6. Include all State roadway projects in the CRTPA Regional Mobility Plan and elevate all capacity projects to a top tier priority within the CRTPA Regional Mobility Plan. This strategy will ensure maximum leveraging opportunities are achieved.
7. Due to the high cost of bonding prior to 2020, bonding should not be utilized as a funding mechanism for infrastructure projects unless funding is specifically required to complete an project based on approved criteria that can be used to evaluate a project. The criteria should include the following:
 - Funding satisfies a match for the following:
 - Federal or state government leveraging opportunity;
 - Public/private partnership.
 - Addresses critical infrastructure needs related to the following:
 - Safety of the community;
 - Health and welfare of the community.
 - Completion of project phases such as the following:
 - An action plan/study has been completed and approved by the City/County Commission and/or the State;
 - Project development and environment (PD&E) study has been completed or is underway;

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- Design has been completed or is underway;
- All or substantial amounts of right-of-way necessary to complete the project has been acquired/obtained.

In addition, staff will bring an agenda item to the IA with an evaluation according to the above criteria as well as identify probable costs, should the IA desire to pursue funding of a project (or projects) through the use of bonding. If a project is approved by the IA for funding through bonding, then the Finance Committee will be convened for additional analysis and development of recommendations for the IA's consideration on how to best proceed with bonding and financing the project(s).

8. As other funding sources (including public/private partnerships) become available for specific projects, staff will provide an analysis of the project, funding levels required and the cost associated to the IA for their consideration as projects arise that may require additional funding sources.
9. Prioritize only those projects with significant leveraging opportunity through either the federal and state government or a public/private partnership or projects that are needed to address critical infrastructure needs related to the safety, health, and welfare of the community prior to 2020.
10. Direct staff to proceed with initial development of a prioritization process and criteria to be utilized for ranking projects prior to the commencement of the BP 2020 program. This process will be brought back to the IA at a later date to be determined by the IA.
11. To ensure that Blueprint philosophy of a holistic approach to infrastructure planning continues, staff will initiate annual training to the necessary City and County departments to ensure high levels of coordination and opportunities to complete 2020 projects are not missed and future costs of projects are not increase.
12. Direct County, City, and EDC staff to prepare an agenda item on the unified contract detailing the role of the EDC in administering, staffing needs, and adequate funding, be brought to the IA for their consideration as part of the development of the FY 2017 budget, assuming that the EDCC first meeting is held on or shortly prior to February 16, 2018.
13. Due to the high cost of bonding prior to 2020, bonding for economic development projects should not be utilized as a funding mechanism unless funding is specifically required to complete a project based on approved criteria that can be used to evaluate a project. The criteria should include the following:
 - significant leveraging opportunities are identified through either the federal and state government or a public/private partnership;
 - project phases have been completed or are currently underway, and;In addition, staff will provide an analysis of each economic development project, funding levels required and the cost associated with the required bonding level to the EDCC and IA for their consideration.

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RECOMMENDATION:

Intergovernmental Agency Direction.

Attachments:

1. Other Funding Sources for Infrastructure Projects
2. Structure of the Economic Development Coordinating Committee

Possible Funding Mechanisms for Local Government Infrastructure Projects

The information below lists possible funding mechanisms for local government infrastructure projects including the projects associated with the extension of the penny sales tax.

Municipal Bonds

The issuance of municipal bonds is a common tool for funding capital projects. Blueprint 2000 issued municipal bonds to fund certain projects. In 2003, \$70 million of bonds were sold (and later were refinanced in 2011), and in 2007 \$75,285,000 of bonds were sold. Collection of tax for Blueprint 2000 did not begin until December 2004.

Issuing municipal bonds prior to the receipt of sales tax funds (“pre-funding”) carries additional cost due to the interest payments which are made before these collections begin; these interest costs are added to the total debt that is issued – this is known as “capitalized interest” or CAPI. Below is a table showing the impact of capitalized interest paid on three bond sale levels (\$25, \$50 and \$75 million) applied to three years (2016, 2017, and 2018).

By issuing municipal bonds in 2016 the total debt service for:

- \$25,000,000 is \$46,375,000;
- \$50,000,000 is \$92,750,000; and
- \$75,000,000 is \$139,125,000.

Issue Date	Project Amount	Annual Payments	Total Interest (Net of CAPI)	Total Debt Service (Net of CAPI)	Capitalized Interest (through 4/1/2020)	Total Debt Service (Principal and Interest)	Total Additional Cost for Funding Prior to 2020
7/1/2016	25,000,000	2,130,000	15,345,000	41,415,000	4,960,000	46,375,000	7,090,000
7/1/2016	50,000,000	4,260,000	30,690,000	82,830,000	9,920,000	92,750,000	14,180,000
7/1/2016	75,000,000	6,390,000	46,035,000	124,245,000	14,880,000	139,125,000	21,270,000
7/1/2017	25,000,000	2,040,000	14,710,000	39,850,000	3,480,000	43,330,000	4,975,000
7/1/2017	50,000,000	4,080,000	29,420,000	79,700,000	6,960,000	86,660,000	9,950,000
7/1/2017	75,000,000	6,120,000	44,130,000	119,550,000	10,440,000	129,990,000	14,925,000
7/1/2018	25,000,000	1,960,000	14,120,000	38,375,000	2,130,000	40,505,000	3,035,000
7/1/2018	50,000,000	3,915,000	28,240,000	76,750,000	4,260,000	81,010,000	6,070,000
7/1/2018	75,000,000	5,865,000	42,360,000	115,125,000	6,390,000	121,515,000	9,105,000
7/1/2020	25,000,000	1,875,000	13,215,000	36,000,000	0	36,000,000	0
7/1/2020	50,000,000	3,750,000	26,430,000	72,000,000	0	72,000,000	0
7/1/2020	75,000,000	5,625,000	39,645,000	108,000,000	0	108,000,000	0

Notes:

1. 5.00% Coupon Structure, for principal maturing annually on October 1st in years 2020-2039.
2. All numbers are based on Interest Rates as of January 29, 2015 for each maturity (not adjusted for yield curve shift based on future issuance date)
3. Capitalized Interest is paid through April 1, 2020
4. Total Debt Service is Principle paid, plus Interest payments net of CAPI
5. Project/CAPI funds are Gross funded, and do not include interest earnings

Utilization of City and County Reserves

City and County budgeting offices have indicated that a modest amount (less than \$3,000,000) could be used for initial project phases such as PD&E or design.

Public Private Partnerships (PPP)

After the 2013 legislative session, the Governor signed H.B. 85 into a law that gives counties, municipalities, school boards and other political subdivisions in Florida the authority to enter into public-private partnership (P3) agreements for facilities that “serve a public purpose”. The facilities include education facilities, transportation facilities, water/wastewater facilities, roads, highways and bridges, healthcare facilities and sporting or cultural facilities. The new law also stipulates requirements for procurement, private sector standards, flexible payment and performance security requirements, and independent analysis of the proposed P3 and demonstrate its cost-effectiveness and overall public benefit.

163 Development Agreements

A development agreement is a contract between a local jurisdiction and a person who owns or controls property within the jurisdiction. The purpose of the agreement is to specify the standards and conditions that will govern development of the property. The city or county may require conditions to mitigate project impacts, and clarification about project phasing, and timing of public improvements. The agreement can also facilitate enforcement of requirements, since it is a contract that details the obligations of the developer and local jurisdiction. A public review opportunity is also built into the agreement process.

On occasion, the City of Tallahassee and Leon County have entered into Chapter 163 Development Agreements to accomplish mutually agreed objectives. Development Agreements have been utilized to obtain needed or desired right-of-way or public property, construct portions of roadways and other essential infrastructure in exchange for development rights of certain properties. Typically, Development Agreements are between a developer and a single governmental entity (City or County).

However, if the agreement is contingent upon a Comprehensive Plan amendment, both the City and County Commissions, at a minimum, have an opportunity to review issues associated with such proposals. There may be, on occasion, the need to include additional funding to complete agreed to improvements. Such was the case with the recent Bannerman Crossing Development Agreement (a County Development Agreement) where the developer provided needed right-of-way and funded a significant amount of roadway improvements that not only served the development, but also served a much larger area of our community. However, additional County funding was necessary to complete the roadway improvements. Therefore, it may be appropriate to set aside some funds to address costs from these unanticipated opportunities. Blueprint will initiate annual training of various City and County departments to ensure long term cohesiveness between efforts and needs of other departments and the projects approved as part of the Sales Tax Extension to ensure that there are maximum opportunities to complete the projects at reduced or no sales tax costs.

Other City/County/Private Agreements

Beyond 163 Development Agreements, there may be other public/private partnerships that could present opportunities to fund or assist in funding the Sales Tax projects. As with development agreements, there may be opportunities to partnership with the private sector without the need to enter into a 163 Development Agreement. An example is how the City initiated the abandonment

of Goodbody Lane in an effort to provide better access to America's First Christmas site (the DeSoto Encampment Sales Tax project). The City is advance funding \$500,000 to the project so that a developer can construct a new street with sidewalks and landscaping that would otherwise not be attainable through Goodbody Lane. Blueprint will initiate annual training of various City and County departments to ensure long term cohesiveness between efforts and needs of other departments and the projects approved as part of the Sales Tax Extension to ensure that there are maximum opportunities to complete the projects at reduced or no sales tax costs.

FL State Infrastructure Bank Loans (SIB)

The State Infrastructure Bank (SIB) is a revolving loan and credit enhancement program consisting of two separate accounts. The federally-funded account is capitalized by federal money matched with state money as required by law and the state-funded account is capitalized by state money and bond proceeds. SIB participation from the federally-funded account is limited to projects which meet all federal requirements pursuant to the Transportation Equity Act for the 21st Century (TEA-21) and are eligible for assistance under Title 23, United States Code (USC) or capital projects as defined in Section 5302 or Title 49 USC and other applicable federal guidelines. SIB participation from the state-funded account is limited to a transportation facility project that is on the State Highway System or that provides for increased mobility on the state's transportation system in accordance with Section 339.55, Florida Statutes or provides for intermodal connectivity with airports, seaports, rail facilities, transportation terminals, and other intermodal options for increased accessibility and movement of people, cargo, and freight.

The Blueprint 2000 program obtained three (3) SIB loans all with annual interest rate of 2%. Loan #1: \$22,605,003 with a 15 year term, Loan #2: \$26,692,337 with a 14 year term, and Loan #3: \$4,784,739 with a 10 year term. The total interest paid on all three SIB loans is \$6,169,875.52. The project sponsor/borrower proposes the interest rate in the original application. It is important to keep in mind all applications compete against other applications received during the cycle. One of the financial methods used to rate each application is an extended net present value analysis. This analysis takes into account disbursements, repayments, and interest, which can drive the competition of the application. In order for an application to be competitive, a higher interest rate with a shorter term will fare better than an application at a low interest rate with a longer term.

Florida Water and Land Conservation Initiative (Amendment 1)

Florida Water and Land Conservation Initiative (Amendment 1) received 75% voter approval during the November 4, 2014 elections. This measure designates 33 percent of net revenue from the documentary stamp tax (the fee collected by the state when real estate is sold) to the Land Acquisition Trust Fund for twenty years. The Senate Environmental Preservation and Conservation Committee met on January 7, 2015 to beginning discussing how to implement this initiative. The Land Acquisition Trust Fund will receive an estimated \$648 million in Fiscal Year 2015-2016 due to this amendment.

Florida Department of Transportation (FDOT) Airport Economic Development

The Aviation Grant Program provides financial assistance to Florida's airports in the areas of safety, security, preservation, capacity improvement, land acquisition, planning, and economic development. Program funds assist local governments and airport authorities in planning, designing, constructing, and maintaining public-use aviation facilities. A local match of 50% is required. Funding availability is limited to amounts appropriated by the FL Legislature and allocations to the District offices.

Federal Aviation Administration (FAA) Airport Improvement Program (AIP)

The Federal Aviation Administration (FAA) Airport Improvement Program (AIP) provides grants to public agencies for the planning and development of public-use airports that are included in the National Plan of Integrated Airport Systems (NPIAS). Eligible projects include those improvements related to enhancing airport safety, capacity, security, and environmental concerns. In general, sponsors can use AIP funds on most airfield capital improvements or repairs and in some specific situations, for terminals, hangars, and nonaviation development. Any professional services that are necessary for eligible projects — such as planning, surveying, and design — are eligible. Projects related to airport operations and revenue-generating improvements are typically not eligible for funding. Although more research is needed, it appears that the FAA's AIP grant would not be best suited for the projects approved under the Blueprint 2020 program.

Transportation Infrastructure Finance and Innovation Act (TIFIA)

The goal of the TIFIA program is to provide credit assistance to promote private-public partnerships and investments for transportation projects. It provides loans or lines of credit for up to 49% of costs of a project (if leveraged with other federal grants, up to 80% of a project could be funded by the federal government). The City of Tallahassee would need private investments or other commitments to cover the unfunded portions.

To receive TIFIA assistance, a project must have costs that equal or exceed at least one of the following: 1) \$50 million (CK Steele improvements would need to be combined with another project/projects), 2) for an intelligent transportation system (ITS) project, \$15 million, and 3) 1/3 of the most recently-completed fiscal year's formula apportionments for the State in which the project is located.

State Revolving Loan Fund Program (SRF)

The State Revolving Loan Fund Program provides financial savings for projects that benefit the environment, including protection of public health and conservation of local watersheds. Federal and state contributions fund loans for a wide variety of water quality projects including all types of stormwater, watershed protection or restoration, and estuary management projects, as well as more traditional municipal wastewater treatment projects including water reuse and conservation projects

Grant Programs

The most impactful grants to the Blueprint 2000 program were those related to the reduction of environmental impacts. See attached table for the environment and recreation grants. However, there are many grant programs that could be utilized for the Blueprint 2020 projects. Categories include but are not limited to culture, arts, heritage, history, and disaster relief. It was also identified that the high dollar grants that fully fund design and or construction were the most beneficial. Grants lower than \$100,000 should be assessed to ensure that the cost to apply does not supersede the award amount.

Economic Development Coordinating Committee

The role of the Economic Development Coordinating Committee (EDCC) is to advise the Intergovernmental Agency (IA) by providing oversight and recommendations on economic development programs and projects to the IA for final approval, similar to the Infrastructure Technical Coordinating Committee's role for infrastructure projects. The EDCC will also ensure coordination and cooperation between economic development projects by Blueprint, County and City governments, universities and community college, and other community entities. According to the Blueprint 2020 Interlocal Agreement, the EDCC must conduct their first meeting by February 16, 2018.

The EDCC's responsibilities include the following:

- Evaluate those economic development proposals recommended for consideration by the Leon County Sales Tax Committee
- Make funding and programmatic recommendations to the Blueprint 2000 Intergovernmental Agency
- Perform a biennial review of the implementation, operation, and performance of economic development programs and projects funded with surtax proceeds, to ensure accountability
- Other duties as shall be provided in the Blueprint 2000 Intergovernmental Agency Bylaws or as prescribed by the Blueprint 2000 Intergovernmental Agency.

The EDCC will consist of the following representatives or their staff designees with the Chairmanship rotating biennially between the County and City staff:

- County Administrator Designee
- City Manager Designee
- Tallahassee Community College Vice President of Economic & Workforce Development
- Florida State University Vice President of Research
- Florida A&M University Vice President of Research
- Executive Director of Leon County Research and Development Authority
- CEO of CareerSource Capital Region
- President of the Greater Tallahassee/ Leon County Chamber of Commerce
- President of the Capital City Chamber of Commerce
- President of the Big Bend Minority Chamber of Commerce



Leon Works Expo

POST-EXPO FACT SHEET

On October 23, 2015, Leon County hosted the Leon Works Expo in partnership with the following organizations:

- City of Tallahassee
- Economic Development Council of Tallahassee/Leon County
- Florida Department of Education
- Leon County Schools
- The Foundation for Leon County Schools
- Career Source Capital Regional
- ITT Technical Institute
- Keiser University
- Lively Technical Center
- Tallahassee Community College
- World Class School of Leon County

Attendance: The expo was attended by 318 Leon County high school students, 24 chaperones, 85 exhibitors, approximately 200 members of the public, as well as 60 County staff members and volunteers who helped to coordinate the event at Lively Technical Center.

Outreach: From February to October, staff participated in 18 meetings and events to promote the Leon Works Expo. A complete report of outreach efforts made by staff leading up to the Expo can be found in Exhibit A. Staff also developed a two-part video titled “Leon Works Expo - Define Your Own Success,” which was used to promote the Expo with students and the community. The video may be viewed online at <https://www.youtube.com/watch?v=-JRCSEju8g0>.

Exhibitors: The 85 organizations that participated in the Expo as exhibitors were divided into the categories of business (12), creative (5), health (17), information technology (8), trade (28), partners (5), and other (8). For a detailed list of exhibitors participating in the Expo see Exhibit B.

Post-Expo Exhibitor Survey: The post-Expo exhibitor survey results summarize responses from 33 of the participating organizations. Overall, the exhibitors felt the event was worthwhile:

- Approximately 87% of the exhibitors felt the morning session was either “somewhat successful” or “very successful” in connecting their organization with potential students or employees.
- Almost 70% of exhibitors felt the afternoon session was equally as successful.
- 90% of exhibitors rated the Expo as “good” or “excellent” overall.
- 90% of exhibitors said they would attend a similar event next year.

Public Attendee Survey: The public attendee survey results summarize responses from a survey administered during the public portion of the Expo. Staff was able to survey 86 members of the public that attended in the afternoon. Key points from the survey include:

- The majority of attendees heard about the Leon Works Expo through “word of mouth” or “other” sources (academic institutions, social media, etc.).
- 28% of attendees said they planned to take professional headshots.
- 34% of attendees said they planned to participate in a mock interview.
- 31% of attendees said they planned to attend an afternoon workshop.

Post-Expo Student Survey: The post-Expo student survey results summarize and compare student survey responses from before and after the event.

- Prior to the Expo, about 20% of students responded that they didn’t know what career areas they were interested in. After the Expo, this number fell to about 7%.
- 90% of students reported that the Leon Works Expo helped them decide if pursuing a skilled career is right for them.

Leon Works Expo

Lesson Plan for Pre-Expo Student Preparation

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- Prior to the Expo, 10% of students responded that they planned to pursue either a 2-year college degree or vocational/technical training after high school; after the Expo, this number rose to over 30%.
- Nearly all students rated the Leon Works Expo as “good” or “excellent.”
- Over three quarters of students said they intended to follow up with a business that exhibited at the Expo.

Leon Works Workgroup Debrief: On November 12, 2015, the Leon Works Expo Workgroup met to debrief and discuss the future of the event moving forward. Key takeaways from the meeting include the following:

- Career Source will no longer hold career fairs but has chosen instead to coordinate hiring fairs that are focused on specific sectors. The intention is for the fairs to lead up to the Leon Works Expo or a similar event. Career Source has agreed to discuss collaborating with the County to coordinate the Leon Works Expo in 2016 and would like to explore increasing the public’s attendance in the afternoon session.
- As a direct result of feedback from the Leon Works Expo, Lively Technical Center will begin offering Career Fair Fridays. Representatives from various Lively programs will visit Leon County high schools and provide hands-on demonstrations. Lively is also working with the school guidance counselors to integrate industry certifications into offered curriculum.
- Leon County Schools and the Foundation for Leon County Schools have also agreed to discuss collaborating with the County to take a more active role in the coordination of the Leon Works Expo in 2016.
- Workgroup members feel there is a need for new and additional internships, externships and apprenticeship-like programs for students interested in pursuing a skilled career.

For a video highlighting the activities of the day, please visit: <https://youtu.be/NQzSPg5BCQ4>

Exhibits:

- A. Outreach Event Report
- B. Leon Works Expo Exhibitor List
- C. Post-Expo Exhibitor Survey Results
- D. Public Attendee Survey Results
- E. Post-Expo Student Survey Results



Leon Works Speaking Engagements				
Organization	Date of Presentation	Time	Location	Staff Assigned
February				
EDC Round Table	2/18/2015	11:00 AM	Lively Technical Center	Cristina Paredes, Josh Pascua, Andrew Johnson, Mathieu
April				
ITT Program Advisory Committee	4/23/2015	11:30 AM	ITT Technical Institute	Josh Pascua
August				
CareerSource BPAC Meeting	8/11/2015	5:30 PM	CareerSource (325 John Knox Road)	Andrew Johnson
Chamber Conference: Breakout Session	8/15/2015	11:00 AM	Miramar Beach, FL	Cristina Paredes
Chamber Conference: <i>Table Only</i>	8/9/2014 - 8/10/2014		Miramar Beach, FL	Cristina Paredes
Chamber LEADS Group #4	8/31/2015	11:30 AM	101 Resturant	Cristina Paredes
September				
Chamber LEADS Group #5	9/1/2015	7:30 AM	Delaney Building (2252 Killearn Center Blvd, Suite 100)	Cristina Paredes
Chamber LEADS Group #3	9/3/2015		Four Points Sheraton	Cristina Paredes
Chamber LEADS Group #1	9/9/2015	7:30 AM	Delaney Building (2252 Killearn Center Blvd, Suite 100)	Cristina Paredes
Chamber LEADS Group #7	9/9/2015	11:30 AM	Civic Center – Spotlight Grill	Cristina Paredes
LCS Career/Technical Education (CTE) Teams Meeting (Teams include the Principal of the school, the Assistant Principals of Curriculum or in charge of CTE, and the lead CTE teacher)	9/16/2015	11:30 AM	Libby's Café - Lively Technical Center	Josh Pascua, Andrew Johnson, Mathieu Cavell
EDC Round Table	9/17/2015	12:30 PM	National High Magnetic Field Laboratory	Cristina Paredes
Chamber LEADS Group #6	9/22/2015	7:30 AM	Courtyard Marriott (1972 Raymond Diehl Rd)	Cristina Paredes
Network of Entrepreneurs & Business Advocates Meeting	9/22/2015	12:00 PM	Capital City Country Club	Commissioner Lindley/Andy Johnson
Chamber LEADS Group #8	9/25/2015	7:30 AM	4 Rivers Smokehouse	Cristina Paredes
EDC Annual Luncheon: <i>Table Only</i>	9/25/2014	11:30 AM	Turnbull Conference Center	Cristina Paredes and Josh Pascua
Leon County School Board Meeting	9/29/2015	6:00 PM	Howell Center	Cristina Paredes
October				
Chamber Annual Breakfast Meeting	10/6/2015	7:00 AM	Civic Center	Cristina Paredes and Josh Pascua
Leon County Schools Principals' Meeting	10/13/2015	8:00 AM	Rickards High School	Andrew Johnson

Leon Works Exhibitors

Category	Career Sector	Company/Association	Contact Name	Email	Phone
Business	Administrative Office Specialist/ Accounting Operations/ Legal Administrative Assistant/ Medical Administrative Specialist	Lively - Administrative Support			
Business	Auto Maintenance	C.A.R.S.	Rodney Funderburk, Jr.	tallycarsllc@gmail.com	
Business	Call Center	Consolidated Dispatch	Will Blanton	william.blanton@tlccda.org	
Business	Finance	Incight Financial Alliance	Margot Armistead	marmistead@ifinancialalliance.com	895-6618
Business	Finance	Transamerica Agency Network	Winifred Grasso	transamericaoffice3n@transamerica.com	850-422-0274
Business	Finance	World Financial Group	Dennis Florence	DFLORENCE34HJO@wfgmail.com	339-7696
Business	Finance	Waddell & Reed, Inc.	Dustin Johnson	cjespie@wradvisors.com	890-9950
Business	Finance/Insurance	Will Financial Group	Denis Florins	dflorence34hjo@wfgmail.com	339-7696
Business	Insurance	RGVI	Lisa Beasley	lbeasley@rgvi.com	386-1111
Business	Publishing	Dreamspinner Press	Tammy	tammy@dreamspinnerpress.com	264-6902
Business	Real Estate	Keller Williams	Esther Warrendorf	ewhomefinder@gmail.com	491-2973
Business	Restaurant Management	Whataburger	Nikki Keller	nkeller@wbhq.com	210-387-7140
Business	Tax and Finance	H&R Block	Edd Allen	edd.allen@hrblock.com	320-3986
Creative	Cosmetology	North Florida Cosmetology	Stephanie Gutierrez	stephanie@cosmetologyinst.com	878-5269
Creative	Cosmetology	Aveda Institute Tallahassee	Julie Todd	juliet@aisouth.com	
Creative	Cosmetology	Millennium Spa		alwew3@aol.com	893-1589
Creative	Cosmetology/Barbering	Lively - Cosmetology			
Creative	Photography	Lively - Photography			

Leon Works Exhibitors

Category	Career Sector	Company/Association	Contact Name	Email	Phone
Health	EMS	Leon County - EMS	Sally Davis	davissal@leoncountyfl.gov	606-2100
Health	Health Services Management	Automated Health	Zuleika Perera	ZPerera@automated-health.com	402-4666 ext. 2207
Health	Healthcare Programs	TCC - Health	Greg Bell	bellg@tcc.fl.edu	201-9673
Health	Hospice	Big Bend Hospice	Sharon Davidson	sharond@bigbendhospice.org	878-5310
Health	Hospital	Tallahassee Memorial	Rosina Cherry	rosinacherry@gmail.com	431-5730
Health	Hospital	Capital Regional Medical	Brad Coburn	Brad.Coburn@hcahealthcare.com	850-325-5000
Health	In-Home Senior Care	Hopewell Care	Jami Eddy	jami@hopewellcare.com	850-386-5552
Health	Massage Therapy	Lively - Massage Therapy			
Health	Medical Assisting Program	Keiser - Medical Assisting	Doris Wilderman	dorisw@keiseruniversity.edu	
Health	Mental Health	Apalachee Center	Stephanie Luckie	stephaniel@apalacheecenter.org	523-3212
Health	Nursing	Keiser - Nursing	Patricia Ritchie	pritchier@keiseruniversity.edu	
Health	Occupational Therapy	Keiser - Occupational Therapy	Diane Habegger	dhabegger@keiseruniversity.edu	
Health	Practical Nursing/ CNA/ Pharmacy Technician/ Patient Care Technician	Lively Tech - Nursing			
Health	Primary Care	Tallahassee Primary Care	Polly Evans	pevans@tallahasseeprimarycare.com	702-5857
Health	Radiology	Keiser - Radiology	Shawn Sellers	shsellers@keiseruniversity.edu	
Health	Senior Care	Home Instead	Bonnie Strade	bstrade@homeinstead.com	297-1897
Health	Sports Fitness	Keiser - Sports Fitness	Jenifer Thorn	jenthorn@keiseruniversity.edu	
IT	CAD	Leon County - Engineering	Chales Wu	WuC@leoncountyfl.gov	606-1546
IT	Coding, Startup Businesses	MASSIVE/ Creator's Camp	Vincent Hunt	vincent@massivecorp.us	524-7271
IT	Digital Design	Lively - Digital Design			
IT	Electronics	ITT - Electronics	Al Khawand	akhawand@itt-tech.edu	

Leon Works Exhibitors

Category	Career Sector	Company/Association	Contact Name	Email	Phone
IT	IT	Keiser - IT	Jon DeGoicoechea/ Leon Merker	jdegoicoechea@keiseruniversity.edu lmerker@keiseruniversity.edu	
IT	Technology and Partner Programs	Delta Technologies	Rick	Rick@delta-tech.com	251-2345
IT	Technology and Partner Programs	TCC - Technology and Professional Programs	Greg Bell	bellg@tcc.fl.edu	201-9672
IT	Technology and Partner Programs	TCC - Technology and Professional Programs	Greg Bell	bellg@tcc.fl.edu	201-9673
Other	Adult Education/ GED	Leon County Schools Adult Education	Martha Clark	clarkm@leonschools.net	922-5343
Other	Elections	Supervisor of Elections	Susie Caplowe	caplowes@leoncountyfl.gov	
Other	HR	City HR			
Other	HR	TCC HR	Linda Greene	greenel@tcc.edu	201-6075
Other	HR	Leon County HR	Candice Wilson	WilsonCa@leoncountyfl.gov	606-2411
Other	Non-profit	Capital Area Community Action Agency	Cynthia Valencic	cynthia.valencic@cacaainc.org	
Other	Resources	Leon County Library	Cay Hohmiester		
Other	Volunteer	Volunteer Leon	Jeri Bush	bushj@leoncountyfl.gov	606-1975
PARTNER	Academic Registrar	Lively - Academic			
PARTNER	Academic Registrar	Keiser - Academic			
PARTNER	Academic Registrar	ITT - Academic			
PARTNER	Info	CareerSource			
PARTNER	Workforce Development	TCC Workforce Development	Greg Bell	bellg@tcc.fl.edu	201-9673
Trade	-	Wood Lane Cabinet	Chris Robertson	chris@woodlanecabinet.com	
Trade	Advanced Manufacturing	TCC - Advanced Manufacturing	Greg Bell	bellg@tcc.fl.edu	
Trade	Auto Maintenance	Super Lube/ Sunshine Car Care, LLC	Michele Revell	mrevell@superlube.com	222-5823
Trade	Auto Mechanics	Lively - Auto Mechanics			
Trade	Auto Mechanics	Leon County - Fleet	John Pompey	pompeyj@leoncountyfl.gov	606-2012

Leon Works Exhibitors

Category	Career Sector	Company/Association	Contact Name	Email	Phone
Trade	Aviation	Tallahassee Airport	Chris Curry	chris.curry@talgov.com	
Trade	Aviation	Lively - Aviation			
Trade	Construction	Tallahassee Builders Association	Lynn Edwards	lynne.edwards@tallyba.com	385-1414
Trade	Construction	OnBoard4Jobs Construction	Lora Morgan	maddie.griffin@qcausa.com	813-532-5148
Trade	Construction	Leon County - Operations (Public Works)	Dale Walker	walkerda@leoncountyfl.gov	606-1415
Trade	Construction	Premier Construction	Vickie Goodman	vgoodman@pcc-fl.com	251-8143
Trade	Criminal Justice	Keiser - Criminal Justice	Shyam Mistry	smistry@keiseruniversity.edu	
Trade	Fire Protection	Tallahassee Fire Department	Mona Pearson	Mona.Pearson@talgov.com	891-6641
Trade	Forestry	Florida Forestry Association	Jeff Johnson	jeffrey.johnson@freshfromflorida.com	519-0369
Trade	Home Improvement	Lowes	Erin Wade	erin.a.wade@store.lowes.com	386-5022
Trade	HVAC/Electricity	Lively - HVAC/ Electricity Leon County - Facilities Management	Shelly Cason	casons@leoncountyfl.gov	606-5012
Trade	Law Enforcement	Tallahassee Police Department	Dione Grimes	dione.grimes@talgov.com	891-4028
Trade	Law Enforcement	Sheriff's Office	Pattie Jackson	JACKSONP@leoncountyfl.gov	606-3357
Trade	Manufacturing	Teligent EMS	Chelsea Douglas	cdouglass@teligentems.com	
Trade	Manufacturing	GT Technologies	Janet O'Brien	jobrien@gttechnologies.com	
Trade	Manufacturing/ Repair	Door Control	Daniel Cone	dcone@doorcntrl.com	251-3334
Trade	Plumbing	McNeill Plumbing	Jason Mork	jason@mcneillplumbing.com	562-2084
Trade	Utilities	City Utilities	Sandra Manning	Sandra.Manning@talgov.com	
Trade	Utilities	Talquin	Linda Bakker	linda.bakker@talquinelectric.com	527-7651
Trade	Utilities	Mastec	Barbara Harvey	barbara.harvey@mastec.com	273-7138
Trade	Waste Management	Waste Pro	Gion Louis	glouis@wasteprousa.com	
Trade	Waste Management	Marpan	George Loscialo	george@marpanrecycling.com	
Trade	Welding	Lively - Welding			



Leon Works Expo

POST-EXPO EXHIBITOR SURVEY RESULTS

Summary Points:

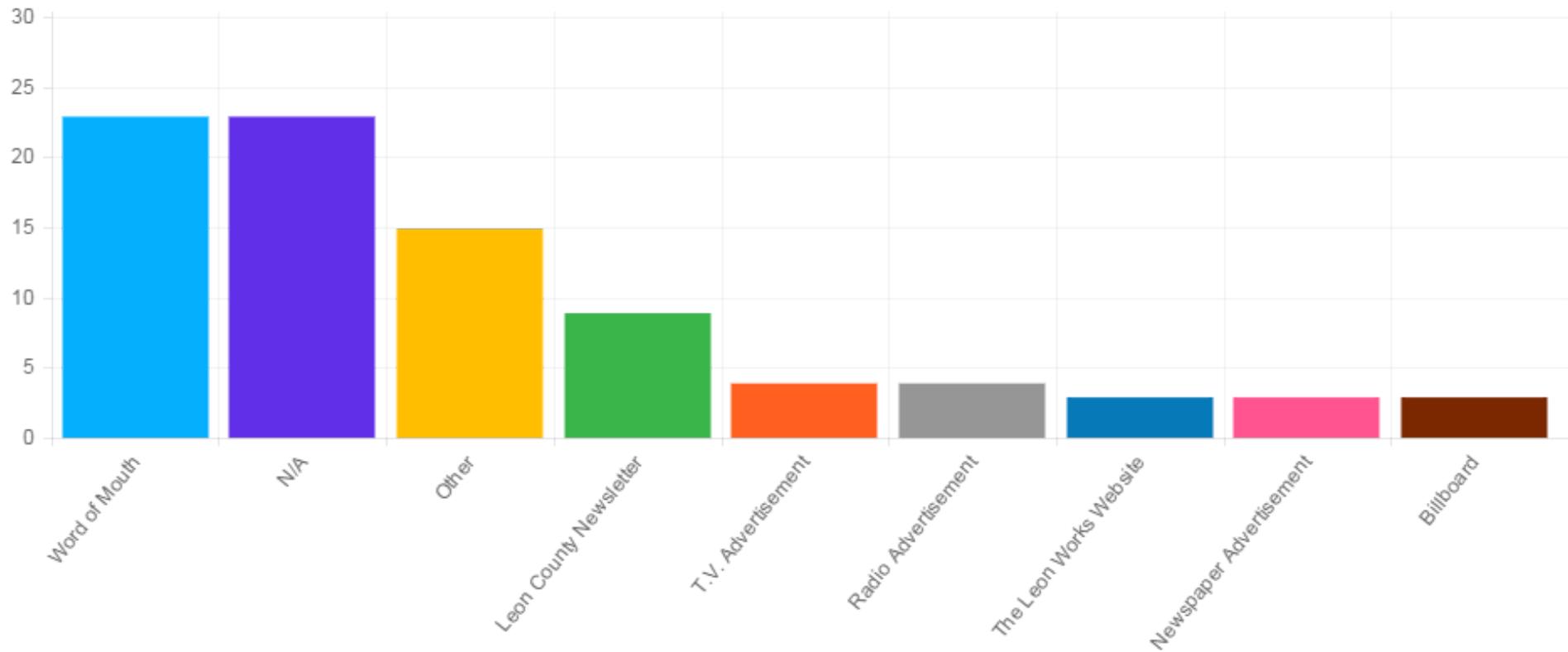
- 33 total responses [most from Trade]
- Almost all of the exhibitors felt that the morning layout of the exhibit areas and demonstrations were either somewhat effective or very effective.
- The afternoon layout was a little less effective – still over 70% of exhibitors found the layout of the exhibit areas either somewhat effective or very effective.
 - Most of the comments were about some of the back corner areas not getting as much traffic [but this is something you’d run into in almost any facility]
- About 2/3 of exhibitors found the “Passport to Success” useful in encouraging student participation.
 - Most others were “unsure,” but left some good suggestions in the comments field.
- About 87% of exhibitors felt the morning session was either somewhat successful or very successful in connecting their organization with potential students or employees.
- Afternoon session - almost 70% of exhibitors felt it was either somewhat successful or very successful in connecting their organization with potential students or employees.
 - Comments were all positive – the people who did stop by were motivated & engaged.
- All of the exhibitors found the exhibitor meals and Hospitality room useful.
- Most importantly, the Expo left a great impression on those who attended
 - Over 90% rated the Expo as good or excellent overall.
 - And 90% of exhibitors said they would attend a similar event next year.

Surveys » Survey Responses » Analytics

Analytics: Leon Works 2015

1. How did you hear about this event

Results based on 86 responses to this question



2. Do you plan on utilizing the professional head shot opportunity today?

Results based on 86 responses to this question



72.09% (62) No
27.91% (24) Yes

3. Do you plan on participating in a mock interview session?

Results based on 86 responses to this question



66.28% (57) No
33.72% (29) Yes

4. Do you plan on attending any of the workshops this afternoon?

Results based on 86 responses to this question



68.60% (59) No
31.40% (27) Yes

[Back](#)



Leon Works Expo

POST-EXPO STUDENT SURVEY RESULTS

Summary Points:

- Almost all students responded that their experience at the Expo was useful
 - This includes their interaction with exhibitors, outdoor demonstrations, breakout sessions, and the “Pathways to Success” panel discussion
- Almost 90% of students responded that the Leon Works Expo has helped decide whether pursuing a skilled career is right for them
- Prior to the Expo, about 20% of students responded that they didn’t know what career areas they were interested in. After the Expo, this number fell to about 7%.
- Prior to the Expo, 10% of students responded that they planned to get either a 2-year college degree or some sort of vocational/technical training after high school. After the Expo, this number rose to over 30%.
- After attending the Expo, there was an across-the board increase in how students perceive the importance of the soft skills – the biggest increase was in “positive attitude.”
- Over three quarters of the students who attended the Expo plan to follow up with a business that exhibited.
- Nearly all students rated the Leon Works Expo as “Good” or “Excellent.”

Economic Development Coordinating Committee

The role of the Economic Development Coordinating Committee (EDCC) is to advise the Intergovernmental Agency (IA) by providing oversight and recommendations on economic development programs and projects to the IA for final approval, similar to the Infrastructure Technical Coordinating Committee's role for infrastructure projects. The EDCC will also ensure coordination and cooperation between economic development projects by Blueprint, County and City governments, universities and community college, and other community entities. According to the Blueprint 2020 Interlocal Agreement, the EDCC must conduct their first meeting by February 16, 2018.

The EDCC's responsibilities include the following:

- Evaluate those economic development proposals recommended for consideration by the Leon County Sales Tax Committee
- Make funding and programmatic recommendations to the BP 2000 Intergovernmental Agency
- Perform a biennial review of the implementation, operation, and performance of economic development programs and projects funded with surtax proceeds, to ensure accountability
- Other duties as shall be provided in the BP 2000 Intergovernmental Agency Bylaws or as prescribed by the BP 2000 Intergovernmental Agency.

The EDCC will consist of the following representatives or their staff designees with the Chairmanship rotating biennially between the County and City staff:

- County Administrator Designee
- City Manager Designee
- Tallahassee Community College Vice President of Economic & Workforce Development
- Florida State University Vice President of Research
- Florida A&M University Vice President of Research
- Executive Director of Leon County Research and Development Authority
- CEO of CareerSource Capital Region
- President of the Greater Tallahassee/ Leon County Chamber of Commerce
- President of the Capital City Chamber of Commerce
- President of the Big Bend Minority Chamber of Commerce

SECTION TWO: Serving Our Citizens: Executing Our Plan

5. Vision Statement – Review, Affirm, or Amend

A Vision Statement is an aspirational description of what an organization would like to achieve or accomplish in the future and it is intended to:

- Help to maintain focus on long-term Strategic Priorities, orient energies and resources, and serve as a guide to action;
- Challenge and inspire County divisions to achieve their missions; and
- Unite people toward the pursuit of a common focus.

Leon County's Vision Statement, which provides Board consensus of what the future of Leon County should be, in an ideal state, as well as what people will perceive of Leon County in the future, is set forth in its Strategic Plan (Attachment #1), and reads as follows:

Leon County's Vision Statement

“As home to Florida’s capitol, Leon County is a welcoming, diverse, healthy, and vibrant community, recognized as a great place to live, work and raise a family. Residents and visitors alike enjoy the stunning beauty of the unspoiled natural environment and a rich array of educational, recreational, cultural and social offerings for people of all ages. Leon County government is a responsible steward of the community’s precious resources, the catalyst for engaging citizens, community and regional partners, and a provider of efficient services, which balance economic, environmental, and quality of life goals.”

The Leon County Board of County Commissioners initially defined its Vision Statement during its December 2011 annual retreat, which led to each of 17 Leon County work areas preparing their Mission Statement, identifying ongoing internal efforts that support and advance the Board's Vision Statement. The Board then amended its Vision Statement during its 2012 retreat, adding “As home to Florida’s capitol” as a lead-in phrase, and changing “a catalyst” to “the catalyst.”

During both the December 2013 and 2014 annual retreat, the Commissioners considered whether or not to amend Leon County's Vision Statement for the Community, and the Commissioners unanimously approved accepting the current Vision Statement, unchanged.

Given the extensive work previously devoted to establishing the long-term Vision Statement for the County, it is not anticipated that any changes would occur to the Vision Statement during this year's retreat. However, it is anticipated that the Board's work effort at the retreat will focus on identifying new strategic initiatives, as well as, possibly modifying existing strategic initiatives. The strategic initiative work will occur after the vision and strategic priorities are addressed.

Attachment:

1. Leon County Board of County Commissioners Strategic Plan.

6. Strategic Priorities - Amend or Add To

Leon County's strategic planning process establishes a long-term plan to achieve a specified vision, through the attainment of Strategic Priorities. The Board defined four Strategic Priorities during its 2011 retreat, and refined them in 2012. During both the December 2013 and 2014 annual retreat, the Commissioners considered whether or not to amend Leon County's Strategic Priorities, and the Commissioners unanimously approved accepting the current Strategic Priorities, as stated, unchanged.

The Strategic Priorities (Economy, Environment, Quality of Life, and Governance) are high-level categories of focus, which consider the desired future condition and the major areas of County government's responsibilities, critical to the success of the community. Strategic Priorities determine the entire direction of Leon County government.

Each Strategic Priority is identified with:

- A Title (which is a general area of focus),
- A General Statement (which is a general strategy statement, and speaks to the overall mission of the organization with respect to this general area of focus), and
- Directional Statements (to provide focus and additional specificity for each area).

The four Strategic Priorities are set forth in Leon County's Strategic Plan. For ease of reference, they are repeated on the following pages.

As with the Vision Statement, it is also not anticipated that any changes would occur to the Board's Strategic Priorities and corresponding directional statements, given the extensive amount of work that was previously devoted in establishing them and that the 2015 retreat is in preparation for the fifth and final year in the 2012-2016 strategic plan cycle. However, it is anticipated that the Board's work effort at the retreat will focus on identifying new Strategic Initiatives, as well as, possibly modifying existing Strategic Initiatives. The strategic initiative work will occur after the vision and strategic priorities are addressed. If a Strategic Initiative is identified that does not readily align with an existing Strategic Priority's Directional Statement then it is recommended that a new appropriate Directional Statement be established at that time.

Strategic Priorities - Current

Strategic Priority - Economy - *To be an effective leader and a reliable partner in our continuous efforts to make Leon County a place which attracts talent, to grow and diversify our local economy, and to realize our full economic competitiveness in a global economy. (EC)*

- (EC1) - Integrate infrastructure, transportation, redevelopment opportunities and community planning to create the sense of place which attracts talent. (2012)
- (EC2) - Support business expansion and job creation, including: the implementation of the Leon County 2012 Job Creation Action Plan, to include evaluating the small business credit program. (2012)
- (EC3) - Strengthen our partnerships with our institutions of higher learning to encourage entrepreneurship and increase technology transfer and commercialization opportunities, including: the Leon County Research and Development Authority and Innovation Park. (2012)
- (EC4) - Grow our tourism economy, its economic impact and the jobs it supports, including: being a regional hub for sports and cultural activities. (2012)
- (EC5) - Focus resources to assist local veterans, especially those returning from tours of duty, in employment and job training opportunities through the efforts of County government and local partners. (2012)
- (EC6) - Ensure the provision of the most basic services to our citizens most in need so that we have a “ready workforce.” (2012)
- (EC7) - Promote the local economy by protecting jobs and identifying local purchasing, contracting and hiring opportunities. (2013)

Strategic Priority - Environment - *To be a responsible steward of our precious natural resources in our continuous efforts to make Leon County a place which values our environment and natural beauty as a vital component of our community’s health, economic strength and social offerings. (EN)*

- (EN1) - Protect our water supply, conserve environmentally sensitive lands, safeguard the health of our natural ecosystems, and protect our water quality, including the Floridan Aquifer, from local and upstream pollution. (rev. 2013)
- (EN2) - Promote orderly growth which protects our environment, preserves our charm, maximizes public investment, and stimulates better and more sustainable economic returns. (2012)
- (EN3)- Educate citizens and partner with community organizations to promote sustainable practices. (2012)
- (EN4) - Reduce our carbon footprint, realize energy efficiencies, and be a catalyst for renewable energy, including: solar. (2012)

(continued)

Strategic Priorities – Current (continued)

Strategic Priority - Quality of Life - *To be a provider of essential services in our continuous efforts to make Leon County a place where people are healthy, safe, and connected to their community. (Q)*

- (Q1) - Maintain and enhance our recreational offerings associated with parks and greenway system for our families, visitors and residents. (rev. 2013)
- (Q2) - Provide essential public safety infrastructure and services which ensure the safety of the entire community. (2012)
- (Q3) - Maintain and further develop programs and partnerships necessary to support and promote a healthier community, including: access to health care and community-based human services. (rev. 2013)
- (Q4) - Enhance and support amenities that provide social offerings for residents and visitors of all ages. (rev. 2013)
- (Q5) - Create senses of place in our rural areas through programs, planning and infrastructure, phasing in appropriate areas to encourage connectedness. (2012)
- (Q6) - Support the preservation of strong neighborhoods through appropriate community planning, land use regulations, and high quality provision of services. (2012)
- (Q7) - Further create connectedness and livability through supporting human scale infrastructure and development, including: enhancing our multimodal districts. (2012)
- (Q8) - Maintain and enhance our educational and recreational offerings associated with our library system, inspiring a love of reading and lives of learning. (2013)
- (Q9) - Support the development of stormwater retention ponds that are aesthetically pleasing to the public and located in a manner that protects strong neighborhoods. (2013)

Strategic Priority - Governance - *To be a model local government which our citizens trust and to which other local governments aspire. (G)*

- (G1) - Sustain a culture of transparency, accessibility, accountability, civility, and the highest standards of public service. (rev. 2013)
- (G2) - Sustain a culture of performance, and deliver effective, efficient services that exceed expectations and demonstrate value. (2012)
- (G3) - Sustain a culture that respects, engages, and empowers citizens in important decisions facing the community. (2012)
- (G4) - Retain and attract a highly skilled, diverse and innovative County workforce, which exemplifies the County's Core Practices. (2012)
- (G5) - Exercise responsible stewardship of County resources, sound financial management, and ensure that the provision of services and community enhancements are done in a fair and equitable manner. (2012)

7. Strategic Initiatives - Amend or Add

The Strategic Plan consists of the Vision Statement, the Strategic Priorities (inclusive of specific directional statements) and Strategic Initiatives. Beginning in FY 2012, the specific Strategic Initiatives were identified and approved by the Board to implement the Board's Strategic Priorities. This process ensures that the optimized resources of the organization are aligned with the Board's priorities.

Consistent with FY 2012 thru 2015, at this point in the retreat the Board will discuss adding new Strategic Initiatives to the Board's Strategic Plan. Initiatives are intended to be at a level that warrants Board direction or places an emphasis on a specific issue the Board wishes to highlight. In addition, the Board may also wish to make revisions to existing Strategic Initiatives. If a new or modified Strategic Initiative does not align with any Strategic Priority's Directional Statement, then it would be appropriate at this point to discuss adding a new Directional Statement. However, it is noted that the 2015 Retreat represents the fifth and final update year in the strategic plan cycle, with 2016 offering the opportunity to formulate a comprehensive development of the 2017-2021 Strategic Plan.

Subsequent to the Board approval of new or modified Strategic Initiatives, the County Administrator, will identify any interdepartmental or external partnerships necessary to fulfill the specific initiative. Staff will develop the appropriate assignments and work plans to proceed with implementing the Board's direction.

Staff will prepare a formal updated Strategic Plan for the Board to consider in January 2016 which incorporates the direction received at the retreat. The updated Strategic Plan will include any new or revised Strategic Initiatives; revised initiatives will be noted as such to ensure continuity of the plan. Throughout the year, agenda items will continue to note when specific action is being requested of the Board in advancing a Strategic Initiative.