

What We Do and Why It Matters: Inside the Heath Council of East Central Florida

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What is a Local Health Council?

Formed in in 1982 under Florida Statutes (F.S. 408.033)

Eleven (11) Councils Serve All 67 Counties in Florida

All Councils Are 501c-3 Nonprofit Agencies

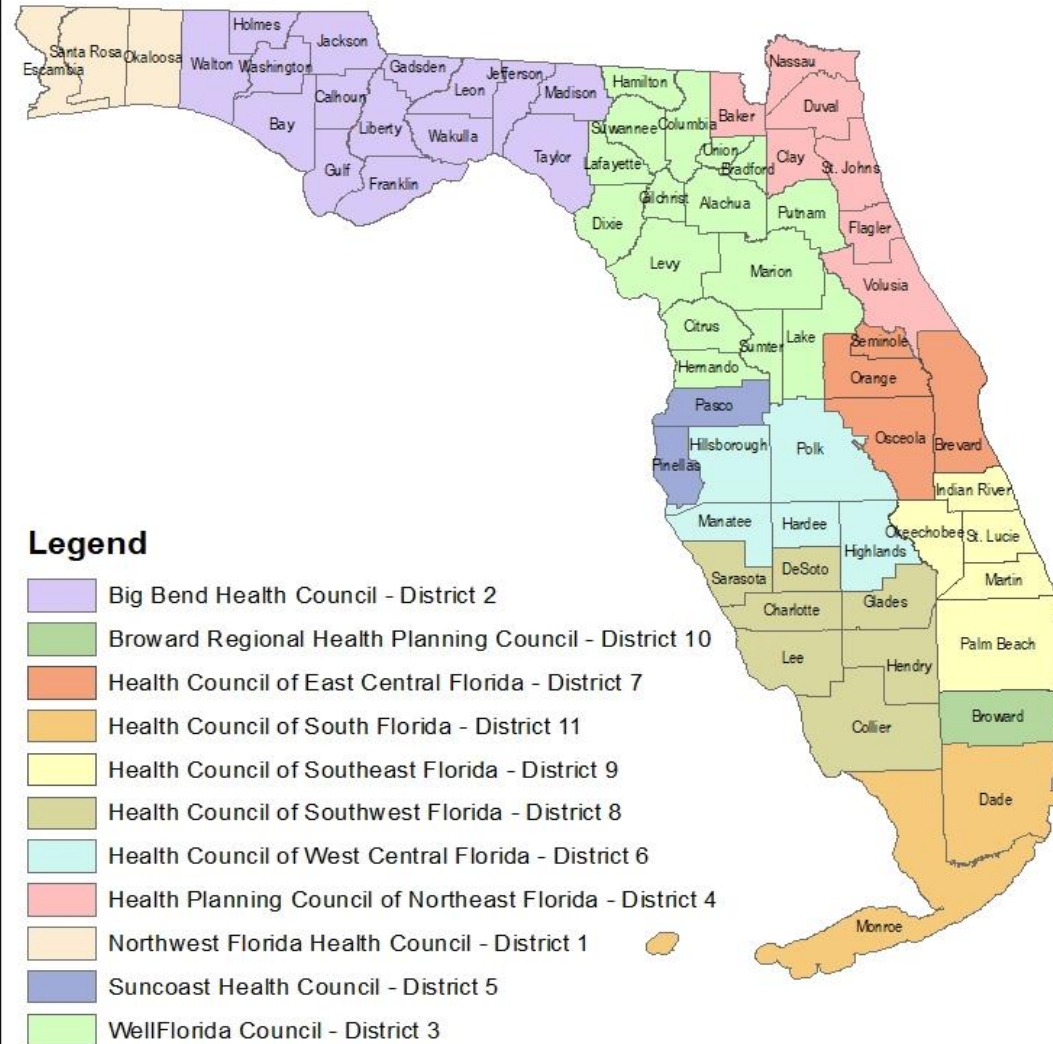
All Councils Have Boards of Directors (Consumers, Purchasers and Providers) Appointed by Boards of County Commissioners

Base funding for local health councils is provided for in FS. 408.033. Certain health care facilities pay a per bed fee, with the total fee capped at \$500 or \$150 per year, based upon the type of facility. All other facilities pay a \$150 per year fee. The Legislature appropriates the funds each year, which is evenly disbursed

Purpose:

- A network of non-profit agencies that conduct regional health planning and implementation activities.
- Local health councils study the impact of various initiatives on the health care system; provide assistance to the public and private sectors in understanding health issues; implement and operate programs that improve community health; and create and disseminate materials designed to increase their communities understanding of health care issues and insights on how to address those issues.

Local Health Councils of Florida



HCECF Board of Directors

- Sandy Algarin, Community Health Centers (Orange County)
- Melissa Bailey, Nemours Children's Hospital (Orange County)
- Jose Bracero, HCM Account Executive, Paylocity (Orange County)
- David Hash, Nemours Children's Hospital (Osceola County)
- Debbie Owens, Seminole Prevention Coalition (Seminole County)
- Louis Sabater, Centene Corporation (Orange County)
- Corina Savela, Corina Savela LLC, Professional Guardian (Brevard County)
- Kelly Welch, Seminole County Community Services (Seminole County)
- James White, Primrose Center (Orange County)
- Kristine Zonka, Florida Department of Health in Brevard County (Brevard County)

Currently two vacancies: Brevard and Orange

Our Statutory Mandate

We may, depending on the local directives of our Boards:

1. Develop a [district] area health plan that permits each local health council to develop strategies and set priorities for implementation based on its unique local health needs.
2. Advise the agency (AHCA and DOH) on health care issues and resource allocations.
3. Promote public awareness of community health needs, emphasizing health promotion and cost-effective health service selection.
4. Collect data and conduct analyses and studies related to health care needs of the district, including the needs of medically indigent persons, and assist the agency and other state agencies in carrying out data collection activities that relate to the functions in this subsection.
5. Monitor the onsite construction progress, if any, of certificate-of-need approved projects and report council findings to the agency on forms provided by the agency.

Our Statutory Mandate (cont.)

6. Advise and assist any regional planning councils within each district that have elected to address health issues in their strategic regional policy plans with the development of the health element of the plans to address the health goals and policies in the State Comprehensive Plan.
7. Advise and assist local governments within each district on the development of an optional health plan element of the comprehensive plan provided in Chapter 163
8. Monitor and evaluate the adequacy, appropriateness, and effectiveness, within the district, of local, state, federal, and private funds distributed to meet the needs of the medically indigent and other underserved population groups.
9. In conjunction with the Department of Health, plan for services at the local level for persons infected with the human immunodeficiency virus.
10. Provide technical assistance to encourage and support activities by providers, purchasers, consumers, and local, regional, and state agencies in meeting the health care goals, objectives, and policies adopted by the local health council.
11. Provide the agency with data required by rule for the review of certificate-of-need applications and the projection of need for health facilities in the district.

Strategic Thrust

- Each Council's Board of Directors are appointed by their County Commissioners
- Vision, Mission and Strategic Planning are determined by the Board of each Council
- Councils share resources and best practices to achieve efficiencies and reduce overhead.
- LHC Executive Directors participate on various committees and boards; engage in activities for the betterment of our communities
- Health Councils participate in the Florida Association of Health Planning Agencies
<https://www.flhealthplanning.org/>
- Focus: health planning; community health assessment; community health improvement planning; program analysis; program development; program evaluation; support for regional planning organizations
- Leverage relationships and measure return on investment

Key Capacity

- LHC's are nimble, flexible and have the ability to partner and collaborate on statewide projects and grants:
 - Responsive to emerging needs or evolving issues in our community: Opioid Epidemic, HIV, Behavioral Health, etc.
- Innovative leaders in each respective district(s) allows for understanding of community gaps and needs
- Content experts in planning, assessment, development, and evaluation
- Trusted community agencies providing bridges to local health departments, local governments, municipalities, and other non-profit agencies
- LHC's provide trusted data to other funders, local foundations and community agencies to assist them in their health-related missions and goals in the community
- Quasi-Governmental agencies (allows for sole sourcing)

Collective Impact

- In 1982 LHC's established under Florida Statutes
- By working through the Association, the local health councils identify and meet government, industry and community-based organization needs for new services: health planning; data analysis, program evaluation and support for regional planning organizations
- Florida Association of Health Planning Agencies is a statewide collaborative
 - A minimum of four meetings a year which allows for sharing of best practices, resources, policy procedures and mentoring
- New grant projects are shared with LHC for the possibility of implementing in their service delivery areas
- Neutral and non-judgmental with the ability to get proximate to issues
- Significant experience and longevity in the communities we serve
- Examples:
 - 2024-2205 consultancy with FDOH on statewide rural health needs assessment and strategic plan
 - 2023-2028 Florida State Health Improvement Plan Community Input (Surveys and Focus Groups)
 - 2021 needs assessment for all seven (7) DCF Managing Entities that coordinate behavioral health services funding from DCF

A New Partnership in Central Florida

- On May 1, 2024, the Health Council of East Central Florida and WellFlorida Council entered into a management partnership agreement with WellFlorida providing management oversight while essentially merging the capacities of the two organizations.
- Care-a-Medix and Mobile Medix Plus, the community integrated medicine, aka community paramedicine services, spun off into their own entities, though the HCECF and Mobile Medix Plus have current and potential upcoming partnerships on a variety of projects.
- The WellFlorida and HCECF partnership now encompasses twenty (20) counties and nearly eighty (80) employees.
- The current focus is to provide the same local level engagement on projects of impact with our twenty (20) county service region.

Current and Recent Projects in District 7 (Health Council of East Central Florida)

HealthLink (Seminole County)

- Healthcare Navigation: intake assessment and eligibility services; care plan development; linking residents to needed services and maintaining care plan.
- Prescription Assistance: assisting residents with obtaining free or reduced prescriptions and coordination with medical staff and pharmacies to ensure the availability of prescriptions.
- Project Management: review of processes; tracking; evaluating outcomes; and adjusting procedures to ensure alignment with scope of work.
- Referral and Voucher Payment: referral and payment for vouchers for minor medical procedures (outpatient procedures not requiring hospitalization, diagnostic testing, etc.)

Central Florida CARES (Evaluations)

Adult Co-Responder Team Grant (Brevard County)

Analysis of participant data to determine if the program meets the acceptable program measures. The performance measures include the number of adult individuals who receive on-site assessment; those who are not re-arrested; completion of program services; diversion from the emergency room, hospital, and crisis stabilization until.

Emerge Re-Entry Program (Osceola County)

Analysis of participant data to determine if the program meets the acceptable program measures. The performance measures include the number of participants in jail or community-based services; successful program completions; re-arrests; stable housing status; receiving physical health services; connected to community-based services, and diversion from state mental health facility.

Nemours Children's Health (Evaluation)

Regional Networks for Access and Quality for Children and Youth with Special Health Care Needs

Adult Carer Quality of Life Questionnaire (AC-QoL) - Quarterly analysis of carer responses to measure quality of life across eight domains which include support for caring, caring choice, caring stress, money matters, personal growth, sense of value, ability to care, and carer satisfaction.

Wilder Foundation Collaboration Factors Inventory - Quarterly responses from the Wilder Survey are analyzed to measure the strength of collaboration among the Nemours Partners who work to address the medical and social needs of children and youth with medical complexity. The results of the Wilder indicated collaborative strength, not requiring attention.

Medical Clinical Care Coordination - Quarterly analysis of all patient encounters. Reported number and percentages of patients by encounter and visit type by month for the care coordination clinic.

Central Florida CARES (Regional Needs Assessment)

The 2025 Behavioral Health Needs Assessment will include service community and client demographic profiles, analysis of units and costs of services, the status of the current housing/homelessness situation among CFCHS clients, and identification of recovery resources by county. The collection of qualitative data will be gathered through a variety of means including focus groups with providers (up to 5 virtual focus groups); a CORE systems partners round table facilitated discussion forum; two gap analysis and priority setting discussion sessions with key CFCARES staff; and the following surveys:

- A point-in-time survey, to be completed by receptionists at CFCHS provider offices, will be used to identify services that are needed but not available and the reason(s) for the service gap.
- The client survey will be expanded to include community stakeholders to assess awareness of available behavioral health care services and barriers to accessing needed services.

The two meetings with key CFCARES staff will be to clearly identify the needs and gaps based on the needs assessment data and to identify priority issues.

Orange County Community Action Division (Needs Assessment and Strategic Planning)

In 1969 the Community Action Division (referred to as “Division” going forward) became a public agency under the Orange County Board of County Commissioners and was made an Orange County division in 2001. The Division provides services to assist individuals and families with low incomes to develop skills and competencies needed to seek and obtain employment towards the goal of achieving economic self-sufficiency.

In late 2024, the HCECF and WellFlorida Council completed a comprehensive needs assessment in Orange County to determine the programmatic and service needs of those needing assistance in achieving economic self-sufficiency.

In late 2025, HCECF and WellFlorida Council will facilitate the development of the follow-on to the needs assessment: the strategic plan.

East Central Florida Cancer Control Collaborative (ECFCCC)

Under a small grant from the Florida Department of Health and another Community Implementation Grant from the NCI-designated cancer centers in Florida, HCECF coordinates the ECFCCC. The ECFCCC is a collaborative partnership among providers, community agencies, advocates, and survivors to share resources, information, and emerging ideas in cancer prevention, treatment, and survivorship.

Projects have included:

- Home radon exposure education via community paramedicine
- Development of the Florida Cancer Prevention Network
- Colon cancer education through the “Giant Colon Experience”
- Development of a regional cancer profile (underway)
- Breast self-exam training using simulator models (upcoming)

Community Integrated Medicine (History at HCECF)

From Care-a-Medix to Mobile Medix and Beyond
(Ken Peach)

Discussion

If you have worked or partnered with the HCECF in the past, is there anything that you would like to share? Where do you think or how do you think we could be of more benefit to you?

If you are just learning about the HCECF, how do you believe the HCECF could best serve you or what opportunities do you believe might there be for partnership between HCECF and your organization?

What's Next?

All participants will receive a copy of today's Powerpoint.

Participants will soon be emailed a link to a brief survey

Contact Information

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WellFlorida Council

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Community Paramedicine

Health Council of East Central Florida

Why

Community paramedicine as a solution

F.S. 408.033 Local Health Council

- May develop a...plan that permits each local health council to develop strategies and set priorities for implementation based on its unique local health needs.
- May collect data and conduct analyses and studies related to health care needs of the district.

Community Trends and Need

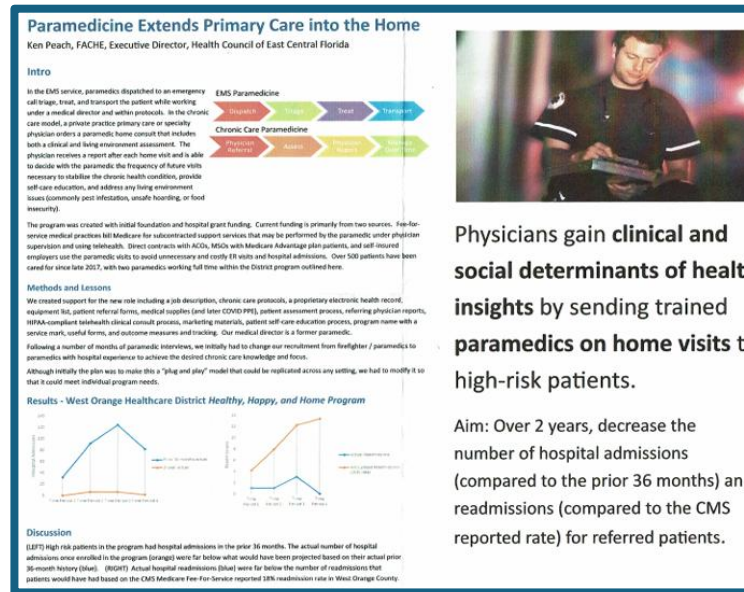
- Pending shortfall of over 18,000 physicians in Florida
- CHNA 2012 (HCECF prepared reports for 21 of 22 service area hospitals):
 - Need for improved access to affordable primary care
 - Need for care affordable for low income and uninsured individuals
 - Need for preventive care

Why

Community Paramedicine examples



Lake Monroe Hospital, Sanford



IHI Showcase Poster

Community Paramedicine at HCECF



Mini-refrigerator

Client quote: *Paramedic at Home is our most effective tool in achieving what is now a 48% reduction in total cost of care for our MA patients.*

What

Services provided by paramedics in the home and workplace

- **Assessment and treatment**
 - Medication management
 - IV fluid therapy
 - Wound care assistance
- **Screening**
 - Depression
 - Social needs
 - Hospital readmission risk
- **Chronic disease education**
 - CHF, COPD, CKD, Asthma, Diabetes, Hypertension
- **Laboratory**
 - Strep/mono testing, urinalysis, COVID testing, biometrics, etc.
- **Primary care**
 - Physician / APRN telemedicine
- **Occupational health**
 - Wellness
 - Screenings
 - Vaccinations
- **Misc.**
 - Food delivery
 - Health and safety home checks

Who

Paramedic staffing and support



Doctors

F.S. 452.3485

Program medical director

Referring primary care physicians

Specialist physicians (hospitalists, orthopedists, cardiologists, etc.)



Paramedics

Florida licensed

Nationally credentialed

Level 2, liability coverage, required immunization

Minimum 3 years experience



Consultants

APRN

Medical Office

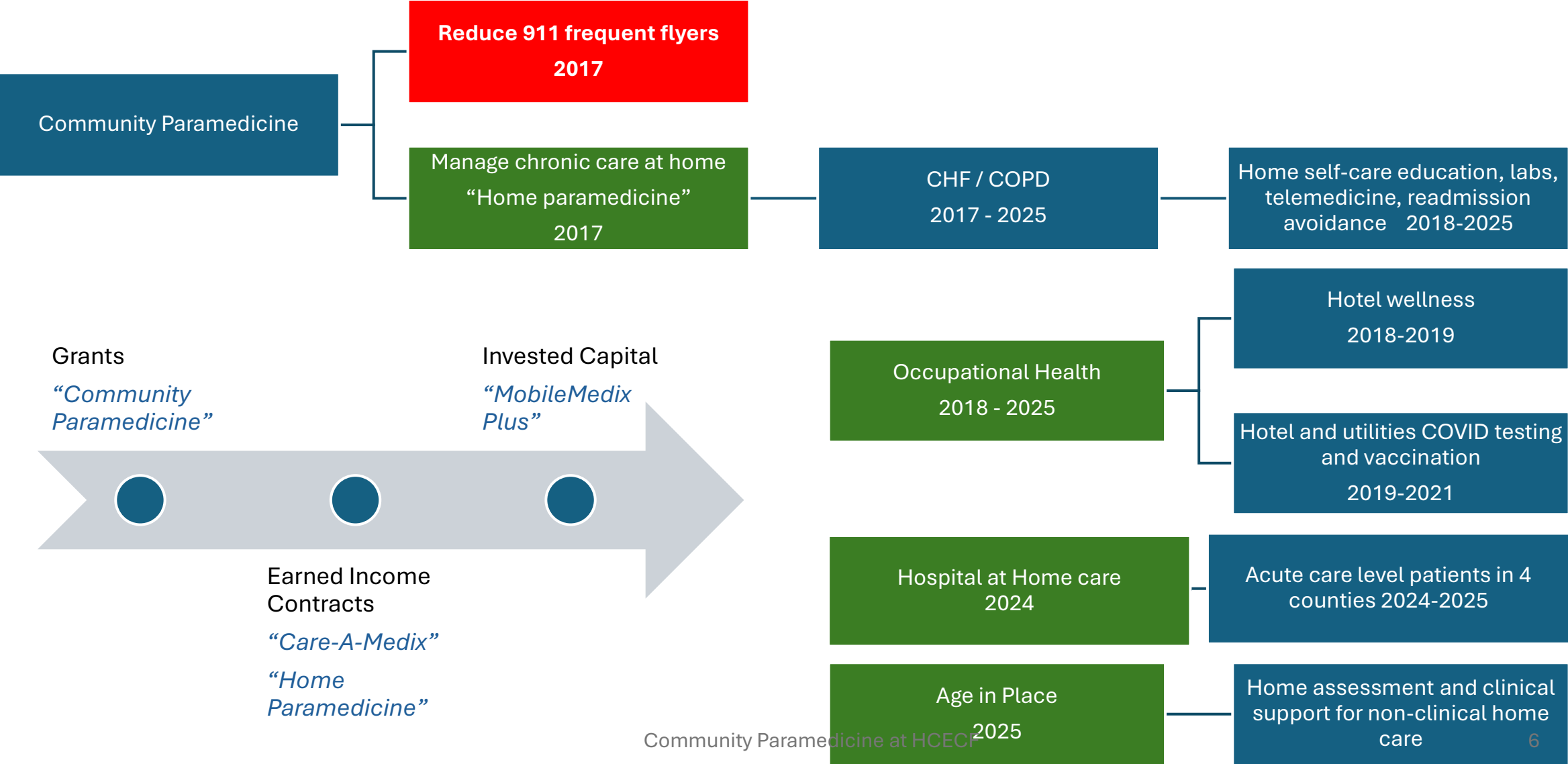
Care Managers

Pharmacists

Reference Labs

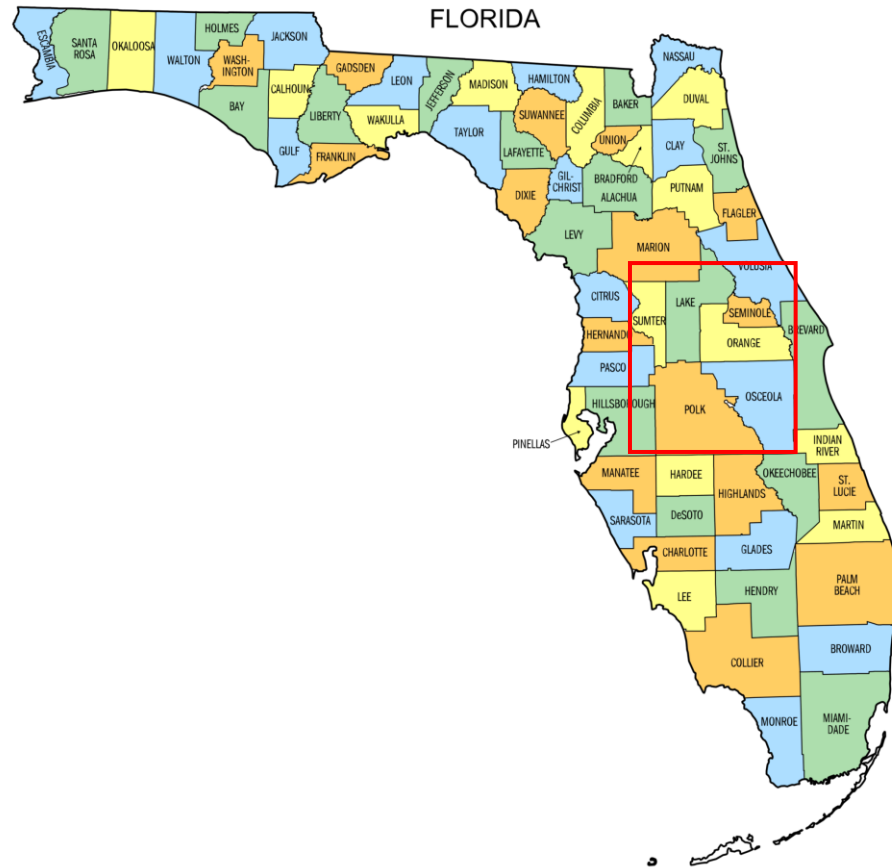
How and When

Community paramedicine evolution



Where

Areas currently served and expansion plans



SunCatcherStudio.com

- Pending inquiries and requests
 - Rural Florida
 - MCO markets in 30+ states
- Staffing flexibility
 - Full time
 - Contracted
- Expansion counties
 - 120 days from contract to program
- Health Council benefit
 - Revenues from assumed contracts
 - Grant subcontracts