



Health & Human
Services Coordinating
Council for Pinellas County

HHSCC LEADERSHIP SUMMIT

Tuesday, January 18, 2011

1:30 p.m. to 4:00 p.m.

Suncoast Hospice Gathering Place

5771 Roosevelt Boulevard
Clearwater, FL 33760

*** AGENDA ***

- I. WELCOME AND ANNOUNCEMENTS (1:30 to 1:40 p.m.) - Commissioner Karen Seel**
 - A. Introduction of new Policy Board members
 - B. Recognition of departing Policy Board members

- II. POLICY BOARD CONSENT AGENDA (1:40 to 1:50 p.m.)**
 - A. Approval of Policy Board Minutes – October 15, 2010
 - B. Final HHSCC Expense Report for FY 2009-10

- III. ACTION ITEMS (1:50 to 2:05)**
 - A. Prescription Drug Abuse/Misuse
 - B. Transit Oriented Development

- IV. PRESENTATIONS: *Communities in Motion: Initiatives for 2011***
 - A. Introduction – *Denise Groesbeck (2:05 to 2:15 p.m.)*

 - B. *Communities Putting Prevention to Work: Vision and Promise - Dr. Claude Dharamraj (2:15 to 2:45 p.m.)*

 - C. A New Design for Homeless Services – *Sarah Snyder (2:45 to 3:15 p.m.)*

 - D. pinellasindicators.org: Supporting Communities in Motion – *Joe Baldwin (3:15 to 3:45 p.m.)*

 - E. Closing Remarks – *Denise Groesbeck (3:45 to 3:50 p.m.)*

- V. PUBLIC COMMENT**

- VI. ADJOURN**

NEXT MEETING: Friday, April 29, 2011 • JWB Children's Services Council, Room 191
14155 58th Street North, Clearwater, FL 33760

Web Address: www.hhsc-pinellas.org

HEALTH AND HUMAN SERVICES COORDINATING COUNCIL
POLICY BOARD
October 15, 2010

The Health and Human Services Coordinating Council (HHSCC) Policy Board met in the Juvenile Welfare Board (JWB) Children's Services Council, Room 191, 14155 58th Street North, Clearwater, Florida, at 1:35 P.M. on this date with the following members present:

Karen Williams Seel	Chairman, Pinellas County Commissioner
Bernie McCabe	Vice-Chairman, State Attorney, JWB
Jim Coats	Pinellas County Sheriff
Martha Lenderman	Juvenile Welfare Board
Susan Latvala	Pinellas County Commissioner
Irene H. Sullivan	Circuit Court Judge, JWB

Late Arrival:

Calvin D. Harris	Pinellas County Commissioner
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Not Present:

Kenneth T. Welch	Pinellas County Commissioner
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Others Present:

Denise Groesbeck	Executive Director, HHSCC
Joe Baldwin	HHSCC Senior Researcher/Planner
Other interested individuals	
Tammy L. Burgess	Deputy Clerk, Board Reporter

Agenda

- I. Welcome and Announcements – Commissioner Karen Seel
- II. Policy Board Consent Agenda
 - A. Approval of Minutes – July 16, 2010
 - B. Proposed FY 2010-11 HHSCC Goals and Objectives
- III. Action Items
 - A. Approval of HHSCC Executive Director's Performance Evaluation
- IV. Presentations
 - A. Low Income Housing Leadership Network – Nina Bandoni, Fred Fearday, and Joe Baldwin
 - B. Health and Behavioral Health Leadership Network
 1. Pinellas County Diabetic Equity Project – Melissa Symanski and Ann Torgusen
 2. Health Care Reform – Denise Groesbeck
 - C. 2-1-1 Tampa Bay Cares Status Report – Micki Thompson
 - D. Communities Putting Prevention to Work (CPPW) – Richard Curtin
- V. Public Comment

- VI. Information
 - A. Executive Director's Report
- VI. Adjourn

WELCOME AND ANNOUNCEMENTS

Chairman Seel called the meeting to order and welcomed the members and guests; whereupon, she congratulated Judge Sullivan on the release of her new book; thanked her for her service and dedication as a judge; and presented her with an award for her years of service on the HHSCC Policy Board.

POLICY BOARD CONSENT AGENDA

- A. Approval of Minutes – July 16, 2010
- B. Proposed FY 2010-11 HHSCC Goals and Objectives

Upon motion by Commissioner Latvala, seconded by Sheriff Coats and carried, the Consent Agenda items were approved as submitted.

ACTION ITEMS

- A. Approval of HHSCC Executive Director’s Performance Evaluation

Chairman Seel presented Ms. Groesbeck’s performance evaluation; noted that the evaluation was excellent; and thanked Ms. Groesbeck for her services.

Upon motion by Ms. Lenderman, seconded by Judge Sullivan and carried, the Executive Director’s performance evaluation was approved.

PRESENTATIONS

- A. Low Income Housing Leadership Network

Low Income Housing Leadership Network Chairman Nina Bandoni conducted a PowerPoint presentation titled *Low Income Housing Leadership Network FY 2009-10 Highlights*, a copy of which has been filed and made a part of the record, and discussed the focus areas.

FloridaHousingSearch.org

Boley Centers Director of Residential Services Fred Fearday extended his appreciation for the original Homeless Prevention Grant the County awarded to Boley Centers in 2006, noting that one aspect of the grant was to develop a housing locator list; whereupon, continuing with the PowerPoint presentation, he provided an overview of the FloridaHousingSearch.org website and indicated that the site lists available units, not just all units; and that the landlords must update the unit status every ten days.

* * * *

At this time, 1:43 P.M., Commissioner Harris entered the meeting.

* * * *

Mr. Fearday indicated that there is a call center associated with the website; that there were 157 landlords when the website began in 2007 and close to 2,000 landlords currently; and that landlords can list their units for free. Referring to graphs in the presentation, copies of which have been filed and made a part of the record, he provided input regarding the number of visitors to the website and the number of searches performed by the visitors; whereupon, in response to query by the members, Mr. Fearday and Ms. Groesbeck indicated that the data on the graphs relates to Pinellas County affordable housing only; that “total listings” represents all of the units in the system, while “available listings” represents only the available units; and that the question mark icon is an informational button that describes any limitations the listing may have; and Mr. Fearday encouraged the members to visit the website and to help inform the low-income housing community of its existence.

Mr. Baldwin related that a potential action item that may be brought before the Board is the identification of the number of units available at the voucher rates, which is important to Health and Human Services; and that the Shimberg Housing Institute is working to identify the number of units, noting that listings can represent one or more units; whereupon, following brief discussion, Mr. Baldwin agreed to provide Judge Sullivan with a copy of the website brochure prior to Monday.

TampaBayHousing.org

Continuing with the PowerPoint presentation, Mr. Baldwin indicated that the primary purpose of the TampaBayHousing.org website is to provide geographically referenced information and programs that offer rental and purchase assistance; and that the website also provides information regarding programs that help residents stay in their homes and tools to help buyers and renters.

Mr. Baldwin related that the website was made possible by a grant from the Pinellas Realtor Organization and is maintained through the collaborative efforts of the Community Development departments, the housing authorities, the Pinellas Realtor Organization, the Bay Area Apartment Association, and the HHSCC staff; and that the FloridaHousingSearch.org and TampaBayHousing.org websites are self-sustaining; whereupon, he provided an overview of the TampaBayHousing.org user and administrative sites; and Ms. Groesbeck pointed out the ability to determine whether the assistance would be available in the event of a disaster.

Knowledge Sharing and Advocacy

Continuing with the PowerPoint presentation, Ms. Bandoni related that a task force has been established to begin working on knowledge sharing and advocacy. She discussed the collaborative affordable housing initiatives with Tampa Bay Area Regional Transportation Authority (TBARTA), Florida Housing Finance Corporation, Pinellas Recovery Organizations United in Disaster (PROUD), Pinellas Realtor Association, Tampa Bay Area Apartment Association, housing authorities, and Pinellas County; and indicated that Amendment 4 could hinder the development of affordable housing, if it passes; whereupon, Ms. Bandoni highlighted the group's proposed objectives for Fiscal Year 2010-2011.

B. **Health and Behavioral Health Leadership Network**

Pinellas County Diabetic Equity Project

Referring to a PowerPoint presentation titled *Pinellas County Diabetic Equity Project (PCDEP)*, a collaboration of local health care providers, a copy of which has been filed and made a part of the record, Melissa Symanski, Pinellas County Health Department, provided background information regarding the project and indicated that its mission is to provide for the unmet needs of uninsured diabetics in Pinellas County; that two funding options were developed, but that one became moot with the introduction of health care reform; and that the other was no longer an option with the economic crisis; whereupon, she indicated that the group decided to continue pursuing the project without the funding to determine what could still be accomplished.

Ms. Symanski related that the Medical Home Roundtable committee was formed out of the Health and Behavioral Health Leadership Network and is focused on specialty care, specifically diabetes, pointing out that nine percent of adults in Pinellas County are currently diabetic; that diabetes is the sixth leading cause of death in the County; and that there are approximately 6,800 uninsured diabetic adults in the County; whereupon, she provided input regarding the partners involved in the project.

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Continuing with the PowerPoint presentation, Ann Torgusen, Diabetic Charitable Services, stated that the charity stemmed from the Diabetic Service Foundation; that the charity has partnered with numerous pharmaceuticals and will be partnering with the Pinellas County Health Department to provide meters and strips to diabetics; and that the charity has screened approximately 25,000 individuals and served almost 10,000 diabetics in Pinellas and Pasco Counties; whereupon, she discussed the Diabetic Charitable Service strategies.

Ms. Symanski discussed the original model and strategies, including primary care sites, the electronic care coordination system (HMS), system coordination, a proposed team, and a caseload ratio of one caregiver to 300 patients; and stated that some pieces can still be achieved; whereupon, she related that the Physician-Hospital Organization has agreed to provide approximately \$65,000 in funding for the project by the end of the year, which will be given to the St. Petersburg Free Clinic to contribute to the project.

Ms. Symanski discussed the merged program with Diabetic Charitable Services and indicated that the charity focuses on screening and assessments and referring patients to the different primary care medical home sites. She related that the program began on October 1, 2010; that client enrollment has begun; and that services are being provided to the extent possible, noting that some screening events have been held and more are planned; and that 23 clients have been enrolled through the St. Petersburg Free Clinic; whereupon, Ms. Groesbeck and Dr. Claude M. Dharamraj, Pinellas County Health Department Director, provided input regarding staffing and funding.

In response to query by Commissioner Latvala, Ms. Groesbeck indicated that originally the funding to sustain the program for the next three years was estimated at \$100,000 per team; and that two teams were planned. Dr. Dharamraj expressed concern regarding the caseload ratio of one caregiver to 300 patients; and suggested that three teams would be more appropriate; and Ms. Groesbeck indicated that as the program continues, the gaps will become more obvious.

Health Care Reform

Ms. Groesbeck conducted a PowerPoint presentation titled *Health Reform: What It Means to Our Community*, a copy of which has been filed and made a part of the record, and related that with the passage of health care reform, the Health and Behavioral Health Leadership Network's (HBHLN) focus has shifted from implementing a plan for uninsured health care to implementing health care reform in the County and determining the implications of the legislation on the population and providers. She provided statistics comparing the health coverage of Floridians to the United States and discussed the intent of the legislation, indicating that all uninsured individuals, with a few exceptions, must have insurance as of January 1, 2014 or pay a penalty; that subsidies will be available for low-income individuals; that Medicaid will be expanded to

provide coverage for the poor; that qualified individuals will be able to obtain coverage through newly formed health insurance exchanges; that there will be a separate exchange for small businesses; that there will be temporary insurance mechanisms to provide coverage to high-risk pool individuals with pre-existing conditions; and that there will be some changes to private insurance.

Ms. Groesbeck outlined the key provisions of the legislation, including employer requirements, quality and efficiency improvements, and focus on prevention of chronic disease, improving public health, delivery systems and access, and the health care workforce, particularly primary care doctors and general surgeons; and related that health care reform will roll out over a five-year period; that a Prevention and Public Trust Fund has been established and is set to disburse \$7 million between 2010 and 2015; and that over the next five years, an additional \$11 billion in funding will be dedicated for federally qualified community health centers and national health service. She pointed out that the Pinellas County Community Health Center recently received a \$1.5 million award, allocating \$1.1 million for capital to build a new site and \$444,000 for increased demand to enable the center to see more uninsured individuals; whereupon, Ms. Groesbeck discussed the five-year timeline, as follows:

2010:

- √ Plans cannot cancel coverage for individuals if they get sick.
- √ All new plans must provide coverage for preventative services; coverage under all other plans should be available at renewal.
- √ No lifetime limits on coverage for all plans, although annual limits are possible.
- √ Establishment of high-risk pools for individuals with pre-existing conditions.
- √ Dependent coverage extended up to age 26.
- √ No pre-existing condition exclusion for children in all plans.

Ms. Groesbeck related that, this year, insurers were required to spend 80 to 85 percent of their premium dollars on health care and to report their health care expenditures to the Internal Revenue Service; and that if insurers spent less than 80 to 85 percent on health care delivery, they were to issue refunds, which should be received the first part of 2011; whereupon, she indicated that the definition of “health care” is being debated.

2011:

- √ Establishment of programs to support consortiums of health care providers in coordinating and integrating health care services for low-income, uninsured, and underinsured individuals.

- √ Funding potentially targeted to new programs for school health, nurse-managed clinics, and new trauma center programs to strengthen emergency room department and trauma center capacity.

2012:

- √ Pilots for different payment methodologies will begin.
- √ Several new Medicaid demonstration projects will roll out, particularly the use of Global Capitated payments for safety net hospitals.
- √ Bundled payments for episodes of care that include hospitalization.
- √ New entity, Accountable Care Organizations, that accepts payments for managing care, similar to HMOs, but different.

2013:

- √ Medicaid and Medicare rates for primary care equalized.
- √ Increased taxes on families earning above \$250,000.

2014:

- √ Full health care reform.

Ms. Groesbeck related that counties often serve as the safety net for individuals with no other recourse for care and pay a non-federal Medicaid share of costs, known as a FMAP; that because of the economy, counties received an enhanced FMAP rate this year, as the federal government gave states stimulus funds to help compensate for the increased Medicaid roles. Ms. Groesbeck indicated that Medicaid expansion, which targets the uninsured and underinsured population, is the biggest part of health care reform; that all of the current Pinellas County health plan enrollees would become eligible for the expanded Medicaid under health care reform; and that the federal government will pay 100 percent of the expansion costs for the first three years and a diminishing rate each year thereafter until 2020, when it reaches 90 percent, noting that the federal government is expected to continue paying 90 percent even after 2020; whereupon, she related that the national Medicaid cost in 2008 for approximately 58 million enrolled individuals was about \$340 billion, noting that Florida is fourth in population and Medicaid enrollment and fifth in Medicaid expense.

Ms. Groesbeck provided an overview of the eligibility changes under health care reform, noting that it will simplify the eligibility process, as anyone 133 percent below the federal poverty level will be eligible, and discussed the State and County enrollment projections; whereupon, in response to comments by Ms. Lenderman, Ms. Groesbeck indicated that the number of existing

Medicaid enrollees will continue to decrease through attrition and as health care reform moves forward.

Mr. Groesbeck discussed the total Medicaid budget and state share of costs for Fiscal Year 2009-2010, the expansion costs for 2016 through 2019, the state share/primary care rate costs, and the administration costs; and related that Florida counties currently contribute approximately \$950 million of the State Medicaid cost; whereupon, referring to reshaping Medicaid for the future, she indicated that there will be no categorical restrictions or asset test for eligibility; that enrollment will be simplified through the increased use of automation and technology and a “No Wrong Door” approach; that there will be improved access to care through the increased funding to primary care rates and through the newly created Medicaid and CHIP Payment and Access Commission; and that federal funding will be increased.

Ms. Groesbeck related that physical/behavioral health parity will provide a real benefit, as it adds teeth for parity, challenges more integration of physical and behavioral health, and sharpens the behavioral health field for evidence-based practices at the primary care level; whereupon, she outlined issues that staff will be monitoring.

Ms. Groesbeck related that the \$14.1 billion cut on the disproportionate share to hospitals is based on the assumption that the degree of charity care provided will diminish over time and eventually be eliminated, as more people become eligible for Medicaid; and in response to query by Ms. Lenderman, stated that the hospitals have asserted that they would still provide charity care, as the Medicaid rate is not enough to cover their costs; and that the hospitals advocated to reduce the cut, noting that \$14.1 billion is less than the amount originally proposed; whereupon, Ms. Groesbeck listed the next steps, as follows:

Next Steps:

- √ Monitor rules and implementation plans of new law
- √ Coordinate closely with Agency for Health Care Administration (AHCA) and Department of Children and Families (DCF)
- √ Work with Health/Behavioral Health Network to coordinate/communicate on the implementation of health care reform
- √ Determine what gaps in service will exist following January 2014
- √ Monitor opportunities for health care reform grant and PILOT opportunities
- √ Prepare to seamlessly transition Pinellas County Health Plan clients
- √ Assess the County’s Medicaid match costs under various scenarios
- √ Work with local partners, regardless of funding, to determine the best health care model for Pinellas County

C. 2-1-1 Tampa Bay Cares Status Report

Micki Thompson, 2-1-1 Tampa Bay Cares, indicated that there are several projects underway, including an initial pilot project with Central Florida Behavioral Health Network, JWB, Suncoast Center, Inc., and Personal Enrichment through Mental Health Services (PEMHS) to develop and provide central access to care for families that call 2-1-1, linking them to counseling and wraparound programs; that the budget is currently \$300,000, which will allow the addition of five full-time call center staff and a family coordinator or care advocate; and that the project is anticipated to begin in December; whereupon, she provided additional details regarding the project.

Ms. Thompson distributed a press release, a copy of which has been filed and made a part of the record, and indicated that the U.S. Department of Health and Human Services awarded 2-1-1 a \$350,000 grant for social services and benefits enrollment coordination in Pinellas County. In response to queries by Mr. McCabe, Ms. Thompson indicated that it is a one-year grant, but that she believes a multi-year grant will be available in the future; that a portion of the \$350,000 will go to direct client access; that staff will continue to look for grant opportunities to continue funding the project; and that Suncoast Center, Inc. will be funding a portion of 2-1-1 as a result of the time and money saved by the shared information system; whereupon, she related that an update will be provided to the Board after the project is up and running.

D. Communities Putting Prevention to Work (CPPW)

Richard Curtin, Pinellas County Health Department, related that the Health Department was recently awarded a \$4.85 million two-year federal grant for local anti-obesity efforts, focusing on policy changes to promote increased physical activity and improved nutrition; and provided a brief history regarding the grant process. He indicated that efforts in the program will include policy, system, and environmental interventions; whereupon, he discussed the proposed interventions and other successful health policies; and pointed out that the HHSC Administrative Forum members will be the Health Department's lead coalition, and Dr. Dharamraj provided input.

PUBLIC COMMENT

Upon the Chairman's call for persons wishing to be heard, Brian Pitts, St. Petersburg, discussed (1) setting aside funding for health care reform, (2) concentrating on obtaining additional SHIP funds for Pinellas County for affordable housing, and (3) Homeless Network accomplishments established in the Ten-Year Plan.

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INFORMATION

A. Executive Director's Report

Chairman Seel referenced the Executive Director's Report in the agenda packet, a copy of which has been filed and made a part of the record, and indicated that it is available for the members to read.

ADJOURNMENT

There being no further business, Chairman Seel adjourned the meeting at 3:42 P.M.

NEXT MEETING

To be announced.

**Health and Human Services Coordinating Council
Fiscal Year 2009-10 Expense Report
October 1, 2009 - September 30, 2010
(Unaudited)**

	HHSCC (Combined)		HHSCC Operations		Community Indicators Grant		Pinellas County Health Department Grant	
	APPROVED BUDGET FY 2009-10	ACTUAL FY 2009-10	APPROVED BUDGET FY 2009-10	ACTUAL FY 2009-10	APPROVED BUDGET FY 2009-10	ACTUAL FY 2009-10	APPROVED BUDGET FY 2009-10	ACTUAL FY 2009-10
REVENUE								
JWB	\$ 125,100	\$ 125,100	\$ 125,100	\$ 125,100				
PINELLAS COUNTY	125,100	125,100	125,100	125,100				
UNITED WAY	10,000	10,000	10,000	10,000				
GRANTS:								
1. Community Indicators	\$ 74,900	\$ 74,900			\$ 74,900	\$ 74,900		
2. Pinellas County Health Department	64,000	64,000					\$ 64,000	\$ 64,000
TOTAL REVENUE	\$ 399,100	\$ 399,100	\$ 260,200	\$ 260,200	\$ 74,900	\$ 74,900	\$ 64,000	\$ 64,000
Total Salaries and Fringe Benefits	\$ 238,466.00	\$ 260,859.96	\$ 238,466.00	\$ 234,023.80	\$ -	\$ 26,836.16		
Total Professional Services	131,700.00	62,734.00	-	2,280.00	73,500.00	5,804.00	\$ 58,200.00	\$ 54,650.00
Total Operational Expense	28,934.00	14,093.70	21,734.00	13,686.92	1,400.00	249.96	5,800.00	156.82
Total Capital Expense	-	-	-	-	-	-	-	-
TOTAL EXPENDITURES	\$ 399,100	\$ 337,688	\$ 260,200	\$ 249,991	\$ 74,900	\$ 32,890	\$ 64,000	\$ 54,807
EXCESS (Deficiency) of Revenue over Expenditures		\$ 61,412		\$ 10,209		\$ 42,010		\$ 9,193

BUDGET NOTES:

The HHSCC (Combined) budget to actual number for FY 2009-10 indicates a surplus of approximately \$61,000. The variance can be accounted for as follows:

HHSCC Operations :

HHSCC Operations ran a surplus of approximately \$10,000, or 4% of its total budget for the year.

Community Indicators Grant :

The HHSCC budget includes a Community Indicators grant for the second consecutive year.

Salary dollars are budgeted under the Professional Services line item this year for accounting purposes. JWB has subsequently set up separate cost centers for HHSCC grants.

The grant was under-spent by \$42,010. Under-expended funds are the result of lapsed salary dollars, as well as project delays associated with the implementation of Instant Atlas.

Additionally, some work associated with this project was done in-house rather than being contracted resulting in cost-savings.

Lastly, a community workshop on results-based accountability that was budgeted for this year was hosted instead by the Hillsborough CSC, in conjunction with JWB.

Health Information Technology Grant :

The HHSCC budget also includes a grant that was received from the Pinellas County Health Department for Health Information Technology which was completed on June 30, 2010.

The grant was received for the period of July 1, 2009 through June 30, 2010. Due to the contracting process, this grant did not get underway until September of 2009.

As a result, approximately \$9,193 in funds budgeted for this project in FY 2009-10 lapsed.



Topic: Prescription Drug Abuse/Misuse in Pinellas County

Action: Request that the HHSCC Policy Board send a letter to state attorney general Pam Bondi asking her to support the adoption of policies and regulations to curb the use of illicit prescription drug use in the State of Florida

Issue: The state of Florida ranks number one in the nation for prescription drug abuse. Pinellas County is number four in the state for drug-related deaths. In 2009, Pinellas County's drug-related deaths exceeded all other categories for accidental deaths. Among the top 50 dispensing practitioners in the U.S. for Oxycodone, all but 1 are in the State of Florida. The abuse of prescription drugs in Pinellas County and Florida is not only harmful to the citizens; this abuse is also driving up the costs for all health and human services in Pinellas County. Therefore, the need to craft policies to address this epidemic has never been greater.

Background:

Attorney General Pam Bondi has indicated that she plans to make "pill mills" a focus of her office. To that end, she recently appointed former state Senator Dave Aronberg to head a newly created post in her office to address prescription drug abuse.

The explosion in prescription drug abuse cases in Pinellas County is a matter of grave concern to the members of the Administrative Forum. Members representing funders of education, child welfare, health and behavioral health, social services, law enforcement and elderly care, are experiencing a tremendous demand for the services that they deliver. Oftentimes, the root cause for this increase is the prevalence of prescription drug abuse within our community. At the Forum's December 16, 2010 regular meeting, members decided to bring their collective concern about this issue to the Policy Board's attention, including the impact that it is having on all of the services funded by its members and the value of educating citizens about the dangers of prescription drugs. The Forum also unanimously approved a motion to request that the Policy Board send a letter to the State of Florida requesting action on this urgent health and safety issue.

The Pinellas County Board of County Commissioners previously acted on this matter by enacting a moratorium on pain clinics and strengthening associated local ordinances in an effort to provide for the public safety, health and welfare of county residents. Since its passing on September 28, 2010, the moratorium has had some impact on the distribution of pain medications; however, counties can not address this problem alone. This is a concern that requires a statewide solution.

The following is provided as evidence for the urgent need to address prescription drug abuse and misuse at the state level:

- ◆ In 2009, 249 people died from overdoses of prescription drugs or prescription drugs in combination with illicit drugs in Pinellas County — an average of one person every 35 hours.

Policy Board Memo
Topic: Prescription Drug Abuse/Misuse in Pinellas County

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- ◆ Again in 2009, the Pinellas County Sherriff's Office Strategic Diversion Unit made 240 drug diversion arrests that resulted in 1,087 charges, compared to 55 arrests and 147 charges the prior year. This is a 435% increase in arrests and a 742% increase in charges year over year.
- ◆ Drug overdose deaths in the Tampa Bay Area increased from 339 in 2005 to 681 in 2009.
- ◆ In the United States, one-third of all new prescription drug abusers are 12 to 17 years old.
- ◆ Seven people die every day in Florida from prescription drug abuse and misuse. This has been on an upward trend for the past six years.
- ◆ Over the last 4 months, 122 children (73 from Pinellas County) were brought into out-of-home care due to prescription drug abuse by their parents/caretakers. Of the 122, it is estimated that approximately 46 children entered licensed care. Using an average daily rate of \$42.00 per child (this is an average based on different levels of placement), a conservative estimate of the total cost from September through December for the 46 children would be \$58,758.00. Additionally, there are children who are victims of prescription drug abuse by their parents/caretakers who are being served through diversionary programs, and their numbers are not reflected here.

**Topic: Transit Oriented Development
in Pinellas County**

Action: Authorize the Chair and Vice-Chair of the Health and Human Services Coordinating Council (HHSCC) Policy Board to send a letter to each of their respective Boards, for the purpose of:

1. Requesting the endorsement of TBARTA's Master Plan (<http://www.tbarta.com>) for a transportation network to include light rail in Pinellas County; and
2. Encouraging the development of transportation from a livable community¹ perspective.

Issue: Policies to support community development that take into account transportation and a livable communities' perspective help to attract new businesses, affordable housing and well-paying jobs to our community and improve the quality of life for everyone. Support of these policies is also a initiative under *Communities Putting Prevention to Work* to reduce rates of obesity through environmental change.

Background:

The Low Income Housing Leadership Network (LIHLN) is a group of public-private stakeholders working, in a spirit of collaboration, to increase the availability of housing for the citizens of Pinellas County at or below 80% of Area Median Income and is one of four public management networks of the Health and Human Services Coordinating Council (HHSCC). (*A listing of the current LIHLN membership is attached for your information.*)

As a recent initiative, the LIHLN has partnered with the Land Use Working Group of the Tampa Bay Area Regional Transportation Authority (TBARTA). On January 28, 2010, President Obama announced that Florida will receive \$1.25 billion in funding for the Tampa to Orlando High Speed Rail. This announcement elevated the significance of the TBARTA Master Plan from the regional level to one of statewide importance. Providing connections to final destinations from high speed rail stations will be key to the success of the entire system.

The term Transit Oriented Development, or TOD, has become very important over the last few years. TOD focuses on creating compact neighborhoods with housing, jobs, shopping, community services and recreational opportunities – all within easy walking distance of a transit station. Building TOD maximizes transit use and emphasizes pedestrian and bicycle access to stations. In fact, increasing the number of people who live and work within walking distance of transit is one of the most effective ways to increase ridership and ensure the success of the regional system.

¹ The Florida Transportation Plan Definition of Livable Community is a neighborhood, community or region with compact, multi-dimensional land use patterns that ensure a mix of uses, minimize the impact of cars, and promote walking, bicycling and transit access to employment, education, recreation, entertainment, shopping and services.

Because of that link, land use is a critical component when applying for federal grants and when preparing the Consolidated Plan for CDBG, HOME and SHIP funding for affordable housing, providing access to transit nodes. Region-wide land use policies can be a deciding factor on whether the Federal Transit Administration (FTA) awards funding to a region. The Tampa Bay region will be required to show that it is committed to transit, and that it has a region-wide land use criteria that supports it. Additionally, as the attached chart entitled, "*Partners in TOD*" illustrates, the creation of public-private partnerships, including local government, private developers, transit agencies, private developers, etc. will also be instrumental in achieving our common goals, especially where transit projects cross jurisdictional boundaries.

Low Income Housing Leadership Network

Members

Elected Officials (3 Seats)

Pinellas County Government (1 Seat)

Neil Brickfield

Pinellas County Commissioner

Municipal Representatives (2 Seats)

Nina Bandoni, Chair

Council Member
City of Safety Harbor

Rick Butler

Council Member
City of Pinellas Park

Independent Housing Developers (6 Seats)

Non-Profit Representatives (2 Seats)

Jack Humburg

Director of Housing Development
and ADA Services
Boley Centers, Inc.

Barbara Inman

Head Chair
Habitat for Humanity of Pinellas
County

For-Profit Representatives (4 Seats)

Roger Broderick

President/Owner
Broderick & Associates, Inc.

Peter Leach

Chief Executive Officer
Southport Financial, Inc.

Jeremy Wharton

Vision Investment

(Vacant)

Local Government Representatives (4 Seats)

Terry Buyers

Housing Grant Specialist
City of Largo Housing Division

James Donnelly

Assistant Director
Economic Development and
Housing
City of Clearwater

Anthony Jones

Director
Pinellas County Community
Development

Stephanie Lampe

Housing Coordinator
City of St. Petersburg
Housing and Community
Development Department

Community-Based Housing Organizations (2 Seats)

Isay Gulley

Executive Director
Clearwater Neighborhood Housing
Services

Robert Rowan

Board Member
St. Petersburg Neighborhood
Housing Services

Housing Authorities (4 Seats)

Pinellas County (2 Seats)

Deborah Johnson

Executive Director
Pinellas County Housing
Authority

Pat Weber

Executive Director
Housing Authority of Tarpon
Springs

Housing Authority Board of
Commissioners (2 Seats)

(Vacant)

Board of Commissioners
St. Petersburg Housing Authority

(Vacant)

Board of Commissioners
Clearwater Housing Authority

Neighborhood Associations (1 Seat)

Barbara Heck

President
Council of Neighborhood
Associations (CONA)

Legal (1 Seat)

Christine Allamanno, Esq.

Staff Attorney
Gulfcoast Legal Services, Inc.



Health & Human
Services Coordinating
Council for Pinellas County

**Professional Associations
(3 Seats)**

Jeff Rogo

Director of Governmental Affairs
Bay Area Apartment Association

Brian Shuford, Vice-Chair

Director of Governmental Affairs
Pinellas Realtor Organization

Janette Weis

Florida Manufactured Housing
Association (FMHA)

**Banking and Finance
(1 Seat)**

Robert L. Williams, III

Senior Vice President,
Commercial Lending
Synovus Bank

**Other Community
Representatives (2 Seats)**

Gregory Schwartz

President/Chief Executive Officer
Tampa Bay Community
Development Corporation

(Vacant)

**Social Service Funders
(2 Seats)**

Cliff Smith

Interim Bureau Director
Pinellas County Health and Human
Services

Marcie Biddleman

Director of Children's
Neighborhood Services
JWB Children's Services Council



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