



**Pinellas County Board of  
County Commissioners 2012  
Workshop Session:  
The Economic Impact of  
Poverty**

May 17

**2012**

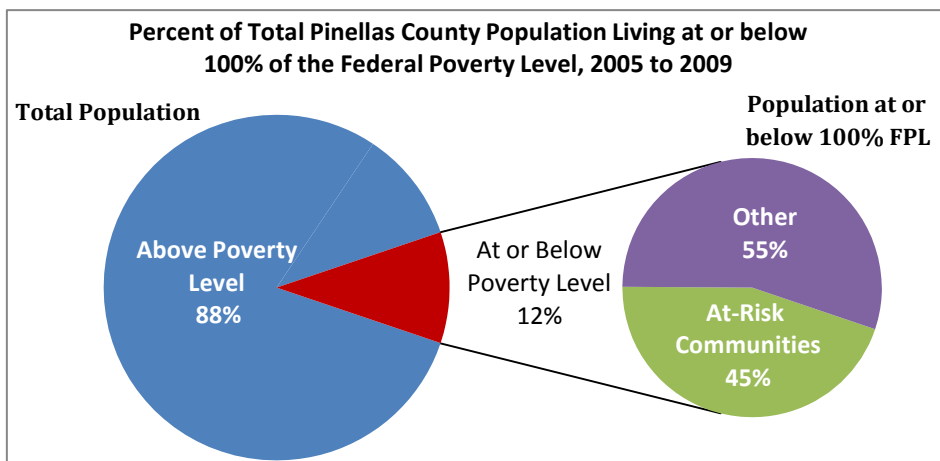
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Participating Departments:  
*Health and Human Services*  
*Justice and Consumer Services*  
*Community Development*  
*Economic Development*  
*Code Enforcement*  
*Planning*

## Executive Summary

The Pinellas County Board of County Commissioners has developed a new strategic vision that aims to improve the quality of life for Pinellas County residents. The groundwork to address this vision was undertaken by county departments (Health and Human Services, Justice and Consumer Services, Community Development, Economic Development, Code Enforcement, and Planning) through a series of workshops that provided an avenue for these departments to reassess their core services to ensure they align with the Board’s Strategic Direction. In an effort to review and determine whether the core services provided by these departments align with current community needs, this workgroup took an economic approach to identify which constituents are the greatest users of county resources, recognizing limitations in available funds and the complexity of issues our communities face. **The economic approach entailed two phases: identifying specific zones within Pinellas County that have high concentrations of poverty and small return to our tax base and outlining specific suggestions on strategic initiatives that align with the Board’s Strategic Direction and will impact overall community outcomes without incurring in additional costs.**

The first phase focused on identifying the areas within our community that have high concentrations of poverty, their geographies, demographics, and economic impact on the County. This approach was taken because having specific clusters of poverty within Pinellas County is detrimental to the entire community, for poverty spreads and impacts everyone’s quality of life – including those not impoverished. Poverty also affects the economic prosperity of a community, since conditions associated with poverty can limit an individual’s ability to develop the skills, knowledge, and habits necessary to fully participate in the workforce. While there is no one cause for poverty, communities exhibiting high poverty rates also have disparities in social and environmental determinants that lead to poor outcomes. **After examining the entire County, five at-risk communities were identified to have 16% or more of their population living at or below 100% of the Federal Poverty Level (FPL). The low-income individuals residing within these zones account for approximately 45% of the County’s total low-income population.** Not only have these zones presented in poverty beyond the most recent economic downturn, but these areas are also showing signs of growth, exemplifying how concentration of poverty affects nearby communities.



Pinellas County At-Risk Communities
East Tarpon Springs
North Greenwood
Highpoint
Lealman Corridor
South Saint Petersburg

Costs associated with individuals living in poverty are elevated due to an increased risk of adverse outcomes such as poor health, low productivity, and increased crime in unsafe neighborhoods which leads

to lower graduation rates and a reduced participation in the labor market. **Our analysis of these communities indicates that these areas are responsible for up to 57% of all arrested adults and 59% of all arrested youths during fiscal year 2011, approximately \$254.6 million annually in lost wages due to adults that dropped out of high school, 40% of all foreclosures in 2009, and a 16% unemployment rate in 2009.** Furthermore, housing available at affordable rates for the low-income population is clustered within or near the five at-risk communities, forcing individuals searching for affordable housing to reside in communities with limited access to food and health care, in addition to long commutes if they have a job that requires them to travel and they rely on public transportation. These individuals also have poorer health outcomes than the general population, with the total hospital costs of Medicaid beneficiaries and the uninsured exceeding \$1.9 billion from October 2010 to September 2011. Even if only 25% of the utilization came from low-income individuals residing in these zones, that would still account for \$120.5 million in emergency room cost and \$359.4 million in inpatient costs attributed to Medicaid beneficiaries and the uninsured.

One conclusion to be drawn is that current efforts through departmental programs and services need to be re-tuned with greater efficiencies to not only maximize dollars and see a value-added return but to also realize improved quality of life for all Pinellas County residents. **While we understand that low-income individuals reside within all parts of Pinellas County, it is only in areas with high concentrations of poverty that one can see social patterns and costs associated with poverty.** These effects are amplified by raising children in poor environments, which contribute to poor development, increased illnesses, lower educational attainment, lack of recreational activities and role models, disengagement in the community, lower paying jobs, risk of homelessness, increased arrests and recidivism rates, and a lower lifetime monetary contribution to society.

The second part of our economic approach addresses the workgroup's proposals to meet the Board's strategic outcomes:

- increasing citizen satisfaction with the delivery of services
- delivering measureable savings and improved customer service from investments in technology
- utilizing a data driven approach to target opportunities for efficiencies
- achieving measureable per service/per unit cost savings
- achieving cost savings from collaborative workgroup for consolidation
- enhancing public safety and reducing victimization

**We believe that in order for the county to see a reduction in service costs associated with at-risk communities, departments must re-align their core services and work collectively rather than independently.** By doing so, Pinellas County will be able to increase its return on investment (in terms of a highly skilled workforce, greater number of high school graduates, decreased crime rates, and increased property values) improve community outcomes and overall quality of life – ultimately reducing the need for government support services in these neighborhoods and freeing up resources to be used countywide.

The strategic initiatives are vital strategies to bend the cost curve of expenditure for these at-risk neighborhoods. The initiatives focus on collaboration, co-location, investments in technology, data-driven decision making and preventive services – allowing families to have greater access to support services.

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# I. Reducing Disparities and Increasing Cost-Savings in Pinellas County

The Board of County Commissioners has developed a new strategic vision that aims to improve the quality of life for Pinellas County residents. In order to transition into this new strategic vision, county departments participated in a series of workshops to reassess their core services and ensure they align with the Board's Strategic Direction. Following these workshop discussions, departments were directed to work in small workgroups to (1) establish, define, and focus on a core set of services; (2) maximize and improve the service delivery level of core services; (3) improve efficiency of operations; (4) increase community partnership through leadership and improved communication; and (5) establish a high performing workforce.

**Vision – Improve the Quality of Life**

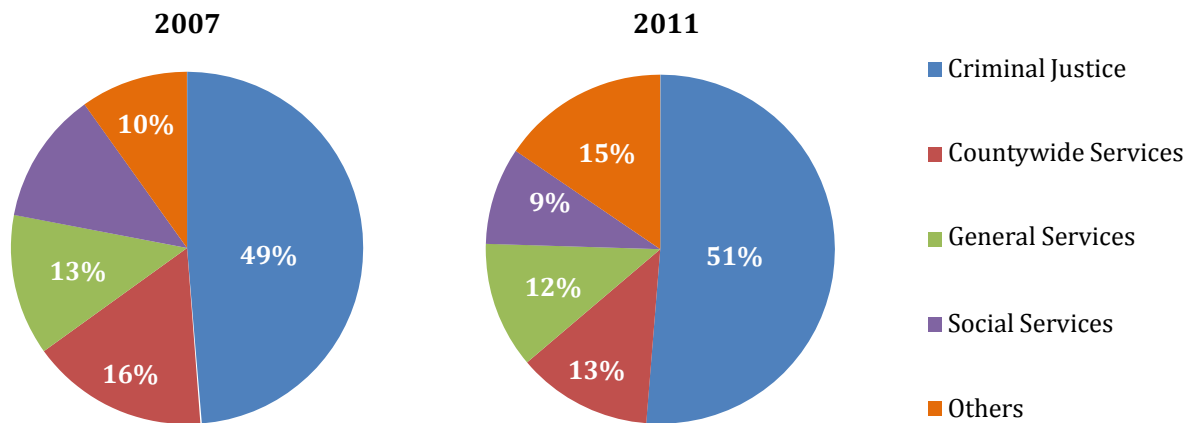
- 25 = 1, Municipalities and County working together
- Inclusive community of engaged citizens
- Aligned economic and education community
- Revitalized and redeveloped communities
- Protect and promote our region's unique natural resources



In an effort to review and determine whether the core services provided align with current community needs, this workgroup took an economic approach to identify which constituents are the greatest users of county resources, recognizing limitations in available funds and the complexity of issues our communities face. In doing so, we identified specific zones within Pinellas County that have high concentrations of poverty and small return to our tax base. We also identified that working in silos has become problematic for the County, spreading our resources thin while working independently to serve the same low-income populations. In order for the County to see a reduction in costs associated with the low-income population served, departments and services must realign their strategic initiatives to work collectively rather than independently. Therefore, the following document explores the economic effects of poverty and outlines specific suggestions on strategic initiatives that align with the Board's strategic direction and will impact overall community outcomes without incurring in additional costs.

In order to make Pinellas County an attractive place to live and work, our population needs to be educated, financially secure and healthy enough to contribute. However, Pinellas County has specific underserved communities that drive service delivery costs, with little financial return. While these communities have lower educational attainment and lower wages than the rest of the County, they have high rates of incarceration and experience greater risks of homelessness. **This has impacted the distribution of General Fund dollars, with funds utilized for the Justice System growing while funds for Social Services are dwindling (Figure 1 and Table 1).**

**Figure 1: General Fund Distribution, FY 2007 to 2011**



**Table 1: General Fund Distribution, FY 2007 to 2011**

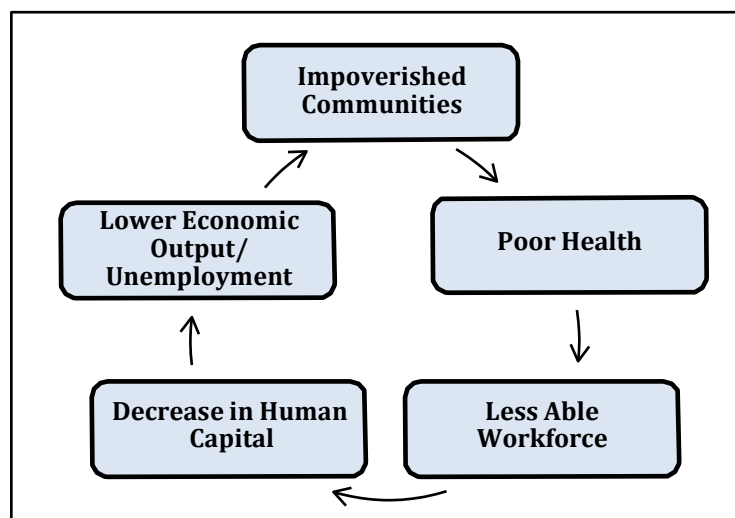
	2007	2011	Percent Change
<b>Criminal Justice (Public Safety, Sheriff, Justice &amp; Consumer Services, etc.)</b>	\$308,753,250	\$249,223,970	19% ↓
<b>Countywide Services (Emergency Management, Parks &amp; Conservation, etc.)</b>	\$104,110,920	\$60,794,280	42% ↓
<b>General Services (Administrative Costs, Communications, BTS, etc.)</b>	\$82,225,400	\$56,815,910	31% ↓
<b>Social Services (Health &amp; Human Services)</b>	\$76,945,410	\$43,844,330	43% ↓
<b>Other Constitutionals &amp; Independent Agencies</b>	\$62,638,540	\$75,239,590	20% ↑
<b>Total Approved Budget</b>	<b>\$634,673,520</b>	<b>\$485,918,080</b>	<b>23% ↓</b>

\*The above calculations do not include General Fund reserves

## Economic Impact of Poverty

Poverty affects the economic prosperity of a community, for conditions associated with poverty can limit an individual's ability to develop the skills, knowledge, and habits necessary to fully participate in the workforce. Costs associated with individuals living in poverty are elevated due to an increased risk of adverse outcomes such as poor health, low productivity, and increased crime in unsafe neighborhoods which leads to lower graduation rates and a reduced participation in the labor market. Human capital – the education, work experience, training and health of the workforce - is considered one of the fundamental drivers of economic growth. Poverty works against human capital development by limiting an individual's ability to remain healthy and contribute talents and labor to the economy. **A decrease in human capital puts a strain on government resources and causes decreased economic opportunity in the community.** This, in turn, results in unemployment, increasing the number of individuals living in poverty.

Figure 2: Impact of Poverty



Studies indicate that there is a correlation between childhood poverty and the experience of poverty later in life. Young children living in poverty are more likely to have cognitive, behavioral, and socio-emotional difficulties, as well as completing fewer years of school and experiencing more years of unemployment throughout their lifetime. **Research attributes an estimated national annual economic cost of \$500 billion due to the costs of high crime rates, poor health, and forgone earnings and productivity associated with adults who grew up in poor households.** High costs of poverty to the United States suggest that the investment of significant resources in poverty reduction might be more socially cost-effective over time (The Economic Costs of Poverty in the United States, 2007).

In order to improve the quality of life for all those residing in Pinellas County, it is essential to identify the areas within our community that have high concentrations of poverty. This will allow for targeted service delivery that focuses on improving the poor outcomes these areas face that increase County costs. The following sections delve into these at-risk communities, providing an in-depth view of the issues impacting those residents and their quality of life, and how they impact Pinellas County as a whole.



## Pinellas County's At-Risk Communities

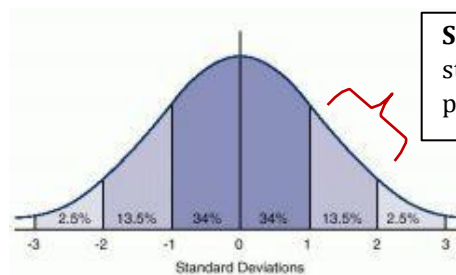
In an effort to provide the Board with the most conservative and accurate data available on these communities, two different data sets were utilized to report demographic statistics. The majority of the information contained in this report comes from the U.S. Census Bureau's American Community Survey (ACS) 2005-09 5-year estimates, since the Decennial Census has been pared down considerably and no longer includes many socioeconomic variables, such as income, used to compute poverty rates. These 5-year estimates continuously monitor social and economic trends, providing information down to the census tract level. Additional county-level demographics come from the U.S. Census Bureau's 2011 population estimates, which are derived from both the 2010 Decennial Census and ACS 5-year estimates.

According to the U.S. Census Bureau's estimates, Pinellas County had a population of 920,326 in 2011. It is predominately White, non-Hispanic (77%), with a median age of 45.7 and a median household income of \$43,882. There are an estimated 410,190 households in the county, with an average household size of 2.19. The majority of households are formed by married couples with no children (51%), with another 23% being married couples with children. This can be attributed to the older age at which young adults are marrying and deciding to have children, retirees that have decided to reside in the county, or older children moving out for college or other reasons.

Pinellas County 2011 Population Estimates	
Total Population	920,326
Median Age	45.7
Race/Ethnicity	
	<i>White</i> 77%
	<i>African American</i> 10%
	<i>Hispanic/Latino</i> 8%
	<i>Asian</i> 3%
	<i>Other</i> 2%
Gender	
	<i>Male</i> 52%
	<i>Female</i> 48%
Total Households	410,190
Average Household Size	2.19
Median Household Income	\$43,882

Recently, the Pinellas County Department of Health and Human Services reported that the poverty rate for Pinellas County in 2010 was 14.3%. However, when looking at smaller geographies and populations, it is necessary to use 5-year estimates because only they allow us to examine data at the census tract level. With this in mind, we utilized the 2005 to 2009 5-year estimates, which reported a poverty rate of 11.6% in the County during that time frame, providing a more conservative poverty rate for the areas we are analyzing. **While approximately 11.6% of Pinellas County's total population was living in poverty between 2005 and 2009, there are five at-risk communities within the county that have higher concentrations of poverty and a different demographic composition. These five areas had 16% or more of their population living at or below 100% of the Federal Poverty Level and include East Tarpon Springs, North Greenwood, Highpoint, Lealman Corridor, and South St. Petersburg (Figures 3 & 4).** Areas with at least 16% of the population living in poverty were selected as at-risk communities because they are at least one standard deviation above the average rate in Pinellas County.

Average Percent of Individuals Living in Poverty  
within Census Tracts = 11.6%

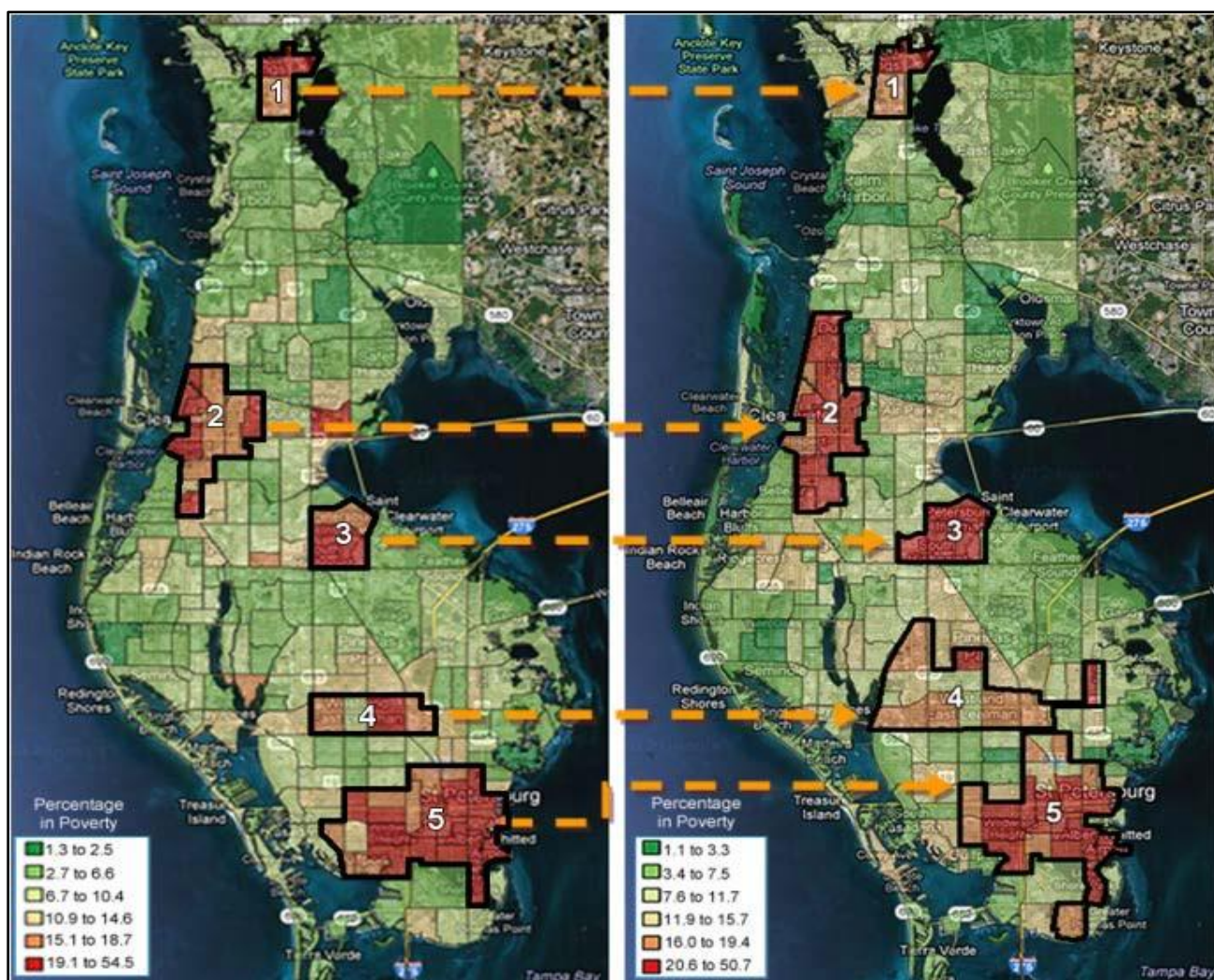


**Selected census tracts:** At least one standard deviation above the average percent of the poverty in Pinellas County.

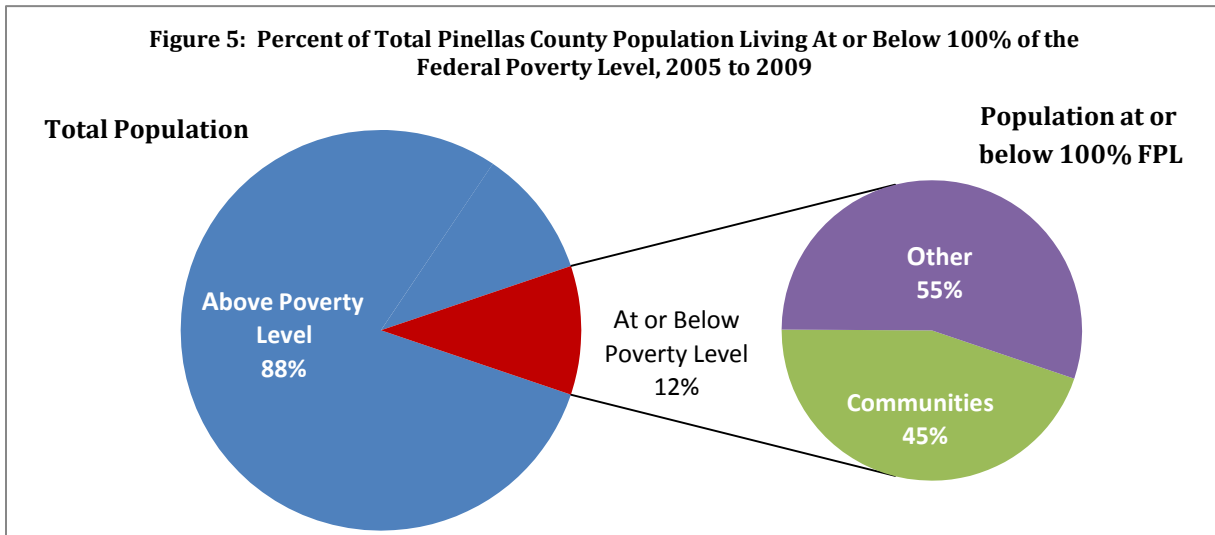
An estimated 45% (approximately 47,662 individuals) of Pinellas County's total low-income population lives within the identified at-risk communities (Figure 5). While this is only about 5% of Pinellas County's total population, these zones have the greatest impact on County resources. Figures 3 and 4 illustrate how these at-risk communities have increased in size from 2000 to 2009. This exemplifies how concentration of poverty affects nearby communities and how important it is to invest in these zones to improve socioeconomic conditions that would impact Pinellas County as a whole. **It is important to note that communities identified as at-risk have exhibited inequities when compared to other parts of Pinellas County for decades, not just since the economic recession.**

Figure 3: Pinellas County At-Risk Communities by Census Tract, 2000

Figure 4: Pinellas County At-Risk Communities by Census Tract, 2005 to 2009



**Figure 5: Percent of Total Pinellas County Population Living At or Below 100% of the Federal Poverty Level, 2005 to 2009**



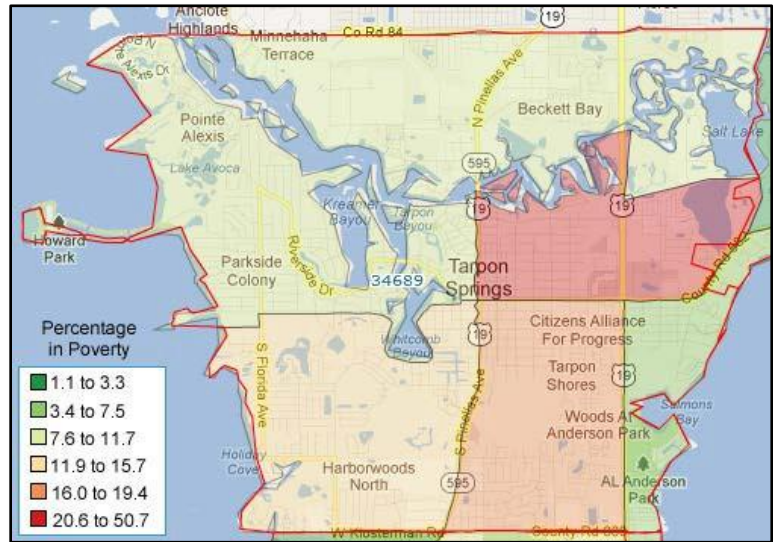
**Pinellas County’s At-Risk Communities (cont.)**

The following section zooms into each at-risk community and describes their demographic breakdown. Within each map, we are focusing the discussion on the zones where 16% or more of the population live at or below 100% of the Federal Poverty Level (orange and red in the legend). In order to describe all at-risk communities in detail, we have identified the ZIP codes and census tracts they cover. Whenever available, demographic data and other indicators are reported by census tract, allowing for a more in-depth analysis of the at-risk communities because census tracts cover a more specific geography. Other data is only provided by ZIP code, which covers a broader area in the zones and may include data of adjacent neighborhoods with lower poverty rates.

**Figure 6: Zone 1 At-Risk Communities**

**Zone 1: East Tarpon Springs**

East Tarpon Springs encompasses two census tracts found within a portion of ZIP code 34689. This zone has an estimated population of 8,534, with approximately 20% living at or below 100% of the Federal Poverty Level. Of those living in poverty, 45% are White, 29% are African American, 18% are Hispanic, and 8% are of another race. The average household size in this ZIP code is 2.3.



**Figure 7: Zone 4 At-Risk Communities**



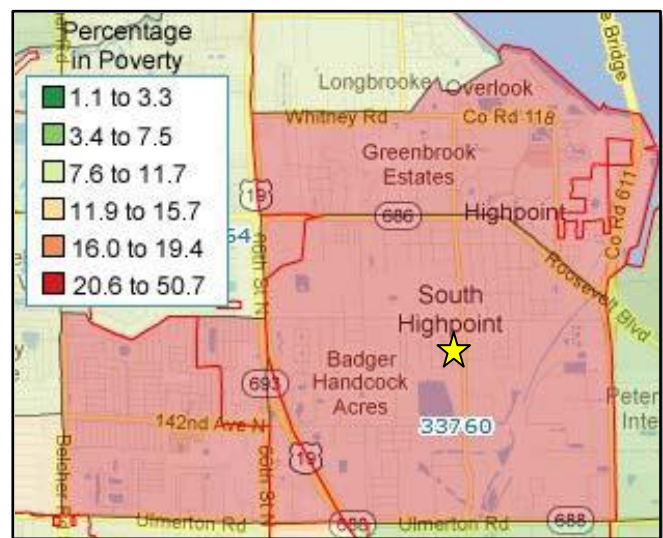
**Zone 2: North Greenwood**

North Greenwood is the second largest at-risk community, encompassing 11 census tracts that fall within ZIP codes 33755 and 33756 (overlapping slightly with peripheral ZIP codes). This zone has an estimated population of 55,221, with approximately 25% living at or below 100% of the Federal Poverty Level. However, when you look at specific neighborhoods within the zone, **census tract 262 (yellow star on map) has 51% of people living in poverty, the largest amount in Pinellas County.** Census tracts 258, 255.04, and 263 also have very high levels of poverty (29%, 27%, and 26% respectively). The low-income population in this zone is 53% White, 25% African American, 15% Hispanic, and 7% of another race. The average household size in these ZIP codes is 2.42.

**Figure 8: Zone 3 At-Risk Communities**

**Zone 3: Highpoint**

Highpoint encompasses three census tracts that fall within ZIP code 33760, with a small portion falling on the periphery of ZIP code 33771. This zone has an estimated population of 20,192, with approximately 27% living at or below 100% of the Federal Poverty Level. Census tract 245.03 has even higher poverty rates, with 33% of its residents living in poverty (yellow star on map). The low-income population in this zone is 47% White, 36% Hispanic, 9% African American, and 8% of another race. The average household size in this ZIP code is 2.82.



#### Zone 4: Lealman Corridor

Lealman Corridor encompasses seven census tracts that fall within ZIP codes 33702, 33709, 33714, and 33781. While it is a broader zone than the other at-risk communities, it was selected because there is a significant cluster of impoverished individuals within this area that are on the verge of getting worse. Additionally, this zone's poverty clusters have grown since 2000 (Figures 3 and 4). The poverty clusters in this zone have an estimated population of 42,355, with approximately 19% living at or below 100% of the Federal Poverty Level. The low-income population in this zone is 73% White, 11% African American, 8% Hispanic, and 8% of another race. The average household size in these ZIP codes is 2.26.

Figure 9: Zone 4 At-Risk Communities

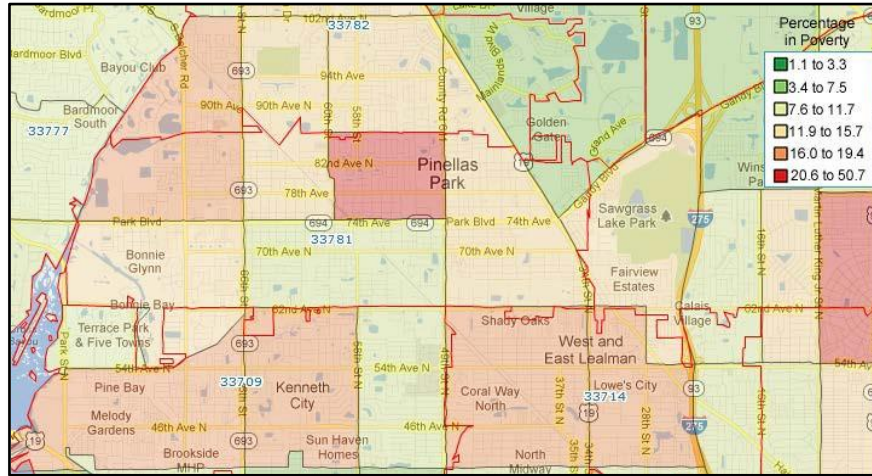
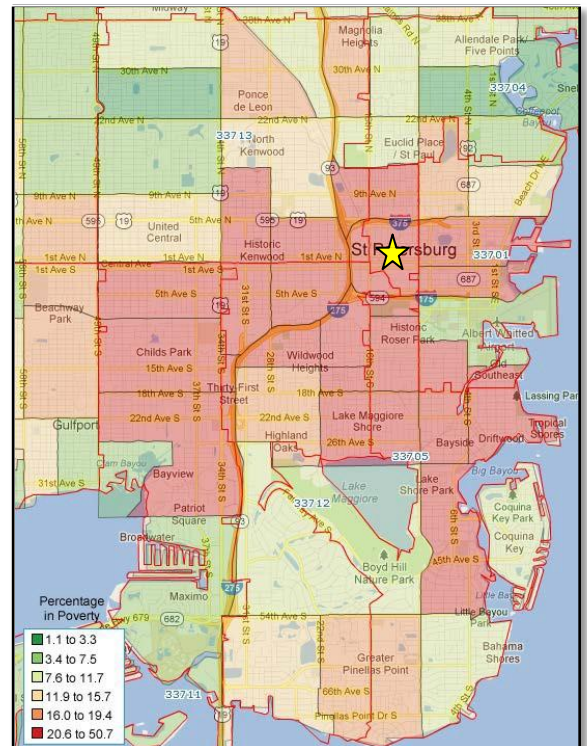


Figure 10: Zone 5 At-Risk Communities

#### Zone 5: South St. Petersburg

South St. Petersburg is the largest at-risk community, encompassing 21 census tracts that fall within ZIP codes 33701, 33705, 33711, 33712, and 33713. This zone has an estimated population of 74,275, with approximately 25% living at or below 100% of the Federal Poverty Level. Within this zone, **census tract 216 (yellow star on map) has 48% of people living in poverty, the second largest amount in Pinellas County.** This specific pocket lies a few blocks away from the Department of Health and Human Services' St. Petersburg office on 1st Avenue North, where the largest numbers of homeless individuals in the county are located. Surrounding census tracts also have high poverty levels (20% and above). The low-income population in this zone is 63% African American, 27% White, 5% Hispanic, and 5% of another race. The average household size in these ZIP codes is 2.41.



## Disparities within At-Risk Communities

While there is no one cause for poverty, research indicates that communities exhibiting high poverty rates also have disparities in social and environmental determinants that lead to poor outcomes. The following section illustrates how the five at-risk communities within the county suffer from insufficient transportation and access to food and healthcare, poorer health, lower educational attainment, increased crime rates, higher unemployment, and inadequate and insufficient housing – and the resulting costs to government and the community associated with these inequities.

### *Insufficient Transportation*

Access to services is critical among populations with limited resources. Many times, individuals living in at-risk communities do not have a reliable method of transportation, which prevents them from being able to access food, health care, and other services not located within walking distance. **Within our at-risk communities, 11% of households do not have a vehicle available, while 41% have only one vehicle (U.S. Census Bureau’s 2011 estimates).** This causes these communities to rely heavily on public transportation, which does not always have a bus stop nearby their home or destination.

While the Pinellas Suncoast Transit Authority has multiple bus routes throughout the County, most run on main roads and only provide one to three accessible routes within the at-risk communities (with the exception of Zones 4 and 5). **Some of these routes miss specific residential areas within the zones, forcing residents to walk several blocks – sometimes close to a mile – to get to the nearest bus stop.** These factors contribute to long travel times when individuals are trying to access services across the county. For example, a client residing on or near 301 Disston Ave in Tarpon Springs needing to see a case manager at the Department of Health and Human Services’ Clearwater office (14 miles away) must travel close to 1.5 hours each way and transfer once in order to reach the Clearwater location. Furthermore, with one-way cash fares costing \$2.00 – or \$3.00 if riding an express line – individuals spend between \$4 and \$6 round-trip on any given day. **For a person riding the bus three times a week, it totals between \$48 and \$72 a month on one-way fares – up to 8% of the net monthly earnings for an individual living exactly at 100% of the Federal Poverty Level.**

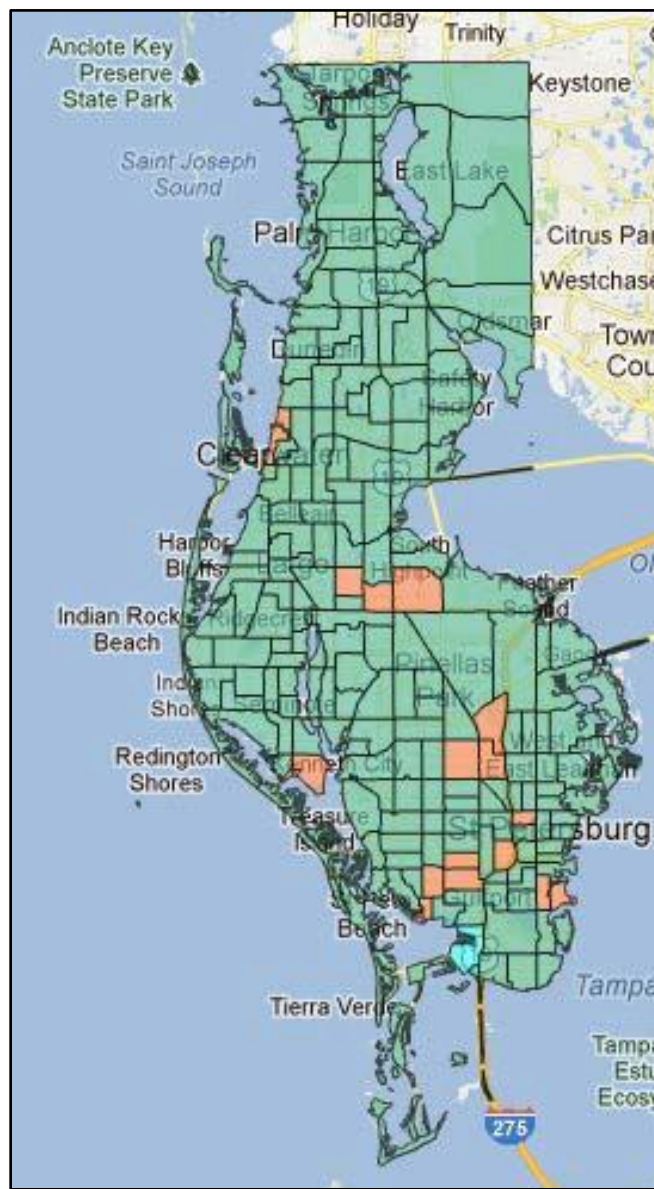
**Figure 11: Bus Route for Zone 1 Resident visiting Health and Human Services Clearwater Office**



**Limited Access to Food**

Limited transportation within at-risk communities forces individuals and families to travel extra distances in order to access supermarkets or grocery stores. Many times, they are forced to purchase food at local convenience stores or gas stations because of proximity. The options at these locations are much more limited and unhealthy, contributing to obesity, diabetes and other illnesses that are prevalent in these areas. **Figure 12 highlights the areas within Pinellas County that have low access to food – areas where residents must travel more than one mile to a supermarket or large grocery store (U.S. Department of Agriculture, 2006).** These areas overlap with Zone 2, 3, 4 and 5. Given that these are the same areas where residents lack a reliable method of transportation, many of these individuals must utilize the bus system in order to purchase their weekly groceries.

**Figure 12: Pinellas County Areas (in orange) with Low Access to Food**



### ***Insufficient Access to Health Care***

Access to health care is also crucial in improving the health outcomes of a community. A key aspect of this is having health insurance available in order to access the health care system. Some low-income residents are eligible for Florida Medicaid (specifically low-income children/pregnant mothers, families with children, and aged or disabled individuals). The average annual cost per Medicaid child in Florida is \$2,092, while adults cost an average \$6,704. **As of December 31st, 2011, 162,474 Pinellas County residents were enrolled in Medicaid, accounting for 18% of the estimated 2011 population (University of South Florida’s Policy and Services Research Data Center). Forty-six percent of Medicaid enrollees in the county resided within our at-risk communities, 51% of which were children.**

Not all low-income individuals are eligible for Florida Medicaid, such as single or childless adults between the ages of 18 to 64. These individuals may qualify for our Pinellas County Health Program, which served approximately 15,700 uninsured, low-income individuals during fiscal year 2011. By providing primary and preventive care through a medical home setting, the Pinellas County Health Program has managed to decrease costs to \$1,442 per client – an astonishing improvement when compared to Wellcare’s 2008 approximate cost per client of \$5,927. However, this is only a fraction of the uninsured population within Pinellas County. Recently, the Pinellas County Department of Health and Human Services utilized the Centers for Disease Control and Prevention’s most recent 2010 Behavioral Risk Factor Surveillance System statistics which indicate that 11.4% of the county’s population is uninsured (approximately 104,486 uninsured individuals). Even if we strive to target 30% of this population (31,346 individuals), we currently lack infrastructure, capacity, and funding to do so.

**Figure 13: Overlap of Pinellas County At-Risk Zones with Health Professional Shortage Areas**

Although having health insurance is critical in accessing health care for these populations, it is also necessary to have multiple access points across the County that accept Medicaid and/or Pinellas County Health Program clients in order to ensure they can receive care at an accessible location. **While Pinellas County ranks highly in clinical care (3<sup>rd</sup> out of 67 Florida counties) and availability of primary care physicians (829:1, exceeding the national benchmark of 631:1), this is not true for the indigent populations residing within the at-risk communities (County Health Rankings, 2012).** The U.S. Health Resources and Services Administration (HRSA) has designated specific areas within the county as “health professional shortage areas”, for they have a shortage of primary medical care, dental or mental health providers. These areas overlap with our at-risk communities, as can be seen in Figure 13. Increasing our presence through the establishment of one-stop shops that offer initial medical care is crucial in order to improve access for these communities, which is just one of the strategic initiatives presented by Health and





Human Services in collaboration with over 20 community agencies participating in the Health Care Collaborative.

It has been documented that individuals with limited access to health care utilize the emergency room for primary care. The Center for Disease Control and Prevention’s National Center for Health Statistics reported that, in 2007, approximately one in five persons in the United States visited the emergency room at least once in a 12-month period. **Medicaid beneficiaries under the age of 65 showed the most emergency room utilization, with more than one-quarter of children and nearly two in five adults having used the emergency room at least once.** While the uninsured were no more likely than those with private insurance to have had at least one emergency room visit, there is a striking difference in the likelihood of utilizing the emergency room by income level: 29% of those living in poverty used the emergency room at least once compared to only 16% of those living above 400% of the Federal Poverty Level. In Pinellas County, the average cost of emergency room visits at County hospitals between October 2010 and September 2011 for Medicaid, self-payers, and other patients paid for by state or local government was \$3,178 – totaling \$482.2 million in emergency room visits that did not result in hospital admissions (Agency for Healthcare Administration – FloridaHealthFinder.gov). **This accounts for 42% of all emergency room costs and 52% of all emergency room visits that did not result in hospital admissions (Table 2). While the county does not directly pay for emergency room visits, any visits by Medicaid enrollees that led to an inpatient stay longer than 11 days are partially the county’s responsibility (described below).** Additionally, these costs are passed on and contribute to the higher health care costs for individuals with health insurance.

**Table 2: Emergency Room Visits and Costs at County Hospitals between October 2010 and September 2011**

	ER Visits		ER Costs		Average Cost/Visit
	Total	Percent	Total	Percent	
<b>All payer types</b>	289,811	100%	\$1,153,978,781	100%	\$3,982
<b>Medicaid Only (includes KidCare)</b>	82,756	29%	\$244,012,030	21%	\$2,949
<b>Uninsured Only (Self-payer &amp; Other State/Local)</b>	68,977	24%	\$238,143,552	21%	\$3,453

The Agency for Healthcare Administration includes any emergency room visits that resulted in an inpatient stay as a part of the overall inpatient care visits. Between October 2010 and September 2011, Medicaid patients accounted for 27,995 hospitalizations at a cost of \$1.1 billion – 16% of all inpatient costs for County hospitals (Agency for Healthcare Administration – FloridaHealthFinder.gov). While the average length of stay was 5.1 days, sicker patients tend to stay in hospitals longer because of the severity of their diseases. It is important to find ways to contain these costs, for the County is responsible for 35% of a Medicaid patient’s hospital bill from days 11 through 45. In Fiscal Year 2011, this accounted for \$12.5 million of the Department of Health and Human Services’ budget. Meanwhile, self-payers and other patients paid for by state or local government totaled 9,187 inpatient hospitalizations, averaged 3.9 hospital stay days and cost \$338 million, accounting for 5% of all inpatient costs for County hospitals. Some County hospitals have been previously reimbursed for a portion of these costs through Low Income Pool mechanisms, as well as by contracting services and facilities for members of the Pinellas County Health Program. However, due to current Medicaid changes (such as the signing of Medicaid bill HB 5301),

the ability of the County to assist local hospitals in leveraging additional funds to compensate for indigent care may be in jeopardy.

**Table 3: Hospitalizations and Costs at County Hospitals between October 2010 and September 2011**

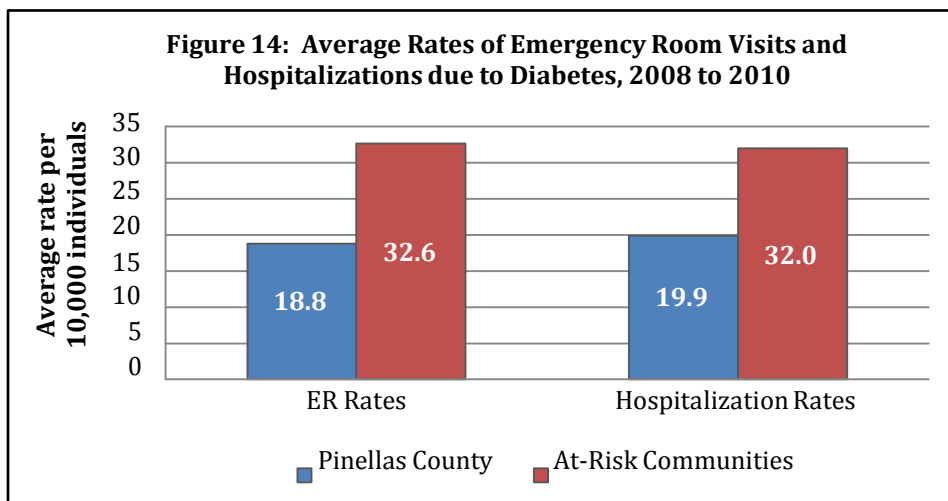
	Hospitalizations		Average Length of Stay	Hospitalization Costs		Average Cost/Visit
	Total	Percent		Total	Percent	
<b>All payer types</b>	147,446	100%	5.1	\$6,718,942,619	100%	<b>\$45,569</b>
<b>Medicaid Only (includes KidCare)</b>	27,995	19%	5.1	\$1,099,673,515	16%	<b>\$39,281</b>
<b>Uninsured Only (Self-payer &amp; Other State/Local)</b>	9,187	6%	3.9	\$337,993,685	5%	<b>\$36,790</b>

While we cannot report exactly how many of these encounters were due to visits by individuals residing in one of the five at-risk communities, we do know 47% of the low-income population in Pinellas County resides there. **Even if only 25% of the utilization came from low-income individuals residing in these zones, that would still account for \$120.5 million in emergency room cost and \$359.4 million in inpatient costs attributed to Medicaid beneficiaries and the uninsured.**

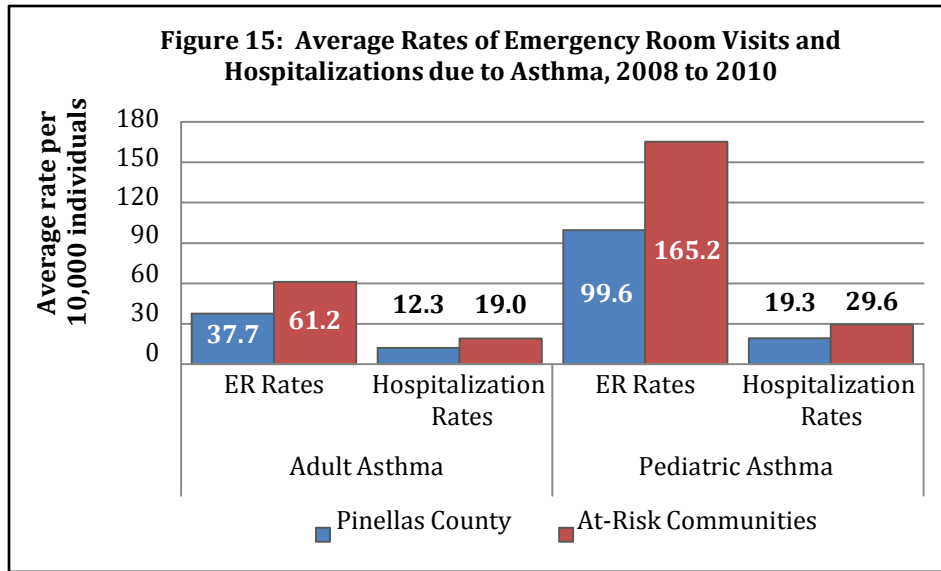
**Poorer Health**

Persons living in poverty are more likely to suffer from poor health, affecting the overall quality of life and well-being of a community. Poorer health outcomes translate into dollars lost in a community due to loss in productivity, unemployment, and shorter life expectancy. For example, research from the Robert Wood Johnson Foundation indicates that adults living in poverty can expect to live at least six and a half years less than those with high income. Individuals with limited resources not only utilize the emergency room for primary care, but also have higher rates of chronic disease. As described in the previous section, emergency room visits may lead to inpatient stays, costing additional dollars to the County. Individuals residing within our at-risk communities exhibited higher rates of emergency room visits and hospital admissions due to chronic illnesses than the general Pinellas County population from 2008 to 2010 (Figures 14 to 16, Healthy Tampa Bay):

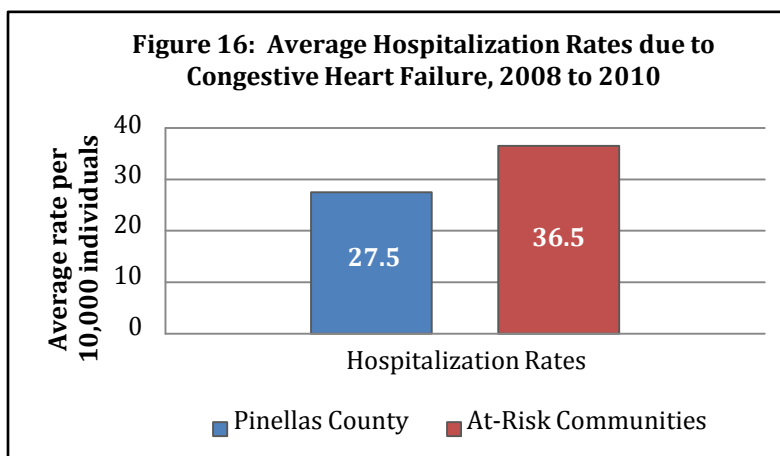
- Emergency room rates due to diabetes were 42% higher for those residing within at-risk communities than the general population, while hospitalizations were 38% higher.



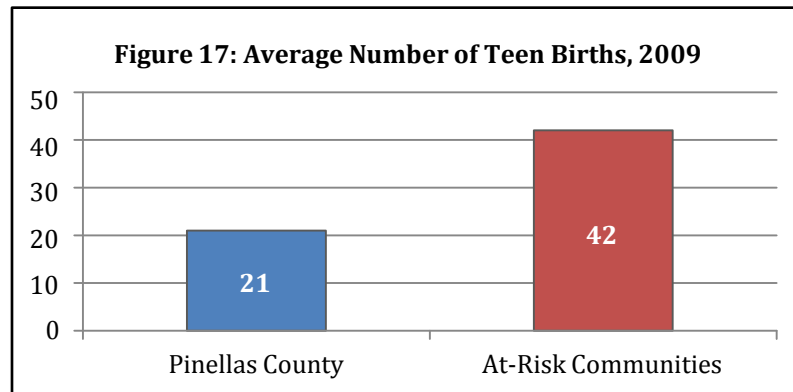
- Emergency room rates due to adult asthma were 38% higher for those residing within at-risk communities than the general population, while those for pediatric asthma were 40% higher than the general population. In both cases, hospitalizations due to asthma were 35% higher than the general population. These higher rates are not surprising, given the well-documented link between pediatric asthma and environmental stressors, such as poor housing with mold or rodent infestations.



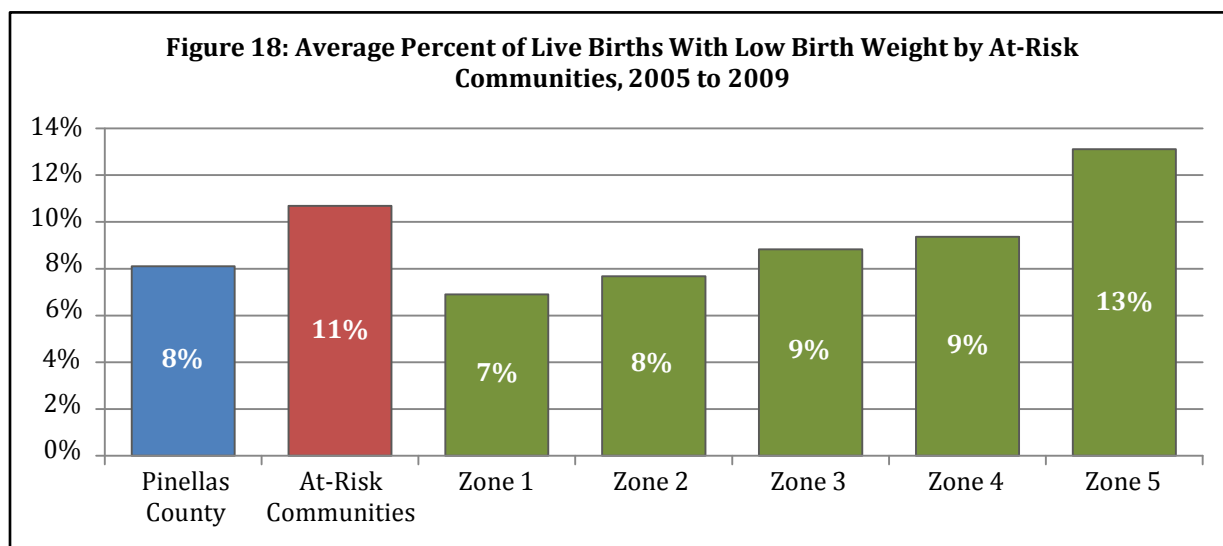
- Hospitalization rates due to congestive heart failure were 25% higher for those residing within at-risk communities than the general population.



Maternal and infant health is another important community indicator, for it impacts the physical, mental, emotional, and socioeconomic health of women and their families. Maternal age at giving birth is a key factor in determining well-being of both mother and child. Infants born to teen mothers are more likely to have a lower birth weight, be born prematurely, and die in their infancy (Childtrends, 2011). Meanwhile, teen mothers tend to have behavioral and academic problems, putting their children at significantly greater risk of poor educational outcomes when compared to children born to older mothers. In 2009, the average number of teen birth in at-risk communities was twice as high as in Pinellas County (Figure 17 – Florida Department of Children and Families, 2009) (Juvenile Welfare Board).

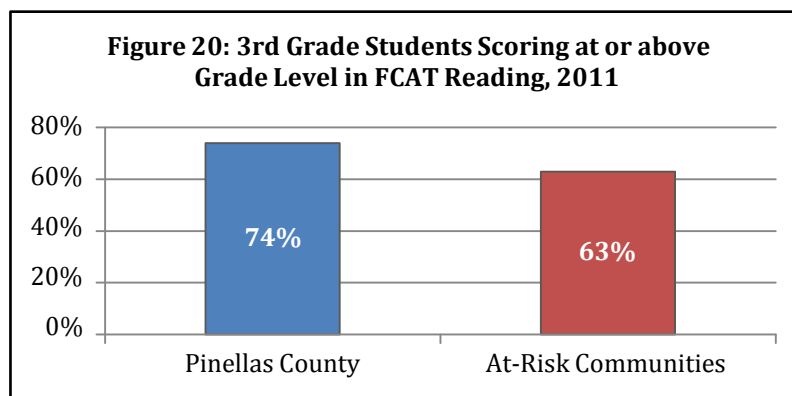
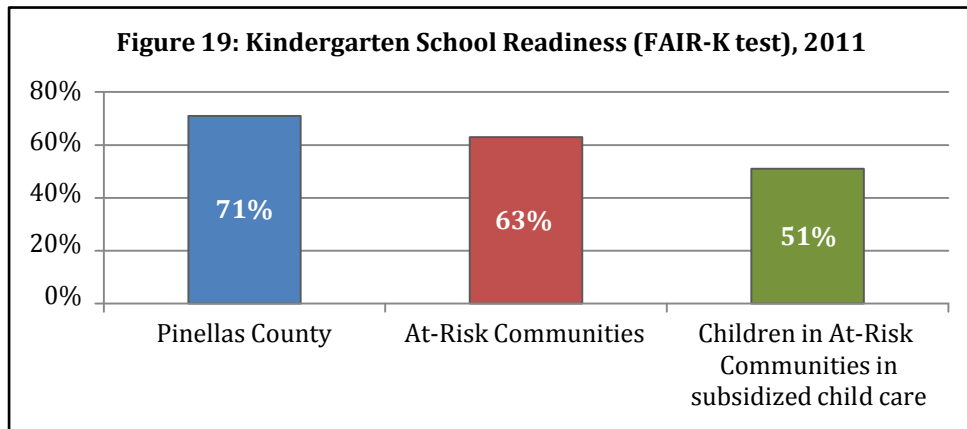


Infant low birth weight is another indicator of poor community health outcomes, such as long-term maternal malnutrition, poor health, and poor health care during pregnancy. Risk factors for mothers that may contribute to infant low birth weight include poor nutrition, chronic health problems (such as diabetes and heart disease), insufficient prenatal care, drug addiction, and alcohol abuse. Smoking, lead exposure, and other types of air pollutions are additional environmental risk factors that also contribute to infant low birth weight. Low birth weight babies are at a higher risk of newborn complications, fetal and perinatal mortality and morbidity, inhibited growth and cognitive development, and chronic diseases later in life. As a whole, average low birth weight rates for at-risk communities between 2005 and 2009 were slightly higher than the County’s general population (11% vs. 8%, respectively) (Figure 18 – American Community Survey). Zone 5 (South St. Petersburg) has the highest average rate, at 13%.

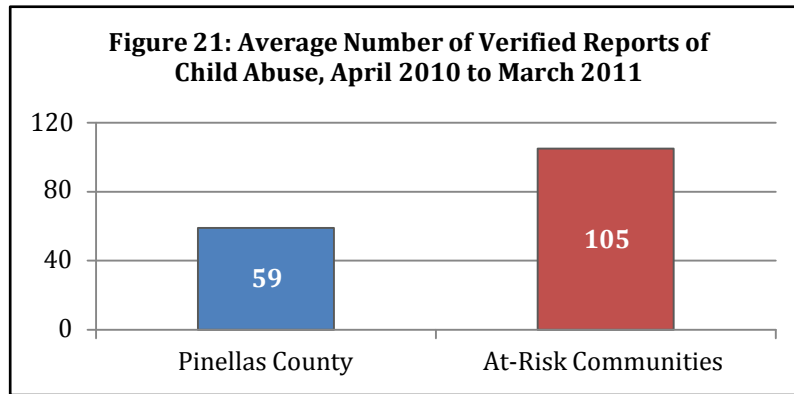


### Lower Educational Attainment

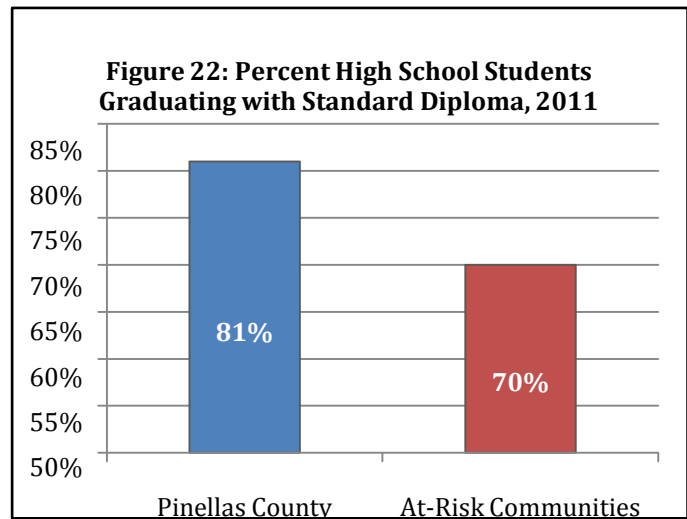
Poverty is linked to lower educational attainment within a community and affects individuals from early childhood. Children living in poverty are much more likely to lack the resources which contribute to successful educational outcomes. In addition, they are more likely to live in neighborhoods that have limited resources and low-performing schools. Neighborhoods with concentrated poverty impede children from socializing, having positive role models, and experiencing other factors crucial for healthy child development. These disadvantaged children have substantial gaps in knowledge and social competencies that affect readiness to learn. In Florida, the FAIR-K test is one of two Florida Kindergarten Readiness Screener measures used to determine school readiness among kindergarteners. In Pinellas County, 71% of kindergarten students were ready for school in 2011. **However, only 63% of kindergarteners living within our at-risk communities were ready for school during the same timeframe;** specifically, only 51% of low-income kindergarteners living in these at-risk communities who participated in subsidized child care were ready for school. Meanwhile, the Florida Comprehensive Assessment Test (FCAT) is another standardized test administered to students in grades 3 through 11 to measure student progress in reading, math, science and writing. Again, only 63% of third graders residing within at-risk communities performed at or above grade level, compared to 74% in Pinellas County (Figures 19 and 20 – Pinellas County Schools, Department of Research and Accountability, 2011) (Juvenile Welfare Board). These lower rates affect multiple outcomes for these children and serve as a predictor for detrimental outcomes, such as grade repetition and dropping out of school.



Child maltreatment is another factor that is detrimental to child development and learning. Child maltreatment has a negative impact on the victimized child’s school performance, educational attainment and subsequent lifetime economic opportunities. In Pinellas County, there were an average 59 verified reports of child abuse between April 2010 and March 2011. However, the average verified reports of child abuse within the at-risk communities were 105 – almost double the amount of the general population (Figure 21 – Florida Department of Children and Families, 2010) (Juvenile Welfare Board).



Low-income children are also at a greater risk of not completing high school, limiting future employment opportunities that translate into lower wages. **A high school dropout earns about \$260,000 less over a lifetime than a high school graduate, paying about \$60,000 less in taxes** (Rouse, 2005). In 2011, approximately 70% of high school students residing in the ZIP codes that encompass our at-risk communities graduated with a standard diploma, as opposed to 81% in the rest of Pinellas County (Figure 22 – Pinellas County Schools, Department of Research and Accountability, 2011) (Juvenile Welfare Board). Assuming the demographic breakdown



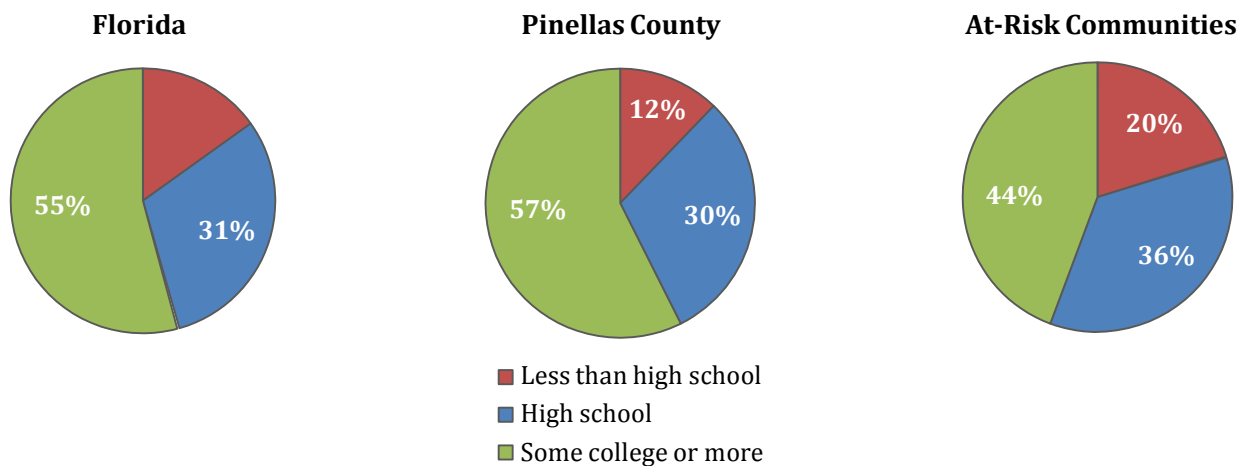
for the entire population residing within our at-risk communities holds true among high school students that reside in the same areas, we have provided a sample scenario to demonstrate potential lost wages among students that did not graduate with a standard diploma (Table 4). Taking into consideration that the total 12<sup>th</sup> grade public school student membership in Pinellas County during 2011 was 7,405 (Pinellas County Schools – Department of Research and Accountability, 2011) and that 22% of the total Pinellas County population lives within these at-risk communities, we extrapolated that approximately 1,629 students reside within these communities. Given that 30% of students did not graduate with a standard diploma, this would account for approximately 489 students. Finally, assuming these students do not get their high school diploma before the age of 25, and taking into account that a high school dropout earned an average \$7,840 less than a high school graduate in 2009 (U.S. Department of Education, 2011), this could translate into \$3.8 million dollars in lost wages in one year once these individuals reach adulthood.

**Table 4: Sample Scenario Depicting Potential Lost Wages Among Students that did not Graduate with a Standard Diploma and are Employed by the Age of 25**

12 <sup>th</sup> grade public school student membership in Pinellas County during 2011:	7,405
Percent of Pinellas County’s population residing within at-risk community zones:	x 22%
Assuming same population distribution, extrapolated students residing in zones:	1629
Assuming the same graduation rate as other Pinellas County students (81%):	x 11%
Extrapolated students residing in zones that did not graduate with standard diploma:	489
Assuming students do not get a diploma before age 25 and all work, average yearly loss in earnings:	x \$7,840
<b>Potential lost wages in one year once these children reach adulthood:</b>	<b>\$3,836,228</b>

As mentioned above, lower educational attainment is associated with higher unemployment rates and lower wages. When compared to the state average, Pinellas County has an overall lower percent of adults whose highest education level is less than high school (12% Pinellas vs. 15% Florida). However, approximately 20% of the adults living in at-risk communities did not complete high school, indicating lower educational attainment than the general population (Figure 23) (American Community Survey, 2005 to 2009). Given that a high school dropout earned an average \$7,840 less than a high school graduate in 2009 (U.S. Department of Education, 2011) and an estimated 21,371 individuals living in these at-risk communities have less than high school completed, this could translate into approximately \$167.6 million in lost wages within our at-risk communities in one year alone among adults above the age of 25.

**Figure 23: Highest Educational Attainment for Adults 25 or Older in Pinellas County, 2005 to 2009**



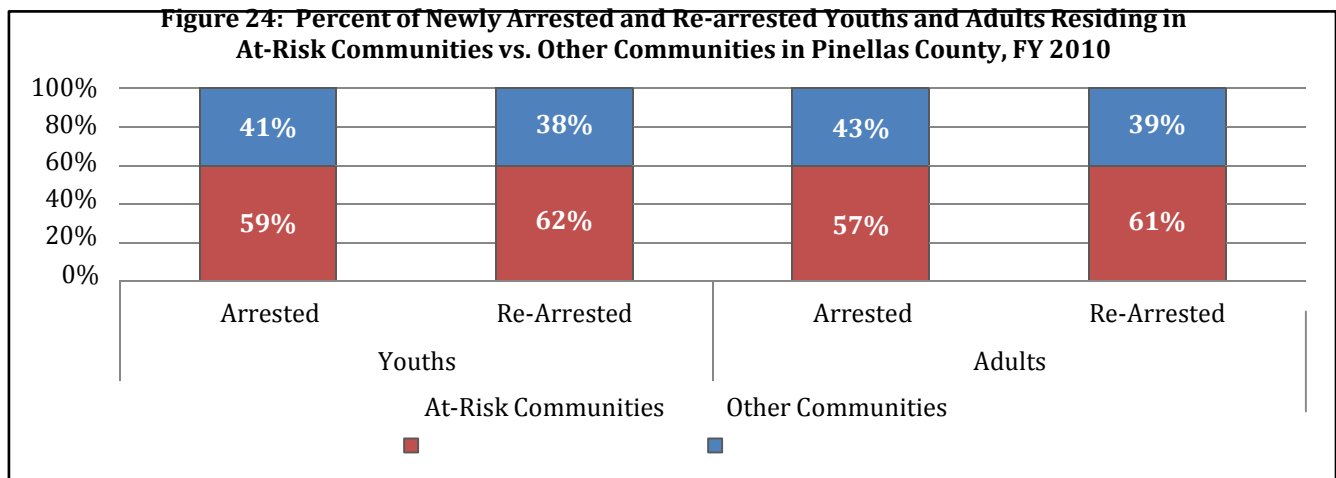
**Increased Crime Rates**

Lack of resources within communities has a direct effect on public safety. For example, individuals living in areas of concentrated poverty with low housing values and high school graduation rates are at increased risk of death from homicide (Robert Wood Johnson Foundation, 2011). Higher exposure to alcohol or drugs, community deterioration, incarceration and re-entry, and other inequities all increase the likelihood of crime in at-risk communities (Prevention Institute’s Urban Networks to Increase Thriving Youth, 2011). **In Pinellas County, 59% of all arrested and 62% of all re-arrested youths during fiscal year 2010 resided within our at-risk communities (Figure 24), with most residing within Zone 5, which**

accounted for 27% of all arrested and 30% of all re-arrested in Pinellas County during the same time period (Table 5). Similar figures can be seen with arrested adults, where 57% of all arrests and 61% of all re-arrests occurred among adults residing within our at-risk zones (Table 5). The Alliance for Excellent Education indicates that high school dropouts are 3.5 times more likely than graduates to be arrested in their lifetime. Meanwhile, high school dropouts account for 75% of state prison inmates (Harlow, 2003). Assuming numbers are consistent among our population, approximately 10,609 arrested adults residing in at-risk communities in Pinellas County are high school dropouts, translating into \$83.2 million in lost wages in one year – assuming they exit the system and become employed. **According to additional figures provided by the Department of Justice and Consumer Services, there is likelihood that approximately 70% of recidivist youths in Pinellas County will be arrested as adults. These individuals continue cycling the system, spending taxpayer dollars while not contributing to the economy.**

**Table 5: Newly Arrested and Re-arrested Youths and Adults Residing in At-Risk Communities vs. Other Communities in Pinellas County, FY 2010**

	Youths				Adults			
	Arrested		Re-arrested		Arrested		Re-arrested	
	Total	Percent	Total	Percent	Total	Percent	Total	Percent
Zone 1	73	2%	31	2%	584	2%	292	2%
Zone 2	348	11%	149	11%	2,494	10%	1,328	11%
Zone 3	183	6%	76	6%	1,289	5%	638	5%
Zone 4	426	13%	175	13%	3,298	13%	1,698	14%
Zone 5	899	27%	421	30%	6,480	26%	3,646	29%
<b>Total At-Risk Communities</b>	<b>1,929</b>	<b>59%</b>	<b>852</b>	<b>62%</b>	<b>14,145</b>	<b>57%</b>	<b>7,602</b>	<b>61%</b>
<b>Total Other Communities</b>	<b>1,365</b>	<b>41%</b>	<b>529</b>	<b>38%</b>	<b>10,542</b>	<b>43%</b>	<b>4,882</b>	<b>39%</b>
<b>Total Pinellas County</b>	<b>3,294</b>	<b>100%</b>	<b>1,381</b>	<b>100%</b>	<b>24,687</b>	<b>100%</b>	<b>12,484</b>	<b>100%</b>



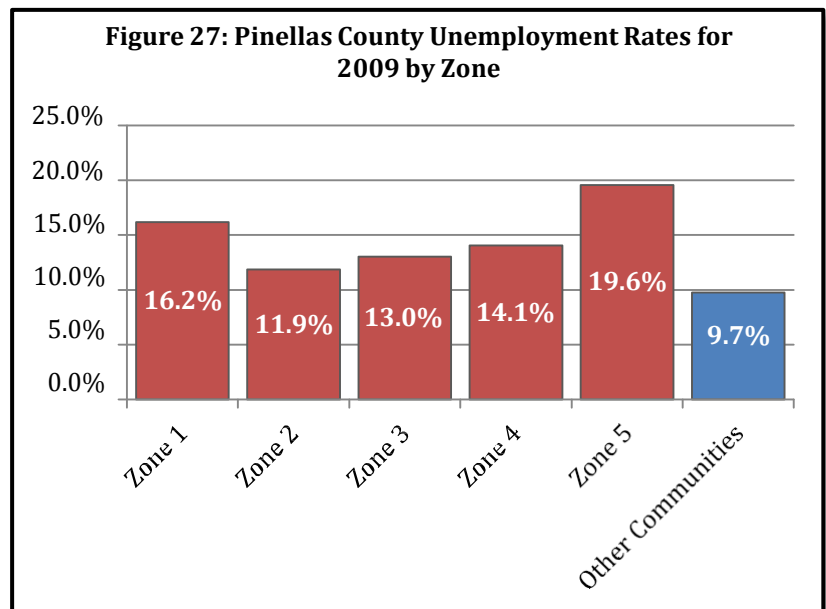
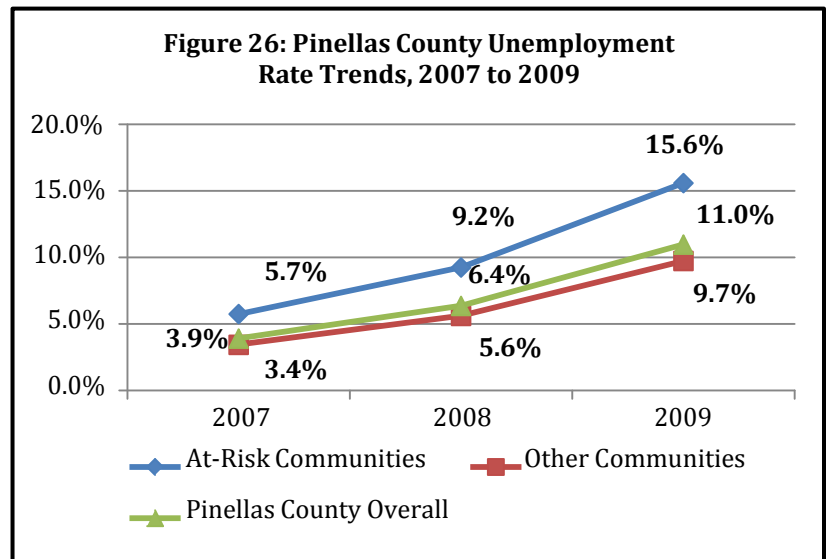


**High Unemployment**

Unemployment rates within Pinellas County have skyrocketed since the economic recession, rising from 3.9% in 2007 to 11% in 2009 (American Community Survey). However, when you compare the unemployment rates within at-risk communities to the rest of Pinellas County’s population during the same timeframe, these account for a larger portion of unemployment rates (Figure 25). **In 2009, the unemployment rate for at-risk communities was 15.9%, while all other areas were only 9.7% (Figure 26).** Specific zones had even higher rates, with Zone 5 (South Saint Petersburg) exhibiting the highest rates at 19.6% (Figure 27).

It is important to understand that unemployment rates significantly understate the number of individuals without a job: they are only based on recently unemployed individuals eligible to collect unemployment benefits and those actively searching for a job. Unemployment rates do not include individuals that have exhausted their unemployment benefits, given up searching, are underemployed, or have never entered the job market.

**Figure 25: Pinellas County Unemployment Rates by Census Tract, 2009**



***Inadequate and Insufficient Housing***

The availability of safe and affordable housing is crucial in order to improve outcomes for those living in poverty. The percent of income spent on housing is the leading indicator of housing affordability in the United States. Historically, housing expenditures exceeding 30% of household income have been an indicator of a housing affordability problem. In order to inject dollars into the community, individuals should be able to afford housing and still have enough income left over for other nondiscretionary spending. However, recent data from the National Low Income Housing Coalition indicates that in 2012, **a family in Florida without a housing subsidy has to make \$18.56 an hour (\$41,574.40 annually) to afford a two-bedroom unit at the fair market rent (Table 6). This would require an individual earning minimum wage in Florida to work 97 hours a week to meet fair market rent prices.** While the estimated median annual income for Pinellas County in 2011 was above the fair market rent (\$43,882), individuals living in poverty have much lower income levels, making housing unaffordable.

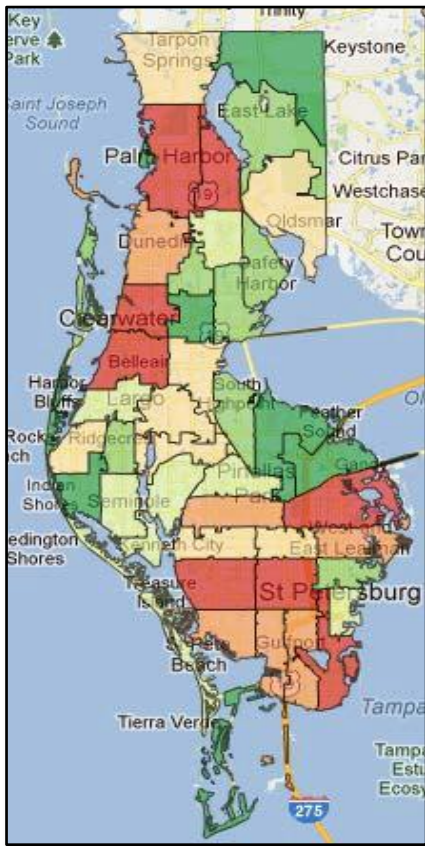
**Table 6: Comparison of Pinellas County Median Annual Income and Income at 100% of the Federal Poverty Level against the Cost of a Two-Bedroom Unit in Florida at Fair Market Rent in 2012**

		<b>Annual Salary</b>	<b>30% Household Income</b>	<b>Monthly Rent at 30% Household Income</b>
<b>2011 Pinellas County Median Annual Income</b>		\$43,882	\$13,164.60	\$1,097.05
<b>2012 Florida Fair Market Rent for Two-Bedroom Unit</b>		<b>\$41,574.40</b>	<b>\$12,472.32</b>	<b>\$1,039.36</b>
<b>2012 Income at 100% FPL By Family Size</b>	<b>1</b>	\$11,170	\$3,351	\$279.25
	<b>2</b>	\$15,130	\$4,539	\$378.25
	<b>3</b>	\$19,090	\$5,727	\$477.25
	<b>4</b>	\$23,050	\$6,915	\$576.25
	<b>5</b>	\$27,010	\$8,103	\$675.25
	<b>6</b>	\$30,970	\$9,291	\$774.25

**Low wages and unemployment have also affected foreclosure rates in the county, with 40% of all foreclosures in 2009 having occurred within ZIP codes that cover our at-risk communities (Figure 28).** The increased number of foreclosures within our at-risk communities has put many community members in the need to rent housing. Even then, rent must be affordable. Using the information on Table 6, which indicates that a low-income family of three that uses only 30% of their monthly income on rent should pay no more than \$477 for a two-bedroom unit, a search for the availability of housing properties with rent ranging from \$0 to \$500 a month in Pinellas County was conducted at FloridaHousingSearch.org on April 3<sup>rd</sup>, 2012. Results indicated that only 30 properties in the County had one-bedroom units available; only 2 of these properties had two-bedroom units available at this price range. With the average number of units per listed property at 3.2, this indicates that approximately 102 units were available. However, 279 individuals sought properties accepting Section 8 Housing that day, with another 7 individuals seeking properties that accept vouchers from the Pinellas County Department of Health and Human Services. These results indicate a lack in availability of affordable housing within the County in just one day. Table 7 further demonstrates a dearth in available housing by presenting all available properties and units on April 3<sup>rd</sup> vs. total properties and units on the Florida Housing Search database, which is available to the public. Furthermore, these properties all fall within or near the five at-risk communities, forcing individuals searching for affordable housing to reside in communities with limited access to food

and health care, in addition to long commutes if they have a job that requires them to travel and they rely on public transportation.

**Figure 28: Pinellas County Foreclosure Rates by Census Tract, 2009**



**Table 7: Availability of Affordable Housing in Pinellas County on the Florida Housing Search Database on April 3<sup>rd</sup>, 2012 (Maximum rent based on 30% of income earned for individuals living at 100% FPL)**

Maximum Rent on Database	In Database			
	Available Properties	Available Units*	Total Properties	Total Units*
\$300	3	9	16	48
\$400	7	21	16	48
\$500	42	126	258	774
\$600	109	327	701	2,103
\$700	220	660	1,493	4,479
\$800	346	1,038	2,496	7,488
<b>Total available within affordable range**</b>	<b>727</b>	<b>2,181</b>	<b>4,980</b>	<b>14,940</b>

\*Extrapolated based on 3.2 units per property.

\*\*Using 30% of household income for rent; based on earnings at 100% of the Federal Poverty Level for household sizes 1 to 6. However, properties may not include enough bedrooms per unit for listed prices.

**The increased number of foreclosures within our at-risk communities coupled with low income wages that make it difficult to afford unsubsidized rent puts many community members at the risk of becoming homeless. If not enough safe and affordable housing is available, the number of homeless families and individuals rises.** The cost of homelessness can be quite high for taxpayers, for it includes hospitalization, medical treatment, incarceration, police intervention, and emergency shelter expenses. For example, the cost of an emergency shelter bed funded by the U.S. Department of Housing and Urban Development’s Emergency Shelter Grants program is approximately \$8,067 more than the average annual cost of a federal housing subsidy. Meanwhile, the average cost per first time homeless family in an emergency shelter is between \$1,391 and \$3,698 per month (U.S. Department of Housing and Urban Development).

In an attempt to calculate the estimated cost of homelessness in Pinellas County, we examined metropolitan areas that have performed analyses on the cost of homelessness with similar a climate than Florida, which contributes to homeless individuals relocating into these zones during winter months. We also ensured cost of living was comparable from these cities to cities in Florida, such as Miami, which also has a high incidence of homelessness. Thus, we identified Los Angeles as a comparable community, due to its warm weather, virtually identical cost of living when compared to Miami (2011 Urban Consumer Price Index), and comprehensive study that accounted for differences within the homeless population and its

associated costs (Los Angeles Homeless Services Authority). We performed a cost of living adjustment to the 2009 average monthly cost of a homeless person in Los Angeles to calculate the cost to Pinellas County in 2011 (a 3.9% increase in Los Angeles from 2009 to 2011, comparison of the CPI index from Los Angeles to Miami, and a 13.9% decrease from Miami to Tampa in 2011). Pinellas County’s 2011 Point-in-Time counts indicated that on the night of January 23<sup>rd</sup>, 2011, 5,887 men, women, and children were homeless. Assuming this number was consistent throughout the year (no newly homeless individuals in a 12-month period), and given that the average cost per month of a homeless person in Pinellas County in 2011 after cost adjustments was \$2,529, this would translate into \$178.7 million annually after cost of living adjustments. If we utilize the projections reported by the Pinellas County Coalition for the Homeless, which estimate 22,000 individuals were homeless at some point during 2011, and assume each individual is homeless for no more than 3 months during that timeframe, this would translate into \$166.9 million annually. While these numbers are representative of the entire homeless population in Pinellas County, the majority of homeless shelters are located within or near these at-risk communities.

### Impact of At-Risk Communities on Pinellas County

Having specific clusters of poverty within Pinellas County is detrimental to the entire community, for poverty spreads and impacts everyone’s quality of life – including those not impoverished. These effects are amplified by raising children in poor environments, which contribute to poor development, increased illnesses, lower educational attainment, lack of recreational activities and role models, disengagement in the community, lower paying jobs, risk of homelessness, increased arrests and recidivism rates, and a lower lifetime monetary contribution to society. **Table 8 highlights the potential annual lost revenue in Pinellas County discussed in the previous sections, which total over \$2.3 billion.** Spending dollars on these issues also affects taxpaying county residents from benefiting from their economic contributions on other countywide services.

**Table 8: Summary of Discussed Potential Costs and Lost Revenues**

Emergency Room costs for Medicaid and Uninsured:	\$482.2 million
Inpatient costs for Medicaid and Uninsured:	\$1.4 billion
Potential lost wages for students not graduating with standard diploma:	\$3.8 million
Lost wages for adults with less than high school completed:	\$167.6 million
Lost wages among arrested adults that are high school dropouts:	\$83.2 million
Cost of homeless individuals:	\$178.7 million
<b>Estimated Total:</b>	<b>\$2.3 billion</b>

In order for Pinellas County to achieve its vision of improving quality of life, it is necessary to invest in creating healthy environments and prosperous communities. The following chapter discusses the strategic initiatives this workgroup has developed to meet the Board’s Strategic Direction and enhance service delivery in a collaborative manner.

## Economic Impact Highlights

### Impact of Poverty

- Costs associated with poverty are elevated due to an increased risk of adverse outcomes such as poor health, low productivity, and increased crime in unsafe neighborhoods which leads to lower graduation rates and a reduced participation in the labor market.
- Research attributes an estimated annual economic cost of \$500 billion dollars due to the costs of high crime rates, poor health, and forgone earnings and productivity associated with adults who grew up in poor households.
- Pinellas County has specific underserved communities that drive service delivery costs, with little financial return.
- Direct impact in the distribution of General Fund dollars from 2007 to 2011:
  - Allocation of funds for Justice Services increased from 49% to 51%.
  - Allocation of funds for Social Services decreased from 12% to 9%.
  - Allocation of funds for Countywide Services decreased from 16% to 13%.

### Poverty in Pinellas County

- In order to improve the quality of life for all those residing in Pinellas County, it is essential to identify the areas within our community that have high concentrations of poverty.
  - This will allow for targeted service delivery that focuses on improving the poor outcomes these areas face that increase County costs.
- While approximately 11.6% of Pinellas County's total population was living in poverty between 2005 and 2009, there are five at-risk communities within the county that have 16% or more of their population living at or below 100% of the Federal Poverty Level (FPL):
  - Zone 1 - East Tarpon Springs: ~20% of population living at or below 100% FPL.
  - Zone 2 - North Greenwood: ~25% of population living at or below 100% FPL.
  - Zone 3 - Highpoint: ~27% of population living at or below 100% FPL.
  - Zone 4 - Lealman Corridor: ~19% of population living at or below 100% FPL.
  - Zone 5 - South St. Petersburg: ~25% of population living at or below 100% FPL.
- An estimated 45% (approximately 47,662 individuals) of Pinellas County's total low-income population lives within the identified at-risk communities.
- At-risk communities have exhibited inequities when compared to other parts of Pinellas County for decades, not just since the economic recession.

## **Economic Impact within At-Risk Communities**

### ***Insufficient Transportation***

- Individuals in at-risk communities have a heavy reliance on public transportation, which does not always have a bus stop nearby their home or destination.
- 11% of households do not have a vehicle available, while 41% have only one vehicle.
- Long travel times when individuals are trying to access services across the county. An individual travelling from Tarpon Springs to Clearwater (14 miles away) must travel close to 1.5 hours each way and transfer once.
- A person riding the bus three times a week spends between \$48 (regular fare) and \$72 (express buses) a month on one-way fares – up to 8% of the net monthly earnings for an individual living exactly at 100% FPL.

### ***Limited Food Access***

- Limited transportation within at-risk communities forces individuals and families to travel extra distances in order to access supermarkets or grocery stores.
- Areas within Pinellas County that have low access to food overlap with Zones 2, 3, 4, and 5.

### ***Insufficient Access to Healthcare***

- In 2011, 46% of Medicaid enrollees in the County resided within our at-risk communities (~75,062), 51% of which were children.
- In 2010, approximately 11.4% of the county's population was uninsured (~104,486 individuals).
- Areas within the county with a shortage of primary medical care, dental or mental health providers overlap with all five at-risk communities.
- The total cost of emergency room visits at County hospitals between October 2010 and September 2011 for Medicaid beneficiaries and the uninsured was \$482.2 million – 42% of all costs and 52% of all emergency room visits that did not result in hospital admissions.
- The total cost of inpatient hospitalizations at County hospitals between October 2010 and September 2011 for Medicaid beneficiaries was \$1.1 billion – 16% of all costs and 19% of all hospitalizations.
- The total cost of inpatient visits at County hospitals between October 2010 and September 2011 for the uninsured was \$338 million – 5% of all inpatient costs and 6% of all hospitalizations.
- Even if only 25% of the utilization came from low-income individuals residing in these zones, that would still account for \$120.5 million in emergency room cost and \$359.4 million in inpatient costs attributed to Medicaid beneficiaries and the uninsured.

### ***Poorer Health***

- Poorer health outcomes translate into dollars lost in a community due to loss in productivity, unemployment, and shorter life expectancy. Adults living in poverty can expect to live at least six and a half years less than those with high income.
- Between 2008 and 2010, average emergency room rates due to diabetes were 42% higher for those residing within at-risk communities than the general population, while average hospitalizations were 38% higher.
- Between 2008 and 2010, average emergency room rates due to adult asthma were 38% higher for those residing within at-risk communities than the general population, while those for pediatric asthma were 40% higher than the general population. In both cases, average hospitalizations due to asthma were 35% higher than the general population.
- Between 2008 and 2010, average hospitalization rates due to congestive heart failure were 25% higher for those residing within at-risk communities than the general population.
- Between 2005 and 2009, average low birth weight rates were slightly higher than the County's general population (11% vs. 8%). Zone 5 has the highest average rate, at 13%.

### ***Lower Educational Attainment***

- Neighborhoods with concentrated poverty impede children from socializing, having positive role models, and other factors crucial for healthy child development.
- School readiness serves as a predictor for detrimental outcomes, such as grade repetition and dropping out of school. In 2011, only 63% of kindergarteners living within at-risk communities were ready for school, while only 51% of those in subsidized childcare were ready.
- Low-income children are also at a greater risk of not completing high school, limiting future employment opportunities that translate into lower wages.
- A high school dropout earns about \$260,000 less over a lifetime than a high school graduate, paying about \$60,000 less in taxes.
- In 2009, high school dropouts earned an average \$7,840 less than high school graduates in the U.S.
- In 2011, approximately 70% of high school students residing in at-risk communities graduated with a standard diploma. This could translate into \$3.8 million dollars in lost wages in one year once these individuals reach adulthood, assuming they do not get a high school diploma before the age of 25.
- Between 2005 and 2009, approximately 21,371 individuals (20%) of the adults living in at-risk communities did not complete high school. This could translate into approximately \$167.6 million in lost wages within our at-risk communities in one year alone among adults above the age of 25.

### ***Increased Crime Rates***

- High school dropouts are 3.5 times more likely than graduates to be arrested in their lifetime.

- In fiscal year 2010, 59% of all arrested and 62% of all re-arrested youths resided within at-risk communities. Similarly, 57% of all arrested and 61% of all re-arrested adults resided within at-risk communities.
- High school dropouts account for 75% of state prison inmates, indicating that approximately 10,609 arrested adults residing in at-risk communities in Pinellas County are high school dropouts. This translates into approximately \$83.2 million in lost wages in one year – assuming they exit the system and become employed.
- There is likelihood that approximately 70% of recidivist youths in Pinellas County will be arrested as adults.

### ***High Unemployment***

- In 2009, the unemployment rate for at-risk communities was 16%, while all other areas were only 10%. Zone 5 exhibited the highest rates, at 20%.

### ***Inadequate and Insufficient Housing***

- The availability of safe and affordable housing is crucial in order to improve outcomes for those living in poverty.
- In 2009, 40% of all foreclosures occurred within at-risk communities.
- The increased number of foreclosures within our at-risk communities has put many community members in the need to rent housing.
- The percent of income spent on housing is the leading indicator of housing affordability in the United States. Households paying over 30% of their income in housing costs are considered cost burdened.
- In 2012, a family in Florida without a housing subsidy has to make \$18.56 an hour (\$41,574.40 annually) to afford a two-bedroom unit at the fair market rent while not spending more than 30% of their household income. This would require an individual earning minimum wage in Florida to work 97 hours a week to meet fair market rent prices.
- While the estimated median annual income for Pinellas County in 2011 was above the fair market rent (\$43,882), individuals living in poverty have much lower income levels, making housing unaffordable.
- A family of three living at exactly 100% FPL earns \$19,090 annually and would only be able to spend \$477.25 a month on rent in order to not be considered cost burdened.
- A search conducted at FloridaHousingSearch.org for the availability of housing properties in Pinellas County with rent up to \$500 a month (consistent with a family of three spending 30% of household income on housing costs) indicated that approximately 102 units were available on April 3<sup>rd</sup>, 2012. Meanwhile, 279 individuals sought properties accepting Section 8 Housing and another 7 individuals sought properties that accept Health and Human Services vouchers. These results indicate a lack in availability of affordable housing within the County in just one day.



- Sought properties all fall within or near the five at-risk communities, forcing individuals searching for affordable housing to reside in communities with limited access to food and health care, in addition to long commutes if they have a job that requires them to travel and they rely on public transportation.
- High foreclosure rates and low income wages that make it difficult to afford unsubsidized rent puts many community members at the risk of becoming homeless.
- The cost of homelessness can be quite high for taxpayers, including hospitalization, medical treatment, incarceration, police intervention, and emergency shelter expenses.
- The cost of an emergency shelter bed funded by the U.S. Department of Housing and Urban Development's Emergency Shelter Grants program is approximately \$8,067 more than the average annual cost of a federal housing subsidy.
- The average cost per first time homeless family in an emergency shelter is between \$1,391 and \$3,698 per month.
- Pinellas County's 2011 Point-in-Time counts indicated that on the night of January 23<sup>rd</sup>, 2011, 5,887 men, women, and children were homeless. Assuming this number was consistent throughout the year (no newly homeless individuals in a 12-month period), this would translate into \$178.7 million annually.
- If we utilize the projections reported by the Pinellas County Coalition for the Homeless, which estimate 22,000 individuals were homeless at some point during 2011, and assume each individual is homeless for no more than 3 months during that timeframe, this would translate into \$166.9 million annually.

**Bottom Line:** The potential annual lost revenue in Pinellas County due to at-risk communities discussed above exceeds \$2.3 billion.

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## II. A New Approach: Strategic Alignment across Agencies

In an effort to review and determine whether the core services provided by county agencies align with the Board of County Commissioners' Strategic Direction, this workgroup identified specific zones within Pinellas County that have high concentrations of poverty and small return to our tax base. Upon analyzing these zones and their potential loss in revenues over a one-year period, we are proposing new strategies to deliver services that focus on performance-driven outcomes. We believe that in order for the county to see a reduction in costs associated with the low-income population served, departments and services must realign their strategic initiatives to ensure actions work collectively. By doing so, Pinellas County would be able to lower the amount of resources spent on the low income population and increase its return on investment, improving community outcomes and overall quality of life.

### **Aligning Efforts through Strategic Initiatives**

Our community is at a tipping point; by shifting the way services are currently delivered in Pinellas County, we would be able to achieve better outcomes without requesting additional dollars to do so. Our research on other communities in the United States indicates that success can be achieved through transparency, education, outcome measures and legislation. While this workgroup has provided the Board with specific interdepartmental strategic initiatives that will produce desired outcomes in a separate document, the following are the guiding principles behind these suggestions:

#### ***A) Collaborating interdepartmentally and externally***

County departments and other local agencies currently invest their dollars on similar initiatives and populations. However, these services are not all connected, costing the county additional dollars while leaving gaps in the community. By collaborating on the same areas and developing services that complement each other, improved service quality can be achieved while reducing associated costs. Similarly, aligning strategies with other local community agencies will allow for improved access and streamlined service delivery without investing in additional dollars. An example of this are the improvements being made to the County's healthcare delivery system, which has over \$1 billion dollars in available health care resources for all of the county's low-income population (see chart on page 42). By aligning the strategic initiatives of these agencies to focus on collaborating and co-locating services, we would be able to eliminate duplication and increase the quality of healthcare provided without increasing appropriated funds. Utilizing the same approach across all core areas the Board wishes to focus on, Pinellas County would be able to redistribute dollars within the community and improve service quality for all.

#### ***B) Co-locating services***

As previously expressed by the Department of Health and Human Services, co-locating service agencies allows for families and other residents to have better access to available resources, while increasing overall service delivery in the community. This workgroup believes co-locating services is key to obtaining improved outcomes without incurring additional costs.

The first step in co-locating services is a "virtual co-location" through the implementation of improved technologies that share enrollment and client information. This will allow for multiple services to be accessible by residents within the first year of reorganizing agencies. The integration of these technologies has already begun through initiatives such as One-E-App and Health and Human Services' CHEDAS system. Improved technological capabilities will also allow for the multiple agencies to provide access to the entire

family unit at one location and dealing with bill payments “behind the scenes”. Following virtual co-location of services will be physically co-locating services through infrastructure that allows multiple agencies to be housed in the same location. Current and new facilities will be utilized to house multiple agency services, such as health and behavioral health care, workforce development, and other social services necessary to improve our client’s quality of life.

***C) Shifting focus to prevention***

Preventive services are cost-saving and have significant, long-lasting gains. For example, incarcerating children costs 20 times more than enrolling them in pre-school (\$88,000 a year per incarcerated child versus \$4,212 per child enrolled in a Pre-K program – Juvenile Welfare Board). Additionally, Trust for America’s Health reported that strategically investing only \$10 a person in disease prevention could result in a return on investment for Florida of up to \$6.20 for every dollar spent in health care costs. The strategic initiatives proposed by the Departments of Health & Human Services and Justice & Consumer Services shift system focus to preventive measures that improve quality of life and overall outcomes, with programs that integrate primary and behavioral health care, education, and jail and homelessness diversion. Some of these initiatives have already begun, as is the case with the improvements to the integrated health care delivery system spearheaded by Health and Human Services, the Health Department, and the Juvenile Welfare Board, which has over 25 community partners involved in delivering care to Pinellas County’s low-income population, as well as juvenile justice reforms to reduce detention use spearheaded by Justice and Consumer Services.

While the Board does not control all entities involved in providing services to the communities in need within Pinellas County, they do have the ability to establish policies and ordinances that assist their implementation. This, combined with the power to engage cities and other boards in discussions to align community efforts strategically, will ensure that Pinellas County becomes a healthier community for all its constituents – regardless of where they live.

## **Strategic Initiatives: Health and Human Services**

Health and Human Services is committed to improving health outcomes and self-sufficiency for all residents in Pinellas County. Recognizing that targeted and collaborative efforts are needed in certain communities, the proposed strategic initiatives focus on community partnerships, integrated family services and a prevention-first model. Investments in technology will allow us to connect to our partner providers, share data to improve service delivery and develop performance outcomes. Concentrations of poverty have an adverse economic impact on communities – decreasing human capital and utilizing resources that could've otherwise been spent on countywide services. Integrated community centers – where families can come for primary care, childcare, educational seminars, skills training, recreation and government services – are integral in improving the lives of county residents.

**INITIATIVE:** Department Re-Organization and Community Partnerships

**LEAD DEPARTMENT:** Health and Human Services

**Is it:** Ongoing: X

New: X

Collaborative: X

**Board of County Commissioners' Strategic Outcomes**

**Status**

- Increase citizen satisfaction with the delivery of services
- Deliver measureable savings and improved customer service from investments in technology
- Utilize a data-driven approach to target opportunities for efficiencies
- Achieve measureable per service/per unit cost savings
- Increase employee satisfaction and engagement
- Achieve cost-savings from collaborative workgroup for consolidation

**DESCRIPTION/PURPOSE OF INITIATIVE:**

Department Re-organization is a critical component of identifying and focusing on a core set of quality services. We are focused on increasing available resources to improve services, streamline service delivery, and strengthen staffing capabilities. As part of the initial re-organization, the Department has improved its service delivery system to create a centralized client eligibility determination process. This simplified process allows for clients to navigate the Department more effectively and link to outside agencies for additional services. In addition, the Department has begun to re-align staff responsibilities with our core services in order to improve service delivery. Staff with similar positions will be under one supervisor and there will be more integration of social and health services. New training opportunities will expand technological and community resource knowledge and will allow our case managers to develop care plans tailored to individual clients' needs.

The Department of Health and Human Services is committed to achieving its health care goals of increasing access to quality healthcare, improving the health outcomes of low-income/high-risk individuals and reducing health disparities in target communities. To assist in the realization of these goals, the Department has begun to form closer partnerships with agencies such as the Juvenile Welfare Board, and the Pinellas County Health Department to improve and expand services to include prevention practices that focus on improving outcomes at the individual and community-wide levels. Together, the agencies will embark on cost-saving initiatives that improve services and eliminate unnecessary duplication. For the first time, adults and children will be treated as a family unit at the same location and will be linked to social service agencies within the community for wrap-around care. Treating the family as a holistic unit has been demonstrated to be more efficient and cost effective and when paired with appropriate community supports and education, can improve health outcomes for every member of the family.

Partnering with other entities to increase access to care and to deliver improved health and human services to the community is crucial to cost-savings initiatives that eliminate unnecessary duplication. The Department of Health and Human Services is actively working to realign relationships with multiple county agencies, having already gained the support of 25 agencies for the Pinellas County Health Collaborative. Continuing these efforts with other agencies will enable Pinellas County Health and Human Services clients to receive services in a faster, more efficient way. To better focus resources, the Department of Health and Human Services, the Juvenile Welfare Board and the Pinellas County Health Department have identified the target communities within Pinellas that could benefit from integrated services and targeted resources and have asked the Administrative Forum of the Health and Human Services Coordinating Council to also target resources to these at-risk communities.

Community health outcomes increase multi-fold when coordinated community delivery systems that provide social services are implemented, mainly because individuals can get all their needs taken care of in one place. It becomes laborious and cumbersome when individuals need to access services in silos, rather than being able to enroll into all services they qualify for at one location. Co-locating service agencies will



allow for families and other residents to have better access to available resources, while increasing overall service delivery in the community. This reduces costs of intake and administrative overhead, creates a seamless delivery system, allows for the measurement of community impact, and simplifies navigation. Co-locating services also allows for the implementation of centralized eligibility determination, eliminating unnecessary duplication among community agencies. The initial phase of the co-location includes staff from Health and Human Services, the Health Department, and Workforce Development at Health Department clinics in Tarpon Springs and the new Mid-County Center on Ulmerton Road. Health and Human Services will also remain in their client services offices in Clearwater and St. Petersburg, as these offices are close to existing Health Department facilities.



The Department of Health and Human Services is actively looking for administrative office space close to the Juvenile Welfare Board in mid-county. It is important for the continuity of collaborative projects that the administrative staff of the Department work in close proximity to the Executive Staff of the Juvenile Welfare Board. This proximity will allow for greater planning, data management, and opportunities for additional partnerships. Re-locating the Department’s administrative staff will also allow for more convenient access to staff throughout the county.

**TARGET OF INITIATIVE:**

Low-income county residents in the communities of: East Tarpon Springs, North Greenwood, Highpoint, Lealman Corridor, and South St. Petersburg

**CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:**

- Data management
- Performance Measurement
- Community partnerships
- Integrated Technology

- Service Delivery

**KEY STRATEGIES:**

- Integration of Technology
- Development of data-driven performance measures
- Maintenance of Pinellas Indicators
- Integration of Services
- Co-location of staff

**IMPACTS/OUTCOMES/RESULTS:**

- Increased citizen satisfaction with the delivery of core services
- Achievement of cost savings from a collaborative work group for consolidation
- Partner collaborations to implement countywide sustainability
- Elimination of duplicate services
- Expansion of available resources beyond allocated General Funds

**ESTIMATED COST:** All costs will be paid for within current budget allocations.

**LEAD DEPARTMENT(S):** Health and Human Services, Juvenile Welfare Board, Pinellas County Health Department, behavioral health providers

## Juvenile Welfare Board



The Children's Services Council  
of Pinellas County

14155 58th Street North  
Suite 100  
Clearwater, FL 33760

### Board Members

Elise Minkoff, Board Chair  
Gubernatorial Appointee

Maria Edmonds, Vice Chair  
Gubernatorial Appointee

James Sewell, Ph.D. , Secretary  
Gubernatorial Appointee

Brian J. Aungst, Jr.  
Gubernatorial Appointee

The Honorable Bob Dillinger  
Public Defender

The Honorable Raymond Gross  
Sixth Judicial Court

The Honorable Bernie McCabe  
State Attorney

Raymond H. Neri  
Gubernatorial Appointee

Angela H. Rouson  
Gubernatorial Appointee

The Honorable Karen Seel  
Pinellas County Commissioner

John Stewart, Ed.D.  
Pinellas County Schools  
Superintendent

**D. Gay Lancaster**  
Executive Director

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Fax: (727) 530-7416  
Website: [JWBPinellas.org](http://JWBPinellas.org)  
Data Site: [AboutPinellasKids.org](http://AboutPinellasKids.org)



## **WHY PINELLAS COUNTY AND JWB ARE UNITING AS A COLLABORATIVE TEAM**

The complexity of public issues, the austere economic climate and the desire for accountability has led many agencies to look outside their own boundaries when there is a need to sustain, improve, or implement initiatives. These challenges have spurred governments at all levels to discover that collaborative engagement can translate into more effective outcomes, better public policy and a better use of community and government resources. At its heart, collaboration comes from an agreement that there is something important to be accomplished that cannot, and perhaps should not, be attempted alone.

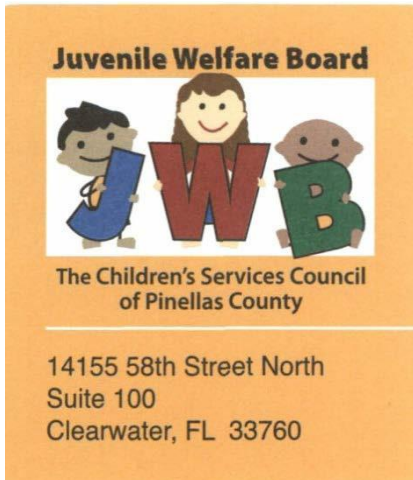
Pinellas County and JWB looked to this philosophy and have concluded that JWB's expertise in children's issues, along with its funding of interventions for at-risk children 0-17, would complement the County's supports for adults with families. Promoting a better community for Pinellas citizens throughout their lifespan is a shared vision best achieved through working together to accomplish this common goal.

## **THE JUVENILE WELFARE BOARD AND ITS COMMITMENT TO CHILD WELL-BEING**

The Juvenile Welfare Board was created in 1946 in response to the lack of resources for at-risk children and their families in Pinellas County. Over the years, JWB's mission has been to support the healthy development of vulnerable children and their families in Pinellas County. Through its funding, JWB supports services which prevent children from experiencing the negative impacts frequently associated with an unstable family which often results in abuse and neglect, delinquent behavior and poor school performance. These services are meant to support the child in developing toward a productive adulthood, reduce the victimization of citizens, and minimize an even greater outlay of public funding.

In early 2008, the Florida Cabinet for Children and Youth set a goal in their strategic plan to promote increased efficiency and improved service delivery by all governmental agencies which provide services for children and their families in Florida.

Measuring progress toward these goals could be achieved through a shared and cohesive vision for child and youth outcomes across state agencies, departments and programs.



The Children's Cabinet chose indicators which were in alignment with the Cabinet's Strategic Plan, and whose results had the ability to provide useful and helpful insight to the Cabinet as well as the public. The final selection of the Cabinet's priority measures of child well-being was adopted by the JWB Board of Directors in December 2010, where they continue to guide the Agency's policy and investments.

- I. Every Florida Child is Healthy
- II. Every Florida child is ready to learn and succeed
- III. Every Florida child lives in a stable and nurturing family
- IV. Every Florida child lives in a safe and supportive community

These measures help demonstrate JWB's commitment to all children, but the three focus areas for the community's most at-risk children are school readiness, school success, and preventing abuse/neglect. As a result, a significant investment is devoted to increasing the readiness of children entering school by helping them and engaging their parents to build the skills needed to be ready to learn, and stay engaged with their academic experience so they are more likely to graduate.

Research findings indicate that such interventions have the greatest impact for the least cost early in life, which guided JWB's decision to shape its investment to focus heavily on youth 0-8 years of age. Beyond the social benefits of quality interventions, there are also strong economic arguments for investing in increasing the number of young people who make a successful transition to young adulthood. It has always been JWB's desire to fund an array of interventions to support at-risk children and their families; however, JWB recognizes it is imperative to fund programs which provide positive, sustainable social outcomes, in balance with an economic return on investment that is satisfactory to the public. JWB accomplishes this in two ways: by compiling data which provides the Agency with in-depth analysis of the most critically at-risk neighborhoods which facilitates directing funding and interventions to bridge the gap for children who reside where opportunities to be successful are minimal. Secondly, return on investment is supported by consistently delivering verified impacts through careful monitoring of evidence-based programs, regularly conveying research findings to the Board, and pinpointing the benefits of specific services. Dedication to this path leads to knowledge which allows JWB to say we are funding the right intervention at the right time, for the best possible outcomes for the children we serve.

JWB believes that working in tandem with the County will enhance the foundation of a shared vision, maximize existing resources, and demonstrate accountability with regard to return on investment. The collaboration between the two entities optimizes the potential to have a full range of services to call upon for clients with complex needs, and to bring about a community which provides each of its citizens the supports and opportunities to experience an optimal quality of life.

Rick Scott  
Governor



Steven L. Harris  
Interim State Surgeon General

## **PINELLAS COUNTY HEALTH DEPARTMENT**

The Pinellas County Health Department is one of 67 county health departments operating under the auspices of the Florida Department of Health. Since 1936, the Pinellas County Health Department has responded to the needs of the community by providing access to a continuum of culturally competent services for persons of all ages regardless of ability to pay. The Pinellas County Health Department provides a range of services— from promoting healthy lifestyles, to protecting the health of our residents through immunizations and disease investigation, to serving as the provider of last resort for certain services such as primary and dental care. The mission of the Pinellas County Health Department is to promote, protect and improve the health of all people in Pinellas County by:

- Monitoring and preventing the spread of communicable disease
- Preparing and responding to emergencies affecting the public's health
- Facilitating coordination among community health care providers
- Providing care as a last resort
- Conducting environmental health activities that have a direct impact on public health
- Planning and developing policy in support of community and individual health

The strategic focus areas of the Pinellas County Health Department include prevention, access to health care, disaster preparedness and organizational excellence. These strategic focus areas help our organization concentrate activities in areas critical to achieving our vision of a healthier future for the people of Pinellas County.

## **PINELLAS COUNTY AND PINELLAS COUNTY HEALTH DEPARTMENT COLLABORATION**

The recent economic downturn has presented unique challenges to our Health Department. While the demand for our services is increasing, the revenue streams we rely on have been decreasing. This necessitates that we continually assess the value and impact of services, find new approaches for carrying out our work, identify new resources, maximize efficiencies and strengthen our collaborations. We recognize that we are not alone in working to assure the health of the public; public health is most successful when communities are working together and partnerships are strong.

The Pinellas County Department of Health and Human Services and Pinellas County Health Department have a longstanding history of collaborating to improve health outcomes in Pinellas County. The Pinellas County Health Department strongly supports strengthening this collaboration and further integration of the County's health care delivery system through co-location of services. Collaboration and co-location of services will increase access, improve quality and ultimately reduce cost of services. The Pinellas County Health Department is fully committed to serving our community's families through integrated primary and behavioral health services to improve community health outcomes.

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205 Dr. M.L. King Jr. Street North • St. Petersburg, Florida 33701  
Phone: (727) 824-6900 • Fax: (727) 820-4275 • [www.pinellashealth.com](http://www.pinellashealth.com)

**INITIATIVE:** Pinellas County Health Collaborative

**LEAD DEPARTMENT:** Health and Human Services

**Is it:** Ongoing:

New: X

Collaborative: X

**Board of County Commissioners' Strategic Outcomes**

**Status**

- Increase citizen satisfaction with the delivery of services
- Deliver measureable savings and improved customer service from investments in technology
- Utilize a data-driven approach to target opportunities for efficiencies
- Achieve measureable per service/per unit cost savings
- Increase employee satisfaction and engagement
- Achieve cost-savings from collaborative workgroup for consolidation

**DESCRIPTION/PURPOSE OF INITIATIVE:**

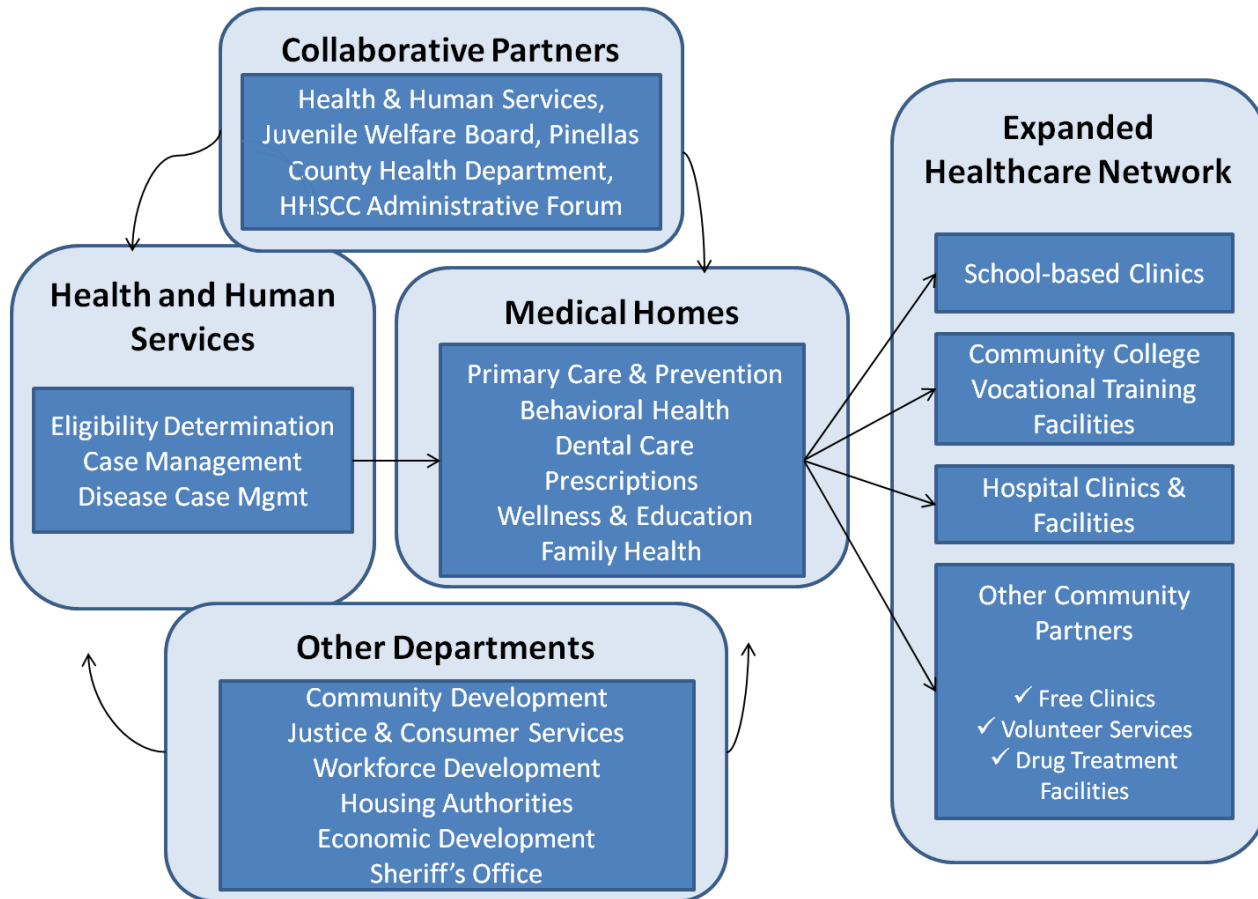
At the direction of the Board of County Commissioners, the Department of Health and Human Services embarked on a plan to collaborate with community partners, re-design our current county health care delivery system, identify new funding streams to decrease the responsibility of the county to pay for care, and prepare for the full funding and implementation of federal and state health care reform.

The collaborative effort – known as the Pinellas County Health Collaborative – is an integrated, family-focused health care delivery system comprised of 25 community partners from both the medical and social service sectors. At the core of the Collaborative is the leadership team comprised of Health and Human Services, Juvenile Welfare Board, and the Health Department. The three agencies have formed a partnership to identify the target communities in need of services, connect providers through integrated services and data management, and achieve the desired outcomes. The new system will allow for centralized and seamless medical and social services while also expanding capacity, improving care for the entire family unit, improving community health outcomes, and reducing costs.

The Health Collaborative takes a holistic approach to care and provides wrap-around social and medical services for the entire family in a virtually connected campus setting. At the core of our delivery system is a centralized, electronic enrollment process, which will allow our partners to enroll a family in the Health Collaborative and screen them for eligibility for other social service programs. Client data will be shared on a provider network to ensure the highest quality of care, reduce costly duplications in services, and handle billing behind-the-scenes. Our “one-stop” shops – modern, multifunctional centers with convenient hours - will focus on primary care and social services specifically tailored to a family’s needs. Disease case managers will work closely with families to ensure that they stay on track with their medical plans and social service case managers will assist families with obtaining additional resources to address the various adverse outcomes of poverty while also leveraging community resources and reducing cost redundancies. This delivery system takes a holistic approach using strategies including community-centered partnerships, focusing on the family through community engagement, social service and faith-based agencies; centralized service enrollment through electronic interfaces; workforce training/retention; data collection; and an expanded healthcare network including school-based community clinics, community college/vocational training facilities, hospitals, community mental health/drug treatment facilities, free clinics and volunteer services.

The Health Collaborative will allow for a fully integrated primary and behavioral health care delivery system at medical homes. In addition to primary care, mental health and substance abuse screening, assessment and treatment will be accessible at a single location. Unique services to ensure true integration of care include conjoint consultation, telemedicine, on-demand behavioral health and medication consultation, interdisciplinary case management and case conferences. Disease case managers will provide patient education, medication management and monitoring and community health advocates will provide reinforcement of this education during phone calls and home visits to help ensure care plan compliance.

Other services available onsite, through outreach, or by referral include case management; individual and group therapy; health education; nutrition counseling; labs; pharmacy; dental; provider education; specialty care; inpatient care; home health; and ER triage. PCHC will also link patients with community social service agencies to ensure any additional social and environmental factors impeding access to quality health care and better health outcomes are properly addressed.



The improved community outcomes include:

1. **Expanded access:** We currently have 12 medical homes throughout Pinellas County. Through our collaborative, we expect to consolidate resources and operate 8 medical homes plus 4 school-based clinics (2 in St. Petersburg, 1 in Gulfport, and 1 in Tarpon Springs) that will have primary care integrated on-site in identified high risk communities. Expansion will include evening and weekend hours to help ensure comprehensive services are available when and where patients need them to help reduce non-emergent ER use. Expansion will also allow patients to access health services closer to home, reducing the need to travel far distances by public transportation, keeping families together for their care and allowing a collaborative care team to address intergenerational health risks to improve chronic health outcomes.
2. **Patient/family engagement in health:** To ensure patient/family engagement in health, the Pinellas County Health Collaborative will use team-based care that includes a provider, nurse or licensed clinical social worker, disease case manager and community health advocate. Together, the collaborative care team will engage the patient/family in making behavioral and lifestyle changes to improve physical health outcomes.

3. **Early intervention and Substance Abuse Treatment:** All participants will receive appropriate care through the implementation of a standardized screening and referral process for primary and behavioral health needs irrespective of point of entry. Patient activation measure and behavioral health screenings will be completed at initial contact and will be utilized to develop the patient/family care plan. All patients will be assigned a collaborative care team that also includes a behavioral health clinician and substance abuse counselor (if appropriate.) Suncoast Center, Inc will deploy Behavioral Health Specialists in community ERs and crisis stabilization units at peak times to work with hospital staff to identify patients presenting with non-life threatening problems. Behavioral Health Specialists will provide patient education on appropriate ER use and referral and linkage services for those lacking insurance and/or a health home to prevent further ER non-emergent use, thereby reducing cost of care.
4. **Improved coordination and reporting:** The University of South Florida's Florida Mental Health Institute will assist in the development of a disease registry to manage both physical and mental health outcomes for populations with mental health conditions. The registry will be used by health home partners for patient primary and behavioral health care management and for program evaluation. The high quality data available through the registry will improve efficiency and health outcomes and ultimately lower service costs for the target population. Directions for Mental Health will implement telemedicine technologies at selected locations to increase ease and speed of access to services, from direct service to informal case consultation, to improve health and reduce costs associated with patient and/or provider travel.
5. **Diversified workforce:** Existing primary and behavioral health care providers and current Health and Human Services staff will be cross-trained through on-site trainings at health homes, web-based training on integration models and continuing education through St. Petersburg College. Medical homes will serve as training sites for medical and other health professional students and residents through existing contracts between partners and local medical schools, colleges and universities. Community health advocates and volunteers will be trained to be a new part of the patients' collaborative care team through development of a certificate program in partnership with St. Petersburg College.
6. **Continuing Education:** The Health Collaborative will work to transform the health care workforce in Pinellas County by implementing a 3-pronged workforce plan that updates the skills of existing health professionals, develops the skills of future health professionals and trains new types of workers to enhance care delivery and expand the use of team-based care.
  - To update skills of existing health professionals, The Health Collaborative will employ strategies that include initial orientation and training, updating and expanding continuing education and cross-training of health professionals. Initial orientation and training will include web-based training on primary and behavioral health integration available from the AIMS Center IMPACT site. Hands-on training will be available to providers at partner health homes, where a primary care physician or nurse practitioner can shadow a psychiatric clinician, and vice versa, in the course of a normal outpatient workday.
  - Continuing Education will be comprised of intensive, brief training programs connected to integration of primary and behavioral health care. Health and Human Services will contract with St. Petersburg College to develop and implement online continuing education courses targeting nurses and mental health professionals including licensed clinical social workers, licensed marriage and family counselors and licensed mental health counselors who work in partner health homes and community-based organizations. The courses will teach professionals the core principals of an effective integrated primary and behavioral care system and how to build on established patient-provider relationships to engage and support patients and their families in treatments for chronic disease and behavioral illness utilizing collaborative care teams comprised of professionals with complementary skills.



- The Health Collaborative will work with local colleges and universities to train students and residents to develop the skills of the future health care workforce. Directions has already provided such services for the past decade as a practicum training site for psychiatric nurse practitioners with the College of Nursing at the University of South Florida and is also a committed partner as an outpatient training site for the new Nova Southeastern University College of Osteopathic Medicine psychiatry residency that commences in July 2012. Similarly, the Health Department has longstanding agreements with Nova Southeastern University College of Osteopathic Medicine, University of South Florida Morsani College of Medicine and Lake Erie College of Osteopathic Medicine to serve as a training site for medical students doing residencies in internal medicine and women's health. Students and residents will receive hands-on training on the integrated care model as part of the collaborative care team during rotations at health homes. Health and Human Services will also partner with All Children's Hospital, Johns Hopkins Medicine to train their current clinical staff and pediatric medical residents using curriculum standards to include primary and behavioral health care integration.
- To identify and train new types of workers (Community Health Advocates) to enhance care delivery and expand the use of collaborative team-based care, Health and Human Services will work with St. Petersburg College to develop a 240 hour, six-week classroom based CHA certificate program to train non-degreed health care workers on the integrated primary and behavioral health care model. The program's primary learning objective is to work closely with the patient's primary provider as a member of the collaborative care team to help engage and support patients and their families in making behavioral and lifestyle changes to improve physical and mental health outcomes. Students will learn how to provide basic patient education and techniques to reinforce the patient care plan through support and linkage services that remove barriers for treatment and compliance. Once trained, Community Health Advocates will be hired to serve as family-based advocates in the communities they are from. They will work with patients and the collaborative care team to facilitate access to services, ease the pathway for patient treatment, remove barriers to compliance and inform the care team when untreated chronic disease and/or behavioral illness symptoms are observed.

In the current economic climate, it is difficult to finance resource intensive initiatives. It is important that we identify additional funding opportunities to offset the cost of care. The goal is to develop a health care delivery system that is self-funded and sustainable – allowing for general fund dollars to be spent on other services countywide. Our new healthcare delivery system will allow us to improve primary care, reduce hospitalization and non-emergency use of the ER, expand the number of clients we serve, and increase our access to quality physicians and facilities. Expansion to a 330(e) Federally Qualified Health Center will allow us to serve private pay and Medicaid clients and therefore draw down reimbursement payments from the government and private insurance companies. These reimbursements will pay for much of the total cost of care - reducing the need for county resources to sustain the program.

Additionally, a 330(e) designation will better position us to seek grant opportunities to help fund operations. We will also seek to leverage additional resources and community partnerships in order to provide a full spectrum of services to meet the community's needs and supplement the Department's General Fund allocation. This past fiscal year, the Department applied for three grant applications that totaled over \$30 million. We will continue to seek grant opportunities in the public and private sectors and leverage our community partnerships to improve our service delivery and reduce costs. We expect that, beginning in 2014 and coupled with federal health care reform, our combined efforts of a system re-design, strategic collaborative partnerships, increased grant seeking efforts, and 330(e) designation will reduce financial burden of the county by at least \$5-6 million over a 5 year period.

**TARGET OF INITIATIVE:** Uninsured county residents living at or below 100% of the Federal Poverty Level

**CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:**

- Lack of capacity to serve the amount of people in need of care

- Costly service duplication
- Inadequate infrastructure and staffing resources
- Costly access to specialized care
- Limited integrated care
- Limited connectivity between providers
- Health outcomes in target communities
- Treating adults and children in two separate health systems

**KEY STRATEGIES:**

- Reduced ER use among uninsured for primary care
- Collaboration with community partners
- Integrated care
- Preventive health care delivery system with multiple access points
- Improved technological capacities to connect providers and eliminate costly duplication
- Leveraging financial resources
- Re-training the workforce
- Engaging and Educating the community on health outcomes

**IMPACTS/OUTCOMES/RESULTS:**

- Increased capacity and improved client navigation
- Seamless network of providers
- Reduced cost of care
- Expanded services and continuity of care
- Improved health outcomes in target communities
- Expanding skills of current county employees
- Prepare county for state and federal health care reform

**ESTIMATED COST:** All costs will be paid for within current budget allocations.

**LEAD DEPARTMENT(S):** Health and Human Services, Pinellas County Health Department, Juvenile Welfare Board

**KEY PARTNERS:** Directions for Mental Health, Community Health Centers of Pinellas, St. Petersburg Free Clinic, Clearwater Free Clinic, The Health Councils, Suncoast Center, Inc., Operation PAR, Westcare, PEMHS, Bayfront Health System, Helen Ellis Memorial Hospital, All-Children’s Hospital, Early Learning Coalition, University of South Florida, Tampa Bay 2-1-1, Pinellas County Department of Justice and Consumer Services, Homeless Leadership Board, Pinellas County Sheriff’s Office, Pinellas County Department of Community Development, Housing Authorities, Society of St. Vincent de Paul, NOVA Southeastern University, St. Petersburg College, Pinellas Technical Education Center, Pinellas County Schools

### Cost of Caring for the Uninsured

Agency Name	Description	Total Budget	Budget Targeted to 100% FPL	Percent of Total Budget
Pinellas County Health Department	Primary Care and Health Education	\$45,167,170	\$35,117,019	78%
Community Health Centers of Pinellas	Primary Care	\$13,226,212	\$10,845,824	82%
St. Petersburg Free Clinic	Primary Care	\$533,245	\$533,245	100%
Clearwater Free Clinic	Primary Care	<i>Not available at time of report</i>	<i>Not available at time of report</i>	100%
Pinellas County Health and Human Services	Primary Care	\$44,268,400	\$44,268,400	100%
The Health Councils, Inc.	Health Education	\$1,446,238	\$248,800	17%
Directions for Mental Health, Inc.	Behavioral Health	\$15,000,000	\$13,500,000	90%
Suncoast Center, Inc.	Behavioral Health	\$20,323,559	\$16,868,554	83%
Personal Enrichment Through Mental Health Services, Inc.	Behavioral Health	\$16,800,400	\$13,944,000	83%
Operation PAR	Substance Abuse	\$26,759,856	\$5,084,373	19%
Westcare	Substance Abuse	\$6,429,291	\$6,364,998	99%
St. Vincent de Paul	Primary Care for Homeless	\$2,039,248	\$2,039,248	100%
Homeless Leadership Board	Marketing and Outreach	\$4,500,000	\$4,500,000	100%
BayCare Health System	Hospital System	\$3,266,489,130	\$89,614,328	3%
BayFront Medical Center	Hospital System	\$1,126,877,056	\$40,842,055	4%
Helen Ellis Memorial Hospital	Hospital System	\$269,873,015	\$1,620,273	1%
All Children's Hospital	Hospital System	\$779,470,957	\$19,724,996	3%
Juvenile Welfare Board	Children's Services	\$59,539,165	\$35,559,368	60%
Justice & Consumer Services	Community Services	\$11,374,550	<i>Not applicable</i>	N/A
Community Development	Community Services	\$23,711,530	\$20,154,800	85%
Sherriff's Office	Community Services	\$220,540,850	<i>Not applicable</i>	N/A
Pinellas County School Board	Education	\$1,397,892,463	\$726,904,081	52%
2-1-1 Tampa Bay Cares	Database	\$1,378,964	\$375,000	27%
St. Petersburg College	Education & Workforce Development	\$145,000,000	<i>Not applicable</i>	N/A
Pinellas Technical Education Centers	Education & Workforce Development	<i>Not available at time of report</i>	<i>Not applicable</i>	N/A
NOVA Southeastern University	Education & Workforce Development	\$610,000,000	<i>Not applicable</i>	N/A
University of South Florida	Education & Workforce Development	<i>Not available at time of report</i>	<i>Not applicable</i>	N/A
<b>Total Expenditures on Target Population:</b>			<b>\$1,088,109,362</b>	

**INITIATIVE:** Improved Technological Capabilities

**LEAD DEPARTMENT:** Health and Human Services

**Is it:** Ongoing:

**New:** X

**Collaborative:** X

**Board of County Commissioners' Strategic Outcomes**

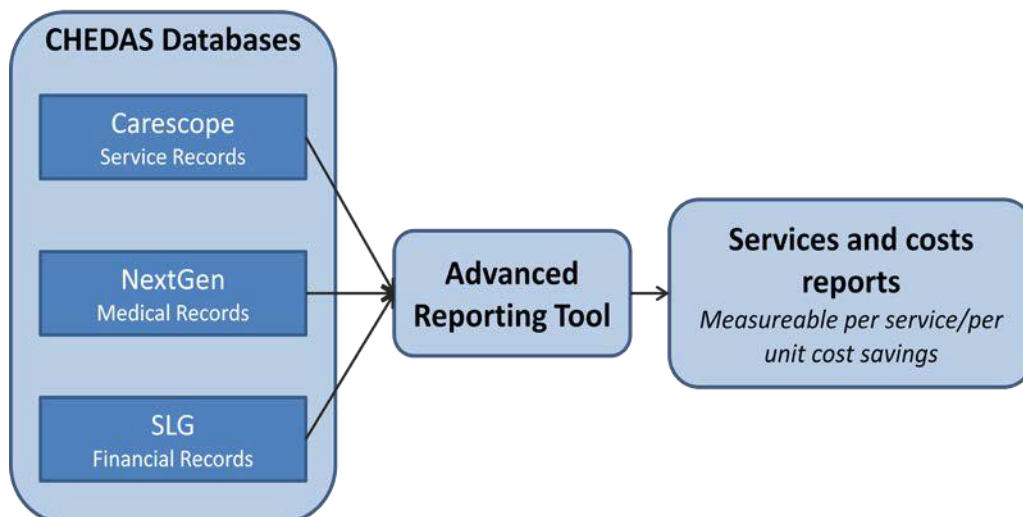
**Status**

- Increase citizen satisfaction with the delivery of services
- Deliver measureable savings and improved customer service from investments in technology
- Utilize a data-driven approach to target opportunities for efficiencies
- Achieve measureable per service/per unit cost savings
- Increase employee satisfaction and engagement
- Achieve cost-savings from collaborative workgroup for consolidation

**DESCRIPTION/PURPOSE OF INITIATIVE:**

Full implementation of an integrated service delivery system will allow the county to collect and measure community outcomes that demonstrate the impact our programs have on the health and self-sufficiency of our clients and the communities in which they reside.

To assist with this effort, the Board invested in CHEDAS, a technological system to collect and report on the quantity, quality, and cost of our programs. CHEDAS is composed of three distinct databases: CareScope, NextGen, and SLG. CareScope is a service records database that allows for service enrollment, case management, scheduling, and provider management. CareScope also provides a community portal where clients can apply for programs online and for partner agencies to access client information electronically. NextGen is a medical records database that will enable the Department to become entirely paperless. NextGen also serves as an interface for shared medical records. SLG is a financial records database that allows for the electronic payment of all services. SLG enables CHEDAS billing information to be transferred electronically to the county's Oracle Financial database and assists with monitoring Department spending rates. In December 2011, the Board approved the purchase of an Advanced Reporting Tool to enable Health and Human Services to report on improved performance and outcome measures that demonstrate whether programmatic goals are being met and identify areas for efficiencies. This will allow for better quality improvements and provide the Board with the information necessary to periodically review and determine whether core services are in alignment with community needs. CHEDAS was designed to allow for connectivity with our community partners. As the Department rolls out its live applications of the program, we are continuing connectivity discussions with our partner agencies. The Juvenile Welfare Board is exploring the possibility of utilizing CHEDAS for their records management. This will allow for a truly expanded and shared client database.



Under the stewardship of the Health and Human Services Coordinating Council, the Department of Health and Human Services and the Juvenile Welfare Board jointly sponsored the purchase of the One E-App system. One-e-App is a web-based system designed to screen and enroll applicants in multiple publicly funded programs through a single application. One E-App streamlines the application process through one electronic application that collects and stores information, screens and delivers data electronically, and helps families connect to needed services. One-e-App increases the approval rate for a broad range of federal, state, and local programs by improving the quality of the applications submitted and simplifies annual renewals by eliminating or reducing the need to re-submit verification documents. It also allows for client referral from various access points in a family-centered health care delivery system and links providers for seamless, behind-the-scenes billing and data management. The initial phase of the One E-App program will include the Department of Health and Human Services, the Juvenile Welfare Board, the Pinellas County Health Department, Suncoast Center, Inc, Directions for Mental Health, The Early Learning Coalition, and 2-1-1 Tampa Bay Cares. After the initial phase is complete, we will begin discussion on how to integrate other Pinellas County Health Collaborative partners in to One E-App.

The information collected from CHEDAS, One E-App, and provider databases will be linked to local information exchanges and a Regional Health Information Organization (RHIO) to provide data sharing for behavioral health providers, health care and social service agencies. A RHIO is a multi-stakeholder organization that allows for the integration and information exchange among stakeholders of a healthcare system. The RHIO will enable health information exchanges to provide the capability to electronically move clinical information between disparate healthcare information systems while maintaining the meaning of the information being exchanged. The goal of the RHIO is to facilitate access to and retrieval of clinical data to provide safer, timelier, efficient, effective, equitable, patient-centered care.



The Health and Human Services Coordinating Council maintains Pinellas Indicators – a comprehensive set of community indicators and data visualization tools. Pinellas Indicators is a flexible, module-based reporting solution for viewing and downloading geographic statistics for Pinellas County. This tool allows for intra-County quality-of-life comparisons by Census Tract or ZIP Code, as well as comparisons between Pinellas County and other counties in Florida and examines trends over time. Achieving community-wide impact in one or more of the desired results demands the coordinated efforts of all members of the community. Pinellas Indicators provides the Department of Health and Human Services timely access to statistics and visualization tools to help facilitate these efforts.

**TARGET OF INITIATIVE:**

- Streamline data collection
- Enhance performance measures
- Reduce service duplication
- Link provider records to reduce overall costs

**CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:**

- Eligibility and Enrollment
- Case Management
- Data Collection and Assessment
- Financial Records
- Electronic Medical Records
- Comprehensive Reporting
- Measureable Performance Outcomes

**KEY STRATEGIES:**

- CHEDAS
- One E-App
- Pinellas Indicators
- Regional Health Information Organization

**IMPACTS/OUTCOMES/RESULTS:**

- Streamlined data collection
- Integrated data management system
- Community-level outcome measures
- Reduced costs
- Interaction with other agency databases

**ESTIMATED COST:** All costs will be paid for within current budget allocations.

**LEAD DEPARTMENT(S):** Health and Human Services

**KEY PARTNERS:** Juvenile Welfare Board, Pinellas County Health Department, Suncoast Center, Inc., Tampa Bay 2-1-1, Early Learning Coalition, Directions for Mental Health

**INITIATIVE:** Homeless Services

**LEAD DEPARTMENT:** Health and Human Services

**Is it:** Ongoing:

New: X

Collaborative: X

**Board of County Commissioners' Strategic Outcomes**

**Status**

- Increase citizen satisfaction with the delivery of services
- Deliver measureable savings and improved customer service from investments in technology
- Utilize a data-driven approach to target opportunities for efficiencies
- Achieve measureable per service/per unit cost savings
- Increase employee satisfaction and engagement
- Achieve cost-savings from collaborative workgroup for consolidation

**DESCRIPTION/PURPOSE OF INITIATIVE:**

In 2010, the yearly projected homeless count for Pinellas County was 22,000. This included sheltered and unsheltered individuals, chronic homeless, those who are institutionalized, and those at-risk of becoming homeless. The 2011 Homeless Point-In-Time Survey counted nearly 6,000 people, comprised of both individuals and families in Pinellas County on any one night. Of these, 785 were unsheltered homeless (including a significant number of individuals who reported being homeless when they arrived in Pinellas County) and many U.S. armed services veterans. The sheltered count consisted of 1,712 individuals from 58 TBIN participating shelters and 338 individuals from 20 non-participating shelters. Individuals in shelters were more likely to be veterans. They also appeared more likely to be receiving financial benefits.

Both sheltered and unsheltered homeless individuals report experiencing challenges associated with disability and financial concerns. Homeless individuals need a point of contact where their needs can be identified and necessary services provided. It appears those in shelters may have been better able to access these supports, whether via the shelters or elsewhere. These differences suggest that establishing a point of contact to identify needs and provide necessary services is an essential step toward preventing homelessness, or rapidly re-housing those who become homeless.

While the primary reason cited for homelessness is lack of a job or money, unsheltered homeless individuals report experiencing a range of physical and mental health conditions that may impede their ability to obtain employment. Matching these individuals with necessary physical and mental health treatment should be a priority.

Over the last 20 years, about 12,000 units of affordable housing have been lost within the County. The recent economic recession has only further strained limited resources. Those most hurt by the lack of affordable housing and the economic recession have been families with children. There is a critical lack of units and services for families with children. Dealing with families is important since the children are innocent victims, and if not helped now, will most likely overly rely on government services later – or worse, end up homeless themselves. Resources need to be identified to identify or develop appropriate and affordable stable housing for families with children.

Currently, there are very few forms of formal agency-to-agency connectivity and, with the exception of TBIN, there is no functional accountability between individual service providers and an overall “system” of care. Service providers need formal, direct and strategic connectivity to an overall service system of care and formal inter-agency connectivity to other community partners. Master Case Managers are needed to work one-on-one with homeless individuals and families to create an action plan, locate and secure adequate housing, advocate on their behalf, and monitor a client’s progress with his or her plan.

Pinellas County has more service providers than most communities, but for the most part these services are not coordinated. There is a wide variety of homeless service providers scattered throughout the County; however, these service providers are not formally and strategically integrated, especially at the tactical level. This results in mis-prioritized funding and lacks strategic engagement. The county – with support from the local communities – needs to develop an integrated shelter system with wrap-around social and medical services (and appropriate transportation connections) where every provider shares the same vision, policies, procedures, and desired outcomes.

Jail Diversion and Community Re-entry programs with appropriate behavioral health, substance abuse, and workforce development services must be created. This population has specific needs and requires intensive case management to help with their re-integration to society. On the other hand, the newly homeless, and those at-risk of homelessness, have different needs and should not be housed in the same facilities.

**Recommended Strategies:**

Going forward the Department of Health and Human Services recommends the following strategies for addressing homelessness in Pinellas County:

- The Health and Human Services Department will take a leadership role in developing a strategic system-wide approach to addressing homelessness in Pinellas County. Strategies will be developed in coordination with the Juvenile Welfare Board, the Homeless Leadership Network, the cities and other homeless services providers. Programs, services and allocation of resources will be developed based on outcomes with strategic objectives.
- The Health and Human Services Department will function as an entry portal into the homeless service delivery system for homeless families and people who are permanently disabled. An interface between CHEDAS, One E-App and TBIN will be established to develop an integrated common eligibility/centralized intake and service delivery system.
- Target Families with Children, who are homeless or at-risk of becoming homeless. Provide intensive case management to help families achieve true economic self-sufficiency. Services provided will include financial assistance with basic living expenses-rent, utilities, food, and transportation. Medical care, child care and vocational training will be offered to those in need of these services. Families will be assigned a master case manager who will work closely with the family to develop an individualized plan for achieving self-sufficiency. Clients may self-refer or be referred by other homeless and human services providers. Families in shelters who have started a job and/or have other means of maintaining self-sufficiency and are ready for graduation from the shelter will also be accepted into the program.
- Utilize the Mobile Medical Unit as a portal of entry for the homeless population into the health care system. The mobile medical unit will continue to visit locations that have high concentrations of homeless people, e.g., shelters, soup kitchens, homeless one-stop centers, etc. Patients will be treated, stabilized and transitioned into one of the Pinellas County Health Program medical homes in the community.
- Utilize the ACTS facility in Tarpon Springs to treat homeless individuals in need of intensive long-term substance abuse services. Presently the ACTS facility is operating at half capacity due to funding limitations. The Health and Human Services Department will work with Justice Coordination and Consumer Services to develop a coordinated plan for diverting/ transferring people with significant substance abuse issues from jail, Safe Harbor, Pinellas Hope, etc. to the ACTS facility. Partnerships with other community agencies that have expertise in this area will be sought to develop a coordinated system of care for this population. Additional grant funding will be sought to help offset these treatment costs.



- Work to improve the transportation system to enable homeless families and individuals to better access services, commute to and from work, keep their medical appointments, etc. Partnerships with PSTA and other providers of transportation to the low-income population will be developed to accomplish this goal.

**TARGET OF INITIATIVE:**

- Homeless and at-risk individuals and families with children.

**CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:**

- Chronic Homelessness
- Homeless Veterans
- Community partnerships
- Jail Diversion
- Re-entry
- Homeless Families with Children
- Adequate, Safe, and Affordable Housing
- Mental Health/Substance Abuse Treatment
- Employment

**KEY STRATEGIES:**

- Reduce street homelessness
- Reduce homelessness among families with children
- Provide solutions and services for long-term economic self-sufficiency
- Provide adequate, safe, and affordable housing options

**IMPACTS/OUTCOMES/RESULTS:**

- Safe, adequate, and affordable housing
- Critical social and medical services
- Community-level outcome measures
- Collaboration with community partners
- Long-term economic self-sufficiency

**ESTIMATED COSTS:** All costs will be paid for within current budget allocations.

**LEAD DEPARTMENT:** Health and Human Services

**KEY PARTNERS:** Juvenile Welfare Board, Pinellas County Health Department, Homeless Leadership Network, Pinellas County Schools, 2-1-1 Tampa Bay Cares, Catholic Charities, All Housing Authorities in Pinellas County, Pinellas County Sheriff, Operation PAR, Inc., Directions for Mental Health, Suncoast Center for Community Mental Health, Local municipalities, Boley, Inc., Religious Community Services, YWCA of Tampa Bay, Homeless Emergency Project, ACTS, WestCare

**INITIATIVE:** Expansion of the Volunteer Dental Network

**LEAD DEPARTMENT:** Health and Human Services

**Is it:** Ongoing: X

New: X

Collaborative: X

**Board of County Commissioners' Strategic Outcomes**

**Status**

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- Achieve cost-savings from collaborative workgroup for consolidation

**DESCRIPTION/PURPOSE OF INITIATIVE:**

Since 2008, budget constraints have eliminated comprehensive or preventive dental coverage. The annual budgeted allocation of \$350,000 does allow for emergency extractions for pain relief due to dental trauma or life threatening issues. Clients need not be enrolled in the Pinellas County Health Program to receive relief of pain care. Four community dentists, one oral surgeon, and the Pinellas County Health Department currently participate in the dental program.

From July 1, 2011 to September 30, 2011 a trial run adding preventive and restorative dental care at the Health Department was conducted to determine the potential impact of this change in services. The agreed upon rate was \$70 per encounter, based on discussions with Primary Care Access Network (PCAN) of Orlando. During the trial run, the Health Department provided services that supported not only Relief of Pain but Limited Preventive Services and Limited Comprehensive Services including:

- **Preventive treatment:** exams, x-rays, oral cancer screening, cleanings, fluoride varnish and oral health education.
- **Comprehensive treatment:** basic restorations (fillings), minor endodontic for the relief of pain.
- **Emergency care:** prescription, extractions, incisions and drainage.

Data from the trial run revealed that clients had not received basic dental care for years. Therefore, two encounters were often needed just to complete "gross debridement" before any dental caries issues can be addressed. The first encounter typically included x-rays and a dental care plan in addition to cleaning, but most clients required three or four encounters to address their current dental needs. This service level quickly utilized most available resources. Recognizing that the need is far greater than the available budget, we modified the preventive care priority to two of the major chronic diseases represented in our population: diabetes and cardiovascular disease.

Good oral health benefits everyone, but poor oral health exacts a greater impact for individuals with chronic diseases, especially those with cardiovascular and/or diabetes. Current literature from the American Journal of Cardiology, American Academy of Periodontology, American Diabetes Association and others suggests that managing and improving oral health status may reduce the risk factors and/or complications from those two highly prevalent diseases, which are leading killers of adults. Poor oral health results in chronic, low level inflammation, which contributes to cardiovascular disease and further complicates diabetic conditions. Left untreated, periodontal disease develops, resulting in worsening glycemic control in people with diabetes as well as an increased risk for diabetic complications such as coronary artery disease, renal disease, and increased mortality. Similar problems exist for clients at risk for or already diagnosed with cardiovascular disease.

Since October 2011, we have continued to provide preventive dental care to clients with cardiovascular

disease and/or diabetes as well as relief-of-pain for all county health program clients on an emergency basis. Health and Human Services agrees with the Board of County Commissioners that good oral health is an important component in improving a person's quality of life. At our Department workshop in January 2012, we agreed to look in to options for the county to support preventive dental care for all uninsured residents without further straining financial resources.

Since our workshop, staff has been actively engaged with the Pinellas Oral Health Coalition – a collaborative network of individuals and organizations from health professions in government agencies, academia, private industry, dental societies, non-profits, and advocacy groups to address the oral health needs in the community. The Oral Health Coalition's mission is to positively impact the lives of Pinellas County residents by connecting the community with resources to increase access to care, improve oral health education, promote preventive medicine, and increase public awareness through local advocacy. The Oral Health Coalition works with various partners throughout the county to identify the oral health needs of the community and identify resources to meet those needs.

Through our work with the Oral Health Coalition, we have recognized that there is a great need for primary dental services in the community, but a small number of dentists who are currently volunteering their services. Health and Human Services has taken a facilitative role in the group – working with not-for-profit providers and dental associations to identify ways to recruit and retain volunteer dentists and increase access points for clients. We will continue to work with the Coalition and identify resources to support their efforts through outreach, marketing, or support services. We expect to have formal recommendations on how to utilize our resources in the most strategic manner for the Board to consider during the Fiscal Year 2013-2014 budget hearings.

**TARGET OF INITIATIVE:** Uninsured county residents age 18-65

**CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:**

- Comprehensive preventive dental services that is accessible and affordable.

**KEY STRATEGIES:**

- Expand network of volunteer providers
- Increase number of clinic sites for dental care
- Provide patient navigators to reduce the no-show rate
- Provide education alongside primary dental care to improve patient outcomes

**IMPACTS/OUTCOMES/RESULTS:**

- Improved oral health
- Community education
- County-wide volunteer network

**ESTIMATED COST:** All costs will be paid for within current budget allocations.

**LEAD DEPARTMENT:** Health and Human Services

**KEY PARTNERS:** Pinellas County Health Department, Community Health Centers of Pinellas, St. Petersburg Free Clinic, Clearwater Free Clinic, Gulfcoast Dental Outreach, MORE HEALTH, Inc., University of Florida Dental School, Healthy Start Coalition of Pinellas, Coordinated Childcare of Pinellas, UPARC, Early Learning Coalition, University of Tampa, Tampa Bay Health Coalition, Health and Human Services Coordinating Council, All-Children's Hospital, St. Petersburg College

## **Strategic Initiatives: Justice and Consumer Services**

Justice and Consumer Services strives for an efficient, cost-effective justice system that is accessible and responsive to the citizens of Pinellas County. Achieving operational efficiencies, ensuring availability of programs and capacity, and monitoring trends are critical to an effective justice system. Additionally, collaborating on reducing crime, recidivism, and victimization in the community are important factors in protecting citizens while helping to also lessen the capacity demands and cost of the justice system. The initiatives proposed by JCS target these areas through juvenile justice reform, system collaboration, education and prevention activities, preventing victimization, stabilizing ex-offenders, reducing substance abuse, promoting data driven decisions, and collaborating on program availability. Through these efforts, actions can address immediate trends and concerns while resulting in lasting impacts to communities and system costs.

**INITIATIVE:** Enhance data driven decision making and operations

**LEAD DEPARTMENT:** Justice and Consumer Services

**Is it:** Ongoing: X

New: X

Collaborative: X

**Board of County Commissioners' Strategic Outcomes**

**Status**

- Increase citizen satisfaction with the delivery of services
- Deliver measureable savings and improved customer service from investments in technology
- Utilize a data-driven approach to target opportunities for efficiencies
- Achieve measureable per service/per unit cost savings
- Increase employee satisfaction and engagement
- Achieve cost-savings from collaborative workgroup for consolidation

**DESCRIPTION/PURPOSE OF INITIATIVE:**

Integration of disparate data sets remains critical to reducing crime and victimization, breaking the cycle on recidivism, and making sound operational decisions.

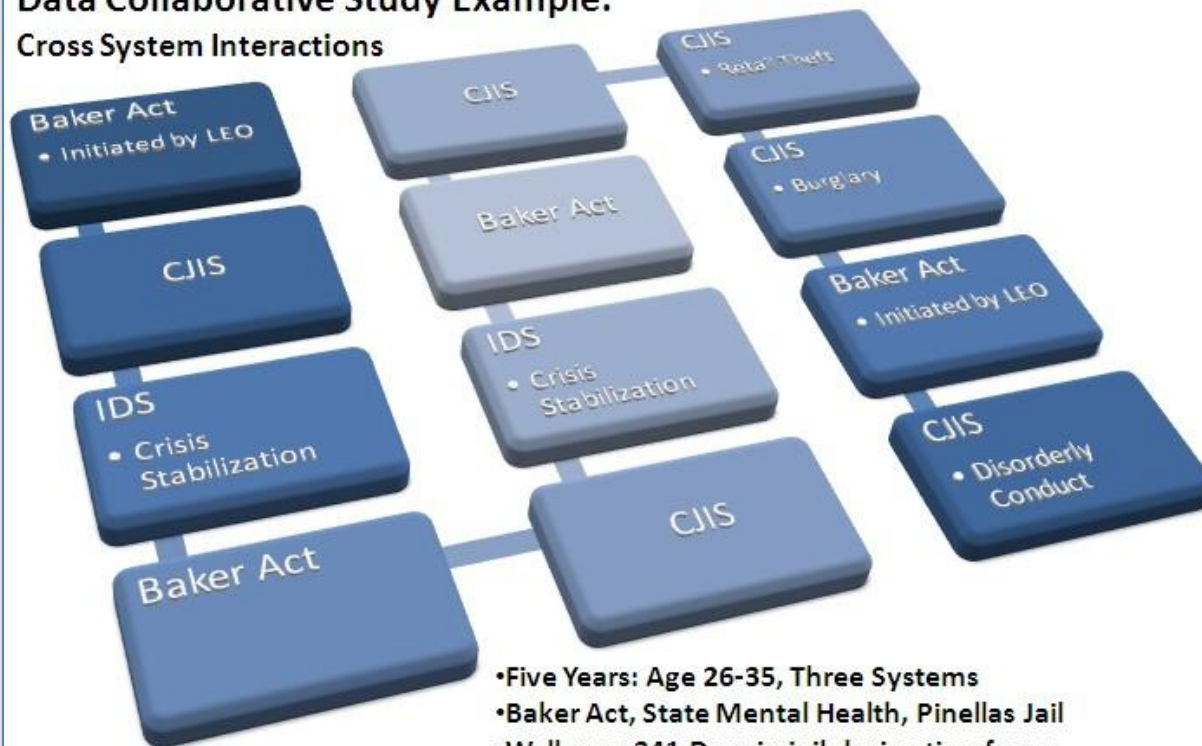
Within criminal justice, law enforcement agencies traditionally have separate data systems and dispatch system requiring extra efforts to effectively share needed data. For example, cross-agency crime mapping, pawn records, and intelligence files help to solve crime if shared in a timely manner. Pinellas has continued this effort over the years with strong partnerships at the agency level. Analysis of jail and court records is also vital to understanding patterns, emerging public safety concerns, and operational efficiencies. The traditional Pinellas Criminal Justice Information System, while consolidated, was not designed for data mining and analysis. A new system is currently underway within the Justice ccms project.

At another level, cross-system data sharing is critical to establishing effective programs and operations. Without this level of analysis and data driven decisions, systems often push costs back and forth without truly solving the underlying causes. Pinellas has led in this regard with the Data Collaborative, established in 1999. Some study examples include adult recidivism, frequent flyers across systems, and juvenile cross-system involvement. Much has been done and analyses have proven useful, however, more work is needed into the future. At this time, the project is moving towards expanded data usage, program measurement, cross-system indicators, and expanded data acquisition. Homeless data and school data are just two examples of areas that have been pursued over the past few years with barriers remaining.

The next areas being planned include intelligent, data driven alerts for mental health and homeless bookings and linking jail medical data with health and human services and health department data for better community transition.

Each of these areas are critical to future efficiencies and with decision making and coordination across justice stakeholders. This initiative fosters collaborative efforts among state and local agencies, criminal justice and social service agencies, and government and providers agencies. It helps to address system decisions to benefit citizens through reducing victimization, planning effective enforcement to reduce crime, information system trends and processes to adjust services to meet needs, provides for cost-effective system operations.

## Data Collaborative Study Example: Cross System Interactions



- Five Years: Age 26-35, Three Systems
- Baker Act, State Mental Health, Pinellas Jail
- Well over 341 Days in jail during timeframe
- Difficulties:  
Job, Housing, Mental Health, Substance Abuse,  
Physical Health

**TARGET OF INITIATIVE:** This initiative targets citizens and stakeholders through reduced crime and victimization, better community planning for stability, effective system decisions, cost effective operation.

**CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:** Information sharing and cross-jurisdictional information analysis. Data-driven system planning and decisions.

### KEY STRATEGIES:

- Champion law enforcement information sharing and successful policing methods using technology and data-driven decisions (pawn, crime mapping, etc)
- Perform various analyses of Programs, Trends, and System Issues
- Generate annual justice system reports and indicators
- Design 'dashboard' trend and indicator reports within new Justice ccms project to help ongoing operational planning
- Perform ongoing system budget analyses
- Coordinate intelligent decision and alert systems through automated cross-system data analysis (ie: homeless arrest alerts, mental health arrest alerts to diversion and service staff, and triage alerts)
- Facilitate data collaborative analyses and cross-system reports
- Educate cross-system stakeholders on study availability to improve targeted approach to programs and solutions
- Facilitate cross-system data sharing in coordination with Health and Human Services
- Explore integration of jail medical data with Health and Human Services CHEDAS system to improve community transition

### IMPACTS/OUTCOMES/RESULTS:

- Solve crimes with technology to reduce victimization
- Understanding of trends and system interaction

- Plan resources to effectively deal with emerging concerns
- More stable community
- More effective system design

**ESTIMATED COST:** All costs will be paid for within current budget allocations.

**KEY PARTNERS:** Justice system stakeholders, Health and Human Services, local law enforcement agencies, various data partners

**INITIATIVE:** Coordinate and expand local efforts on Justice Juvenile System Reform

**LEAD DEPARTMENT:** Justice and Consumer Services

**Is it:** Ongoing: X

**New:** X

**Collaborative:** X

**Board of County Commissioners' Strategic Outcomes**

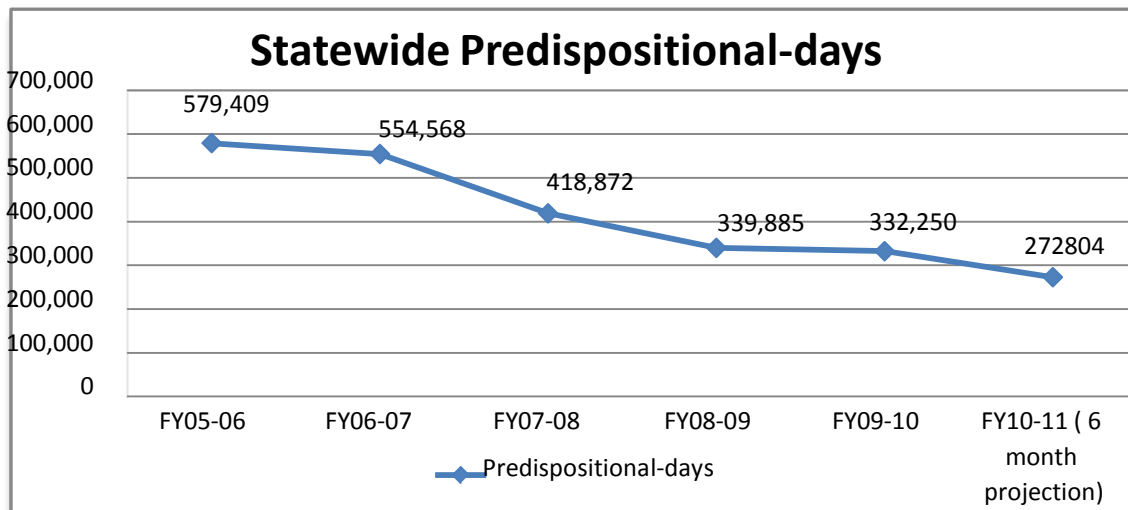
**Status**

- Increase citizen satisfaction with the delivery of services
- Deliver measureable savings and improved customer service from investments in technology
- Utilize a data-driven approach to target opportunities for efficiencies
- Achieve measureable per service/per unit cost savings
- Achieve cost-savings from collaborative workgroup for consolidation
- Enhance Public Safety and Reduce Victimization

**DESCRIPTION/PURPOSE OF INITIATIVE:**

Under Chapter 985 F.S., counties are mandated to fund the cost of predispositional detention for youth. The cost to Pinellas County has typically been between \$5 million and \$6 million. As a mandated cost, Pinellas County regularly disputes billing accuracies and has received approximately \$2.9 million in reimbursements over time. Unfortunately, the initial state billing model was designed to ensure sustainability of detention capacity with little to no incentive for local investment in youth programs. This model becomes detrimental to youth by absorbing funds that could otherwise help with needed prevention and stabilization.

In order to better address costs and youth needs within Pinellas, juvenile justice reform is essential. Changes in the billing model, the use of detention, strong collaboration, strategic investments, and connection to needed services are each critical to save on system costs while preventing deeper system involvement by youth. Promising activities have been underway and opportunities exist to build upon and further current successes. Pinellas bed days are currently estimated at 16,000 annually, down from nearly 32,000. At the same time, statewide, predispositional bed days are down nearly 300,000 days.




In FY12, DJJ's budget was reduced by \$30 million with a portion reduced from the County trust fund costs and providing some initial billing relief totaling close to \$1 million for Pinellas County. Additionally, Pinellas County's disputes and reconciliations received in FY12 total roughly \$770,000. With the current savings, and with the number of detention days down dramatically, we are faced with opportunities to pursue true reform before the detention population trends change. A small reinvestment of a portion of the dispute savings could help to further cost reduction while preventing future system involvement for many youth.




Justice and Consumer Services has been coordinating on recent efforts to address billing concerns and collaboration with the state. A system mapping session and collaborative lab session were held to further planning and partnerships. Justice and Consumer Services is participating in state workgroups addressing billing and has met with Secretary Walters on several occasions to discuss reforms. Electronic monitoring has begun as a state and local collaboration with eleven (11) concurrent youth on monitors as of April 2012. Pinellas was selected by the State as the initial Georgetown Project to enhance local programs and several other positive steps are moving forward.

In order to achieve the most appropriate use of the juvenile justice system, reforms must address violations of probation, failure to appear, truancy, gang involvement, prevention, dependency crossover youth, youth aging out of foster care, youth of incarcerated parents, at-risk populations within target areas, and other efforts. As an example, a recent report from the Regional Anti-gang Task Force shows 27 distinct gangs in Pinellas County with 885 gang-affiliated persons in 2011. (down from 943 in 2010). This is a huge hurdle that can often lead youth in the wrong direction.



**REGION 4 / TAMPA BAY COUNTIES**

COUNTY	# OF DOCUMENTED GANGS
CITRUS	7
HARDEE	0
HERNANDO	20
HILLSBOROUGH	194
PASCO	35
PINELLAS	27
POLK	26
SUMTER	34
MANATEE	20
<b>TOTAL</b>	<b>R4-343 / TBC-296</b>



**REGION 4 / TAMPA BAY COUNTIES**  
DOCUMENTED GANG-AFFILIATED PERSONS

COUNTY	2010	2011
CITRUS	47	70
HARDEE	180	0
HERNANDO	2496	216
HILLSBOROUGH	6,976	4,228
PASCO	420	241
PINELLAS	943	885
POLK	1,805	1,643
SUMTER	361	410
MANATEE	1,200	1,060
<b>TOTAL Region 4</b>	<b>10,981</b>	<b>7,693</b>
<b>Tampa Bay Counties</b>	<b>13,822</b>	<b>6,630</b>

All of these efforts require strong leadership at both the state and local level. Pinellas County must help provide this leadership and direction for system reforms while developing structures to allow sustainable collaboration between the State and County. Justice and Consumer Services is cautiously optimistic about the collaborative efforts. This effort is highly dependent on long term DJJ actions, future rewrite of F.S.985 which JCS will participate in, and a better understanding of local jurisdiction needs by the State agency.

**TARGET OF INITIATIVE:** Juveniles involved in the justice system, families of juveniles, communities, justice system stakeholders

**CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:**

The initiative will work to address the:

- Needs of youth
- Proper use of detention
- Cross-over dependency youth
- Connection to services
- Community engagement
- Youth aging out of foster care
- State and local planning/collaboration
- Reduction of gang involvement
- Cost of juvenile justice mandate

**KEY STRATEGIES:**

Justice and Consumer Services:

- Facilitate system planning efforts across state/county, across systems, across programs
- Participate in State billing, boards and councils, and statute rewrite workgroups
- Collaborate on alternatives with Florida DJJ such as electronic monitoring, failure to appear call systems, etc.

- Establish Collaboration Team for cross-system participation and input
- Perform follow-up on system mapping, collaborative lab, and juvenile cross-system study
- Actively support and participate in Georgetown Juvenile Justice System Improvement project
- Pursue designation as an Annie E Casey Foundation JDAI site (Juvenile Detention Alternatives Initiative) to improve youth outcomes and further system reform
- Continue to dispute billing models and provide reforms for more constructive processes to benefit state and county funding and initiatives
- Invest small portion of FY12 juvenile justice dispute savings in targeted system reform and further cost savings activities.
  - Fund dedicated Juvenile Justice Analyst to actively monitor, analyze, and manage juvenile justice collaboration and reform efforts within Pinellas County
  - Expand use of electronic monitoring with services to reduce predispositional detention days and seek additional billing impact

**Health and Human Services:**

- Establish coordinated youth services for prevention prior to system involvement
- Establish services for families and diverted low level youth
- Coordinate youth services with JWB
- Aid in developing service bridge necessary for stabilizing aging out youth
- Participate in youth collaboration team meetings

**Community Development:**

- Assist JCS in engaging communities on juvenile justice alternatives such as restorative justice and gang prevention (ie: repair the harm done through their actions)
- Assist with planning for housing needs of foster youth aging out of the system in order to prevent justice system involvement
- Participate in youth collaboration team meetings

**IMPACTS/OUTCOMES/RESULTS:**

- Further coordination on changes to detrimental state billing model
- Connect youth with needed services
- Avoid future adult system involvement
- Reduce unnecessary use of detention for juvenile
- Reduce costs associated with the cost share mandate

**ESTIMATED COST:** All costs will be paid for within current budget allocations.

**KEY PARTNERS:** Sixth Judicial Circuit Court, State Attorney, Public Defender, Pinellas County Sheriff's Office, Municipal law enforcement, Health and Human Services, Community Development, Community programs/services/groups, State Juvenile Justice, Juvenile Welfare Board, Board of County Commissioners, and various others.

**INITIATIVE:** Address impacts of prescription and synthetic substance abuse within the community

**LEAD DEPARTMENT:** Justice and Consumer Services

**Is it:** Ongoing: X

New: X

Collaborative: X

**Board of County Commissioners' Strategic Outcomes**

**Status**

- Increase citizen satisfaction with the delivery of services
- Deliver measureable savings and improved customer service from investments in technology
- Utilize a data-driven approach to target opportunities for efficiencies
- Achieve measureable per service/per unit cost savings
- Achieve cost-savings from collaborative workgroup for consolidation
- Enhance Public Safety and Reduce Victimization

**DESCRIPTION/PURPOSE OF INITIATIVE:**

Justice and Consumer Services has actively been pursuing collaborations to address the crisis of prescription drug abuse in the community. More recently, the department has begun collaborating on solutions to the growing threat of synthetic drugs. In both instances local business are responsible for the distribution of the substances with the medical community prescribing opiates and with convenience stores carrying synthetic "incense" that is "not for human consumption". While many of the current synthetic items have been included in a recent ban as of April 2012, continued changes in base formulas create concerns over future synthetic sales and accompanying drug paraphernalia.

Both areas require the Department to work with businesses, stakeholders, and the community to reduce impacts. Justice and Consumer Services is expanding its collaboration with Health and Human Services and Community Development for the outreach needed within the community. Parents must be knowledgeable in order to prevent opportunities for abuse. This is an important next step to the current efforts underway.

**TARGET OF INITIATIVE:** Communities, youth, parents, industry to prevent abuse of prescriptions and synthetic drugs.

**CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:**

- Pinellas statistics lead the state in deaths from oxycodone, alprazolam, (Xanax), methadone, hydrocodone, morphine, and diazepam (valium).
- Pinellas saw 249 prescription-related deaths in 2010, up from 218 in 2009.
- Drug addicted newborns have increased by almost 600% since 2005.
- In 2010, UCR shows 8,525 drug related arrests in Pinellas County.
- From December 2010 to September 2011, 229 youth were removed from their home due to prescription drug abuse in the home.
- From January 2011 to October 2011, Pinellas EMS has had 2,055 reports with overdoses
- From July 2010 to June 2011, 1,507 individuals were treated for prescription drugs from Pinellas/Pasco (1157 specifically treated for oxycodone) according to Central Florida Behavioral Health Data, 71 being children
- 14 out of 18 convenience stores visited had substantial quantities of synthetic "incense" on the shelves for sale, with 10 of 18 having open sales of drug paraphernalia

**KEY STRATEGIES:**

Justice and Consumer Services:

- Regulate access to substance of abuse as appropriate
- Develop and adapt enforcement strategies in coordination with local stakeholders
- Further local stakeholder collaboration on issues surrounding problem
- Provide presentations and educational opportunities to targeted communities

Health & Human Services:

- Ensure access and availability of supportive and treatment services
- Aid in dissemination of information

Community Development:

- Coordinate community-based forums to inform and strategize with community leaders to reduce substance abuse

**IMPACTS/OUTCOMES/RESULTS:**

- Reduced Substance Abuse
- Reduced Deaths

**ESTIMATED COST:** All costs will be paid for within current budget allocations.

**KEY PARTNERS:** Justice and Consumer Services, Health and Human Services, Community Development, Code Enforcement, Economic Development, Other Key System Stakeholders

**INITIATIVE:** Explore and Define Models and Cross-system collaborations to reduce future jail capacity demands

**LEAD DEPARTMENT:** Justice and Consumer Services

**Is it:** Ongoing: X      New: X      Collaborative: X

Board of County Commissioners' Strategic Outcomes		Status
• Increase citizen satisfaction with the delivery of services		<input checked="" type="checkbox"/>
• Deliver measureable savings and improved customer service from investments in technology		<input checked="" type="checkbox"/>
• Utilize a data-driven approach to target opportunities for efficiencies		<input checked="" type="checkbox"/>
• Achieve measureable per service/per unit cost savings		<input checked="" type="checkbox"/>
• Achieve cost-savings from collaborative workgroup for consolidation		<input checked="" type="checkbox"/>
• Enhance Public Safety and Reduce Victimization		<input checked="" type="checkbox"/>

**DESCRIPTION/PURPOSE OF INITIATIVE:**

The Pinellas County jail received 49,826 bookings in 2010. Of these bookings, research shows that a high percentage of these individuals have significant mental health, physical health, and substance abuse concerns that play a role in their arrest. Many are low level, nonviolent offenders which could benefit greatly from effective diversion strategies and/or alternatives to incarceration. Additionally, these populations often make up the bulk of the ongoing revolving door arrestees that utilize the highest amount of system resources. More recent concerns over the involvement of returning veterans in the justice system has sparked a need to review this population to prevent continued arrests, additional court cases, and jail capacity impacts. Along with the diversion and alternatives to incarceration, effective reentry planning is a critical component for helping with the transition to the community. Currently, 3100 clients have been receiving direct reentry services with 7,663 reentry plans completed. There remains a need to help continue to close this gap to keep individuals moving forward productively and stabile.

Through various local analyses and studies, Pinellas County Justice and Consumer Services found that:

- During a 10 year period, at least 25.2% of individuals involved in the adult justice system had also been involved in the State substance and mental health system with 7.7% having a dual diagnosis.
- At least 370 inmates in jail during February 2006 had previously received a diagnosis of severe persistent mental illness at some point prior to incarceration
- A repeat arrest review over approximately 3 years found that 448 individuals had 3 or more transient-related arrests each accounting for a total of 12,051 jail bed days, or 33 full jail beds(not including of the individuals arrested 1 or 2 times during same period)
- One individual topped 200 transient-related arrests from 1981 through 2008 with an additional 15 arrests in 2009/2010. The most recent arrest for FTA Open container at age 68.
- In one five year data review, an individual between the ages of 26-35, spent 341 days in jail with 6 arrests, was baker acted 4 times, and received some level of mental health services on 2 additional occasions.
- From May 2011 through early March 2012, the jail received 1,307 individual veterans on 1,736 separate arrests (117 Air Force, 1 Air Force Reserve, 635 Army, 2 Army National Guard, 1 Army Reserve, 25 Coast Guard, 223 Marines, 25 National Guard, and 278 Navy)

When looking at the jail population, 3% are sentenced misdemeanants and 4% pretrial misdemeanants totaling roughly 210 to 220 individuals. Of the remaining population, 63% are pretrial felons and 16% sentenced felons. While felons, many would qualify as being non-violent offenders. When incarcerated, individuals can often become more system involved and more likely for future arrests. Spending a month in jail can become a barrier in itself if it causes a loss of housing, employment, family impacts, etc. Properly assessing an individual's risk for placement into a range of possible alternatives can help to break the potential cycle and can avoid the creation of new barriers.

Additionally, assessing individuals on exit from the jail is critical to determining what individual needs are. Circumstances change, and an individual could have easily lost their housing, their job, or could face other new challenges. Something as simple as reintegrating with family after being away can cause added obstacles.

In 2008, to reduce future jail demands, Kimme and Associates recommended triaging and stabilizing chronic populations, connecting individuals to services, enhancing the range of alternative sentencing options, and implementing expanded reentry services. This became a key part of the recommended strategy for long term jail population management. As evidenced above, there is a critical need for this component to be defined and for the system to examine its potential impacts. This initiative is seeking to explore and define a Pinellas County model for future consideration.

**TARGET OF INITIATIVE:**

- Avoidance of increased future jail capacity
- Diversion and stabilization of criminal justice involved individuals with *mental health, substance abuse, homelessness, and medical barriers*
- Diversion and stabilization of criminal justice involved *veterans*.
- Use of alternatives for *low level and/or non-violent offenders*
- Use of alternatives for *substance abuse*
- Reentry planning and assistance for *ex-offenders returning from jail, juvenile detention, and prison*

**CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:**

- More appropriate placement of individuals with mental health, substance abuse, and medical concerns, homeless, and veterans returning from conflict, each with significant service needs that can become barriers to stabilization when not met.
- Ensuring availability of alternatives for use when appropriate
- Reduce impact of incarceration that can often lead to less stable individuals for reintegration into a community due to loss of housing, loss of employment, impacts to income, family impacts, and many other issues.
- Reentry planning for ex-offenders

**KEY STRATEGIES:**

**Explore and define justice system diversion and stabilization models to reduce future jail capacity demands**

- Review jail population, existing studies, and system planning efforts
- Review existing best practices such as the Allegheny model in Pennsylvania, Hillsborough's Criminal Registration/Reentry program, Lee County's Triage Center, Colorado's Rocky Mountain Reentry Center, and other.
- Develop Collaborative working group to review all data and information and to define working model.
- Hold collaborative lab to help define the system model.
- Explore completing an adult justice system mapping project to better understand key system flows and gaps
- Document expected flow of the proposed model along with expected impacts, costs, and benefits.
- Coordinate with Health and Human Services on possible service solutions and models for diverted individuals.
- Coordinate with Community Development on housing solutions
- Explore funding opportunities

**Explore alternatives to incarceration opportunities to reduce jail capacity demands**

- Explore and gather documentation on best practice models
- Review jail population, existing studies, and system planning efforts

- Review existing best practices such as the Escambia County Road Prison and community corrections models.
- Review the existing misdemeanor probation model for use and improvements
- Develop Collaborative working group to review all data and information and to define possible opportunities.
- Hold collaborative lab to help define the opportunities and fully examine impacts.
- Document recommendations with description, cost, and impacts defined for delivery to the Public Safety Coordinating Council and review by the Board of County Commissioners.
- Coordinate with Health and Human Services on services and models
- Coordinate with Community Development on housing solutions
- Explore funding opportunities

### Explore Community Reintegration for All Pinellas Ex-offenders

- Analyze jail population and trends for informed decision making
- Explore development of reentry infrastructure to inform cross-system actions
- Explore self help processes
- Gather information and prepare plan
- Coordinate with Health and Human Services to explore options for reentry assessment of offenders leaving the jail to ensure proper Connection to Services
- Coordinate with Health and Human services to review capacity and responsive program access to ex-offenders
- Coordinate with Health and Human services to help with temporary housing
- Coordinate with Community Development Help with coordinating a plan for housing necessary to address population needs



### IMPACTS/OUTCOMES/RESULTS:

- Reduced future jail capacity demands.
- Align individuals with more appropriate services for stabilization
- Utilize lower cost options as appropriate

**ESTIMATED COST:** All costs will be paid for within current budget allocations.

**KEY PARTNERS:** Justice and Consumer Services, Health and Human Services, Community Development, Code Enforcement, Economic Development, Pinellas Ex-Offender Reentry Coalition, Other Key System Stakeholders

**INITIATIVE:** Facilitate Efforts to Reduce Crime, Victimization, and Loss within Targeted Communities

**LEAD DEPARTMENT:** Justice and Consumer Services

**Is it:** Ongoing: X

New: X

Collaborative: X

**Board of County Commissioners' Strategic Outcomes**

**Status**

- Increase citizen satisfaction with the delivery of services
- Deliver measureable savings and improved customer service from investments in technology
- Utilize a data-driven approach to target opportunities for efficiencies
- Achieve measureable per service/per unit cost savings
- Achieve cost-savings from collaborative workgroup for consolidation
- Enhance Public Safety and Reduce Victimization

**DESCRIPTION/PURPOSE OF INITIATIVE:**

Justice and Consumer Services pursues a range of activities to help enhance public safety and reduce victimization within the community. Through justice system efforts to reduce crime and recidivism, enforcement of consumer protection concerns, investigation of complaints, prosecution of criminal consumer complaints, and consumer education, the department seeks to reduce victimization and avoid greater impacts to the justice system.

This initiative will collaborate on the target areas by addressing the trends and impacts that contribute to financial loss and instability within the community. Many consumer scams target low income, financially desperate, and elderly populations with losses that can leave victims vulnerable to, and in some cases, can even result in the loss of a home.

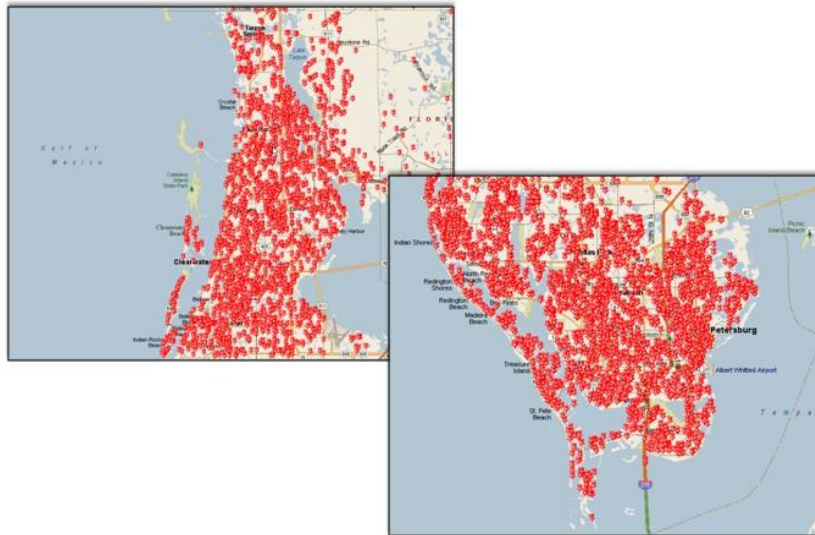
A few examples of factors impacting neighborhood decline that have detrimental costs to communities, families and government include

- Recidivism (loss of income, loss of stability, financial impact from fines imposed, stress on family unit, victimization in community)
- Truancy (crime rate, lack of skills for employment, graduation rate, income potential.)
- Declining Neighborhood (exacerbated by foreclosure fraud, refinance scams, etc. leading to further decline in property values)
- Fraud and Predatory Lending in At-Risk Neighborhoods (instability in home ownership)
- Employment Scams (financial loss)
- Credit repair and Loan Scams (financial loss)
- Improper towing and gate fees (financial loss)
- Growing telemarketing concerns (significant potential for financial loss)
- Debt collection (stress, pressure, health concerns)
- Unlicensed or incomplete work (financial loss, destruction of property)
- Addiction and substance abuse fueled by prescriptions, synthetics, and drug paraphernalia

Through targeted efforts including education, financial preparation, regulatory enforcement, investigation of scams, reduction of recidivism, etc, communities have a better chance at maintaining stability and reducing decline.



## Citizens Filing Consumer Complaints with JCS (cont.)



September 2006 through October 2011. (61 months)

### TARGET OF INITIATIVE:

This effort targets

- Local consumers to reduce victimization and loss
- Businesses to reduce consumer concerns
- Ex-offenders to reduce crime and recidivism
- Local agencies to coordinate on information and trends

### CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:

- Consumer concerns often affect the stabilization of communities. Low income, financially struggling and elderly populations frequently fall victim to emerging concerns through desperation and pressure tactics. Scams that impact home ownership, jobs, credit, purchases can prey on individuals simply trying to remain financially stable. Additionally, consumer concerns can impact areas affecting tourism through vacation scams, timeshare sales, and other issues.
- Targeted prevention, education, and regulation of prescription drugs, synthetics, drug paraphernalia, towing, moving, and other areas leading to addiction and financial loss.
- For ex-offenders, the department actively works towards reducing the barriers to reintegration into the community to prevent instability leading to recidivism, crime, and victimization.
- Analysis of trends and emerging concerns

### KEY STRATEGIES:

Justice and Consumer Services:

- Perform crime mapping and analysis to address emerging areas of concern
- Assessment of community resources and crime prevention campaigns
- Prevent consumer victimization from scams affecting jobs, housing, medical, and financial issues for low income and senior populations leading to economic instability. (job scams, foreclosure fraud, credit repair, front-fee loan and services, home improvement, etc)
- Perform outreach through presentations, press releases, media interviews, material distribution
- Enhance education of local law enforcement on identification of scams and fraud through Consumer Protection training at Allstate Center and as resource to answer questions.
- Investigate suspicious signs, ads, and activity to reduce local impacts
- Investigate Consumer Complaints

- Perform stings and regulatory inspections on consumer issues
- Coordinate with local, state and federal agencies to share intel, design effective strategies, and address emerging and current concerns
- Pursue partnerships to address increased telemarketing issues
- Address addiction concerns stemming from the prescription drug epidemic
- Address access to drug paraphernalia by minors through enforcement of advertisements and sales
- Reconstitute the Drug Paraphernalia Task Force and Collaborate on Enforcement of Drug Paraphernalia Ordinance
- Pursue action plan on growth of synthetic Cannabinoids and Bath Salts abuse
- Reduce Court case impacts through successful complaint outcomes

Health and Human Services:

- Provide assistance in disseminating information through clients and programs.

Community Development:

- Facilitate community forums to help JCS educate the public, prevent scams, and learn of emerging concerns

**IMPACTS/OUTCOMES/RESULTS:**

This initiative coordinates a series of strategies in targeted communities to reduce crime, victimization, and loss. Through prevention, education, and enforcement activities The Department facilitates trainings, event participation, media, and 40 to 50 presentations per year. Efforts help to reduce Court impacts through successful complaint outcomes and avoiding Court filing. In addition, the Department has coordinated on various collaborative efforts to further reentry planning and to connect ex-offenders with community-based services. Recent reentry client totaled 3100 with 7663 plans.

**ESTIMATED COST:** All costs will be paid for within current budget allocations.

**KEY PARTNERS:**

Sixth Judicial Circuit Court, State Attorney, Public Defender, Pinellas County Sheriff's Office, Municipal law enforcement, Misdemeanor Probation(Salvation Army), Health and Human Services, Community Development, Medical Examiner, Community programs/services/groups, State Department of Corrections, Federal Trade Commission, Florida Department of Agriculture, Florida Attorney General, Federal Bureau of Investigation, etc.

**INITIATIVE:** Pursue efficient, cost effective, and collaborative justice system operations

**LEAD DEPARTMENT:** Justice and Consumer Services

**Is it:** Ongoing: X

**New:**

**Collaborative: X**

**Board of County Commissioners' Strategic Outcomes**

**Status**

- Increase citizen satisfaction with the delivery of services
- Deliver measureable savings and improved customer service from investments in technology
- Utilize a data-driven approach to target opportunities for efficiencies
- Achieve measureable per service/per unit cost savings
- Achieve cost-savings from collaborative workgroup for consolidation
- Enhance Public Safety and Reduce Victimization

**DESCRIPTION/PURPOSE OF INITIATIVE:**

Justice and Consumer Service monitors and coordinates on Justice System Operations to aid stakeholders in maintaining efficient and effective operations. Various decisions made across-system can have a ripple effect within the justice system. Each stakeholder has the ability to directly impact the operations of another. The impacts can result in increases in bookings, social concerns entering the justice system, case timing impacts, scheduling impacts, transport impacts, jail population impacts, program impacts, increases in recidivism, impacts to civil actions, and many other concerns that can act to slow and artificially backlog the justice system. These concerns can spill over into the community with greater parental absences, increases in delinquency, impacts to economic stability, potential crime and victimization, etc. This initiative addresses impacts and trends as they emerge to maintain a stable, informed justice system that collaborates and adjusts to situations.

This initiative is directed at programs, processes, policies, analyses, and collaboration required for the justice system to maintain efficiency and effectiveness. Examples of system performance include:

- Jail bookings in 2010: 49,826
- Jail releases in 2010: 50,089
- Average Daily Bookings: 137
- Average Daily Population in 2010: 3,187 (in 2007 had peaks near 3,700)
- Average Length of Stay in 2010: 23 days
- Number of Reentry Clients by end of 2011: 3,100 with 7,663 plans created
- New Jail Diversion Mental Health Clients in 2011: 481
- Active Misdemeanor Probation Clients in December 2011: 3009
- Drug Court Clients in FY11: 1,053 with 2,024 Drug Tests, 840 Groups, 5,586 days residential treatment
- Turning Point Homeless Inebriate Receiving in FY11: 1,320
- Pinellas Circuit and County Court Filings in 2010: 233,503 cases

In 2008, Pinellas County conducted a Justice System Process Study to better understand driving system impacts and reduce future jail demands. The study was a success and several recommendations were made to reduce future jail capacity demands. This initiative monitors and pursues the implementation of justice system process study recommendations as a strategy for long-term reduction in jail bed construction and new jail operational costs. The Study was conducted by Kimme and Associates at the recommendation of the Public Safety Coordinating Council and approval of the Board of County Commissioners. Following jail population growth from 943 in 1982 to 3,592 in 2007, a 281% increase, initial rate projections of future jail capacity topped 7000 with \$560 million in new jail construction possible by 2030. Phase A on the construction accounted for \$225 million in new construction alone. Based on the implementation of the justice study recommendations, the future jail projection within the Master Plan were revised downward with a substantial construction and operational cost avoidance.

Managing these recommendations remains an important component of the County's future jail capacity.

**TARGET OF INITIATIVE:** Justice stakeholder collaboration, citizens involved in the justice system, communities with absent and returning ex-offenders, mentally ill, homeless, citizens requiring access to justice system services.

**CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:** This initiative addresses the County funded justice system mandates, sufficient jail space planning, program planning to affect future space needs, system 'volume', information analysis and sharing, data-driven planning and decisions, establishing relationships for diversion and service planning, prioritization, etc.

**KEY STRATEGIES:**

**Enhance Efficient and Effective Justice System Operations**

- Coordinate on effective local law enforcement strategies (ie: who goes to jail, use of notice to appear, CIT trained for mental health identification, etc)
- Improve citizen access to justice services
- Enhance system-wide communication and collaboration
- Ensure efficient Court case processing standards
- Ensure contracts, agreements, and infrastructure are in place for effective justice system service delivery
- Pursue system resources for effective and efficient system operation.
- Address complex system problems, processes and policies
- Monitor indicators and trends in order to continuously improve system outcomes
- Facilitate ongoing system planning efforts and *develop justice system strategic plan*

**Facilitate collaboration and effective resource planning within the Justice System**

- Reduce the "Cost of Ownership" of Justice System through effective coordination and management of mandates and programs (Article V, Jail, Juvenile Justice, etc)
- Maximize collection and oversight of Court system fees
- Impact jail population growth and management to ensure sufficient jail space
- Facilitate Public Safety Coordinating Council under Chapter 951.26 F.S.
- Ensure necessary programs are available within justice system (diversion, alternative, and reentry programs, etc)
- Ensure the "Right Mix" of System Resources through regular review and tracking
- Reduce Recidivism through effective assessment and reentry strategies
- Reduce and eliminate barriers/gaps to success to reduce 'revolving door' justice services
- Ensure Cross system mapping, coordination, and collaboration with community stakeholders
- Establish data-driven solutions to manage system costs and trends

**Pursue Implementation of the Justice System Process Study Recommendations to Reduce Future System Costs**

- Reduce Jail Admissions /Decrease Average Length of Stay in the Jail
  - Crisis Intervention Center/Triage Center/Reentry Center
  - Transitional Housing and Stabilization until connected to services
  - Use of pretrial release options with actuarial risk assessment
  - Reduce time to case disposition
  - Expand pretrial diversion of mentally ill and substance abusing offenders
  - Expand drug court operations
  - Risk based placement into non-jail options
  - Assessments for placement to in-jail programs
  - Staff secure residential programs to selected low-risk inmates
  - Expand continuum of in jail programs
  - Establish jail reentry planning system

- Monitor justice system policies and staffing
- Targeted resources to aid in case processing/case teams
- Monitor Justice System performance and share information for decisions
  - Develop goals and indicators
  - Justice and Consumer Services analyzes, prepares and circulates indicators reports



## IMPACTS/OUTCOMES/RESULTS:

### Overall

- Improved justice system access
- Stable and predictable justice system resources
- Availability of quality diversion, alternatives to incarceration, and reentry to help with stable reintegration into communities
- Effective justice system results (ie: quicker in/out, better connection to resources, chance for greater stability and successful outcomes)
- Strong collaborative planning and stakeholders with shared goals
- Potential for cost avoidance and savings in justice system operations
- Sufficient future jail space
- Cost effective system and program planning to impact future system populations
- Diversion of low level and nonviolent offenders
- Consensus on system actions and plans
- Ongoing information sharing and data-driven decisions

### Justice Study Implementation

- Reduced long-term jail capacity demand will lead to substantial cost avoidance. A consultant review in 2008 estimated future jail capacity reduction of roughly 1800 beds from the projected total. In the Phase A Jail Master Plan, the savings were estimated at \$75,000,000 to \$95,000,000 in housing costs and roughly \$12,500,000 annually in new staffing costs.

**ESTIMATED COST:** All costs will be paid for within current budget allocations.

**KEY PARTNERS:** Sixth Judicial Circuit Court, State Attorney, Public Defender, Pinellas County Sheriff's Office, Municipal law enforcement, Misdemeanor Probation(Salvation Army), Health and Human Services, Community Development, Medical Examiner, Community programs/services/groups, State Department of Corrections, State Juvenile Justice, Juvenile Welfare Board, Board of County Commissioners, Pinellas Economic Development, Pinellas Real Estate Management, and various others.

## **Strategic Initiatives: Community Development**

The initiatives proposed by the Community Development Department target opportunities to more effectively leverage entitlement and competitive Federal, State and local grants for community development and housing activities that support community redevelopment and neighborhood revitalization efforts in several of the At-Risk Communities identified in this Strategic Planning Report. Through these efforts, actions can positively impact safe, sanitary and affordable housing for seniors and families with children; safe streets and sidewalks; adequate potable water, sanitary sewer and storm water drainage; compliance with building, development and zoning/land-use codes, ordinances and regulations; crime prevention; prevention of littering and illegal dumping; proper disposal of unwanted bulk-items (i.e. appliances, garbage, medicine, tires), household electronics and household chemicals; disaster preparedness and disaster recovery; youth development and school-readiness; neighborhood schools; housing information and financial literacy; citizen outreach and engagement; education and empowerment for neighborhood leaders; and well-designed and functional community facilities such as parks and active recreation, Neighborhood Family Centers, day care centers, senior centers and health centers.

**INITIATIVE:** Strengthening neighborhoods through arresting the decline of property values in targeted communities

**LEAD DEPARTMENT:** Community Development

**Is it:** Ongoing: X

New: X

Collaborative: X

**Board of County Commissioners' Strategic Outcomes**

**Status**

- | Board of County Commissioners' Strategic Outcomes  | Status |
|--|--------|
| • Increase citizen satisfaction with the delivery of services                              | ☑      |
| • Deliver measureable savings and improved customer service from investments in technology | ☑      |
| • Utilize a data-driven approach to target opportunities for efficiencies                  | ☑      |
| • Achieve measureable per service/per unit cost savings                                    | ☑      |
| • Achieve cost-savings from collaborative workgroup for consolidation                      | ☑      |

**DESCRIPTION/PURPOSE OF INITIATIVE:** Stabilize targeted neighborhoods that have been hit hard by foreclosures and abandoned properties including neighborhoods at most risk of decline.

**TARGET OF INITIATIVE:** Residents of Targeted Neighborhoods or Neighborhoods Hit Hard by the Nation's Foreclosure Crisis

**ISSUE(S) ADDRESSED BY THIS INITIATIVE:**

- Foreclosed, vacant and abandoned properties that are having a negative impact on neighborhoods;
- Neighborhoods hit hard by foreclosures and abandoned properties or properties that are not being adequately maintained;
- Lack of affordable workforce housing;
- Neighborhood-based education and outreach on County issues of concern (i.e. hurricane preparedness, mosquito prevention, surface water quality, etc.).

**KEY STRATEGIES:**

**Existing Strategies**

- Direct available Federal grants to rescue abandoned and foreclosed properties in targeted neighborhoods and neighborhoods at most risk of decline; including:
  - Federal Neighborhood Stabilization Program 1 & 3 (NSP1 & NSP3) funding in the At-Risk Community defined as the Lealman Corridor, specifically including Central and East Lealman in unincorporated County;
  - Federal Neighborhood Stabilization Program 2 (NSP2) funding in the At-Risk Community defined as North Greenwood and other eligible census tracts in the city limits of the City of Clearwater; and
  - Federal Neighborhood Stabilization Program 2 (NSP2) funding in the At-Risk Community defined as East Tarpon, specifically including the Union Academy Neighborhood and other eligible census tracts in the city limits of the City of Tarpon Springs.
- Direct available local, State and Federal grants to preserve the existing housing stock of owner and rental housing;
- Direct available funding including Federal and State Grants for the production of affordable workforce housing;
- Leverage resources and funding opportunities by providing technical support and matching funding to private agencies and organizations seeking other funding to provide housing for low- and moderate-income persons, including persons with disabilities and special needs.
- Promote new infill housing development in targeted neighborhoods;
- Direct available Federal grants to youth development activities and anti-gang prevention efforts in selected neighborhoods;
- Direct available Federal grants to capital projects and beautification efforts in designated Target Areas;

- Direct available Federal Community Development Block Grant (CDBG) funding for demolition of dilapidated structures in targeted neighborhoods, including Central Lealman (maximum amount available due to Federal regulations is approximately \$20,000 annually);
- Maintain partnerships with key stakeholders including neighborhood residents, community associations, faith-based community, Sheriff's Office, and Keep Pinellas Beautiful program.

**New Strategies**

- Utilize Community Development Block Grant (CDBG) to increase code enforcement efforts, including funding a proactive code enforcement officer for Central Lealman.

**INTENDED RESULTS/BENEFITS:**

- Safe, adequate and affordable housing;
- Collaboration with community partners;
- Preserves the positive achievements of the County's substantial economic investment in neighborhood stabilization and community revitalization;
- Provides an environment more attractive to private economic investment;
- Contributes to neighborhood stability, stewardship and quality of life;
- Preserves property values and reduces crime;
- Neighborhood residents are informed and empowered to become stewards as it relates to such topics as assisting neighbors in need, Crime Watch, surface water runoff, surface water quality, littering, landscaping choices, fertilizer use, mosquito prevention, etc.
- Citizens are engaged in enhancing the quality of life for all County residents.

**NOTES/COMMENTS:**

**Target Areas**

- Central Lealman
- Greater Ridgecrest Neighborhood Revitalization Strategy Area, including the Dansville Neighborhood Revitalization Strategy Area
- Union Academy in Tarpon Springs

**ESTIMATED COST:**

Community Development Block Grant (CDBG) funding:  
 Funding for Code Enforcement Officer: Estimated \$80,000 annually (1 FTE)  
 Funding for Demolition Program: Estimated \$20,000 annually

**KEY PARTNERS:** Neighborhood Residents; Neighborhood Associations; Community Associations; Keep Pinellas Beautiful; Community Housing Development Organizations; Department of Environment and Infrastructure; Sheriff's Office; Fire Marshals; Non-profit and For-Profit Developers, Owners & Managers of Supportive and Permanent Housing; Non-profit Agencies; Housing Finance Authority of Pinellas County; Juvenile Welfare Board; Pinellas County Housing Authority; Tarpon Springs Housing Authority; Faith-based Community; Banking and Lending Community.



**INITIATIVE:** Preservation of Crucial Resources

**LEAD DEPARTMENT:** Community Development

**Is it:** Ongoing: X

New; X

Collaborative: X

**Board of County Commissioners' Strategic Outcomes**

**Status**

- Increase citizen satisfaction with the delivery of services
- Deliver measureable savings and improved customer service from investments in technology
- Utilize a data-driven approach to target opportunities for efficiencies
- Achieve measureable per service/per unit cost savings
- Increase employee satisfaction and engagement
- Achieve cost-savings from collaborative workgroup for consolidation

**DESCRIPTION/PURPOSE OF INITIATIVE:** Preserve and maintain safe, stable and attractive neighborhoods and places that preserve and reinforce the livability, character and history of Pinellas County.

**TARGET OF INITIATIVE:** Residents of Targeted Neighborhoods and Surrounding Neighborhoods

**ISSUE(S) ADDRESSED BY THIS INITIATIVE:**

- Preservation of the existing housing stock;
- Lack of affordable workforce housing;
- Stabilization and enhancement of neighborhoods where the existing, affordable housing stock is in need of repair;
- Stabilization and enhancement of residential neighborhoods and commercial neighborhoods in Community Redevelopment Areas where infrastructure is failing or reaching the end of its economic life span;
- Seek to reverse the cycle of economic disinvestment by the private sector;
- Neighborhood-based education and outreach on County issues of concern (i.e. hurricane preparedness, mosquito prevention, surface water quality, etc.).

**KEY STRATEGIES:**

**Existing Strategies**

- Identify and assess the infrastructure needs of Target Area neighborhoods and provide for improvements needed to maintain their economic viability; including a commitment to identify and seek the financial resources needed, in addition to Community Development Block Grant (CDBG) funds;
- Direct available Federal grants to capital projects and beautification efforts in designated Target Areas.
- Direct available local, State and Federal grants to preserve the existing housing stock of owner and rental housing;
- Collaborate with County departments that are seeking to educate neighborhood residents on topics such as assisting neighbors in need, Crime Watch, dumping, littering, landscaping choices, mosquito prevention, rabies prevention, etc. as a component of the citizen participation requirements associated with CDBG-funded improvements in the County's Target Areas;
- Maintain partnerships with key stakeholders including neighborhood residents, community associations, faith-based community, Sheriff's Office, and Keep Pinellas Beautiful program.

**New Strategies**

- Identify and assess the infrastructure needs in the Central Lealman Target Area and provide for improvements needed to maintain the economic viability of the neighborhood; including a commitment to identify and seek the financial resources, in addition to Community Development Block Grant (CDBG) funds, needed to construct multi-year, phased comprehensive infrastructure

improvements (streets, storm drainage, sanitary sewer & potable water improvements, sidewalks, fire hydrants);

- Expand the citizen participation requirements associated with the CDBG-funded improvements in Target Areas to include collaboration with the Department of Environment and Infrastructure on the County's surface water management initiative that seeks to educate neighborhood residents on surface water runoff, surface water quality, littering, landscaping choices, fertilizer use, etc.

**INTENDED RESULTS/BENEFITS:**

- Safe, adequate and affordable housing;
- Collaboration with community partners;
- Preserves the positive achievements of the County's substantial economic investment in neighborhood stabilization and community revitalization;
- Provides an environment more attractive to private economic investment;
- Contributes to neighborhood stability, stewardship and quality of life;
- Preserves property values and reduces crime;
- Neighborhood residents are informed and empowered to become stewards as it relates to such topics as assisting neighbors in need, Crime Watch, surface water runoff, surface water quality, littering, landscaping choices, fertilizer use, mosquito prevention, etc.
- Citizens are engaged in enhancing the quality of life for all County residents.

**NOTES/COMMENTS:**

**Target Areas**

- Central Lealman
- Greater Ridgecrest Neighborhood Revitalization Strategy Area, including the Dansville Neighborhood Revitalization Strategy Area
- Union Academy in Tarpon Springs

~~**ESTIMATED COST:** Projects are funded based on availability of Federal and State grants and local resources (i.e. Penny for Pinellas)~~

~~**KEY PARTNERS:** Neighborhood Residents; Neighborhood Associations; Community Associations; Keep Pinellas Beautiful; BDRS-Code Enforcement; Department of Environment and Infrastructure; Health and Human Services; Justice and Consumer Services; Extension; Minority and Women's Business Enterprises (MBE/WBE); Sheriff's Office; Lealman Fire Department; County's 20 Cooperating Cities; Private Sector Building Contractors.~~

## **Strategic Initiatives: Code Enforcement**

An effective code enforcement program is integral to sustaining a quality built environment and maintaining the health, safety and welfare of the community. An active code enforcement presence, particularly in a community-at-risk, is an indicator to residents that their community matters. In challenging economic times, creative solutions must be sought to ensure that these communities are not left behind, and that the financial investment made by the County over the years in targeted community improvement, is not lost. Exploring innovative ways to focus resources more efficiently in the County's target areas and restore, where possible, a more proactive code enforcement presence is foundational to community improvement, and helps to foster a sense of community and pride. A unique partnership opportunity exists in this regard with the Lealman community, by targeting Community Development Block Grant dollars to support local code enforcement. But the need is greater than Lealman, and without the resources to support a comprehensive code enforcement program, the at-risk neighborhood can still teeter on the edge of decline.

**INITIATIVE:** Enhance Access to “Code Enforcement and Community Enhancement” Materials

**LEAD DEPARTMENT:** Code Enforcement

**Is it:** Ongoing: New: X Collaborative: X

**Board of County Commissioners’ Strategic Outcomes**

**Status**

- Increase citizen satisfaction with the delivery of services
- Deliver measureable savings and improved customer service from investments in technology
- Utilize a data-driven approach to target opportunities for efficiencies
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- Increase employee satisfaction and engagement
- Achieve cost-savings from collaborative workgroup for consolidation

**DESCRIPTION/PURPOSE OF INITIATIVE:** Develop webpage for “code enforcement and community enhancement” that facilitates access to educational materials regarding code enforcement regulations, as well as information and connections to various assistance services (e.g., trash and garbage collection options, Keep Pinellas Beautiful, non-profits for assistance, senior services, foreclosure assistance info, etc.); as resources are available also develop supporting outreach materials such as door hangers, etc.

**TARGET OF INITIATIVE:** Unincorporated residents, including residents who might require social services/assistance in order to comply with codes due to income, social or physical limitations.

**CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:**

- Property owners are not always aware of property maintenance regulations and requirements.
- In particular, residents in distressed communities often do not have the resources to address maintenance issues.
- Maintenance issues can deteriorate into health and safety issues.

**KEY STRATEGIES:**

- Coordinate with Communications on development of website
- Coordinate with HHS, Health Dept, non-profits, Sheriff, etc. to identify key contact and resource information.
- Investigate grants to pay for outreach materials for code enforcement officers, sheriff’s deputies, utilities and planning staff, etc.

**IMPACTS/OUTCOMES/RESULTS:**

- Can help to reduce burden on code enforcement staff by better connecting property owners with information and resources for assistance.
- Empowered neighborhoods with greater access to information they can use to identify/address blighting influences or assist neighbors in need.

**KEY PARTNERS:** Communications, Community Development, Health and Human Services, Justice and Consumer Services, Department of Environment and Infrastructure, etc.

## **Strategic Initiatives: Planning**

A solid policy foundation provides continuity and consistency in direction, commitment and purpose. By State law, the County's Comprehensive Plan represents the policy of the Board of County Commissioners. It must be based on accurate data and analysis, and include opportunities for public involvement in its development. "Filling the gaps" in the Comprehensive Plan with a new Healthy Communities Element, and an updated Economic Element that places a specific focused emphasis on the County's target communities, will provide formal recognition and commitment to the value and purpose of an integrated approach to planning for a healthy community, and will enable the community to be part of the planning process.

<b>INITIATIVE:</b> “Fill in the Gaps” in the General Plan/Comprehensive Plan			
<b>LEAD DEPARTMENT:</b> Planning Department			
<b>Is it:</b>	<b>Ongoing: X</b>	<b>New: X</b>	<b>Collaborative: X</b>
<b>Board of County Commissioners’ Strategic Outcomes</b>			<b>Status</b>
<ul style="list-style-type: none"> <li>• Increase citizen satisfaction with the delivery of services</li> <li>• Deliver measureable savings and improved customer service from investments in technology</li> <li>• Utilize a data-driven approach to target opportunities for efficiencies</li> <li>• Achieve measureable per service/per unit cost savings</li> <li>• Increase employee satisfaction and engagement</li> <li>• Achieve cost-savings from collaborative workgroup for consolidation</li> </ul>			<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<b>DESCRIPTION/PURPOSE OF INITIATIVE:</b>			
<ul style="list-style-type: none"> <li>• Develop a “healthy neighborhoods” component of the comprehensive plan/general plan to provide a policy foundation (i.e., goals, objectives and policies, and supporting data and analysis), for this core service area for adoption by the BCC</li> <li>• Develop Phase II of the Economic Element of the Comprehensive Plan</li> </ul>			
<b>TARGET OF INITIATIVE:</b> health and human services/public safety/justice and consumer services/community development/code enforcement as well as economic development/urban planning and regeneration activities focused on targeted areas			
<b>CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:</b>			
<ul style="list-style-type: none"> <li>• Lack of comprehensive/consistent/coordinated policy direction for the Healthy Communities core service area.</li> <li>• Lack of a focused/ targeted emphasis on the unique economic challenges of distressed communities</li> </ul>			
<b>KEY STRATEGIES:</b>			
<ul style="list-style-type: none"> <li>• Develop scope of work and timeline</li> <li>• Determine ability to hire a consultant to assist with initiative</li> <li>• Establish multi-departmental task team to work (with consultant) on development of the new Element and Phase II of the Economic Element (to be accomplished as a model for the new General Plan format)</li> </ul>			
<b>IMPACTS/OUTCOMES/RESULTS:</b>			
<ul style="list-style-type: none"> <li>• Consistent policy direction and documented goals, responsibilities, commitments, etc.</li> <li>• Coordinated policy direction regarding economic development activities and priorities in target areas</li> </ul>			
<b>ESTIMATED COST:</b> All costs will be paid for within current budget allocations.			
<b>KEY PARTNERS:</b> Health and Human Services, Justice and Consumer Services, Community Development, Code Enforcement, and Economic Development departments			

<b>INITIATIVE:</b> Urban Regeneration Tool Kit			
<b>LEAD DEPARTMENT:</b> Planning Department			
<b>Is it:</b>	<b>Ongoing</b>	<b>New: X</b>	<b>Collaborative: X</b>
<b>Board of County Commissioners' Strategic Outcomes</b>			<b>Status</b>
<ul style="list-style-type: none"> <li>• Increase citizen satisfaction with the delivery of services</li> <li>• Deliver measureable savings and improved customer service from investments in technology</li> <li>• Utilize a data-driven approach to target opportunities for efficiencies</li> <li>• Achieve measureable per service/per unit cost savings</li> <li>• Increase employee satisfaction and engagement</li> <li>• Achieve cost-savings from collaborative workgroup for consolidation</li> </ul>			<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<p><b>DESCRIPTION/PURPOSE OF INITIATIVE:</b> Promoting revitalization of neighborhoods in existing urban areas will be supported through the development and application of an urban regeneration “toolkit”. This initiative will identify existing and new approaches, programs, and processes that can be used by the private and public sectors to support development and investment that helps achieve healthy communities. While the urban regeneration “toolkit” will have broad applicability throughout the County, the innovations contained in the “toolkit” will be useful in helping address the challenges of the built environment occurring in target communities.</p>			
<p><b>TARGET OF INITIATIVE:</b> The broad range of private and public sector entities (individuals, lending institutions, development companies, local governments, state agencies, private corporations, non-profit organizations, etc.) that are involved in the planning, funding, construction, management and maintenance of the built environment.</p>			
<p><b>CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:</b> Pinellas County’s urban growth has transitioned from “greenfield” development to infill development and redevelopment more characteristic of a mature urban county. Most of the current tools available to direct and support urban development in the County were put in place when most areas of the county were experiencing “green field” expansion into undeveloped areas. Consequently, a new “toolkit” of strategies is required to adequately address the distinct challenges and issues associated with regeneration of already developed areas of the County. These challenges are readily apparent in the target communities, and the value of an urban regeneration toolkit is most conspicuous when compared with the needs of these communities. In fact, the governing principles in the Comprehensive Plan specifically direct that, to sustain a quality urban community, <i>“As Pinellas County achieves build out and the focus shifts to infill development within existing urban areas and redevelopment, no community should be left behind economically and socially, and no neighborhood should be allowed to deteriorate.”</i></p>			
<p><b>KEY STRATEGIES:</b></p> <ul style="list-style-type: none"> <li>• Establish a multi-departmental team to oversee development of a comprehensive urban regeneration “toolkit”.</li> <li>• Identify current programs, on-going initiatives, and new initiatives for inclusion in the “toolkit”.</li> <li>• Initiate actions at the federal, state, or local levels as necessary to establish initiatives.</li> </ul>			
<p><b>ESTIMATED COST:</b> All costs will be paid for within current budget allocations.</p>			
<p><b>KEY PARTNERS:</b> Economic Development and Community Development</p>			

## **Strategic Initiatives: Economic Development**

One of the fastest ways out of poverty is to obtain quality employment – a job with a stable company that pays a living wage and includes basic benefits. The economic development initiatives will take existing business assistance and incentive programs and bring them to bear upon the special needs of the targeted communities.



**INITIATIVE:** Economic Development Incentives

**LEAD DEPARTMENT:** Economic Development

**Is it:** Ongoing: X

New: X

Collaborative; X

**Board of County Commissioners' Strategic Outcomes**

**Status**

- Increase citizen satisfaction with the delivery of services
- Deliver measureable savings and improved customer service from investments in technology
- Utilize a data-driven approach to target opportunities for efficiencies
- Achieve measureable per service/per unit cost savings
- Increase employee satisfaction and engagement
- Achieve cost-savings from collaborative workgroup for consolidation

**DESCRIPTION/PURPOSE OF INITIATIVE:**

The Pinellas County Economic Development Department would coordinate and facilitate the application of various federal, state and local incentive programs to the targeted Healthy Community areas. Many of these programs would apply to eligible businesses no matter where they locate within the County. Others are limited to previously designated areas, such as Enterprise Zones, Brownfields Areas, Foreign Trade Zones, HUBzones and the like. Still others apply somewhat more broadly to distressed urban areas in general. These incentives are primarily intended to encourage capital investment and the creation of high-quality jobs.

**Qualified Target Industry Tax Refund Program (QTI)**

This investment tool is available for companies that create high wage jobs in targeted, high value-added industries. This incentive returns a portion of taxes paid by the business after the company meets its job creation and wage commitments. Pre-qualified businesses receive tax refunds of \$3,000 per net new-to-Florida job. Additional "per job" bonuses are available for businesses paying 150% or more of the average annual wage or locating in Enterprise Zones or Brownfield designated areas.

**Economic Development Transportation Fund**

Grant Funding can be awarded to local governments in need of assistance for transportation projects that will serve as an inducement for a company's retention, expansion or relocation to Pinellas County. The Economic Development Transportation Fund is an incentive tool designed to alleviate transportation problems that adversely impact a specific company's location or expansion decision. These grants are limited to \$2 million and are awarded to the local government for public transportation facility improvements.

**Incumbent Worker Training Program (IWT)**

This program provides training to existing employees within Florida companies for the purpose of maintaining competitiveness in a global economy and for business retention. Training can be conducted at the business facility, the training provider's facility or a combination of sites. Open to all Florida businesses that have been in operation for at least one year, have at least one full-time employee and require training for existing employees. Businesses must provide a matching contribution to the project.

**Enterprise Bonds Program**

This state program offers tax-exempt, low-interest bond financing to qualified manufacturing and 501 (c) 3 non-profit organizations. This program was designed to improve low cost capital availability to Florida's growing and expanding businesses to allow them to be more competitive in the global and domestic marketplace. Loan amounts range between \$500,000 and \$1,200,000 in Pinellas County.

### **Industrial Revenue Bonds (IRB)**

IRB's are tax-free, below-market-rate, long term financing of fixed assets for qualified manufacturing and 501 (c) 3 non-profit organizations. IRB's are issued by local governments on behalf of private companies to finance land, building and equipment. IRB's cannot be used for inventory, working capital or refinancing of existing debt. There is no minimum project size, (\$1 million is considered the minimum to be economically feasible) with a \$10 million maximum.

### **Quick Response Training (QRT)**

This is a customer-driven training program designed as an inducement to secure new value-added businesses to Florida as well as provide existing businesses the necessary training for expansion. Customized entry-level skills training is limited to 24 months or less and can be conducted at the business' own facility, at the training provider's facility or at a combination of sites that best meets the needs of the business. Eligible projects are new or expanding/existing Florida businesses that produce exportable goods or services, create new permanent, full-time jobs and employ Florida workers who require customized entry-level skills training.

### **Urban Job Tax Credit**

This is a tax credit incentive for new or expanding businesses creating full-time jobs located in a designated area of St. Petersburg. Companies within specified industries can receive a \$500 credit per job, which can be taken against either the state corporate income tax or the state sales and use tax.

### **Capital Investment Tax Credit**

This is a tax credit used to attract and grow capital-intensive industries in the form of an annual credit against corporate income tax for up to 20 years in an amount equal to 5% of the eligible capital costs. Eligible costs include expenses incurred in the acquisition, construction, installation and equipping of a project. Amount of annual credit may not exceed a specific percentage of annual corporate income tax liability. Each qualified applicant must be in a designated high impact sector, create a least 100 new full-time jobs and make a cumulative investment of at least \$25 million. Qualifying companies must be pre-approved by state agencies prior to committing to a new location.

### **Foreign Trade Zone**

This is a cost benefit program available to local companies involved in international trade. It was created to enhance U.S. production and job opportunities by deferring, reducing or eliminating payment of duties, eliminating formal customs entries, removing duty on goods processed and exported from the zone, as well as materials and parts used in production. Additional benefits include a reduction in federal excise taxes and elimination of quota restrictions.

### **High Impact Performance Incentive Grant (HIPI)**

A negotiated incentive used to attract and grow major high-impact facilities in Florida. Pre-approved applicants must be in high-impact industry sectors, create at least 100 new full-time jobs (75 for R&D companies) in a three year period and make a cumulative investment of at least \$100 million (\$75 million for R&D companies) in a three year period. Once certified the high impact business is awarded 50% of their eligible award and the remaining balance once project goals are met.

### **Brownfield Redevelopment Bonus**

The Bonus Tax Refund is available to encourage redevelopment and job creation within designated Brownfield areas. Pre-approved applicants receive tax refunds of up to \$2,500 per new job created in the area. The amount of the refund is equal to 20% of the average annual wage of the new jobs created. Refunds are based upon taxes paid by the business. No more than 25% of the total refund approved may be paid in any single fiscal year. The Brownfield Redevelopment Bonus may be

awarded in addition to the Qualified Target Industry Tax Refund. Qualifying companies must be pre-approved by state agencies prior to committing to a new location.

### **Qualified Defense Contractor Tax Refund**

The Qualified Defense Contractor Tax Refund may provide up to \$5,000 in tax refunds per job created or saved in Florida through the conversion of defense jobs to civilian production, the acquisition of a new defense contract or the consolidation of a defense contract impacting Florida employment. The Governor and the Florida Legislature enacted new legislation adding contracts and subcontracts approved by the United States Department of Homeland Security as eligible under the Qualified Defense Contractors (QDC) Tax Refund program.

### **Enterprise Zone incentives (EZ)**

Tax incentives are offered to businesses located within designated Enterprise Zones. Zones are designated within the City of St. Petersburg and the City of Clearwater. Florida offers an assortment of tax incentives to businesses that choose to create employment within an Enterprise Zone, a specific geographic area targeted for economic revitalization. These include: Jobs Tax Credit, Machinery and Equipment tax Refund, Building Materials Refund, Property Tax Credit and the Community Contribution Tax Credit Program.

### **U.S. SBA HUBZone**

The Historically Underutilized Business Zones (HUBZone) program helps small businesses in urban and rural communities gain preferential access to federal procurement opportunities. These preferences go to small businesses that obtain HUBZone certification in part by employing staff who live in a HUBZone. The company must also maintain a "principal office" in one of these specially designated areas. The geographic designations are made by the federal government, and within Pinellas there are designated HUBZone areas in St. Petersburg, Clearwater, and Largo,

### **New Market Tax Credits**

The New Markets Tax Credit Program (NMTC Program) was established by Congress in 2000 to spur new or increased investments into operating businesses and real estate projects located in low-income communities. The NMTC Program attracts investment capital to low-income communities by permitting individual and corporate investors to receive a tax credit against their Federal income tax return in exchange for making equity investments in specialized financial institutions called Community Development Entities (CDEs). The credit totals 39 percent of the original investment amount and is claimed over a period of seven years (five percent for each of the first three years, and six percent for each of the remaining four years). The investment in the CDE cannot be redeemed before the end of the seven-year period. Qualified census tracts are located throughout Pinellas County.

### **Local Government Distressed Area Matching Grant Program (LDMG)**

The Local Government Distressed Area Matching Grant Program (LDMG) stimulates investment in Florida's economy by assisting Local Governments in attracting and retaining targeted businesses. Qualified applicants are Local Governments (county or municipality) who plan on offering financial assistance to a targeted business in their area. Targeted businesses must create at least 15 full-time jobs and must be new to the state, expanding its operations, or one that could leave the State without the assistance of the local and state governments. The grant award will equal \$50,000 or 50% (whichever is less) of the amount of assistance provided to a business by the local government following the commitment and payment of that assistance. Local Governments must provide unemployment and poverty rates, and other distress indicators to the Department of Economic Opportunity (DEO) regarding the area in which the business is located, and on the targeted business in which they plan on providing assistance to.

### **Community Redevelopment Area (CRA)**

A Community Redevelopment Plan addresses the unique needs of a targeted area. The plan includes the

overall goals for redevelopment, as well as identifying projects for the area. Examples of traditional projects include: streetscapes and roadway improvements, building renovations, new building construction, flood control initiatives, water and sewer improvements, parking lots and garages, neighborhood parks, events, marketing, sidewalks and street tree plantings. The plan can also include redevelopment incentives such as grants and loans for such things as façade improvements, building demolition, building improvements and signs; the reimbursement of fees like permits, impact, and water/electric meters and/or job creation incentives.

### **Sales & Use Tax exemptions**

These include exemptions for manufacturing machinery and equipment, electricity used in the manufacturing process, maintenance or repair of certain aircraft, pollution control abatement or monitoring, semiconductor, defense and space technology and the labor component of research and development expenditures.

### **Florida Venture Capital Program**

Via the Florida Venture Capital Program, the Enterprise Florida-managed Florida Opportunity Fund will provide equity investments and convertible debt instruments to emerging Florida companies (or companies locating in Florida) with perceived long-term growth potential. Emphasis will be toward transactions within Florida's targeted industries. Equity investments and convertible debt instruments ranging from \$1,000,000 - \$5,000,000 will be targeted, although larger transactions will be permitted in exceptional cases. Each equity investment will require at a minimum, a matching concurrent private capital investment or other credit assistance. To achieve the required 10:1 private capital leverage ratio, the greatest emphasis will be toward transactions that provide strong private capital leveraging opportunities. Equity investments and convertible debt instruments ranging from \$1,000,000 - \$5,000,000 will be targeted, although larger transactions will be permitted in exceptional cases. Each equity investment will require at a minimum, a matching concurrent private capital investment or other credit assistance. To achieve the required 10:1 private capital leverage ratio, the greatest emphasis will be toward transactions that provide strong private capital leveraging opportunities.

### **Loan Guarantee Program & Loan Participation Program**

The Loan Guarantee Program and Loan Participation Program are available to qualified businesses that demonstrate adequate historical and/or proposed cash flow coverage and other credit underwriting metrics. However, these transactions are undertaken to help mitigate any perceived credit weaknesses by a Partnering Lender.

### **Direct Loan Program**

The Direct Loan Program is available to qualified businesses that demonstrate adequate historical and/or proposed cash flow coverage and other credit underwriting metrics. These transactions will assist in providing partial gap financing as needed in special cases.

### **504 Bridge Loan Program**

The 504 Bridge Loan Program is a key sub-component to Florida's SSBCI Program. These loans will be processed by Florida First Capital Finance Corporation, working in conjunction with Enterprise Florida.

- With SBA 504 Loans, lenders are permitted to finance equipment and owner-occupied real estate purchases up to ninety-percent (90%) of the total project cost. The lender makes such a loan with the expectation that the portion above 50% will be "taken-out" by a SBA-guaranteed note. However, there is often a timing difference up to 180 days between initial closing and that take-out. The 504 Bridge Loan Program will address this timing difference. Therefore, by removing this interim 90% financing risk for lenders, the 504 Bridge Loan Program will ultimately make more capital available for Florida's small businesses.
- This particular program will be targeted for transactions ranging from \$250,000 - \$5,000,000. The maximum loan term permitted is six (6) months.

### **Export Loan Guarantees & Export Direct Loans**

Export loan guarantees for Florida's exporting small businesses are available to assist in facilitating lower-cost export financing. Export loan guarantees will be underwritten by Florida Export Finance Corporation, working in conjunction with Enterprise Florida. An average export loan guarantee or export direct loan of \$500,000 or less is targeted, with larger transactions permitted in exceptional circumstances. The maximum term permitted is 12 months and the fee(s) are negotiable.

### **Florida Capital Access Program**

FL-CAP is a loan portfolio insurance program that enables lenders to make "riskier" loans to small businesses by making cash contributions to a reserve fund for each enrolled CAP loan. When a loan is originated, the Borrower will contribute a percentage of the loan (between 2 - 7%) into a reserve fund held by the lender. FL-CAP will match that contribution by depositing cash into the lender-held reserve fund. Each CAP reserve fund will then be available to the lender as cash collateral to cover losses on all loans within its FL-CAP portfolio. There is a \$5,000,000 maximum loan amount, but no minimum loan amount.

#### **TARGET OF INITIATIVE:**

- Encourage relocation, expansion and retention of quality employers within the targeted geographic areas
- Encourage training and employment of residents of the targeted areas

#### **CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:**

- Unemployment
- Workforce Quality
- Workforce Participation

#### **KEY STRATEGIES:**

- Identification of current and potential sites for quality employers within target areas
- Retention/expansion calls on existing employers
- Increase awareness of those programs specifically targeted to distressed urban areas
- Coordination of training programs with WorkNet Pinellas
- Coordination of other programs with municipalities in appropriate areas.

#### **IMPACTS/OUTCOMES/RESULTS:**

- Improvements in workforce participation
- Increase in skill levels of residents
- Increased employment levels among residents
- Increased capital investment and resulting expansion of tax base in the community

<b>INITIATIVE:</b> Small Business Development Initiatives			
<b>LEAD DEPARTMENT:</b> Economic Development			
<b>Is it:</b>	<b>Ongoing; X</b>	<b>New:</b>	<b>Collaborative: X</b>
<b>Board of County Commissioners' Strategic Outcomes</b>			<b>Status</b>
<ul style="list-style-type: none"> <li>• Increase citizen satisfaction with the delivery of services</li> <li>• Deliver measureable savings and improved customer service from investments in technology</li> <li>• Utilize a data-driven approach to target opportunities for efficiencies</li> <li>• Achieve measureable per service/per unit cost savings</li> <li>• Increase employee satisfaction and engagement</li> <li>• Achieve cost-savings from collaborative workgroup for consolidation</li> </ul>			<ul style="list-style-type: none"> <li>☑</li> <li>☑</li> <li>☑</li> <li>☑</li> <li>☑</li> <li>☑</li> </ul>
<b>DESCRIPTION/PURPOSE OF INITIATIVE:</b>			
<p>Entrepreneurs and small businesses stimulate job creation, develop crucial innovations in both products and services and promote the diversification of the economic base. The Small Business Development Center (SBDC) Pinellas County Economic Development has an existing model that includes financial and managerial tools that local, state and national economic developers are partnering with to create a climate that encourages entrepreneurial and small business development. Services include:</p> <p><b>Personal Business Counseling:</b> Meet with a Certified Business Analyst for free one-on-one counseling.</p> <ul style="list-style-type: none"> <li>• SBA Counseling &amp; Technical Assistance for business owners interested in securing financing through SBA Lending Programs</li> <li>• Financial Technical Assistance Services increase loan applicants' probability of securing a loan and growing their business. <ul style="list-style-type: none"> <li>a. Pre- and post-loan closing business assistance</li> <li>b. Business plan development</li> <li>c. Assessment of the applicant's management strengths and weaknesses</li> </ul> </li> <li>• Procurement Technical Assistance (PTAC) Program: One-on-one counseling sessions for Pinellas County businesses interested in selling their products and services to the government through the federal certification process.</li> </ul> <p><b>Business &amp; Education Training Courses:</b> Sharpen business skills with classes that focus on marketing strategies, sources of financial assistance, government contracting, starting a new business, preparing business taxes, analyzing the competition and more.</p> <p><b>SBDC Small Business Development Programs:</b></p> <ul style="list-style-type: none"> <li>• Procurement Technical Assistance (PTAC) Program: The Small Business Development Center offers a variety of introductory workshops, seminars, and tradeshow to provide our clients with the necessary tools to be competitive in the contracting arena. In addition to education and outreach, one-on-one counseling sessions are held on Thursdays to assist Pinellas County businesses interested in selling their products and services to the government with the federal certification process.</li> <li>• Pinellas County Small Business Enterprise Program: The SBE is a sheltered market created for qualified vendors that allows small businesses to place bids for County purchases from \$5,000 up to \$25,000. The program is non-specific to gender or race and benefits all small businesses principally located in geographical Pinellas County with sales and staffing below the established thresholds.</li> </ul>			

- Growth Acceleration Program (GAP): Guiding a company through a period of growth and expansion can be tricky business. GAP helps Pinellas County growing businesses develop sustainable strategies for expansion including strategic plan development, assessing and accessing capital, determining market diversification tactics, fine tuning financial practices, and capitalizing on institutional relationships.
- The Florida High Tech Corridor's Virtual Entrepreneur Center. The Center is a web portal designed to provide a robust and easy-to-use resource for local entrepreneurs to find information and services to support their new or growing business. Easily locate local, regional, state and global resources for starting, relocating, or expanding your business. Local resources are arranged geographically on the website at [www.pinellas.flvec.com](http://www.pinellas.flvec.com)

**TARGET OF INITIATIVE:**

- Encourage relocation, expansion and retention of quality employers within the targeted geographic areas
- Encourage training and employment of residents of the targeted areas

**CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:**

- Unemployment
- Workforce Quality
- Workforce Participation

**KEY STRATEGIES:**

- Identification of current and potential sites for quality employers within target areas
- Retention/expansion calls on existing employers
- Increase awareness of these programs specifically targeted to distressed urban areas
- Coordination of training programs with WorkNet Pinellas

**IMPACTS/OUTCOMES/RESULTS:**

- Improvements in workforce participation
- Increase in skill levels of residents
- Increased employment levels among residents
- Expansion of tax base in the community

**KEY PARTNERS:** Florida SBDC Network, WorkNet Pinellas, City of St. Petersburg, City of Clearwater, City of Tarpon Springs, Junior Achievement, Job Corps, SPC, Florida High Tech Corridor Council and the various Chambers of Commerce.

