



Alachua County, FL Special Meeting

Meeting Agenda - Final-revised

Tuesday, May 5, 2020

1:30 PM

Policy Discussion

This is a virtual meeting. The public may attend virtually through Cox Channel 12, Facebook, and the County's Video on Demand website. For meeting audio only, call 301-715-8592, and when prompted, use code 670 965 3024. The public may submit comments to the board through email (bocc@alachuacounty.us) or by calling into the public comment message line when prompted to call during the meeting. Public comment will be taken by telephone for all non-ministerial items on which the Commission votes. Once public comment is opened for an item under discussion, please call 929-205-6099 (enter meeting code 273 174 8038). Callers will be put in a queue, and prompted when it is their turn to speak. TO AVOID FEEDBACK, SPEAKERS MUST TURN DOWN THEIR MEETING SOUND WHEN ADDRESSING THE COMMISSION. Callers should state their name and limit comments to two minutes. The Commission will allow up to a total of 30 minutes for citizen comments on each item opened for public comment. In addition, the Commission will open phone lines for one 30 minute public comment session for the public to discuss items not on the Commission agenda. The public is encouraged to submit any written or photographic documents prior to the meeting to bocc@alachuacounty.us.

All persons are advised that, if they decide to contest any decision made at any of these meetings, they will need a record of the proceedings and, for such purpose they may need to ensure that verbatim record of the proceedings is made which record includes the testimony and evidence upon which the appeal is to be based. (Section 286.0105 Florida Statutes)

If you have a disability and need an accommodation in order to participate in this meeting, please contact the Alachua County Equal Opportunity Office at (352)374-5275 at least 2 business days prior to the meeting. TTY users please call 711 (Florida Relay Service).

Approval of Agenda

Items for Discussion

1. [20-0370](#) Commission COVID-19 Discussion
Fiscal Consideration: N/A
Recommended Action: Have a discussion on the Alachua County Emergency Order.
[120868 extends executive orders 20 87 20 91 until 12 01 may 4 2020.pdf](#)
[120869 phase 1 safe smart step by step plan florida s recovery.pdf](#)
[Exec-Order-20-112-FAQs-1\[2\].pdf](#)
[Safe Smart Step Templat4.29 FINAL.pdf](#)
[Amendment 1 PPE Emergency 2020-13.pdf](#)
[Emergency Order 2020-XX PPE in buisnesses - draft 1.docx](#)
[Miami Dade Emergency Order-20-20.pdf](#)
[4 30 Alachua County Draft Reopening Risk Crosswalk.docx](#)
[EO 20-12 v EO 20-21 signature.pdf](#)
2. [20-0196](#) Syringe Exchange Program
Fiscal Consideration: None
Recommended Action: Authorize County Attorney to develop an Ordinance on the Syringe Exchange Program and present in a Public Hearing
[Talking Points.docx](#)
[Ch. 2019-143 Committee Substitute for Senate Bill No. 366 ck \(003\).pdf](#)
[SEP Data 1.2020.pdf](#)
[SEP detail charts 1.2020](#)
[Syringe Exchange Program Overview](#)
[Syringe Needle Exchange LOA-FINAL 1 9 2020 \(ck\).pdf](#)
[BoCC Policy Meeting Syringe Exchange Program 5.5.2020 ck.pptx](#)
3. [20-0334](#) Community Agency Partnership Program (CAPP) Presentation and Policy Discussion
Fiscal Consideration: n/a
Recommended Action: Hear presentation and discuss various policy implications
[CAPP Policy Presentation 04302020.pdf](#)
4. [20-0290](#) Mental Health Issues, Trends, and Opportunities presentation and related policy discussion
Fiscal Consideration: n/a
Recommended Action: Hear presentation and discuss related policy opportunities.
[Alachua County Systems of Support.pdf](#)
[FY20 Behavioral Health and Substance Abuse Funding and Program Narrative 04282020.pdf](#)
[Mental Health Substance Use County Funded and or Operated Programs 04282020.r](#)
[Mental Health Substance Use Not County Funded and or Operated Programs 04282020.pdf](#)
[Mental Health Trends Issues and Opportunities Final for Zoom 04282020 ADA Compliant.pdf](#)

5. [20-0348](#) Rural and Agricultural Comprehensive Plan policies: Follow up to previous Commission discussion and direction of draft changes to policies on Rural Clustered Subdivisions and Rural Subdivision internal road paving requirements.

Fiscal Consideration: N/A

Recommended Action: Receive presentation and provide direction on draft changes to the Rural and Agricultural Policies of the Comprehensive Plan and authorize advertisements of public hearings by the Local Planning Agency and the County Commission.

[Rural Ag CompPlan Policies Presentation 5-5-20 ADA.pdf](#)

[RuralAg_DraftChanges 5-5-20 BoCC ADA.pdf](#)

[Previous BoCC Motions ADA.pdf](#)

Closing Comments

Public Comment

Commission Comment

Adjourn



Agenda Item Summary

Agenda Date: 5/5/2020

Agenda Item No.: 1.

Agenda Item Name:

Commission COVID-19 Discussion

Presenter:

Board of County Commissioners

Description:

Have a discussion.

Recommended Action:

Have a discussion on the Alachua County Emergency Order.

Prior Board Motions:

N/A

Fiscal Consideration:

N/A

Background:

Please click here to view all Alachua County COVID-19 Emergency Orders:

[<https://alachuacounty.sharefile.com/d-sa87d17a87dc4c63b>](https://alachuacounty.sharefile.com/d-sa87d17a87dc4c63b)

STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 20-111

(Limited Extension of Essential Services and Activities and Vacation Rental Prohibition)

WHEREAS, Executive Order 20-87 expires on May 1, 2020, unless extended; and

WHEREAS, Executive Order 20-91 expires on May 1, 2020, unless extended.

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, Chapter 252, Florida Statutes, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

Section 1. I hereby extend Executive Order 20-87 until 12:01 am May 4, 2020, at which time the Order will be extended by subsequent order.

Section 2. I hereby extend Executive Order 20-91, as amended by Executive Order 20-92, until 12:01 am on May 4, 2020.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed, at Tallahassee, this 29th day of April, 2020.


RON DESANTIS, GOVERNOR

ATTEST:


SECRETARY OF STATE

2020 APR 29 PM 4:52

FILED

STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 20-112

(Phase 1: Safe. Smart. Step-by-Step. Plan for Florida's Recovery)

WHEREAS, on March 9, 2020, I issued Executive Order 20-52 declaring a state of emergency for the entire State of Florida as a result of COVID-19; and

WHEREAS, on April 3, 2020, I issued Executive Order 20-91 and Executive Order 20-92 directing all persons in Florida to limit their movements and personal interactions outside of their home only to those necessary to obtain or provide essential services or conduct essential activities; and

WHEREAS, my administration has implemented a data-driven strategy devoted to high-volume testing and aggressive contact tracing, as well as strict screening protocols in long-term care facilities to protect vulnerable residents; and

WHEREAS, data collected by the Florida Department of Health indicates the State has achieved several critical benchmarks in flattening the curve, including a downward trajectory of hospital visits for influenza-like illness and COVID-19-like syndromic cases, a decrease in percent positive test results, and a significant increase in hospital capacity since March 1, 2020; and

WHEREAS, during the week of April 20, 2020, I convened the Task Force to Re-Open Florida to evaluate how to safely and strategically re-open the State; and

WHEREAS, the path to re-opening Florida must promote business operation and economic recovery while maintaining focus on core safety principles.

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution and Chapter 252, Florida Statutes, and all other applicable laws, promulgate the following Executive Order:

Section 1. Phase 1 Recovery

In concert with the efforts of President Donald J. Trump and the White House Coronavirus Task Force, and based on guidance provided by the White House and the Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA), and the Florida Surgeon General and State Health Officer, Dr. Scott Rivkees, I hereby adopt the following in response to the recommendations in Phase 1 of the plan published by the Task Force to Re-Open Florida.

Section 2. Responsible Individual Activity

A. All persons in Florida shall continue to limit their personal interactions outside the home; however, as of the effective date of this order, persons in Florida may provide or obtain:

1. All services and activities currently allowed, *i.e.*, those described in Executive Order 20-91 and its attachments, which include activities detailed in Section 3 of Executive Order 20-91, the U.S. Department of Homeland Security in its Guidance on the Essential Critical Infrastructure Workforce and a list propounded by Miami-Dade County in multiple orders (as of April 1, 2020), as well as other services and activities approved by the State Coordinating Officer. Such services should continue to follow safety

guidelines issued by the CDC and OSHA. If necessary, employee screening or use of personal protective equipment should continue.

2. Additional services responsibly provided in accordance with Sections 3 and 4 of this order in counties other than Miami-Dade, Broward and Palm Beach. In Miami-Dade, Broward and Palm Beach counties, allowances for services and activities from Sections 3 and 4 of this order will be considered in consultation with local leadership.

B. Except as provided in Section 2(A)(1) of this order, senior citizens and individuals with a significant underlying medical condition (such as chronic lung disease, moderate-to-severe asthma, serious heart conditions, immunocompromised status, cancer, diabetes, severe obesity, renal failure and liver disease) are strongly encouraged to stay at home and take all measures to limit the risk of exposure to COVID-19.

C. For the duration of this order, all persons in Florida should:

1. Avoid congregating in large groups. Local jurisdictions shall ensure that groups of people greater than ten are not permitted to congregate in any public space that does not readily allow for appropriate physical distancing.
2. Avoid nonessential travel, including to U.S. states and cities outside of Florida with a significant presence of COVID-19.
3. Adhere to guidelines from the CDC regarding isolation for 14 days following travel on a cruise or from any international destination and any area with a significant presence of COVID-19.

D. This order extends Executive Order 20-80 (Airport Screening and Isolation) and Executive Order 20-82 (Isolation of Individuals Traveling to Florida), with exceptions for persons involved in military, emergency, health or infrastructure response or involved in commercial activity. This order extends Sections 1(C) and 1(D) of Executive Order 20-86 (Additional Requirements of Certain Individuals Traveling to Florida), which authorize the Department of Transportation, with assistance from the Florida Highway Patrol and county sheriffs, to continue to implement checkpoints on roadways as necessary.

Section 3. Businesses Restricted by Previous Executive Orders

Unless I direct otherwise, for the duration of this order, the following applies to businesses directly addressed by my previous Executive Orders:

- A. Bars, pubs and nightclubs that derive more than 50 percent of gross revenue from the sale of alcoholic beverages shall continue to suspend the sale of alcoholic beverages for on-premises consumption. This provision extends Executive Order 20-68, Section 1 as modified by Executive Order 20-71, Sections 1 and 2.
- B. Restaurants and food establishments licensed under Chapters 500 or 509, Florida Statutes, may allow on-premises consumption of food and beverage, so long as they adopt appropriate social distancing measures and limit their indoor occupancy to no more than 25 percent of their building occupancy. In addition, outdoor seating is permissible with appropriate social distancing. Appropriate social distancing requires maintaining a minimum of 6 feet between parties, only seating parties of 10 or fewer people and keeping bar counters closed to seating. This provision

extends Executive Order 20-68, Section 3 and supersedes the conflicting provisions of Executive Order 20-71, Section 2 regarding on-premises food consumption.

- C. Gyms and fitness centers closed by Executive Order 20-71 shall remain closed.
- D. The prohibition on vacation rentals in Executive Order 20-87 remains in effect for the duration of this order.
- E. The Department of Business and Professional Regulation shall utilize its authorities under Florida law to implement and enforce the provisions of this order as appropriate.

Section 4. Other Affected Business Services

Unless I direct otherwise, for the duration of this order, the following applies to other business services affected by my previous Executive Orders:

- A. In-store retail sales establishments may open storefronts if they operate at no more than 25 percent of their building occupancy and abide by the safety guidelines issued by the CDC and OSHA.
- B. Museums and libraries may open at no more than 25 percent of their building occupancy, provided, however, that (a) local public museums and local public libraries may operate only if permitted by local government, and (b) any components of museums or libraries that have interactive functions or exhibits, including child play areas, remain closed.

Section 5. Medical Procedures

Subject to the conditions outlined below, elective procedures prohibited by Executive Order 20-72 may resume when this order goes into effect. A hospital ambulatory surgical center, office surgery center, dental office, orthodontic office, endodontic office or other health care

practitioners' office in the State of Florida may perform procedures prohibited by Executive Order 20-72 only if:

- A. The facility has the capacity to immediately convert additional facility-identified surgical and intensive care beds for treatment of COVID-19 patients in a surge capacity situation;
- B. The facility has adequate personal protective equipment (PPE) to complete all medical procedures and respond to COVID-19 treatment needs, without the facility seeking any additional federal or state assistance regarding PPE supplies;
- C. The facility has not sought any additional federal, state, or local government assistance regarding PPE supplies since resuming elective procedures; and
- D. The facility has not refused to provide support to and proactively engage with skilled nursing facilities, assisted living facilities and other long-term care residential providers.

The Agency for Health Care Administration and the Department of Health shall utilize their authority under Florida law to further implement and enforce these requirements. This order supersedes the conflicting provisions of Executive Order 20-72.

Section 6. Previous Executive Orders Extended

The Executive Order 20-69 (Local Government Public Meetings) is extended for the duration of this order.

Section 7. Enforcement

This order shall be enforced under section 252.47, Florida Statutes. Violation of this order is a second-degree misdemeanor pursuant to section 252.50, Florida Statutes, and is punishable by imprisonment not to exceed 60 days, a fine not to exceed \$500, or both.

Section 8. Effective Date

This order is effective at 12:01 a.m. on May 4, 2020.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed, at Tallahassee, this 29th day of April, 2020.



RON DESANTIS, GOVERNOR

ATTEST:



SECRETARY OF STATE

FILED
2020 APR 29 PM 4:52
TALLAHASSEE, FLORIDA



FAQs for EXECUTIVE ORDER 20-112

Phase 1: Safe. Smart. Step-by-Step.

Plan For Florida's Recovery Post COVID-19 Emergency

GENERAL QUESTIONS

When did the Governor's Executive Order take effect? How long does it last?

The Governor's Executive Order takes effect Monday, May 4, 2020 at 12:01 a.m. and lasts until the Governor issues a subsequent order.

Is the "Safer at Home" Order over?

The Governor's [Executive Order 20-91](#), Essential Services and Activities is extended until 12:01 a.m. Monday, May 4, by Executive Order 20-112. At that point, Executive Order 20-112 will maintain limitations on the movements of persons except for those businesses and services that are currently open and those businesses that re-open at 25 percent building occupancy.

Does this order apply to all Florida counties?

This order is in effect statewide, however in coordination with Miami-Dade, Broward, and Palm Beach county mayors, these three counties will follow stricter protocol without the re-open provisions of Executive Order 20-112.

Is the Governor's Executive Order consistent with the President's Opening Up America Again Plan?

Governor DeSantis met with President Trump on April 28th to discuss this plan and the President was very supportive of Florida's efforts to take a safe, smart, step-by-step approach to re-open Florida. See President Trump's guidance here: <https://www.whitehouse.gov/openingamerica/>.

Does this executive order supersede local law?

The Governor's [Executive Order 20-91](#), limiting the movements of persons has been incorporated and modified in the new Executive Order 20-112 to include businesses currently open and certain businesses re-opening at 25 percent building occupancy. The Governor's Executive Orders do not contain a preemption on local rules where those rules restrict or close businesses or buildings.

When can we expect Phase 2 to start?

Once the Governor determines it is suitable to continue re-opening and after fully considering medical data in consultation with state health officials.

MEDICAL

Can I go to my doctor if it's not COVID-19 related?

Medical services, including elective procedures, surgical centers, office surgery centers, dental offices, orthodontic offices, endodontic office and other health care practitioners' offices may fully re-open. As a condition of resuming elective procedures, hospitals will be required to assist nursing homes and long-term care facilities in their efforts to protect the vulnerable.

However, they must maintain adequate bed capacity and PPE. They must also have the capacity to immediately convert additional surgical and intensive care beds in a surge situation and must not have received or sought any additional federal, state or local government assistance regarding PPE after resuming elective procedures.



FAQs continued for EXECUTIVE ORDER 20-112

Phase 1: **Safe. Smart. Step-by-Step.** (continued)

May senior citizens and individuals with significant medical conditions leave their homes to go to the grocery store or pharmacy, or go for a walk, or go to work?

Yes, they may leave their homes to obtain or provide open services or conduct open activities.

Can individuals visit nursing homes and long-term care facilities?

No, those restrictions will remain in place in Phase 1 of the Safe. Smart. Step-by-Step Plan for Florida's Recovery and with conditions set by the Agency for Health Care Administration.

TRAVEL

Is airport screening and isolation in effect for visitors from highly affected COVID-19 areas?

Yes, this order extends [Executive Order 20-80](#), Airport Screening and Isolation, and [Executive Order 20-82](#), Isolation of Individuals traveling to Florida, with exceptions for military, emergency, health, infrastructure or commercial related activity.

BUSINESS

Can I open my business?

Restaurants will be allowed to re-open, with full outdoor seating. Indoor seating will be allowed at 25 percent of building capacity. On-site sale and retail businesses will be allowed to operate at 25 percent occupancy.

If your business is open, it may remain open and should continue appropriate social distancing and sanitation measures. Also, any activity or work that has been available under the previous order remains available. Businesses should adopt appropriate social distancing and sanitation measures.

What businesses will remain closed?

Bars, nightclubs and gyms will remain closed during Phase 1 of re-opening. While personal care services such as barbershops and salons with close contact should remain closed, the portions of those businesses with on-site retail sales may re-open at 25 percent building occupancy.

May my business and its employees continue to operate remotely and provide delivery of our product?

Yes, all businesses are encouraged to provide delivery or pickup and to take orders online or by telephone.

Are there minimum health protocols that must be met to open my business?

Yes, the Governor's Executive Order 20-112 requires appropriate social distancing and limits groups to 10 people or fewer. Regulated businesses should adhere to agency guidance. Additionally, businesses should consult with the most up-to-date [Centers for Disease Control and Prevention \(CDC\) guidance](#).

What do I need to do to open my business?

Review the requirements of the Governor's Executive Order 20-112. Also, review any guidance that has been provided from state and federal regulatory agencies including the Centers for Disease and Control and Prevention, the Florida Department of Health and the Department of Business and Professional Regulation.

Do employee temperature checks need to be done?

For restaurants, employee protocols remain in place under the Governor's Executive Order. Other businesses should adopt appropriate measures based on [CDC guidance](#).



FAQs continued for EXECUTIVE ORDER 20-112

Phase 1: **Safe. Smart. Step-by-Step.**
(continued)

Are masks required for employees and customers?

The Governor's Executive Order does not mandate the use of masks. However customers, employees and employers should consult [CDC guidance](#).

If a business exceeds 25 percent capacity, do they get fined?

Yes, enforcement penalties remain in place including a second-degree misdemeanor with a fine up to \$500. Certain regulated businesses may face enforcement action for violations from their regulatory agency.

Should individuals go to facilities that have not re-opened?

Individuals should travel only to businesses that have been open or are now re-opened.

Who enforces compliance?

Local and state law enforcement continue to enforce Executive Orders, along with the regulatory agencies that oversee businesses.

ACTIVITIES

Can I visit or travel to a family member?

Yes, if caring for or otherwise assisting a loved one or friend.

May I exercise outside or participate in recreational activities?

Yes, if consistent with social distancing guidelines as published by the CDC.

Are gyms open?

No, gyms and fitness centers should remain closed.

Can I go to a professional sporting event?

No, sporting venues may operate but without spectators.

May churches, synagogues, or other houses of worship hold services?

Yes. The Governor's [Executive Order 20-91](#), identified attending religious services at churches, synagogues and places of worship as an open activity. While that order did not place restrictions directly on any building or venue, many local orders have done so. Any building or venue that is open should continue to follow appropriate social distancing and sanitation procedures.

The Florida Department of Health encourages them to [follow CDC guidance specific to faith organizations](#).

Can I rent or stay at a vacation rental?

No, the prohibition on vacation rentals remains in effect.

Are state parks and beaches open?

The Governor's Executive Orders have not closed beaches other than those at the request of Broward and Palm Beach counties ([Executive Order 20-90](#)). Florida's Department of Environmental Protection will announce a phased-in re-opening of state parks.

May childcare centers remain open?

Yes, if currently able to open and as long as they follow proper social distancing protocols. Florida Department of Education has prioritized children of medical professionals and first responders working at businesses or operations that are essential services, to the extent those childcare centers adhere to social distancing.



FAQs continued for EXECUTIVE ORDER 20-112

Phase 1: **Safe. Smart. Step-by-Step.**
(continued)

Are museums and libraries open?

Museums and libraries may open at no more than 25 percent of their building occupancy as long as their local government allows. Interactive shared exhibits, like child play areas, remain closed.

LOCAL GOVERNANCE & ENFORCEMENT

Are local authorities allowed to adopt requirements directly on businesses, operations or venues, including buildings, beaches and parks, that may be stricter than the Governor's Executive Order?

Yes.

How is the Governor's Executive Order enforced?

By law enforcement. Violation of the Governor's Executive Order is a second-degree misdemeanor.

Where can I report a business that violates the Governor's Executive Order?

Local law enforcement.

Do I need a special permit to leave my house if I am going to an essential service or essential activity?

No. Some businesses may wish to provide a letter to employees to clarify that their business is indeed an open service.

Safe. Smart. Step-by-Step.



PLAN FOR FLORIDA'S RECOVERY



GUIDING PRINCIPLES

for Re-Opening



Public Health & Safety

The first priority in re-opening is maintaining the health and safety of all Floridians. Every measure taken by state and local governments, businesses, and individuals should consider the general health and safety of the public.



Health Care System Readiness

Health facilities should be able to return to normal operations through a prudent approach that ensures available capacity to treat COVID-19 patients in the event of a medical surge. Health care systems also need to develop models for the sustainability of medical supplies and preservation of medical resources without the need for public augmentation of medical supplies.



Protection of the Vulnerable

Targeted measures should focus on Floridians over the age of 65 and those who have serious underlying medical conditions to prevent exposure to COVID-19.



Economic Recovery

The **Safe. Smart. Step-by-Step.** plan to re-open Florida should support the highest practicable level of business operation while maintaining public health and safety, so that all Floridians can return to work and the economy can recover.

GUIDING PRINCIPLES

for Re-Opening



Protection of Civil Liberties & Maintaining Individual Rights

Measures taken by the government must not impair the fundamental rights of Floridians, and when restrictive measures are imposed they should be the least restrictive measures feasible to accomplish a specific medically necessary objective.



Public Confidence

The **Safe. Smart. Step-by-Step.** plan to re-open Florida must be rooted in sound medical judgement and driven by health metrics so every Floridian feels safe as they return to work and their daily activities. An effective communications strategy is critical to ensuring public confidence in the COVID-19 mitigation strategies.



Partnership with Local Communities

Local communities are partners with the state as the **Safe. Smart. Step-by-Step.** plan to re-open Florida is implemented. Florida is a geographically large and diverse state and each of our local communities has unique insight into their individual circumstances. Local communities will play an important role in the plan to re-open Florida.

FLORIDA'S PLAN AGAINST COVID-19

- 1. Protect the Vulnerable*
- 2. Increase Testing*
- 3. Promote Social Distancing*
- 4. Support Hospitals and Protect Health Care Workers*
- 5. Prevent Introduction from Outside of the State*

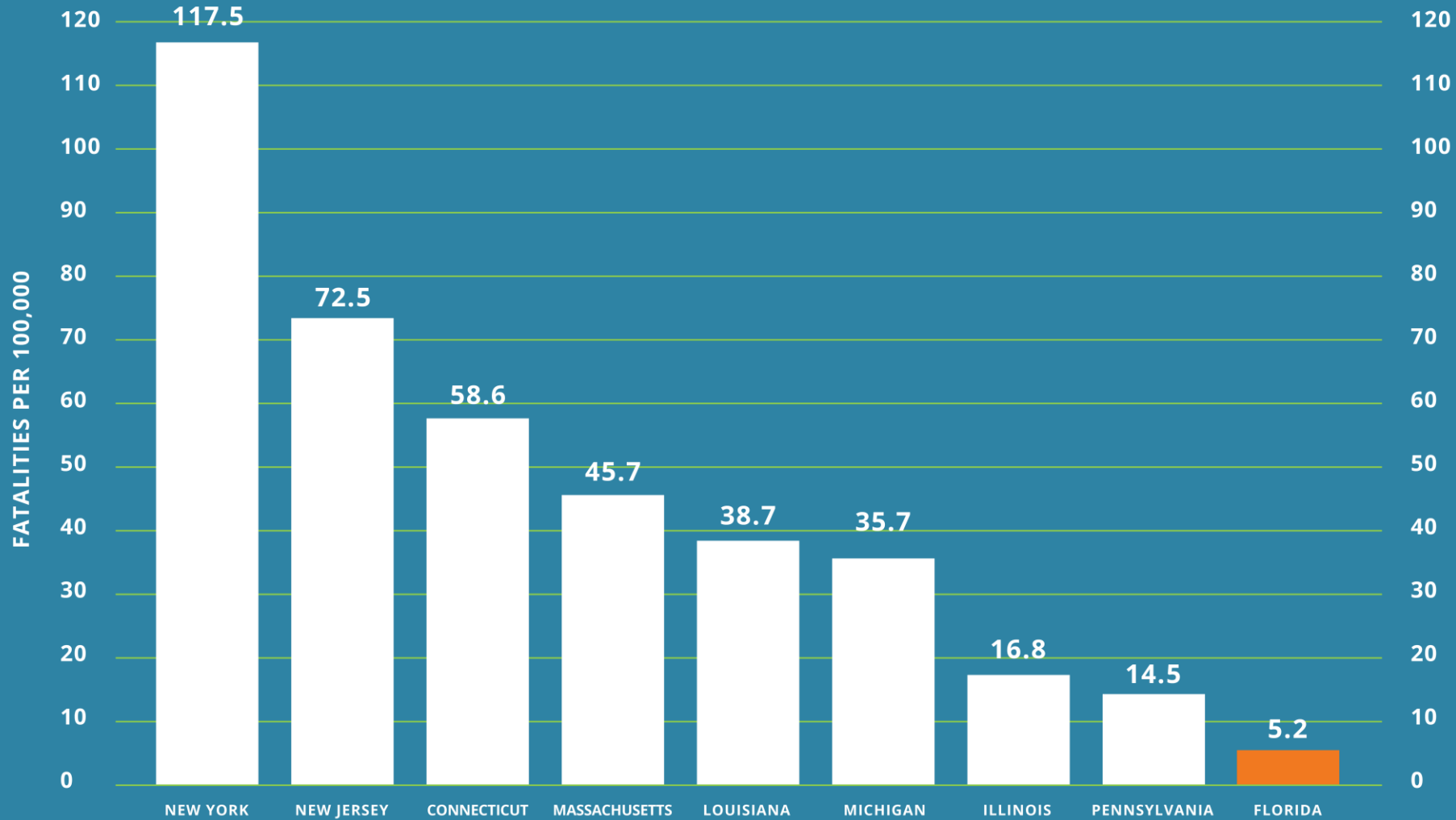
FACTS VS. FEAR

FLORIDA COULD BE THE NEXT NEW YORK IN THE CORONAVIRUS OUTBREAK

“Florida has reported more than 6,700 confirmed coronavirus cases in the last week, with 85 deaths and 850 hospitalizations. The state is quickly becoming the next national hot spot for the COVID-19 virus, yet health experts are concerned its government is woefully unprepared.”

COVID Fatalities

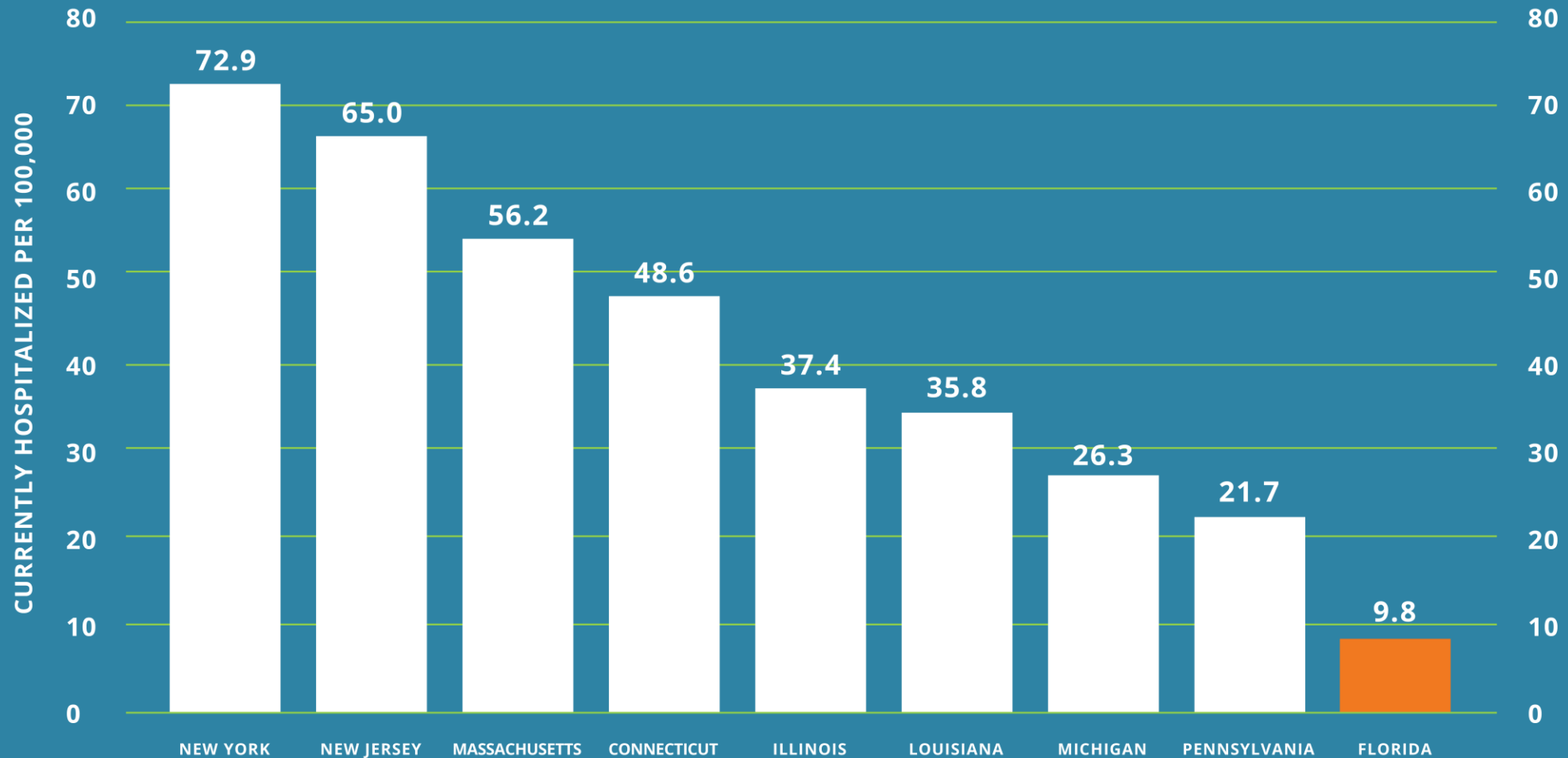
Fatalities per 100,000 | April 28, 2020



Florida fatality data from FL DOH, other state fatalities data from worldometers.com, population data from U.S Census Bureau

COVID Hospitalizations

Currently Hospitalized per 100,000 | April 28, 2020



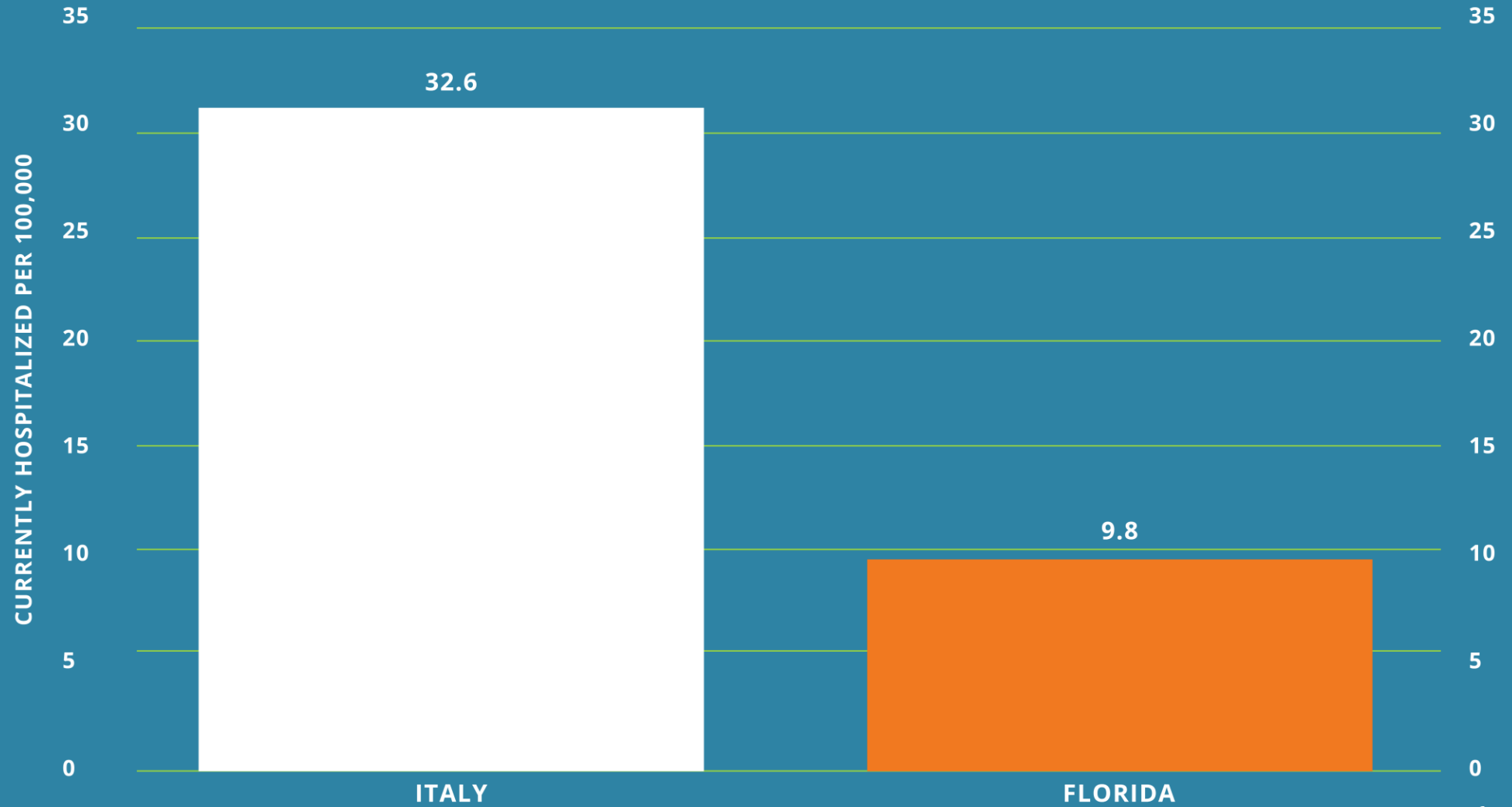
Florida hospitalization data from AHCA Emergency Status System (ESS), other state hospitalization data from covidtracking.com, population data from U.S. Census Bureau

DEMOGRAPHER SAYS FLORIDA COULD BE 'LIKE AN UBER-ITALY' DURING CORONAVIRUS OUTBREAK

Some scientists are pointing toward Florida with grave concern for a potential major outbreak of COVID-19 and deaths, due to the Sunshine State's large populations of older and younger generations and largely unchecked spring break celebrations in the past week.

COVID-19 Hospitalizations

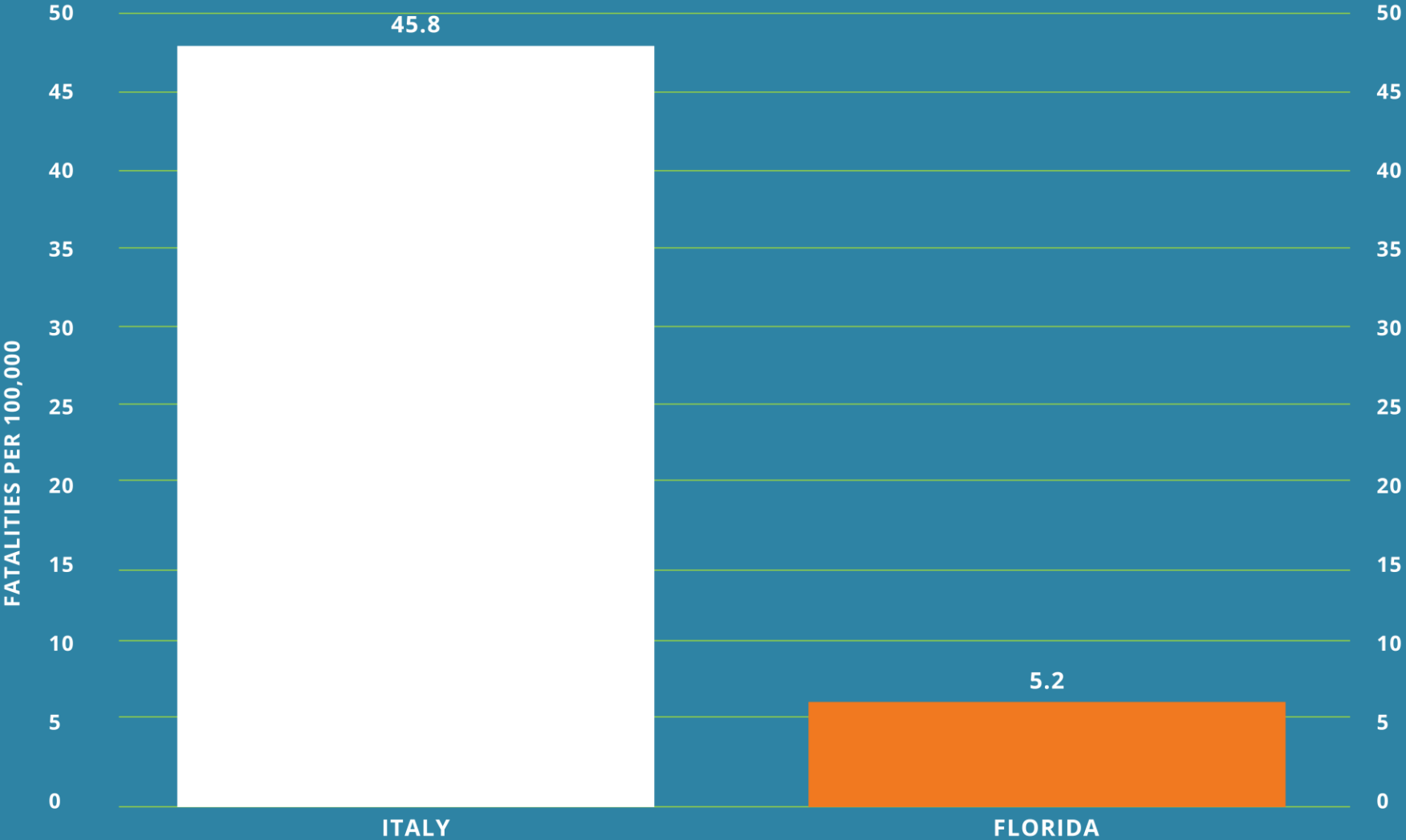
Currently Hospitalized per 100,000 | April 28, 2020



Florida hospitalization data from AHCA Emergency Status System (ESS), other country hospitalization data from covidtracking.com, state population data from U.S. Census Bureau, other country population data from worldometers.com

COVID-19 Fatalities

Fatalities per 100,000 | April 28, 2020

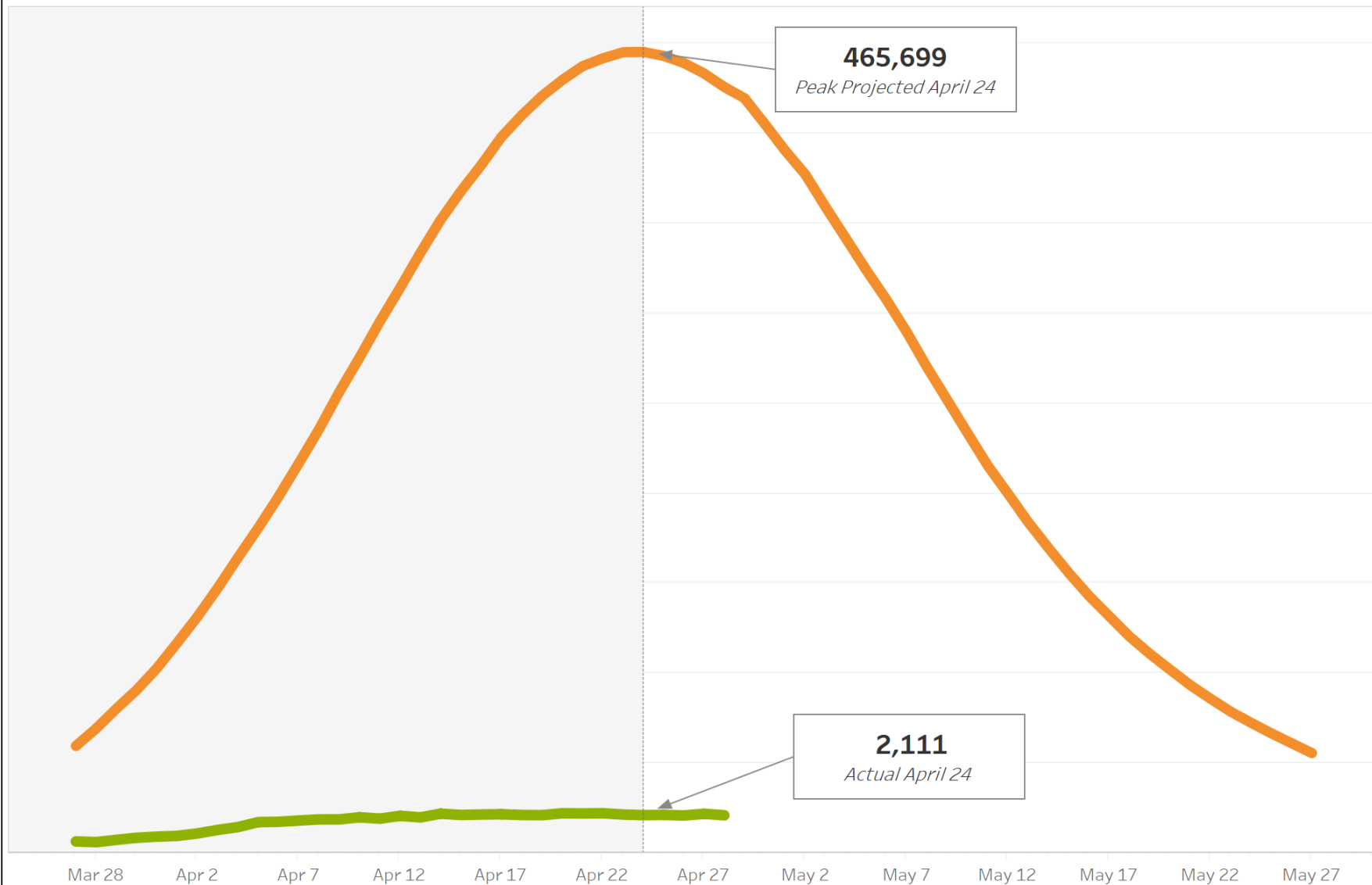


Florida fatalities data from FL DOH, state population data from U.S. Census Bureau, other country fatalities data population data from worldometers.com

“In Florida, the model predicts 465,699 people will be hospitalized because of COVID-19, the illness caused by complications from the virus, by April 24 but there will only be 36,384 hospital beds available by that date.”

‘THE COST OF HAPPY TALK’: MEDICAL EXPERTS WARN OF DEATH TOLL IF SHUTDOWNS DON’T HAPPEN NOW

Actual Hospitalizations vs. Model Cited by the Media



Actual hospitalization data from AHCA Emergency Status System (ESS)

Orlando Sentinel

 APRIL 6, 2020

**“Projections say the state could run out
of ICU beds by April 14.”**

EARLIER DATE PREDICTED FOR FLORIDA'S CORONAVIRUS PEAK

FACT:

***Florida's ICU Bed
Availability is 36.5%***

WHEN NO MORE VENTILATORS ARE LEFT

“As political and health leaders look into the face of rapidly approaching peaks in COVID-19 cases, the need for ventilators has hit crisis levels.”

“There will likely come a point when there will be no more ventilators to shuffle around, and when that happens, what next?”

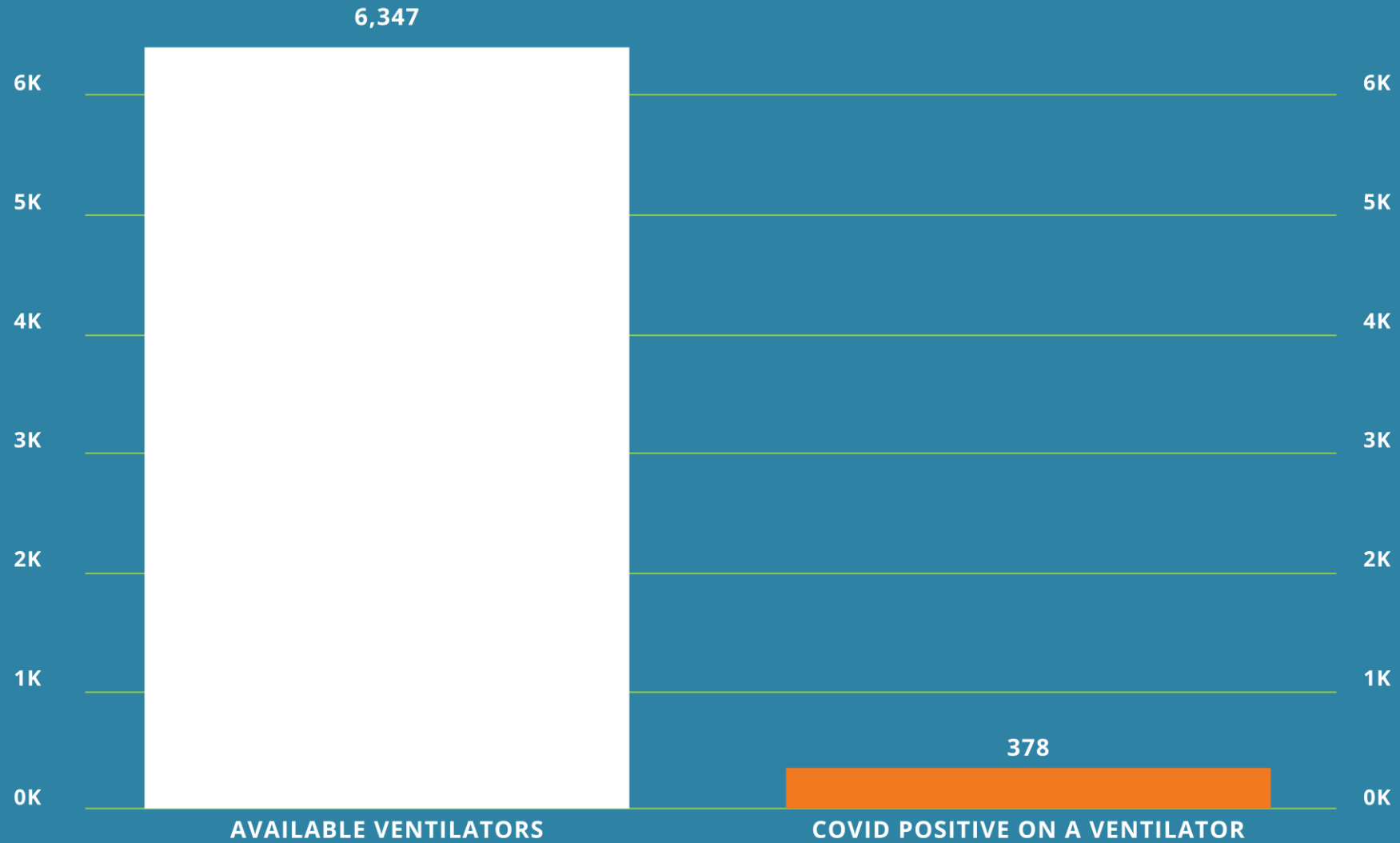
FACT:

Florida has never had a shortage of ventilators.

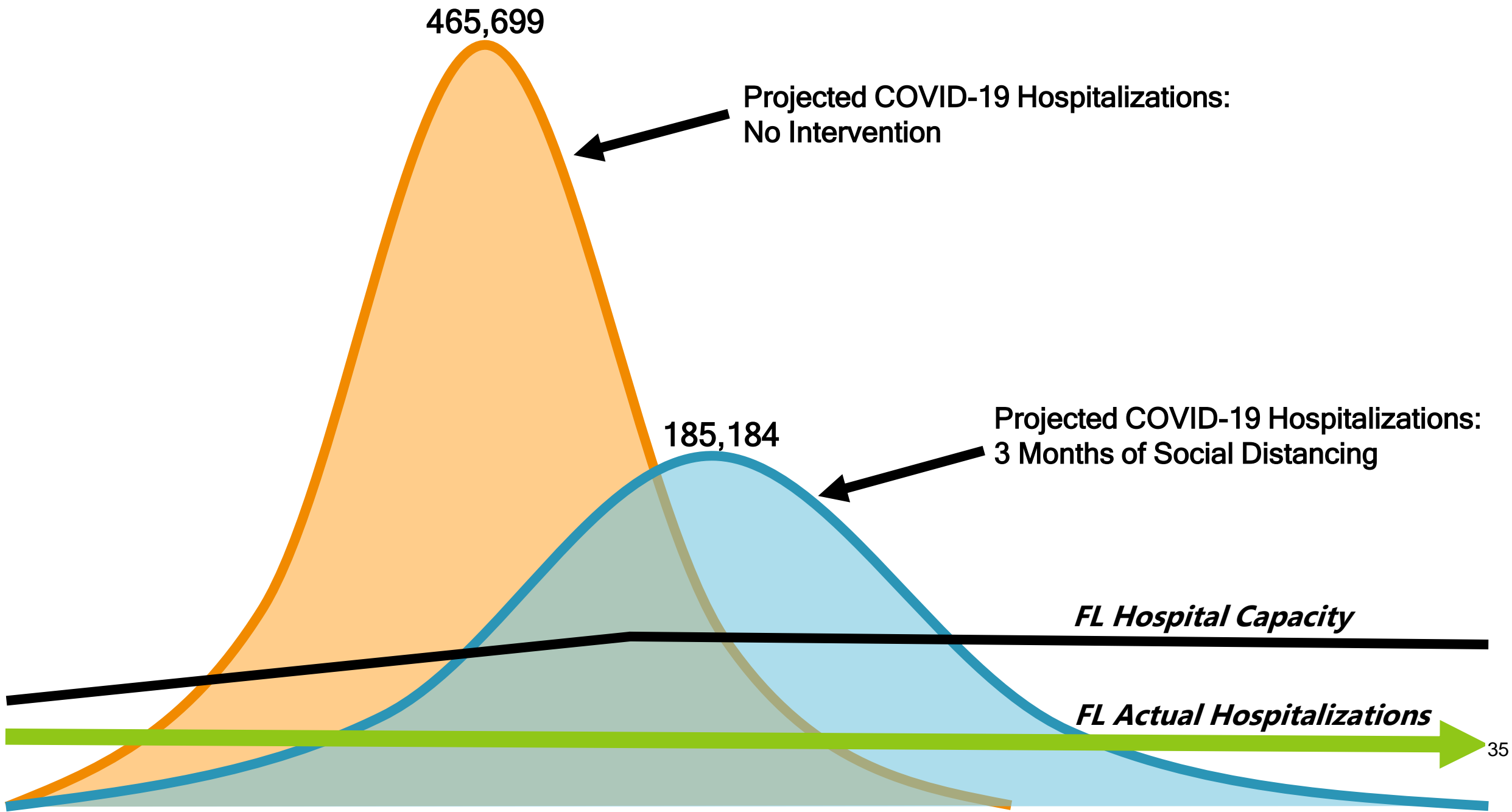
We currently have 74.6% available

AVAILABLE VENTILATORS IN FLORIDA

Available ventilators and ventilator use for COVID in Florida



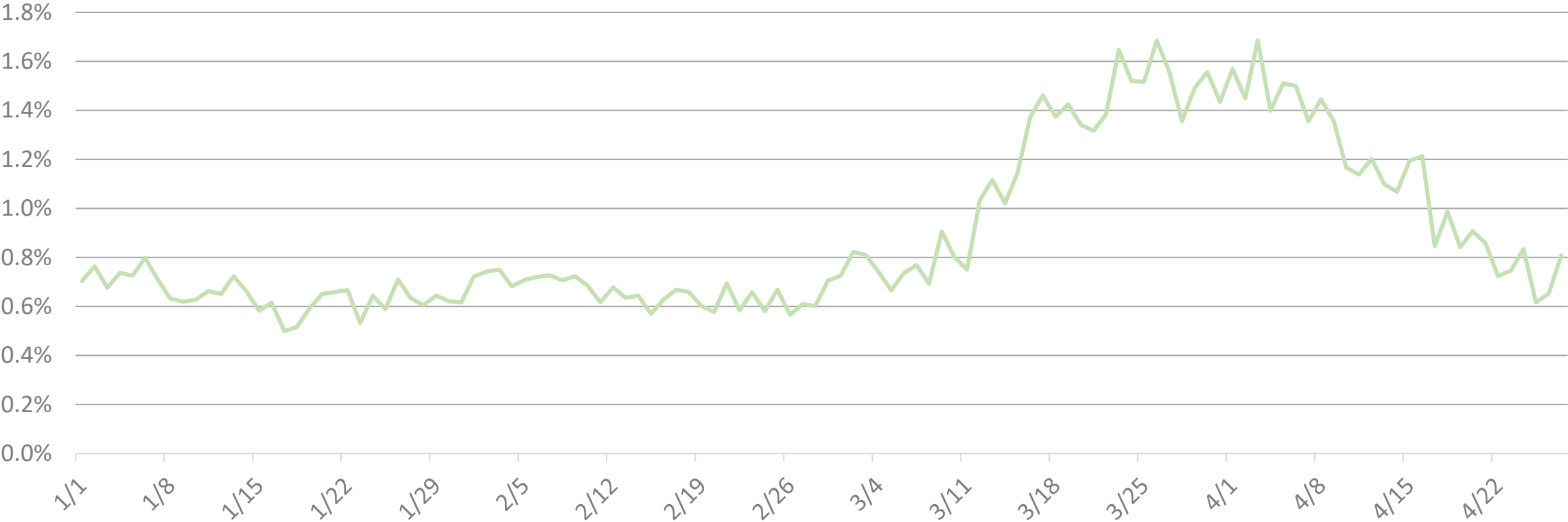
Ventilator data from AHCA Emergency Status System (ESS)



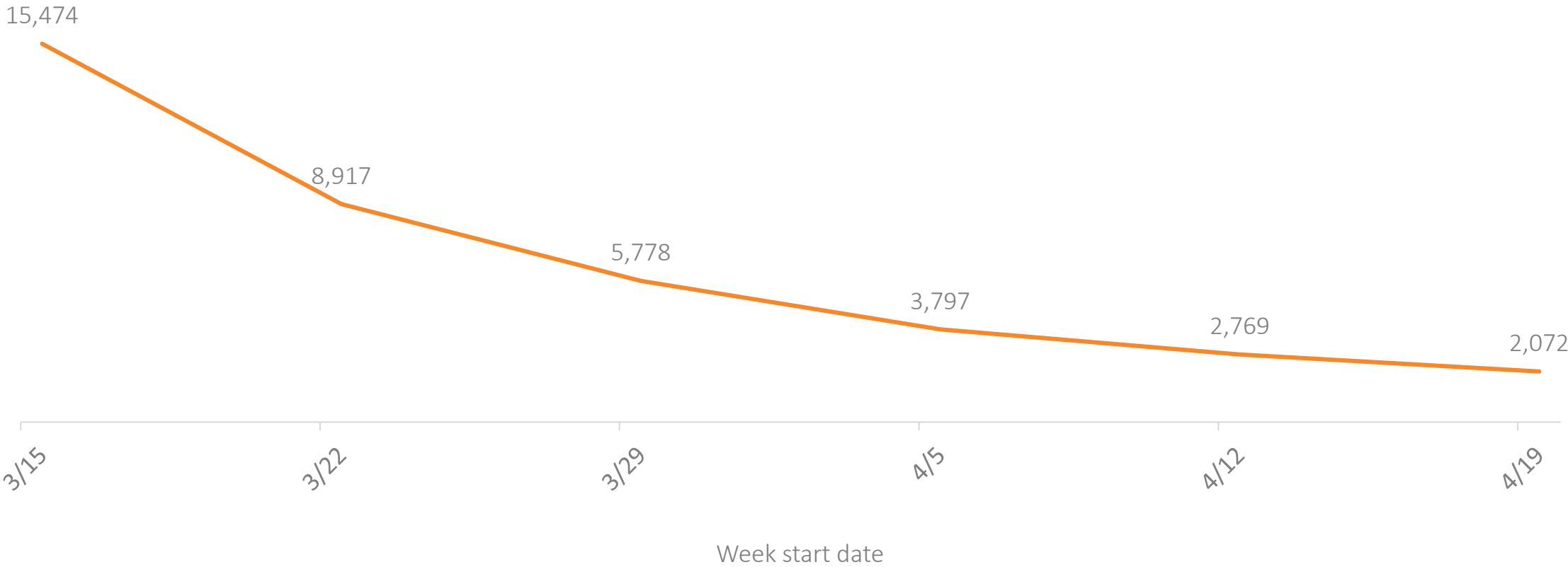
Source: Image adapted from COVID Act Now: "Hospitalizations in Florida," Projected March 19, 2020.

STATE GATING CRITERIA

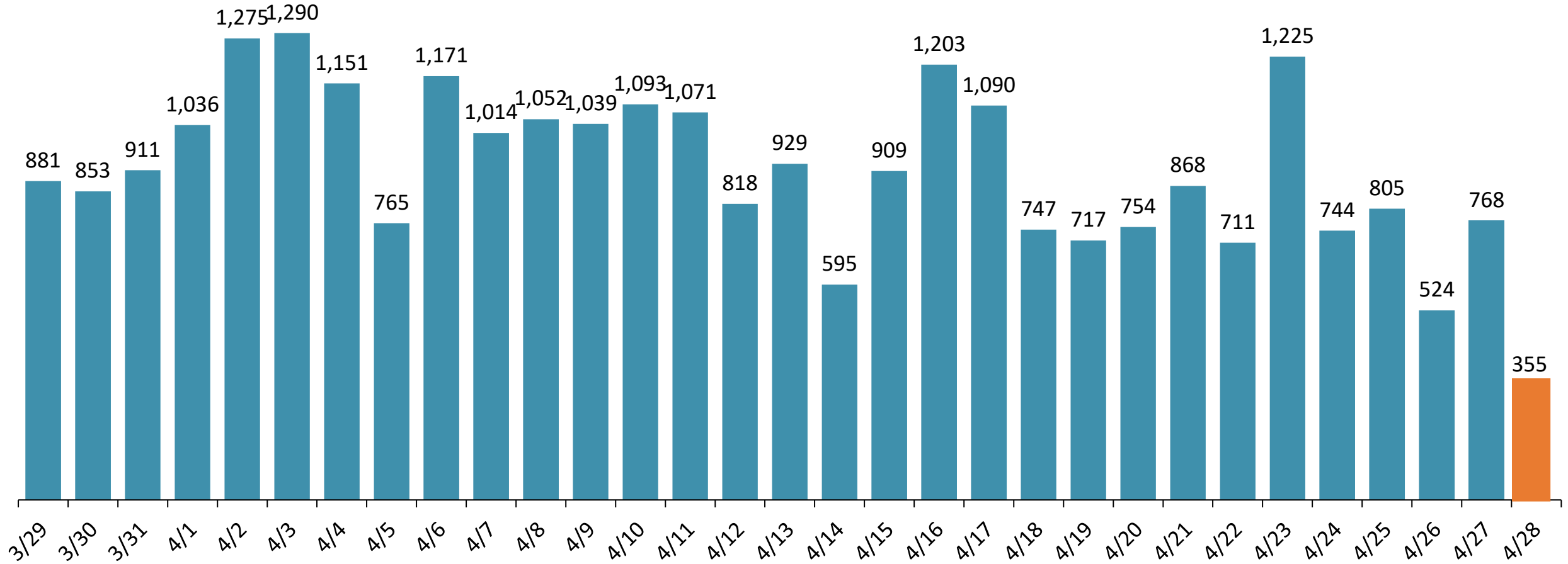
Cough-Associated Admissions



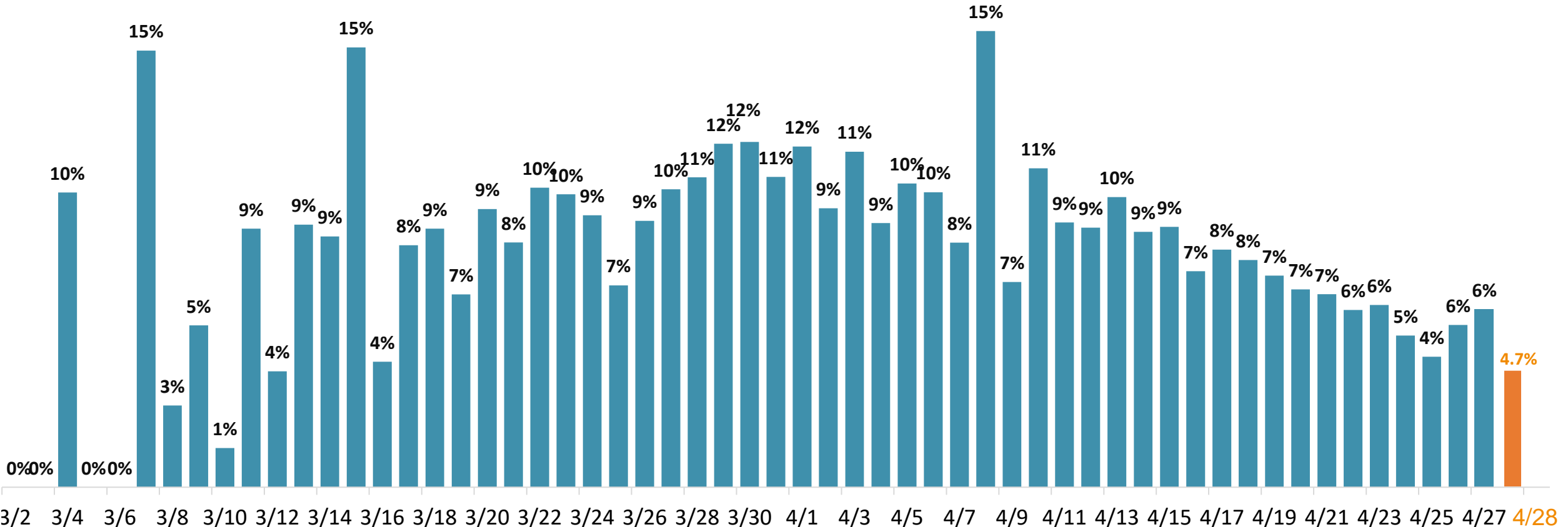
Influenza-Like Illness Visits



Florida COVID-19 Cases



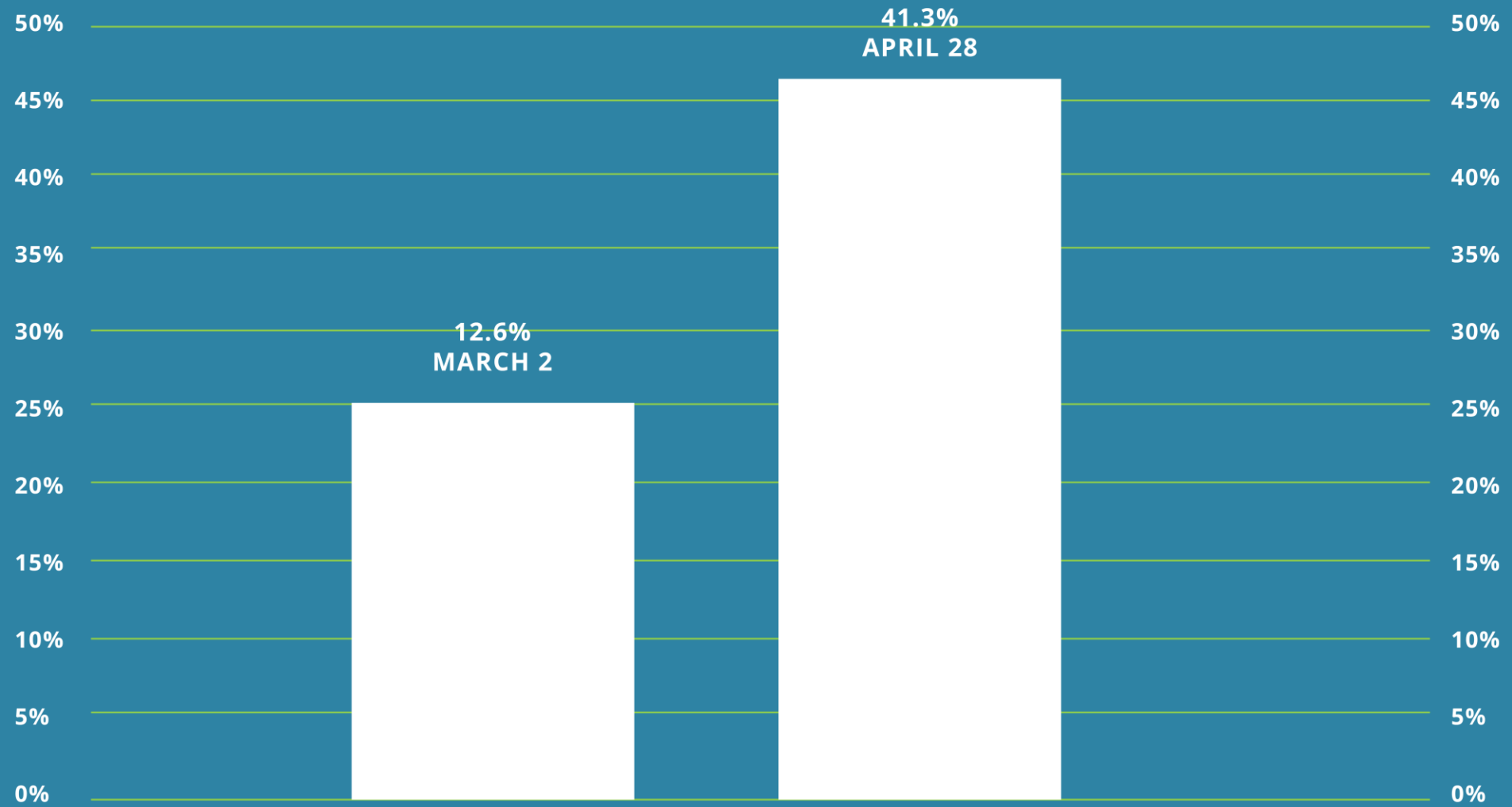
New Case Positivity Rate Trend



ALL HOSPITAL BED AVAILABILITY

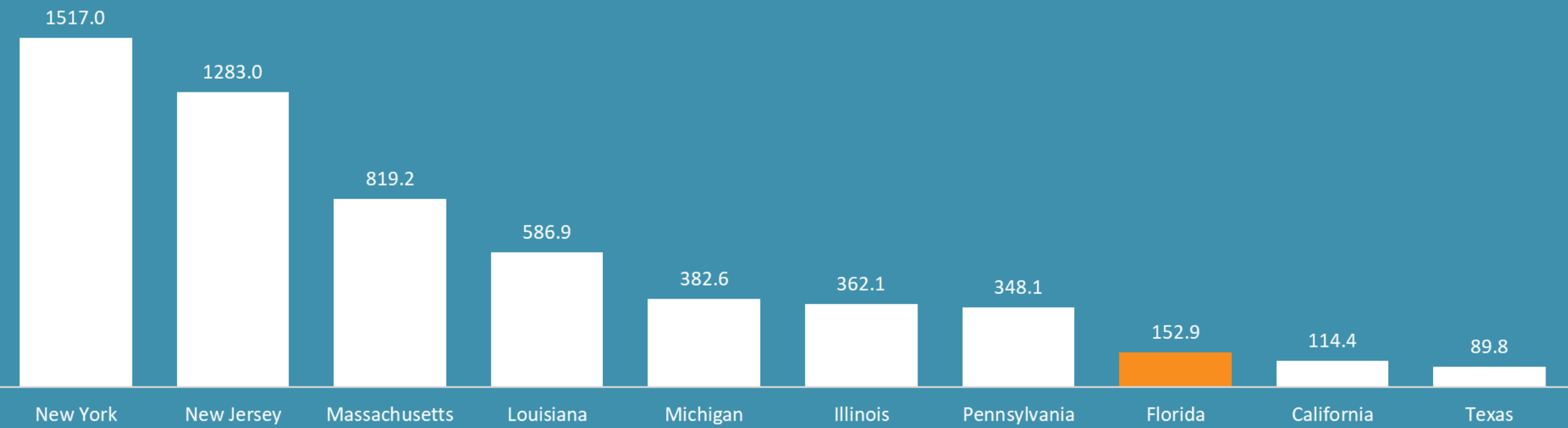
	FLORIDA	MIAMI-DADE	BROWARD	PALM BEACH	HILLSBOROUGH	ORANGE	DUVAL
TOTAL LICENSED BEDS	68,735	9,455	6,816	4,332	4,378	4,751	3,927
TOTAL STAFFED BEDS	58,742	8,102	5,403	4,044	3,982	3,743	3,794
TOTAL AVAILABLE BEDS	22,060	2,991	1,739	1,815	1,470	1,204	1,684
AVAILABLE CAPACITY	37.55%	32.19%	32.19%	44.88%	36.92%	32.17%	44.39%
HOSPITALIZATION CHANGE IN LAST 24 HRS	30	38	-12	7	4	-1	-3
HOSPITALIZATIONS	2,131	767	324	230	41	52	58

% of Class 1 Beds Available on Selected Dates



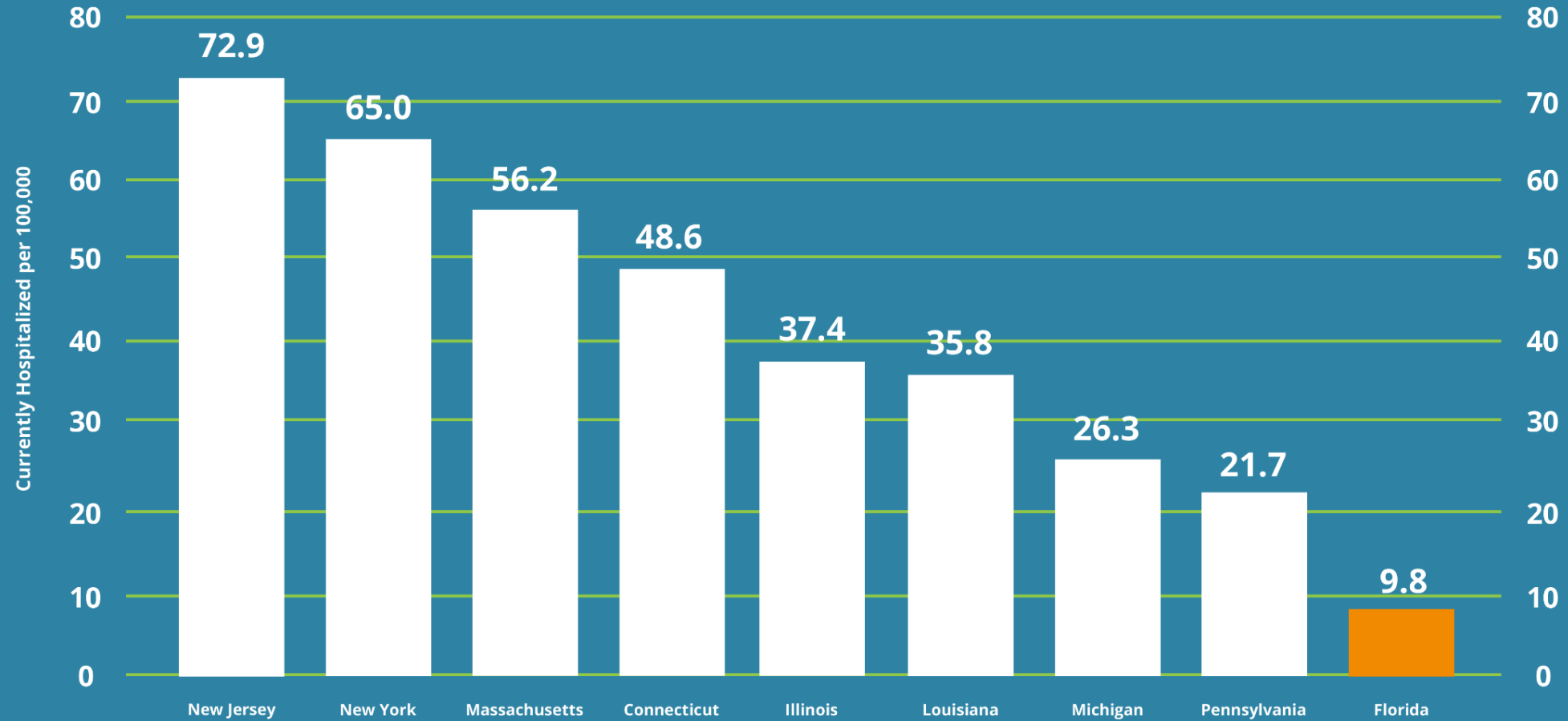
Includes data reported by facilities in the AHCA Emergency Status System (ESS).

Case Rate per 100,000 Population



COVID HOSPITALIZATIONS

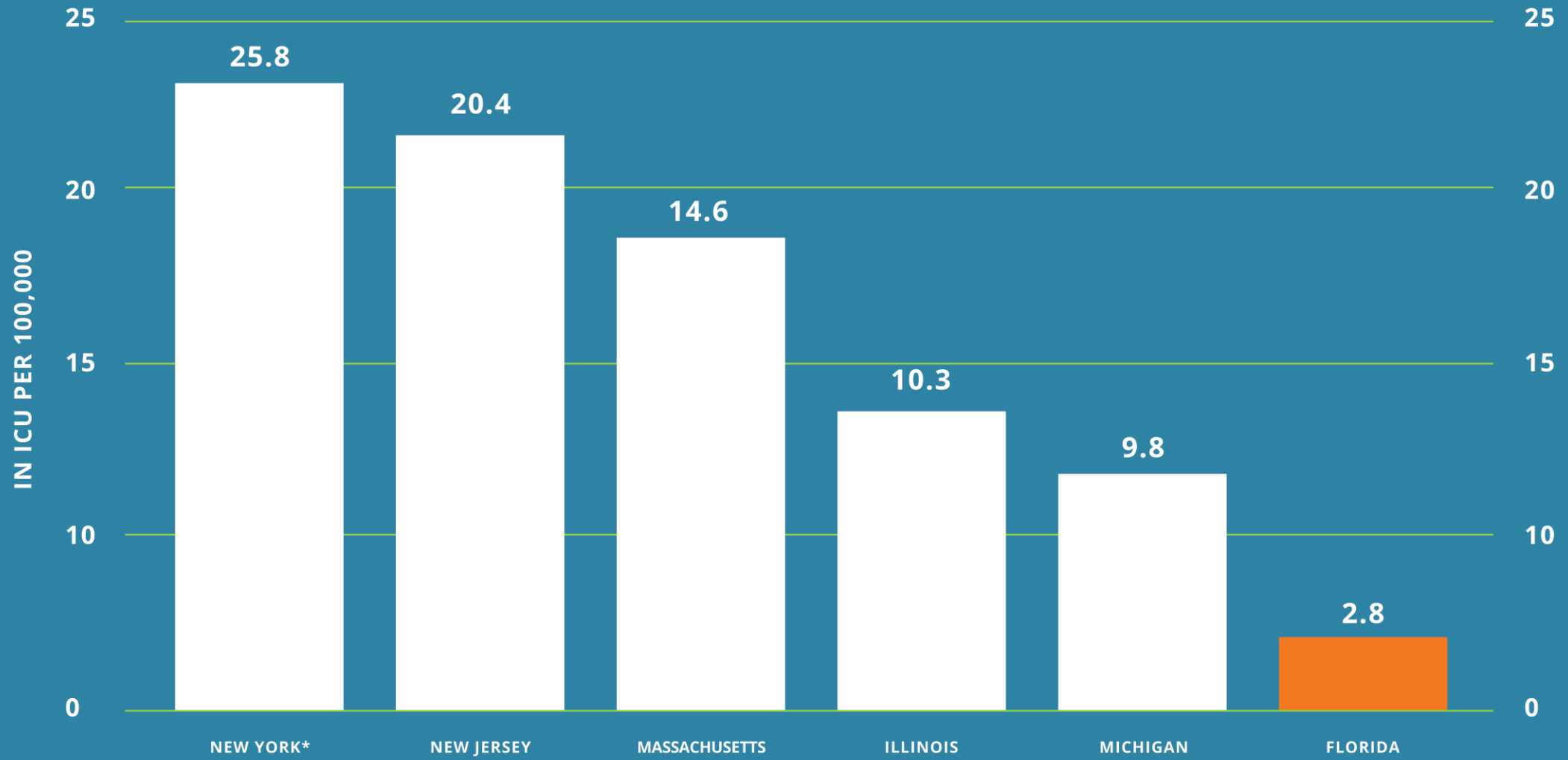
Currently Hospitalized per 100,000 | April 28, 2020



Florida hospitalization data from AHCA Emergency Status System (ESS), other state hospitalization data from covidtracking.com, population data from U.S Census Bureau

COVID HOSPITALIZATIONS

Currently In ICU per 100,000 | April 28, 2020



Florida hospitalization data from AHCA Emergency Status System (ESS), other state hospitalization data from covidtracking.com, population data from U.S Census Bureau *New York state ICU data last reported on covidtracking.com April 23

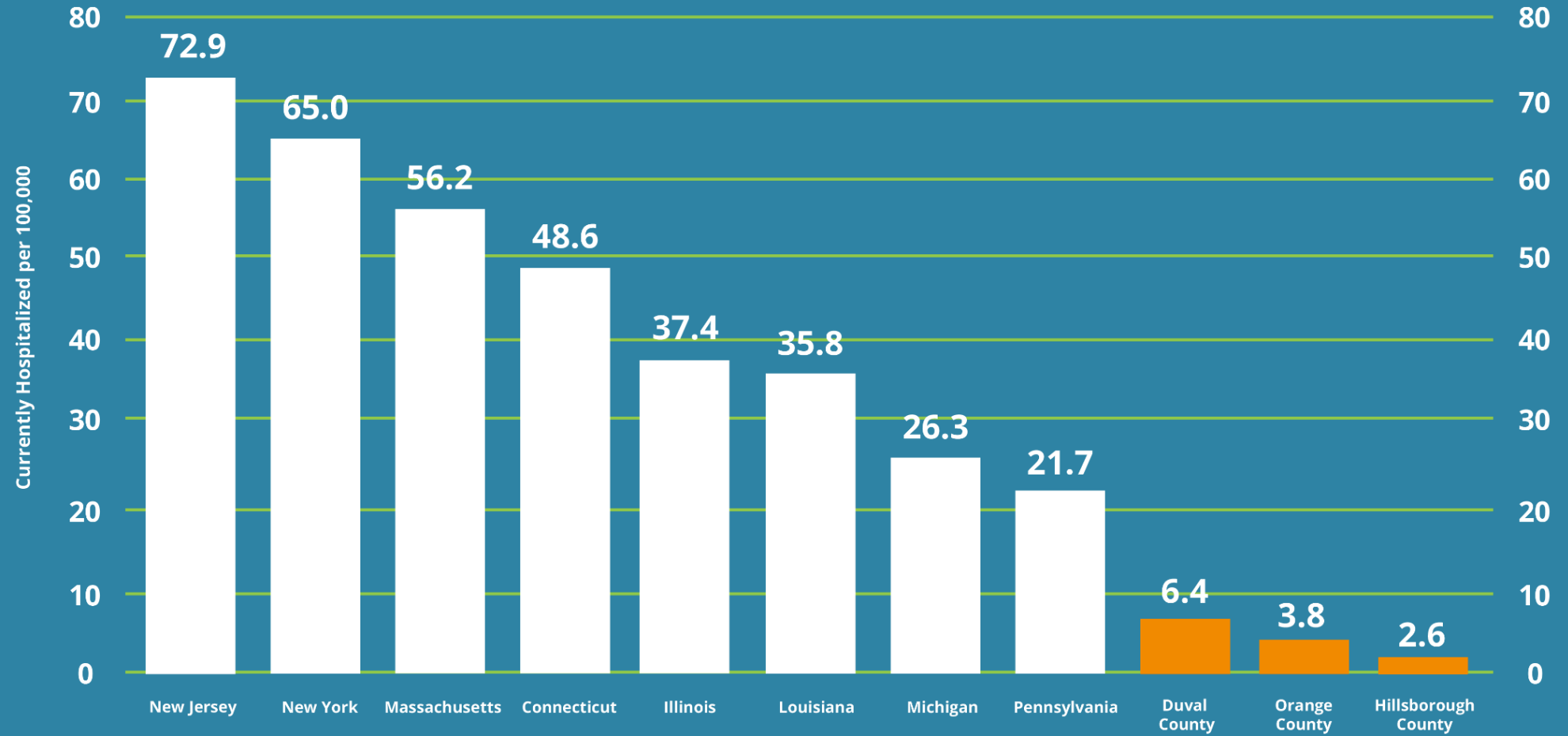
Safe. Smart. Step-by-Step.



PLAN FOR FLORIDA'S RECOVERY

COVID HOSPITALIZATIONS

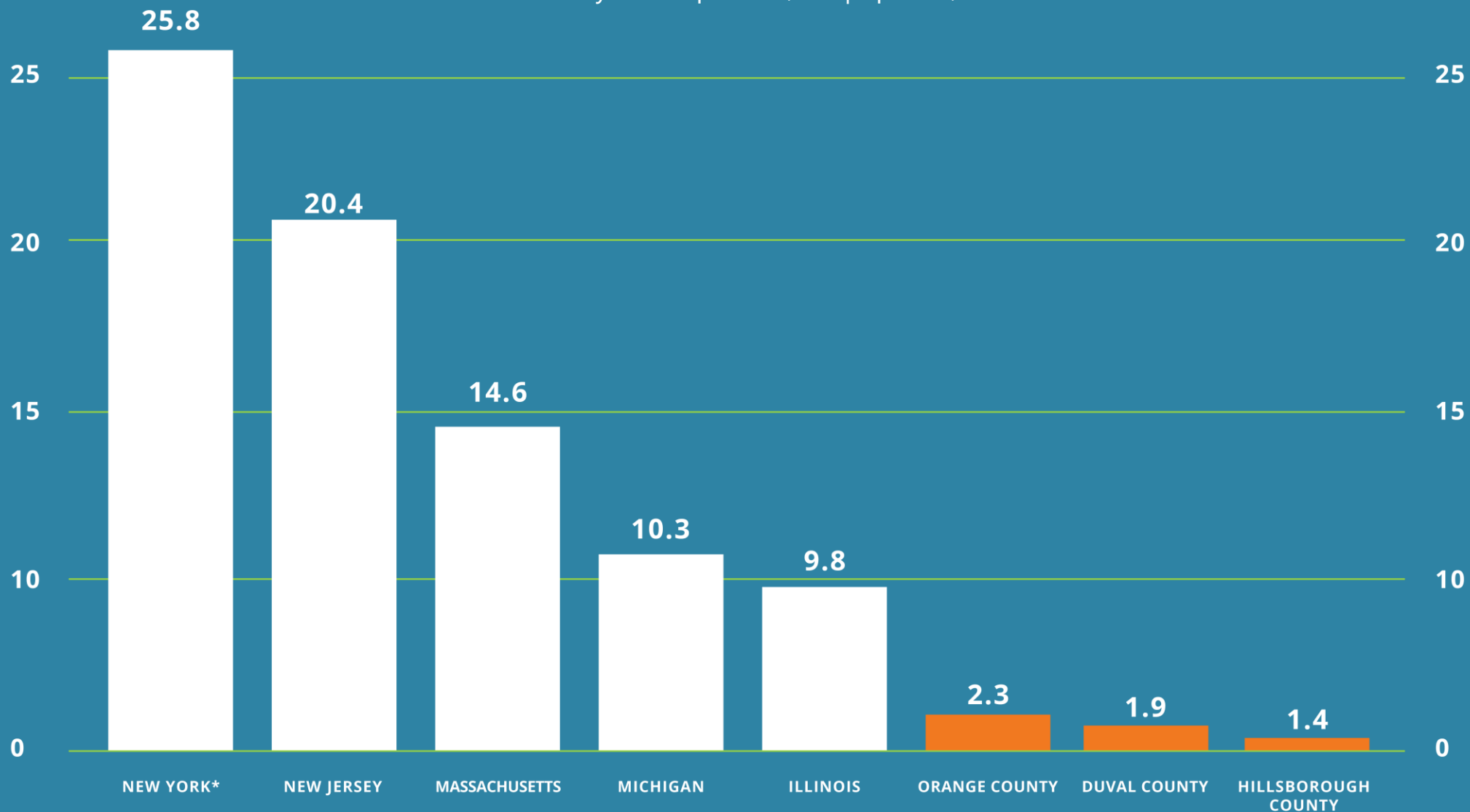
Currently Hospitalized per 100,000 | April 28, 2020



Florida hospitalization data from AHCA Emergency Status System (ESS), other state hospitalization data from covidtracking.com, population data from U.S Census Bureau

COVID HOSPITALIZATIONS

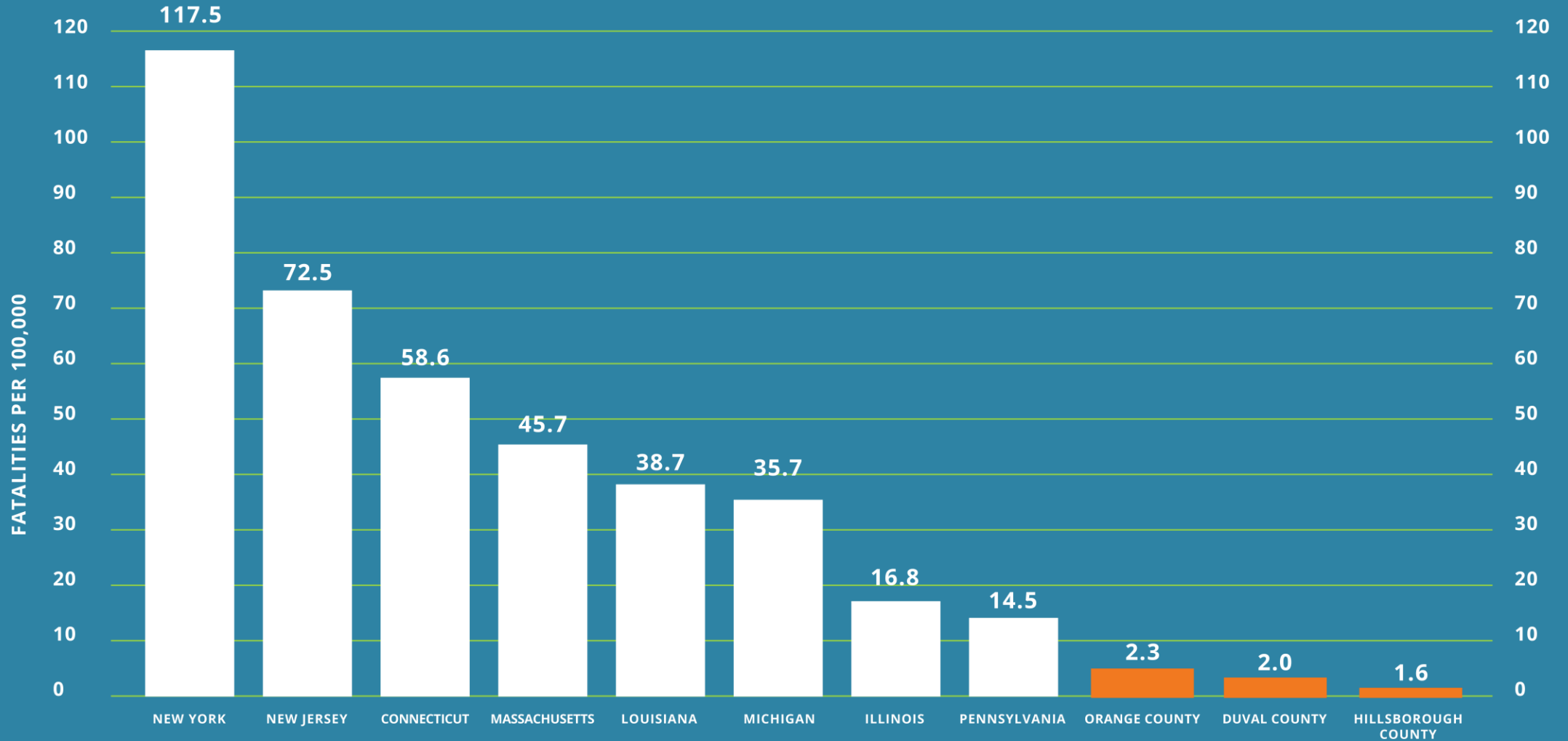
Currently In ICU per 100,000 | April 28, 2020



Florida hospitalization data from AHCA Emergency Status System (ESS), other state hospitalization data from covid/tracking.com, population data from U.S. Census Bureau *New York state ICU data last reported on covidtracking.com April 23

COVID FATALITIES

Fatalities per 100,000 | April 28, 2020



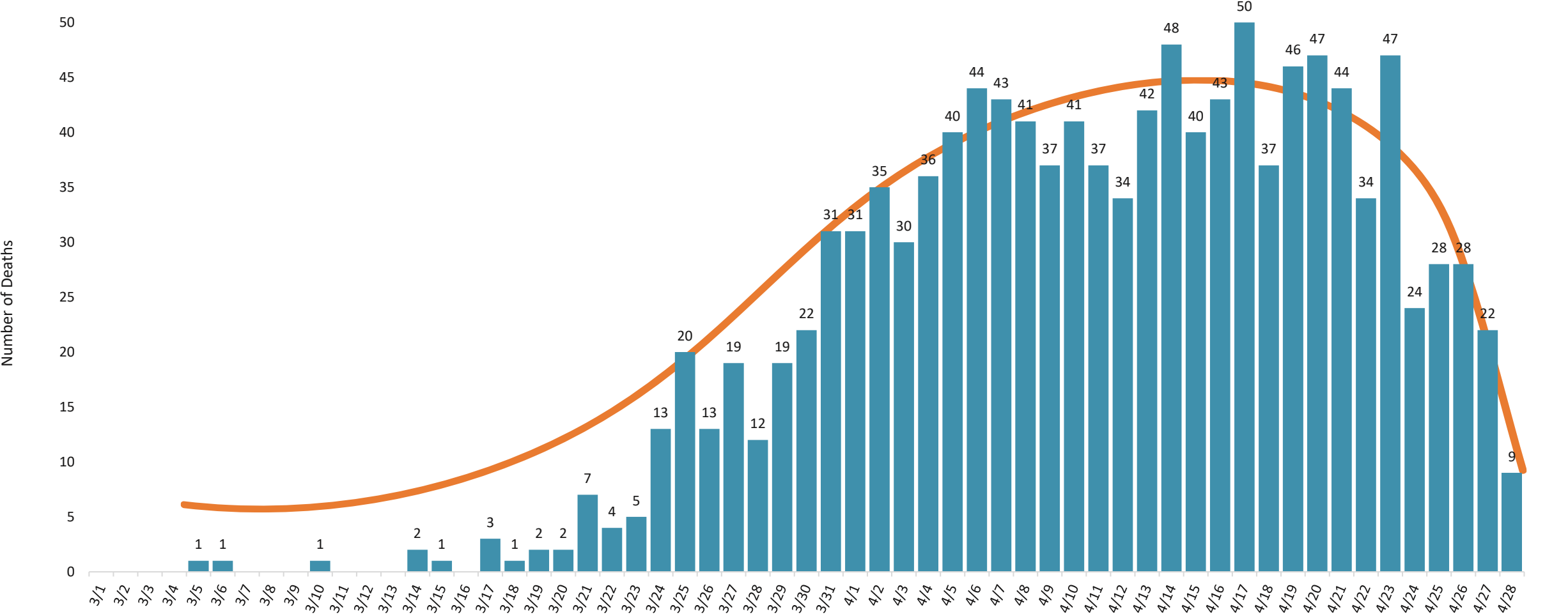
Florida fatality data from FL DOH, other state fatalities data from worldmeters.com, population data from U.S. Census Bureau

LONG-TERM CARE FACILITIES

PROTECTING MOST VULNERABLE

- Suspended visitation, mandated strict staff screening, and directed ALL staff that interact with residents to wear masks in long-term care and residential facilities.
- Deployed Rapid Emergency Response Teams to more than 300 long-term care facilities to train staff on infection controls and augment clinical patient care.
- Deployed 50 mobile testing teams with the Florida National Guard tested more than 6,000 resident and staff at facilities throughout Florida.
- Deployed 120 ambulatory assessment teams to long-term care facilities that visited over 3,800 facilities to complete needs-assessments.
- Directed the Florida Division of Emergency Management to send PPE to ALL 697 Nursing Homes and 3,098 Assisted Living Facilities.
- To date, the Division of Emergency Management has delivered nearly 7 million masks, nearly 1 million gloves, more than 500,000 face shields, and 160,000 gowns.

COVID-19 Deaths by Day, Florida



WALK-UP TESTING SITES: 6,330 people tested

Focus on underserved communities

CURRENTLY OPEN:

- 2 in Broward County
- 1 in Duval County
- 2 in Hillsborough County
- 1 in Leon County
- 1 in Palm Beach County
- Several Sites in Orange County that rotate day-to-day.

NEW:

- MIAMI-DADE – Holy Family Catholic Church opened yesterday. Focused on the Haitian community, with Creole speakers.
- PALM BEACH – Site in Riviera Beach is opening early next week.
- COLLIER COUNTY – Site in Immokolee is opening.

****Total of 11 state-supported walk-up sites across the state.**

DRIVE THRU TESTING SITES

CURRENT STATE SUPPORTED SITES:

- Miami Hard Rock
- TIAA Bank Stadium Lot J
- Orange County Convention Center
- CB Smith Park in Broward County
- Marlins Stadium
- FITTEAM Ballpark of the Palm Beaches in Palm Beach County
- South County Civic Center in Delray Beach
- Raymond James Stadium

****The state is opening five drive thru testing sites in the coming week, which will bring our total to 13 state-supported drive-thrus. To date, these sites have already tested 88,000 individuals.**

NEW STATE SUPPORTED SITES:

- BROWARD COUNTY – The War Memorial in Fort Lauderdale is opening a site tomorrow.
- ESCAMBIA COUNTY – UWF is opening a site on Friday.
- LEE COUNTY – Early next week, we will be opening a site at the Minnesota Twins spring training stadium.
- SARASOTA/MANATEE COUNTY – We are opening a site near the University Town Center mall to serve the area. Opening early next week.
- MIAMI-DADE COUNTY – Next week, we are opening a site that can do drive-thru and walk up tests at the Miami Beach Convention Center. One side walk up, one side drive thru.

MOBILE LAB

- The State has secured a mobile lab that can conduct 3,500 tests per week through a deal with Cepheid.
- 3,500 cartridges per week to support rapid testing – 45 minute results.
- This testing will start early next week, and we expect to have the cartridges on Tuesday.
- The State are going to use it to test long-term care facilities and will be able to get results same day.
- As testing continues, it has multiple applications – homeless, homebound, underserved populations, etc.

CONTACT TRACING

- The Florida Department of Health has recruited hundreds of professors and students from universities to assist with the COVID-19 response, including contact tracing.
- The Florida Department of Health has more than 500 epidemiologists dedicated to responding to COVID-19, this includes 223 epidemiologists hired during the response and approximately 300 others not including the HIV, STD, TB programs.
- The schools that are contributing students for contact tracing efforts are the following:
 - FSU, USF, UF, FAMU, UCF, FIU, UM, Columbia, Nova Southeastern University, George Washington University, University of Kentucky, and Brown School at Washington University in St. Louis.

FLORIDA PHASE 1

FLORIDA PHASE 1

Received input and advice from prominent physicians, health care system executives, small business owners, elected officials, unemployed Floridians, and law enforcement

Convened the Re-Open Florida Task Force, which produced a report with recommendations

FLORIDA PHASE 1 (Continued)

- Schools remain distance learning.
- Visits to senior living facilities are prohibited.
- Elective surgeries can resume.
- Restaurants may offer outdoor seating with six foot space between tables and indoor seating at 25% capacity.
- Retail can operate at 25% of indoor capacity.
- No change for bars, gyms, and personal services such as hair dressers.

FLORIDA PHASE 1 (Continued)

- **Vulnerable individuals should avoid close contact with people outside the home.**
- **All individuals, when in public, should maximize physical distance from others.**
- **Avoid socializing in groups of more than 10 people in circumstances that do not readily allow for physical distancing.**
- **Face masks are recommended for all those in face-to-face interactions and where you can't social distance.**

FLORIDA'S NEXT STEPS

Key metrics to consider as we move to next steps:

- The state maintains the health benchmarks of the Safe. Smart. Step-by-Step Plan
- Maintaining hospital bed capacity
- Monitoring COVID-19 test positivity rate

This does not need to take months. It will be based in our health metrics and guided by medical authorities.

Safe. Smart. Step-by-Step.



PLAN FOR FLORIDA'S RECOVERY

**AMENDMENT 1 TO EMERGENCY ORDER 20-13
ORDER ALLOWING THE USE OF PERSONAL PROTECTIVE EQUIPMENT
IN ALACHUA COUNTY**

WHEREAS, Governor Ron DeSantis has issued Executive Order 20-51 declaring a public health emergency as the result of the spread of the COVID-19 virus; and,

WHEREAS, as the virus spread Governor DeSantis issued Executive Order 20-52 declaring a general state of emergency in all the counties of the State; and,

WHEREAS, President Donald Trump has declared a National State of Emergency due to the COVID-19 virus; and,

WHEREAS, the Governor and the Department of Health have issued several Orders and Directives regarding public safety and limiting public activities to limit the spread of the COVID-19 virus; and

WHEREAS, the number of suspected and diagnosed cases in the State of Florida and specifically Alachua County continue to climb; and,

WHEREAS, a Proclamation Declaring a State of Emergency in Alachua County was issued on March 16th beginning at 1:04 p.m. which has been extended by Orders 20-08 and 20-11; and,

WHEREAS, Governor DeSantis has issued Executive Orders 20-91 and 20-92 setting forth a state-wide stay at home order and establishing a state-wide list of essential businesses and services; and

WHEREAS, Governor DeSantis has specified his Order shall supersede any conflicting official action or order issued by local officials in response to COVID-19; and,

WHEREAS, Executive Order 20-91 does not address the use of personal protective equipment (PPE) in the workplace; and

WHEREAS, at the present, commercially manufactured PPE is not readily available for members of the public and home-made PPE is being made by members of the public and used in the healthcare field because of the lack of commercially manufactured PPE; and

WHEREAS, the Surgeon General has stated that some protection is better than none, and

AMENDMENT TO ORDER ALLOWING THE USE OF PPE
IN ALACHUA COUNTY ORDER 20-13

WHEREAS, the Chair of the Board of County Commission is the Official Authority as prescribed in the County's Code §27.07.

NOW THEREFORE, pursuant to Alachua County Code Section §27.07, the Chair of the Board of County Commissioners sitting as the Official Authority hereby resolves, finds, and declares:

1. The above recitals are true.
2. I find that a local order on the use of PPE does not impair or conflict with either Executive Order 20-91 or 20-92.
3. No private employer or owner of a business in Alachua County shall prevent an employee or member of the public from wearing their PPE of choice while on their premises in Alachua County or during the performance of their job duties until commercially manufactured PPE becomes widely available. However, the business owner or their representative is not required to allow the use of any PPE which is obscene or contains a message that is not appropriate.
4. Hospitals and medical facilities are exempt from this order and may control the use of PPE as they see fit.¹
5. Any violation of this order shall be treated as a violation of §252.50, Florida Statutes.
6. This Order shall apply within the entirety of the boundaries of Alachua County and shall apply within all municipalities within the county. This order may be enforced by any municipality within the county within their jurisdiction.
7. This order shall take effect upon it being signed and filed with the Clerk of the Court.

¹ Underscored text reflect changes in text from prior order.

AMENDMENT TO ORDER ALLOWING THE USE OF PPE
IN ALACHUA COUNTY ORDER 20-13

Dated this 5th day of April at 12:15 p.m.

BOARD OF COUNTY COMMISSIONERS
OF ALACHUA COUNTY, FLORIDA

By: 
Robert Hutchinson, Chair

APPROVED AS TO FORM:



County Attorney's Office

EMERGENCY ORDER 20-21

AN EMERGENCY ORDER OF ALACHUA COUNTY REQUIRING THOSE BUSINESSES AND ORGANIZATIONS WHOSE EMPLOYEES ARE NOT USING FACE MASKS TO POST A NOTICE TO ALL WHO ENTER THE PREMISES THAT EMPLOYEES ARE NOT WEARING FACEMASKS.

WHEREAS, Governor Ron DeSantis has issued Executive Order 20-51 declaring a public health emergency as the result of the spread of the COVID-19 virus; and,

WHEREAS, as the virus spread Governor DeSantis issued Executive Order 20-52 declaring a general state of emergency in all the counties of the State; and,

WHEREAS, President Donald Trump has declared a National State of Emergency due to the COVID-19 virus; and,

WHEREAS, the Governor and the Department of Health have issued several Orders and Directives regarding public safety and limiting public activities to limit the spread of the COVID-19 virus and these directives remain in force; and

WHEREAS, the number of suspected and diagnosed cases in the State of Florida and specifically Alachua County continue to climb; and,

WHEREAS, the Centers for Disease Control and the Florida Department of Health have recommended that individuals who go out in public wear face masks; and

WHEREAS, across the state there are businesses whose employees have become ill and died from exposure to the COVID-19 virus, and

WHEREAS, that while the stay at home order currently in place and the social distancing recommended by the CDC and established in Alachua County Emergency Order 2020-12 and its amendments have been of assistance in slowing the spread of the virus, there are still businesses whose employees do not wear face masks and members of the public who enter those businesses not aware that face masks are not being worn or not wearing face masks themselves; and

ORDER REGARDING POSTING
FAILURE TO WEAR FACEMASKS
IN ALACHUA COUNTY ORDER 20-21

Whereas, it is in the public interest to increase the information available to the public as they enter upon the premises of essential businesses regarding the effort that those businesses are taking in slowing the spread of the virus; and

WHEREAS, a Proclamation Declaring a State of Emergency in Alachua County was issued on March 16th beginning at 1:04 p.m. which has been extended two times in most recently in Order 20-18; and,

WHEREAS, the Chair of the Board of County Commission is the Official Authority as prescribed in the County's Code §27.07.

NOW THEREFORE, pursuant to Alachua County Code Section §27.07, the Chair of the Board of County Commissioners sitting as the Official Authority hereby resolves, finds, and declares:

1. The above recitals are true.
2. All businesses and organizations within Alachua County which are open to the public to any extent are encouraged to ensure that their employees have appropriate face masks and other personal protective equipment as necessary.
3. To the extent that there are businesses or organizations which are open to the public whose employees are not wearing face masks, those businesses and organizations shall post the sign which is attached as "Exhibit A" to this Order on every entrance where the public can gain access to the building.
4. This Emergency Order applies to incorporated and unincorporated areas within Alachua County, but has no application outside of Alachua County. Municipalities have the authority to enforce this order within their jurisdiction.
5. The County or municipalities within its jurisdiction will direct any establishment to

ORDER REGARDING POSTING
FAILURE TO WEAR FACEMASKS
IN ALACHUA COUNTY ORDER 20-21

cease and desist operations that are in violation of this Emergency Order and may treat violations as a violation of County or Municipal ordinance as appropriate.

6. Notwithstanding this, any violation of these emergency measure(s) shall be a violation of §252.50, Florida Statutes and may be punishable as provided therein and shall be enforced by law enforcement as provided by law.

Dated this 27th day of April, 2020 at _____ a.m.

BOARD OF COUNTY COMMISSIONERS
OF ALACHUA COUNTY, FLORIDA

By: _____
Robert Hutchinson, Chair

APPROVED AS TO FORM:

County Attorney's Office

**Warning:
Employees in
this business
are not wearing
protective masks**

This notice is required to be posted on the door of each public and employee entrance to businesses or organizations in Alachua County where any employees within the building are not wearing masks intended to reduce the risk of transmitting coronavirus and other airborne infections to their customers and other employees. Minimum sign size is 8 x 11 inches, minimum font size for the ten words of the main message is 90-point type. Signs available at: www.AlachuaCounty.us/MaskSigns Reports regarding non-compliance: Dial 311 Alachua County Emergency Order 2020-XX.

EXHIBIT A



MIAMI-DADE COUNTY EMERGENCY ORDER 20-20

WHEREAS, section 252.38(3)(a), Florida Statutes, gives political subdivisions the authority to declare and enact a State of Local Emergency for a period of up to seven days, thereby waiving the procedures and formalities otherwise required of the political subdivision by law; and

WHEREAS, on March 1, 2020, the Governor of Florida issued Executive Order Number 20-51, directing the State Health Officer and Surgeon General to declare a Public Health Emergency due to the discovery of COVID-19/novel Coronavirus in Florida; and

WHEREAS, on March 9, 2020, the Governor issued Executive Order Number 20-52, declaring a State of Emergency for the State of Florida related to COVID-19/novel Coronavirus; and

WHEREAS, on March 12, 2020, the County Mayor declared a State of Emergency for all of Miami-Dade County; and

WHEREAS, on March 30, 2020, the Governor issued Executive Order Number 20-89, restricting the operations of non-essential businesses in certain South Florida counties and requires such establishments to take reasonable actions to comply with the United States Centers for Disease Control and Prevention (CDC) guidelines on social distancing; and

WHEREAS, the CDC believes that social distancing in the most effective way of slowing the spread of COVID-19; and

WHEREAS, on April 3, 2020, the CDC recommended that persons wear masks, including cloth masks or other facial coverings, in situations where it is difficult to attain social distancing, in order to help control the spread of COVID-19; and

WHEREAS, COVID-19/novel Coronavirus poses a health risk to Miami-Dade County residents, particularly elderly residents and those who are immunosuppressed or otherwise have high-risk medical conditions,

THEREFORE, as County Mayor of Miami-Dade County, I hereby order:

1. Persons working in or visiting grocery stores, restaurants, pharmacies, construction sites, public transit vehicles, vehicles for hire, and locations where social distancing measures are not possible shall wear facial coverings as defined by the CDC.

Miami-Dade County Declaration of Local State of Emergency

2. A facial covering includes any covering which snugly covers the face and mouth, whether store bought or homemade, and which is secured with ties or ear loops. Examples of compliant home-made masks may be found at <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>. Persons should not utilize N95 rated masks, as those are critical supplies for health care workers, police, fire, emergency management, or other persons engaged in life/safety activities. Persons who wear masks should review the CDC and Florida Department of Health guidelines regarding safely applying, removing, and cleaning masks.

3. A mask shall not be required for children under two or persons who have trouble breathing due to a chronic pre-existing condition.

4. This order does not change or alter any social distancing requirements imposed in any other Emergency Order.

5. The provisions of this order shall serve as minimum standards. Municipalities may impose more stringent standards within their jurisdictions, as permitted by law.

6. This order shall be effective as of 11:59 p.m. on April 9, 2020.

7. This order shall expire upon the expiration of the existing Miami-Dade County State of Local Emergency, except that if such State of Local Emergency is extended, this order shall also be deemed to extend for the duration of such extension. This order may be cancelled earlier by action of the County Mayor.

8. This order shall be provided to all appropriate media consistent with the requirements of section 8B-7(2)(n) of the Code of Miami-Dade County.

Enacted:

Signed: _____


COUNTY MAYOR

Date: 4/9/2020

Time: 18:20

Witness: _____



Cancelled:

Signed: _____

COUNTY MAYOR

Date: _____

Time: ____:____

Witness: _____

Alachua County Draft Reopening Risk Crosswalk

Risk Definitions / Considerations include but not limited to:

Low Risk:	Medium Risk:	High Risk:
<ul style="list-style-type: none"> • Open air • Allows for easy social distancing • Minimum indoor facility use • Access to multiple hand washing areas • Lower frequency of touch 	<ul style="list-style-type: none"> • Limited/constrained open air environment • Larger indoor areas allow for proper social distancing • Access to multiple hand washing areas • Lower frequency of touch 	<ul style="list-style-type: none"> • Indoor facility with limited outdoor areas • Difficult to allow adequate social distancing • Limited hand washing area • Include areas, processes or items that are high touch • Areas that include a high frequency of people or large capacity

Crosswalk Considerations:

Use Type	Phase	Low	Medium	High	Recommended Mitigation Measures	Related industry standards /CDC guidelines
Private Community Recreational Area (Pools, Indoor Sports Arena)	Phase I		X		<ul style="list-style-type: none"> • Proper signage • Social distancing in place • Implement low to no touch safe product handling • Prohibit full contact sports • Added handwashing stations if necessary • Governor's Executive Order 	<ul style="list-style-type: none"> • CDC Guidance for Administrators in Parks and Recreational Facilities • CDC Resources for Parks and Recreational Facilities
Construction (Outdoor – Low / Indoor – Medium)	Phase I	X	X		<ul style="list-style-type: none"> • Proper signage • Social distancing in place • Added handwashing stations where necessary • Industry, OSHA and CDC Guidelines (specific) • Facial coverings • Screenings 	<ul style="list-style-type: none"> • OSHA COVID-19 Guidance for the Construction Workforce • Center for Construction Research and Training/North America's Building Trades Unions: COVID-19 Standards for U.S. Construction Sites
Direct Contact Related Retail (Hair / Nail Salons, Masseur, Barber Shops, etc.)	Future Phase		X		<ul style="list-style-type: none"> • Governor's Order • Social distancing in place <ul style="list-style-type: none"> ○ Appointment only, no queuing outside • Implement strict contact safeguards and use of protective equipment for staff and consumer safety 	<ul style="list-style-type: none"> • OSHA COVID-19 Guidance for Retail Workers • CDC Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes • OSHA Guidance on Preparing Workplaces for COVID-19

Alachua County Draft Reopening Risk Crosswalk

Use Type	Phase	Low	Medium	High	Recommended Mitigation Measures	Related industry standards /CDC guidelines
					<ul style="list-style-type: none"> Practice safe hygiene and sanitation standards in accordance with industry standards and CDC guidance 	
Faith Based Organization / House of Worship	Phase I		X		<ul style="list-style-type: none"> Proper signage Social distancing in place Added handwashing stations where necessary Governor's Order 	<ul style="list-style-type: none"> CDC Resources for Community- and Faith-Based Leaders CDC Interim Guidance for Administrators and Leaders of Community- and Faith-Based Organizations to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19) Disaster Humanitarian Institute: Preparing Your Church for Coronavirus (COVID-19)
Fitness Centers / Gyms	Future Phase		X		<ul style="list-style-type: none"> Social distancing in place Sanitize equipment before/after use Implement strict contact safeguards and use of protective equipment for staff and consumer safety Practice safe hygiene and sanitation standards in accordance with industry standards and CDC guidance Proper signage Governor's Order 	<ul style="list-style-type: none"> CDC Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes CDC Cleaning and Disinfection for Community Facilities International Health, Racquet & Sportsclub Association: Coronavirus: Prevention & Best Practices for Your Gym
Groomers	Phase I	x			<ul style="list-style-type: none"> Social distancing in place By appointment only, no queuing outside Implement strict contact safeguards and use of protective equipment for staff and consumer safety 	<ul style="list-style-type: none"> Pet Industry Joint Advisory Council: Recommendations to Protect Employees, Customers and Animals in Your Care CDC Interim Infection Prevention and Control Guidance for Veterinary Clinics During the COVID-19 Response
Health Care	Phase I			X	<ul style="list-style-type: none"> Social distancing in place <ul style="list-style-type: none"> Appointment only, no queuing outside Implement strict contact safeguards and use of protective equipment for staff and consumer safety 	<ul style="list-style-type: none"> CDC Information for Healthcare Professionals about Coronavirus (COVID-19) CDC Guidance for U.S. Healthcare Facilities about Coronavirus (COVID-19) CDC Preparedness Tools for Healthcare Professionals and Facilities Responding to Coronavirus (COVID-19)

Alachua County Draft Reopening Risk Crosswalk

Use Type	Phase	Low	Medium	High	Recommended Mitigation Measures	Related industry standards /CDC guidelines
					<ul style="list-style-type: none"> Practice safe hygiene and sanitation standards in accordance with industry standards and CDC guidance Governor's Order 	
Hotels (additional criteria for bar/restaurant/gym operations included herein)	Phase I		X		<ul style="list-style-type: none"> Social distancing in place <ul style="list-style-type: none"> Limited occupancy in elevators Implement low to no touch safe product handling Added handwashing stations, if necessary Industry standards and CDC guidance 	<ul style="list-style-type: none"> Florida Restaurant & Lodging Association Critical COVID-19 Guidance Standards for Hospitality Reopening CDC Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes CDC Cleaning and Disinfection for Community Facilities International Association of Conference Centers: Operations- Considered Approaches to Reopening International Association of Conference Centers: Entry Screening & Case Reporting
Large Indoor / Outdoor Entertainment and Sport Venues (movie theaters, bowling alley, etc.)	Future Phase		X		<ul style="list-style-type: none"> Proper signage Social distancing in place Added handwashing stations where necessary Prohibit full contact sports Governor's Order 	<ul style="list-style-type: none"> CDC Interim Guidance: Get Your Mass Gatherings or Large Community Events Ready for Coronavirus Disease 2019 (COVID-19) International Association of Conference Centers: Operations- Considered Approaches to Reopening International Association of Conference Centers: Entry Screening & Case Reporting
Museums & Libraries	Phase I		X		<ul style="list-style-type: none"> Social distancing in place <ul style="list-style-type: none"> Limited occupancy in elevators Prohibit hands-on or interactive exhibits Implement low to no touch safe product handling (in retail areas) Added handwashing stations, if necessary 	<ul style="list-style-type: none"> Institute of Museum and Library Services: Mitigating COVID-19 When Managing Paper-Based, Circulating, and Other Types of Collections OSHA Guidance on Preparing Workplaces for COVID-19 American Alliance of Museums: Preparing to Reopen

Alachua County Draft Reopening Risk Crosswalk

Use Type	Phase	Low	Medium	High	Recommended Mitigation Measures	Related industry standards /CDC guidelines
					<ul style="list-style-type: none"> 1 person per 750 sf or 25% occupancy, whichever is less 	
Office	Phase I		X		<ul style="list-style-type: none"> Proper signage Social distancing in place Added handwashing stations where necessary Industry standards / CDC guidelines Encourage re-mote work where possible 	<ul style="list-style-type: none"> OSHA Guidance on Preparing Workplaces for COVID-19 CDC Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes
Open Air Park (Lakes, springs, waterways, Parks and trails)	Phase I	X			<ul style="list-style-type: none"> Proper signage Social distancing in place Added handwashing stations where necessary 	<ul style="list-style-type: none"> CDC Guidance for Administrators in Parks and Recreational Facilities
Non-Contact Recreational Activities (golf, tennis, etc.)	Phase I	X			<ul style="list-style-type: none"> Proper signage Social distancing in place Added handwashing stations where necessary Prohibit full contact sports 	<ul style="list-style-type: none"> United States Tennis Association Guidelines Gold Course Superintendent Association of America Guidelines for Coronavirus (COVID-19)
Contact Recreational Activities (rugby, football, baseball, soccer, volleyball, basketball, etc.)	Future Phase		X	X	<ul style="list-style-type: none"> Proper signage Social distancing in place Added handwashing stations where necessary Prohibit full contact sports 	<ul style="list-style-type: none"> CDC Interim Guidance: Get Your Mass Gatherings or Large Community Events Ready for Coronavirus Disease 2019 (COVID-19)
Playgrounds	Future Phase		X		<ul style="list-style-type: none"> Prohibit use Proper signage Social distancing in place Added handwashing stations where necessary 	<ul style="list-style-type: none"> CDC Guidance for Administrators in Parks and Recreational Facilities
Restaurant (bar areas to remain closed)	Phase I		X		<ul style="list-style-type: none"> Social distancing in place <ul style="list-style-type: none"> Reservation only, no queuing outside Implement low to no touch safe product handling 	<ul style="list-style-type: none"> FDA Best Practices for Retail Food Stores, Restaurants, and Food Pick-Up/Delivery Services During the COVID-19 Pandemic Florida Department of Health Best Practices for Food Service Workers

Alachua County Draft Reopening Risk Crosswalk

Use Type	Phase	Low	Medium	High	Recommended Mitigation Measures	Related industry standards /CDC guidelines
					<ul style="list-style-type: none"> Added handwashing stations, if necessary Industry standards 1 person per 750 sf or 25% occupancy, whichever is less 	<ul style="list-style-type: none"> Florida Restaurant & Lodging Association Critical COVID-19 Guidance Standards for Hospitality Reopening
Retail Store	Phase I		X		<ul style="list-style-type: none"> Social distancing in place <ul style="list-style-type: none"> Limited occupancy in elevators Implement low to no touch safe product handling Added handwashing stations, if necessary 1 person per 750 sf or 25% occupancy, whichever is less 	<ul style="list-style-type: none"> OSHA Guidance on Preparing Workplaces for COVID-19 CDC Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19) OSHA COVID-19 Guidance for Retail Workers
Manufacturing/Industrial/Research & Development	Phase I		X	X	<ul style="list-style-type: none"> Social distancing in place <ul style="list-style-type: none"> Limited occupancy in elevators Implement low to no touch safe product handling Added handwashing stations, if necessary Meet Best Management Practices for Industry Standards 	<ul style="list-style-type: none"> OSHA Guidance on Preparing Workplaces for COVID-19 OSHA COVID-19 Guidance for the Manufacturing Industry Workforce
Taxi Cabs/Ride Share	Phase I		X		<ul style="list-style-type: none"> Industry standards Riders sit in back seat 	<ul style="list-style-type: none"> CDC guidance for rideshare, taxi, limo, or other driver-for-hire

References:

- Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors - <https://www.centerforhealthsecurity.org/our-work/publications/public-health-principles-for-a-phased-reopening-during-covid-19-guidance-for-governors>
- CDC Resources for Businesses and Employers - <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html>

EMERGENCY ORDER NO. 2020-21
PHASE ONE STEP BY STEP RECOVERY ORDER
ALACHUA COUNTY, FLORIDA

WHEREAS, COVID-19, a respiratory illness caused by a virus that spreads rapidly from person to person and may result in serious illness or death, constitutes a clear and present threat to the lives, health, welfare, and safety of the people of Alachua County; and,

WHEREAS, on March 1, 2020, Governor DeSantis declared a Public Health Emergency because of COVID-19; and, on March 9, 2020, Governor DeSantis issued Executive Order 20-52, declaring a State of Emergency because of COVID-19; and,

WHEREAS, on March 11, 2020, the World Health Organization declared the spread of COVID-19 to be a global pandemic; and, on March 13, 2020, President Trump declared a national emergency concerning COVID-19; and,

WHEREAS, Emergency Order 2020-01 declared a local state of emergency in Alachua County based on the COVID-19 virus on March 16, 2020; and,

WHEREAS, on March 17, 2020, Governor DeSantis issued Executive Order 20-68, prohibiting the sale of alcoholic beverages at certain establishments and placing certain limitations on gatherings for bars, restaurants, and beaches; and,

WHEREAS, to reduce the spread of COVID-19, the United States Centers for Disease Control and Prevention ("CDC") and the Florida State Department of Health recommend implementation of community mitigation strategies to increase containment of the virus, including cancellation of large gatherings and social distancing of at least six feet between persons in smaller gatherings; and,

WHEREAS, limitations on gatherings and the use of social distancing to prevent transmission of COVID-19 are especially important for people who are over sixty years old and people with chronic health conditions because those populations are at a higher risk of severe illness and death from COVID-19. However, everyone, regardless of age or health condition, is threatened by COVID-19; and,

WHEREAS, this Emergency Order is necessary to ensure that our healthcare delivery system can serve those who are ill; and

WHEREAS, the continuing operation of essential businesses is necessary to provide essential goods and services to the public; and,

WHEREAS, on April 1, 2020 Governor DeSantis issued Executive Order 20-91 putting in place a state-wide stay at home order and listing what are to be considered essential services and activities; and

WHEREAS, Executive Order 20-91 adopts both the Essential Critical Infrastructure Workers guidelines issued by the Department of Homeland Security and the list of essential services and activities set forth in Miami-Dade County Emergency Order 07-20; and,

WHEREAS, the CDC, the Florida Department of Health and the University of Florida

Alachua County
Emergency Order 20-21

recommends the use of face masks, even those which are homemade to slow the spread of the disease; and

WHEREAS, the gradual reopening of the State and the County will lead to more contact between individuals and lead to more potential for the increased community spread of the disease. Face masks are of great assistance in preventing individuals who may be shedding the virus to spread it to other individuals; and

WHEREAS, researchers at the University of Florida believe it is too early to ease restrictions without enhanced testing in place and that such testing is not currently in place and that COVID-19 will be present in the population for a long time; and,

WHEREAS, according to the Department of Health 7,174 out of 269,043 residents or 2.66% have been tested therefore, local testing has been underutilized and the number of individuals being tested needs to increase and contact tracing must increase as well; and

WHEREAS, COVID-19 is spread through airborne transmission from individuals sneezing, speaking and coughing and infectious droplet nuclei can spread for a great distance, although how far is not fully understood at present; and

WHEREAS, Governor DeSantis has issued Executive Order 20-112 designed to ease some restrictions established by Executive Order 20-90 in the first phase of a plan to fully reopen the State; and

WHEREAS, Executive Order 20-112, does not preempt the authority of local governments to add additional restrictions to businesses opened by the Governor; and

WHEREAS, the Board of County Commissioners met on May 1st in special session to consider the Governor's Order and to receive public comment, and

WHEREAS, the Board of County Commissioners considered the public comment along with information received from the Department of Health and the University of Florida regarding challenges raised at this point in time by COVID-19; and

WHEREAS, the Board of County Commissioners believes based upon the foregoing that it is important to be cautious in the process of opening up businesses in the absence of detailed testing and contact testing while following as many elements of the Governor's plan in phasing reopening as local conditions allow to be done with prudence; and,

WHEREAS, the Chair of the County Commission is the Official Authority as prescribed in the County's Code Section 27.07; and,

WHEREAS, acting on his authority as the Official Authority and based upon the actions taken on May 1st by the Board of County Commissioners; and

Alachua County
Emergency Order 20-21

WHEREAS, Pursuant to §252.38(1), Florida Statutes the County shall have jurisdictional authority over the entire county.

THEREFORE, IT IS ORDERED THAT:

1. While Executive Order 20-112 provides more opportunity to be outside the home, those who are vulnerable to infection should stay home as much as possible. Those who are not considered to be at risk should use prudence when leaving their home and stay at home if possible.
2. Pursuant to Executive Order 20-112, Essential Services and Activities are those set out in the CISA guidance and Executive Order 20-89 and a list propounded by Miami-Dade County in its Emergency Order 07-20. As stated in Order 20-91, this list is subject to change and an updated list may be found at www.floridadisaster.org. Private museums, libraries, botanical gardens and wildlife preserves may reopen at 25% of their capacity, but shall not allow any use of interactive displays or playground equipment.
3. All places of public assembly are closed to the public. Whether indoors or outdoors, including but not limited to, locations with amusement rides, carnivals, water parks, pools, zoos, arcades, fairs, children's play centers, playgrounds, theme parks, bowling alleys, pool halls, movie and other theaters, concert and music halls, country clubs, social clubs and fraternal organizations. To the extent any of these businesses have retail sales facilities as part of their operation, they may open subject to the limitations below and calculating occupancy based upon the retail space.
4. All Essential Services and Activities are encouraged to remain open. To the greatest extent feasible, Essential Services and Activities should comply with Social Distancing Requirements as recommended by the Centers for Disease Control and the Surgeon General of Florida, including by maintaining six-foot distance between both employees and members of the public always, including when any customers are standing in line. Pursuant to the Governor's Executive Order 20-83, and the Surgeon General's Health Advisory, employers should make every effort to reduce the onsite workforce to 50% capacity, where possible, to the extent that reduction can be accomplished without significantly disrupting the ability to conduct business. OSHA guidelines regarding COVID-19 found in publication 3990 shall be followed. <https://www.osha.gov/Publications/OSHA3990.pdf> or subsequent rules. Workers shall be educated by employers of the standards and require that standards be present on worksite. If an employee believes that they are being required to work in sub-standard conditions they may call the County's 311 phone number and leave a complaint anonymously. To the extent that there is an industry association, governing body, or licensure agency that imposes more stringent guidelines than OSHA, then the business shall comply with those requirements.
5. Pursuant to Executive Order 20-112, retail businesses may now open subject to the limitations in that order. Retail businesses are encouraged to utilize curbside service and via delivery to limit face to face contact. All businesses which are open, retail or otherwise, shall comply with the safety guidelines established by the CDC and OSHA. To the extent any business is governed by licensure or board requirements which are stricter than those of the CDC or OSHA, those

Alachua County
Emergency Order 20-21

board requirements will take precedence. A list will be developed covering Industry Specific Operating Standards for Pandemic Response which will be the standard used for enforcement.

6. In addition to the restrictions set forth in Executive Order 20-112, restaurants and food service facilities shall comply with the Food and Drug Administration "Best Practices for Retail Food Stores, Restaurants, and Food Pick Up and Delivery Services During the Covid-19 Pandemic."
7. Essential Services and Activities, and retail establishments shall limit occupancy, to one per five hundred square feet of covered space. In no case does this allow more than Executive Order 20-112. The business shall also be responsible for ensuring that appropriate social distancing be followed. Restaurants may open at 25% occupancy but, as set forth in the Governor's Executive Order 20-112, must follow appropriate social distancing in seating. Outdoor seating does not count against indoor occupancy but must meet the requirements of social distancing set forth in the Governor's Executive Order 20-112. The occupancy limits, for purposes of the one per five hundred square feet of covered space standard, do not include members of staff as long as they are able to comply with appropriate social distancing techniques under the circumstances.
8. Use of face coverings and personal protective equipment
 - a. Persons working in or visiting grocery stores, restaurants, pharmacies, construction sites, public transit vehicles, vehicles for hire, and locations where social distancing measures are not possible shall wear facial coverings as defined by the CDC.
 - b. Face covering includes any covering which snugly covers the nose and mouth, whether store bought or homemade, and which is secured with ties or ear loops. Examples of compliant home-made masks may be found at <https://www.cdc.gov/coronavirus/2019ncov/prevent-getting-sick/diy-cloth-face-coverings.html>. Persons should not utilize N95 rated masks, as those are critical supplies for health care workers, police, fire, emergency management, or other persons engaged in life/safety activities. Persons who wear face coverings should review the CDC and Florida Department of Health guidelines regarding safely applying, removing, and cleaning face coverings.
 - c. A face covering shall not be required for children under two or persons who have trouble breathing due to a chronic pre-existing condition.
 - d. This Order does not change or alter any social distancing requirements imposed by this or in any other Emergency Order.
 - e. Face masks do not have to be worn while eating or drinking.
9. Pursuant to the Governor's Executive Order 20-91, no public gathering of 10 or more persons is allowed. Pursuant to the Order, groups greater than 10 may be ordered to disperse. This includes any gathering which takes place in the commons area of any multiple residence facility.
10. Severability.

Any provision(s) within this Emergency Order that conflict(s) with any State or Federal law or constitutional provision, including the State's preemption of the regulation of firearms and ammunition codified in section 790.33, Florida Statutes or conflict(s) with or are superseded by a current or subsequently-issued Executive Order of the Governor or the President of the United States, shall be deemed inapplicable and deemed to be severed from this Emergency Order, with the

Alachua County
Emergency Order 20-21

remainder of the Emergency Order remaining intact and in full force and effect. To the extent application of some or all the provisions of this Emergency Order is prohibited on the sovereign land of a federally or state recognized sovereign Indian tribe, such application is expressly excluded from this Emergency Order.

11 Effective Date; Duration.

This Order supersedes Emergency Order 20-09. This Order shall be effective May 4th, 2020 at 12:01 a.m. and will stay in effect during the pendency of the state of emergency or until adoption of subsequent order or repeal.

12. This Emergency Order is in addition to the Executive Orders issued by Governor DeSantis, including Emergency Orders 20-70 and 20-71.

13. This Emergency Order applies to incorporated and unincorporated areas within Alachua County, but has no application outside of Alachua County. Municipalities have the authority to enforce this County Order within their jurisdiction.

14 The County or municipalities within its boundaries will direct any establishment to cease and desist operations that are in violation of this Emergency Order and may treat violations as a violation of County or Municipal ordinance as appropriate. The County has jurisdiction countywide to enforce the terms of this Order.

15. This Order does not apply to operations of local governments within the county, to the State University System, State College System, the State of Florida, or Federal agencies who are encouraged to adopt their own rules and procedures regarding the matters set forth herein.

16. Notwithstanding this, any violation of these emergency measure(s) shall be a violation of §252.50, Florida Statutes and may be punishable as provided therein and shall be enforced by law enforcement as provided by law.


17. This Order supersedes and replaces any conflicting provisions of prior orders.

Dated this 2nd day of May, 2020 at 5:30 p.m.

BOARD OF COUNTY COMMISSIONERS
OF ALACHUA COUNTY, FLORIDA

By: 
Robert Hutchinson, Chairman

APPROVED AS TO FORM:



County Attorney's Office



Agenda Item Summary

Agenda Date: 5/5/2020

Agenda Item No.: 2.

Agenda Item Name:

Syringe Exchange Program

Presenter:

Claudia Tuck (352) 231-0058

Description:

Sterile Needle and Syringe Exchange Program to reduce transmission of diseases

Recommended Action:

Authorize County Attorney to develop an Ordinance on the Syringe Exchange Program and present in a Public Hearing

Prior Board Motions:

11/12/2019 - Needle exchange discussion at upcoming policy meeting, in cooperation with Dept. of Health

Fiscal Consideration:

None

Background:

Florida Statutes Section 381.0038(4) providing that a county commission may authorize a sterile needle and syringe program under the provisions of a county ordinance for the free exchange of clean, unused needles and hypodermic syringes for used needles. The goal of the program is to prevent the transmission of HIV, AIDS, viral hepatitis, or other blood-borne diseases. State, county, or municipal funds cannot be used to operate an exchange program. Grants and donations from private resources and funds may fund such programs.

In 2018, Alachua County had 157 persons living with HIV and 247 persons with Hepatitis C. The risk of transmission is likely to increase due to the rise of opioids and shared needle use.

Syringe Exchange Program

Talking Points

5/5/2020

1. State Bill 366 IDEA Exchange Expansion Bill allows county commission to authorize SEP's via ordinance.
2. This agreement will continue until either party terminates or until the statute and/or ordinance expires or is revoked.
3. Government funds cannot be allocated to operate an exchange program.
4. The Opioid Crisis has contributed to the increase risk of transmission of HIV and Hepatitis C.
5. SB 366 require the BoCC to enter into a LOA with DOJ to provide ongoing operational advice, consultation, and recommendations.
6. The Syringe Exchange Program will exchange needles on a one- to- one basis.
7. The program will not collect personal identifying information on participants

CHAPTER 2019-143

Committee Substitute for Committee Substitute for Senate Bill No. 366

An act relating to infectious disease elimination programs; providing a short title; amending s. 381.0038, F.S.; providing that a county commission may authorize a sterile needle and syringe exchange program; defining the term "exchange program"; prohibiting the establishment of an exchange program under certain conditions; providing requirements for establishing an exchange program; specifying entities that may operate an exchange program; requiring the development of an oversight and accountability system for certain purposes; specifying requirements for exchange programs; requiring the collection of data and submission of reports; authorizing the Department of Health to adopt certain rules; providing for immunity from civil liability, under certain circumstances; authorizing the continuation of a specified pilot project under certain circumstances; providing severability; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. This act may be cited as the "Infectious Disease Elimination Act (IDEA)."

Section 2. Subsection (4) of section 381.0038, Florida Statutes, is amended to read:

381.0038 Education; sterile needle and syringe exchange programs ~~pilot program~~.—The Department of Health shall establish a program to educate the public about the threat of acquired immune deficiency syndrome.

(4) ~~A county commission~~ The University of Miami and its affiliates may authorize ~~establish~~ a single sterile needle and syringe exchange ~~pilot~~ program to operate within its county boundaries in Miami-Dade County. ~~The pilot program may operate at one or more fixed locations a fixed location~~ or through a mobile health units unit. The pilot program shall offer the free exchange of clean, unused needles and hypodermic syringes for used needles and hypodermic syringes as a means to prevent the transmission of HIV, AIDS, viral hepatitis, or other blood-borne diseases among intravenous drug users and their sexual partners and offspring. Prevention of disease transmission must be the goal of the program. For the purposes of this subsection, the term "exchange program" means a sterile needle and syringe exchange program established by a county commission under this subsection. A sterile needle and syringe exchange program may not operate unless it is authorized and approved by a county commission in accordance with this subsection.

(a) Before an exchange program may be established, a county commission must:

1. Authorize the program under the provisions of a county ordinance;
2. Enter into a letter of agreement with the department in which the county commission agrees that any exchange program authorized by the county commission will operate in accordance with this subsection;
3. Enlist the local county health department to provide ongoing advice, consultation, and recommendations for the operation of the program;
4. Contract with one of the following entities to operate the program:
 - a. A hospital licensed under chapter 395.
 - b. A health care clinic licensed under part X of chapter 400.
 - c. A medical school in this state accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation.
 - d. A licensed addictions receiving facility as defined in s. 397.311(26)(a)1.
 - e. A 501(c)(3) HIV/AIDS service organization.
- (b)(a) An exchange The pilot program must:

1. Develop an oversight and accountability system to ensure the program's compliance with statutory and contractual requirements. The system must include measurable objectives for meeting the goal of the program and must track the progress in achieving those objectives. The system must require the program operator to routinely report its progress in achieving the objectives and the goal of the program. The system must also incorporate mechanisms to track the program operator's compliance or noncompliance with contractual obligations and to apply consequences for noncompliance. The program must receive the county commission's approval of the oversight and accountability system before commencing operations.

2.1. Provide for maximum security of exchange sites where needles and syringes are exchanged and of any equipment used under the program, including, at a minimum, an accounting of the number of needles and syringes in use, the number of needles and syringes in storage, safe disposal of returned needles, and any other measure that may be required to control the use and dispersal of sterile needles and syringes.

3.2. Operate a one-to-one exchange, whereby a the participant shall receive one sterile needle and syringe unit in exchange for each used one.

4.3. Make available educational materials and referrals to education regarding the transmission of HIV, viral hepatitis, and other blood-borne diseases. The program operator must offer such materials to program participants whenever needles or syringes are exchanged; provide referrals

~~for drug abuse prevention and treatment; and provide or refer for HIV and viral hepatitis screening.~~

5. Provide onsite counseling or referrals for drug abuse prevention, education, and treatment, and provide onsite HIV and viral hepatitis screening or referrals for such screening. If such services are offered solely by referral, they must be made available to participants within 72 hours. The county commission in a rural county may, under its contract with the program operator, adjust the 72-hour requirement if the commission finds that the availability of providers warrants an extended timeframe.

6. Provide kits containing an emergency opioid antagonist, as defined in s. 381.887, or provide referrals to a program that can provide such kits.

7. Collect data for annual reporting purposes. The data must include the number of participants served; the number of used needles and syringes received and the number of clean, unused needles and syringes distributed through exchange with participants; the demographic profiles of the participants served; the number of participants entering drug counseling or treatment; the number of participants receiving testing for HIV, AIDS, viral hepatitis, or other blood-borne diseases; and other data that may be required under department rule. However, a participant's personal identifying information may not be collected for any purpose. Each exchange program shall submit a report to its county commission and to the department by August 1 annually. The department shall submit a compilation report encompassing data from all exchange programs annually by October 1 to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The department may adopt rules to implement this subparagraph.

~~(c)(b)~~ The possession, distribution, or exchange of needles or syringes as part of ~~an exchange the pilot~~ program established under this subsection is not a violation of any part of chapter 893 or any other law.

~~(d)(e)~~ An exchange A pilot program staff member, volunteer, or participant is not immune from criminal prosecution for:

1. The possession of needles or syringes that are not a part of the exchange pilot program; or

2. The redistribution of needles or syringes in any form, if acting outside the exchange pilot program.

~~(d)—The pilot program must collect data for quarterly, annual, and final reporting purposes. The annual report must include information on the number of participants served, the number of needles and syringes exchanged and distributed, the demographic profiles of the participants served, the number of participants entering drug counseling and treatment; the number of participants receiving testing for HIV, AIDS, viral hepatitis, or other blood-borne diseases; and other data necessary for the pilot~~

~~program. However, personal identifying information may not be collected from a participant for any purpose. Quarterly reports must be submitted to the Department of Health in Miami Dade County by October 15, January 15, April 15, and July 15 of each year. An annual report must be submitted to the Department of Health by August 1 every year until the program expires. A final report is due on August 1, 2021, to the Department of Health and must describe the performance and outcomes of the pilot program and include a summary of the information in the annual reports for all pilot program years.~~

(e) A law enforcement officer acting in good faith who arrests or charges a person who is thereafter determined to be immune from prosecution under this section shall be immune from civil liability that might otherwise be incurred or imposed by reason of the officer's actions.

~~(f)(e)~~ State, county, or municipal funds may not be used to operate an exchange ~~the pilot program~~. Exchange programs ~~The pilot program~~ shall be funded through grants and donations from private resources and funds.

~~(f) The pilot program shall expire July 1, 2021.~~

Section 3. Notwithstanding s. 381.0038(4), Florida Statutes, as amended by this act, the pilot program established in Miami-Dade County under chapter 2016-68, Laws of Florida, may continue to operate under that chapter until the Miami-Dade County Board of County Commissioners establishes an exchange program as defined under this act or until July 1, 2021, whichever occurs first.

Section 4. If any provision of this act or its application to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to this end the provisions of this act are severable.

Section 5. This act shall take effect July 1, 2019.

Approved by the Governor June 26, 2019.

Filed in Office Secretary of State June 26, 2019.

IV Drug Use & HIV

Persons Who Inject Drugs (PWID)

5% of HIV infections in the U.S. are among **PWID**

Infections **decreased by 34%** among **all women** with an infection attributed to injection drug use 2010–2016

Opioid Crisis



While HIV infections from injection drug use have **steadily declined**, the **nation's opioid crisis threatens this progress.**

The South

In 2016:

51% of **annual** HIV infections

45% of **persons living with** HIV infections

50% of **undiagnosed** HIV infections

Southern states account for **38%** of the US population but bear the highest burden of HIV infection

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention



In 2018, Alachua had:

- **157 persons** living with HIV identified IV drug use as a risk.
- **247 persons** with Hepatitis C.

Cost per year:

HIV treatment: \$14,000 – \$20,000

Hep C treatment: \$44,000 - \$55,000

Alachua County



12.6.2019

Syringe Exchange Program Success

Miami IDEA Exchange (2019):

- Collected **302,702** used syringes
- Distributed **290,344** new sterile syringes
- Over **1,000** reversed opioid overdoses by providing free Naloxone.

New York City Exchange (2018)

- A baseline one-year savings to the government of **\$1,300 to \$3,000 per client.**
- 194 HIV infections averted in one year
- A lifetime treatment cost savings of **\$75.8 million**
- A return on investment of **\$7.58 for every \$1 spent** (from the national perspective)

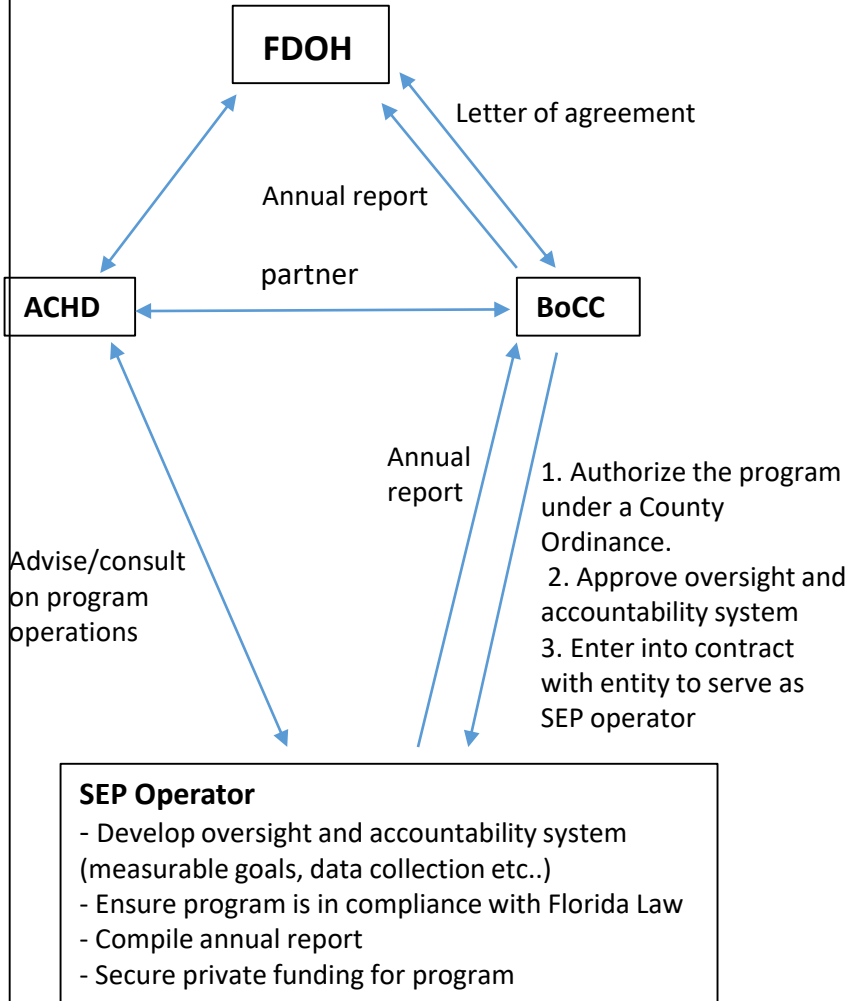
Syringe Exchanges are **privately** funded.

Florida Department of Health SEP information:

<http://www.floridahealth.gov/programs-and-services/idea/>

Syringe Exchange Programs (SEPs): Nuts and Bolts

Process:



SEP Required Components :

1. One sterile syringe given for every used one collected (i.e. 1:1)
2. Offer educational materials on HIV/AIDS, viral hepatitis and other blood borne illness
3. Provide on-site counseling or referrals for drug abuse education and treatment
4. Provide on-site screening or referrals for HIV and viral hepatitis testing/treatment
5. Make naloxone kits available or refer to programs that can provide such kits

FAQs:

Q: Do SEPs reduce drug use?

A: Yes, IVDUs who use an SEP are more likely to stop injecting compared to those who do not (3x more likely to reduce or stop use and 5x more likely to enter treatment)

Q: Do SEPs increase needles in public places?

A: No, SEPs protect the public by providing safe disposal and reducing the presence of needles in the community

Q: Do SEPs lead to more crime and/or drug use?

A: No, crime does not go up and actually IVDU goes down

Q: Do SEPs reduce infections?

A: Yes, multiple studies show a reduction in HIV risk.

Q: Do SEPs save money?

A: Yes, through prevention of chronic infections and early intervention on acute infections (through wound care services)

Q: How are SEPs funded?

A: In Florida, they must be privately funded. Fortunately, there are many private foundations that specifically fund SEPs in addition to individual donors. Partnerships with health care organizations or industry are possible as well.

Q: Can't unused syringes be purchased from retail pharmacies without the need for SEPs?

A: Yes, however many pharmacies require evidence of a diabetes diagnosis and can also simply refuse to sell them to individuals based on their own discretion. Thus, SEPs are still needed for the IVDU population.

Syringe Exchange Program (SEP) Information

“Reducing the spread of HIV and Hepatitis C through harm reduction”

5% of HIV cases in the U.S. are due to intravenous (IV) drug users. Hepatitis C infections are also common.

Yearly cost of HIV treatment varies between \$14,000 – 20,000.

Yearly cost of Hep C treatment varies between \$44,000 – 55,000.

Alachua County (2018 data):

- 157 persons living with HIV identified IV drug use as a risk.
- 247 persons with Hepatitis C.

The **Infectious Disease Elimination Act (IDEA)** Exchange pilot program was initiated in Miami in 2015. The first in the State of Florida.

The goals of SEPs are:

- provide new syringes in exchange for used
- provide Naloxone (Narcan) to individuals; Naloxone is a life-saving opioid overdose reversal
- linkage to rehabilitation and treatment
- educate patients on safe needle use and the harms involved with IV drug use
- connect individuals with HIV and Hepatitis C testing

SB366 – IDEA Exchange Expansion Bill (passed July 2019)

- Allows county commission to authorize SEPs via ordinance.
- State, county, or municipal funds may not be used to operate an exchange program.
- Exchange programs shall be funded through grants and donations from private resources and funds.

County Commission Responsibilities:

- Authorize the program via county ordinance.
- Enter into a letter of agreement with the Department of Health.
- Enlist the county health department (CHD) to provide ongoing operational advice, consultation, and recommendations.

SEP Responsibilities – Data Collection

- Participants served
- Needles/syringes received/distributed
- Demographic profiles
- Participants entering drug counseling or treatment
- Participants receiving testing for HIV, viral hepatitis
- Personal identifying information may not be collected for any purpose.
- Compile SEP data for annual reporting.
- Submit annual report to the Governor, President of Senate, and Speaker of the House of Representatives.

**LETTER OF AGREEMENT
BETWEEN
STATE OF FLORIDA DEPARTMENT OF HEALTH
AND
_____ BOARD OF COUNTY COMMISSIONERS**

THIS LETTER OF AGREEMENT (Agreement) is entered into by and between the State of Florida, Department of Health (Department), located at 2585 Merchants Row Boulevard, Tallahassee, Florida, and the _____ Board of County Commissioners (BCC), located at _____, jointly referred to as the “parties.”

- A. Scope of Agreement:** The purpose of this Agreement is to establish the parties’ duties related to the BCC authorization and operation of a sterile needle and syringe exchange program (Exchange Program) in accordance with section 381.0038(4), Florida Statutes. This program will allow the free exchange of clean, unused needles and hypodermic syringes for used needles to prevent the transmission of HIV, AIDS, viral hepatitis, or other blood-borne diseases.
- B. Term:** This Agreement begins upon the date of last signature and continues until either party terminates or until the statute and/or ordinance authorizing the exchange program expires or is revoked, whichever occurs first.
- C. Legal Authority:** Section 381.0038(4), Florida Statutes.
- D. Parties’ Responsibilities**
1. The BCC must perform the following:
 - a. Authorize the Exchange Program through enactment of a county ordinance. Provide a copy of the ordinance to the Department upon request.
 - b. Execute a contract with one of the following entities to serve as the (Exchange Program Operator) to operate the Exchange Program. A copy of the contract must be provided to the Department within 45 days from the contract execution date.
 - (1) A hospital licensed under chapter 395, Florida Statutes;
 - (2) A health care clinic licensed under Part X of chapter 400, Florida Statutes;
 - (3) A medical school in the state of Florida accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation;
 - (4) A licensed addiction receiving facility as defined in section 397.311(26)(a)1, Florida Statutes; or

- (5) A section 501(c)(3) HIV/AIDS service organization.
- c. Enlist the local County Health Department (CHD) to provide ongoing advice, consultation, and recommendations to BCC on public health issues related to operation of the Exchange Program.
- d. Have the Exchange Program Operator implement the Exchange Program in accordance with the county ordinance, which is incorporated by reference, and section 381.0038(4)(b), Florida Statutes, as follows:
 - (1) Develop an oversight and accountability system to ensure the Exchange Program complies with the state of Florida's statutory requirements and the terms of this Agreement. The oversight and accountability system must be approved by the BCC before commencing operations of the Exchange Program. Ensure the oversight and accountability system includes, at a minimum, the following:
 - (a) Includes measurable objectives for meeting the goals of the Exchange Program and track the progress in achieving those objectives.
 - (b) Requires the Exchange Program Operator to routinely report to the BCC on the progress of the Exchange Program in achieving its objectives and goals.
 - (c) Incorporates mechanisms to track the Exchange Program Operator's compliance or noncompliance with their contractual obligations and to apply consequences for noncompliance.
 - (d) Includes the ability to monitor the Exchange Program's adherence to sections 381.0031 and 381.0038, Florida Statutes, and Rule 64D-3.029, Florida Administrative Code.
 - (2) Provide for maximum security of sites where needles and syringes are exchanged and of any equipment used under the Exchange Program, including, at a minimum, an accounting of the number of needles and syringes in use, needles and syringes in storage, safe disposal of returned needles, and any other measures that may be required to control the use and dispersal of sterile needles and syringes.
 - (3) Operate a one-to-one exchange allowing an Exchange Program participant to receive one sterile needle and syringe unit in exchange for each used one.
 - (4) Make available educational materials regarding the transmission of

HIV, viral hepatitis, and other blood-borne diseases. Ensure the Exchange Program Operator offers materials to Exchange Program participants whenever needles or syringes are exchanged.

- (5) Provide onsite counseling or written referrals for drug abuse prevention, education, and treatment, and provide onsite HIV and viral hepatitis screening or give written referrals to Exchange Program participants for screenings. All referrals must include the type of service being referred, the name of the entity performing the referred service, and their business hours, address, and contact information. Keep copies of the referrals throughout the Agreement term. Adhere to the following screening and referral requirements:
 - (a) If the Exchange Program offers viral hepatitis or other blood-borne disease screening services, the Exchange Program must develop mechanisms for compliance with the reporting requirement of section 381.0031, Florida Statutes, and Rule 64D-3.029, Florida Administrative Code, in conjunction with the prohibition of collection of personal identifying information associated with viral hepatitis and other blood-borne disease testing in section 381.0038(4)(b)7., Florida Statutes.
 - (b) If screening services are offered solely by referral, they must be made available to Exchange Program participants within 72 hours, unless an extended timeframe is approved by the county commission of a rural county in accordance with section 381.0038(4)(b)5., Florida Statutes.
 - (c) In the event of reactive results, the Exchange Program must refer Exchange Program participants to the local CHD or other organizations able to provide follow-up testing and free or discounted on-site care if those services are not available through the Exchange Program.
 - (d) If the Exchange Program offers anonymous HIV screening on site, the Exchange Program must register with the Department as an anonymous HIV testing site and provide referrals for medical care and follow-up for persons testing positive.
- (6) Provide kits containing an emergency opioid antagonist, as defined in section 381.887, Florida Statutes, or provide referrals to a program that can provide such kits. All referrals must include the name of the entity performing the referred service, their business hours, address, and contact information, with copies of referrals maintained by the Exchange Operator throughout the Agreement term.
- (7) Collect the following Exchange Program data for annual reporting in

accordance with section 381.0038(4)(b)7., Florida Statutes. Any personal identifying information may not be collected from Exchange Program participants for any purpose:

- (a) Number of individual participants served;
 - (b) Number of used needles and syringes received, and the number of clean, unused needles and syringes distributed to exchange program participants;
 - (c) Demographic profiles of the participants served;
 - (d) Number of participants entering drug counseling or treatment;
 - (e) Number of participants receiving testing for HIV;
 - (f) Number of participants receiving testing for other blood-borne diseases;
 - (g) Number of participants receiving referrals for HIV testing;
 - (h) Number of participants receiving referrals for viral hepatitis testing;
 - (i) Number of participants receiving referrals for other blood-borne diseases testing; and
 - (j) Any other data that may be required under Department rule.
- (8) Prepare an annual Exchange Program Data Report (using the information collected in Task 1.d.(7), above) and submit it to the Department and the BCC by August 1 annually.
2. The Department, through its CHDs, will perform the following:
- a. Provide ongoing advice, consultation, and recommendations on public health issues related to operation of the Exchange Program as requested by BCC.
 - b. Refer BCC to third-party organizations for technical assistance related to operation of the Exchange Program as needed.

E. Special Provisions

1. Inspector General Audit Cooperation: BCC understands its duty, pursuant to section 20.055(5), Florida Statutes, to cooperate with the Inspector General in any investigation, audit, inspection, review, or hearing.

2. Notice: Any notices given by either party to the other party under this Agreement must be in writing and sent either: by overnight courier, with a verified receipt; or by registered or certified U.S. Mail, postage prepaid. Either parties' listed point of contact may be changed by notifying the other party a minimum of one week prior to such change.
 - a. Department: Mara Michniewicz, MPH
Prevention Program Manager
HIV/AIDS Section
Bureau of Communicable Diseases, Division of Disease Control
Florida Department of Health
4052 Bald Cypress Way, Bin A-09
Tallahassee, Florida 32399
 - b. BCC:
3. Costs: Both parties will perform their respective obligations set forth in this Agreement at no cost to each other.
4. Exchange Program Funding: Pursuant to section 381.0038(4)(f), Florida Statutes, state, county, or municipal funds cannot be used to operate the Exchange Program.
5. Termination: This Agreement may be terminated by either party upon 45 calendar days' written notice, without cause, unless a lesser time is mutually agreed upon by the parties. Termination may not occur where prohibited by state or federal law.
6. Modification: This Agreement may only be amended or otherwise modified in writing upon agreement of the parties.
7. Waiver: The failure of either party, in any respect, to exercise, or delay in exercising any right, power, or privilege provided for hereunder will not be deemed a waiver thereof; nor will any single or partial exercise of any such right, power or privilege preclude any other, or further exercise thereof, or the exercise of any other right, power, or privilege under this agreement. No party will be deemed to have waived a right, power, or privilege provided for hereunder, unless such waiver is made in writing, and signed by the party against whom such waiver is sought.
8. Confidentiality: Where applicable, both parties will maintain confidentiality of all protected health information, including client records, related to the services provided pursuant to this agreement, in compliance with all applicable state and federal laws, rules and regulations including, but not limited to, sections 119.0712, 381.003, 381.0031, 381.004, 384.29, 392.65 and 456.057, Florida Statutes, and the rules adopted thereunder. The parties agree to comply with the Health Insurance Portability and Accountability Act (HIPAA) and any current and future regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164.

9. Public Records:

If the BCC has questions regarding the application of Chapter 119, Florida Statutes, to their duty to provide public records relating to this contract, contact the custodian of public records at (850) 245 - 4005, PublicRecordsRequest@flhealth.gov or 4052 Bald Cypress Way, Bin A02, Tallahassee, FL 32399.

10. Entire Agreement: This Agreement embodies the entire agreement and understanding between the parties, on the subject hereof.

IN WITNESS THEREOF, the parties agree to the terms and conditions of this Agreement and have duly authorized their respective representatives to sign it on the dates specified below.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

_____ **BOARD OF COUNTY COMMISSIONERS**

SIGNED

BY: _____

SIGNED

BY: _____

NAME: Shamarial Roberson, DrPH, MPH

NAME: _____

TITLE: Deputy Secretary for Health

TITLE: _____

DATE: _____

DATE: _____



Syringe Exchange Program Presentation to the BoCC

Review Committee
DOH Alachua County
UF Medical School
Alachua County Community Support Services
Advocates

May 5, 2020

SB366 – IDEA Exchange Expansion Bill

- Allows county commission to authorize SEPs via ordinance.
- State, county, or municipal funds may not be used to operate an exchange program.
- Exchange programs shall be funded through grants and donations from private resources and funds.

Alachua County Data

In 2018, Alachua had:

- **157 persons living with HIV identified IV drug use as a risk.**
- **247 persons with Hepatitis C.**

Cost per year:

HIV treatment: \$14,000 – \$20,000

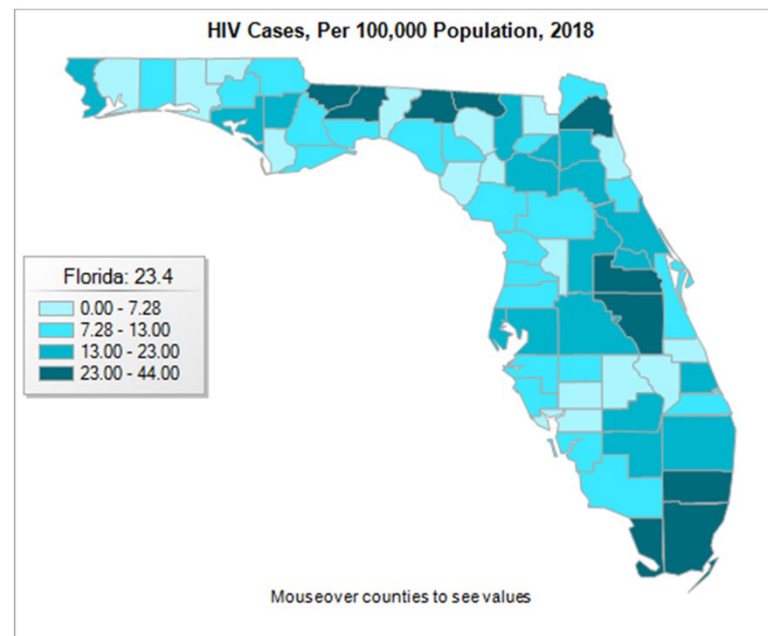
Hep C treatment: \$44,000 - \$55,000



Pictures
taken in SW
Gainesville
on
12/6/2019

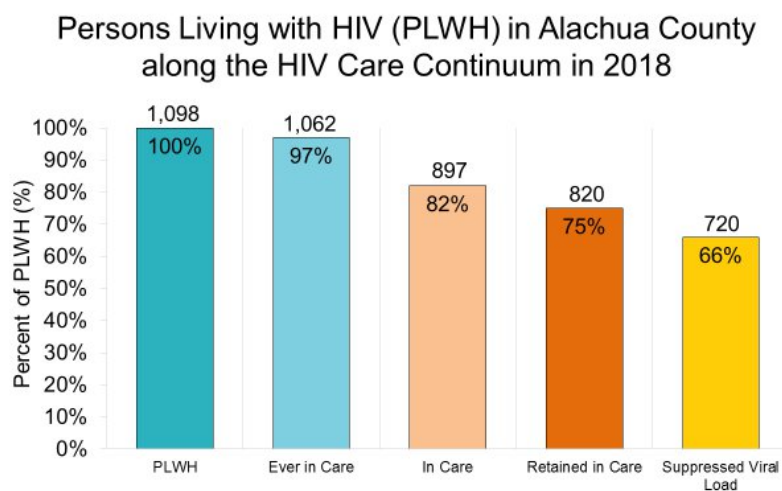


HIV Cases, Per 100,000 Population, 2018 Florida Charts



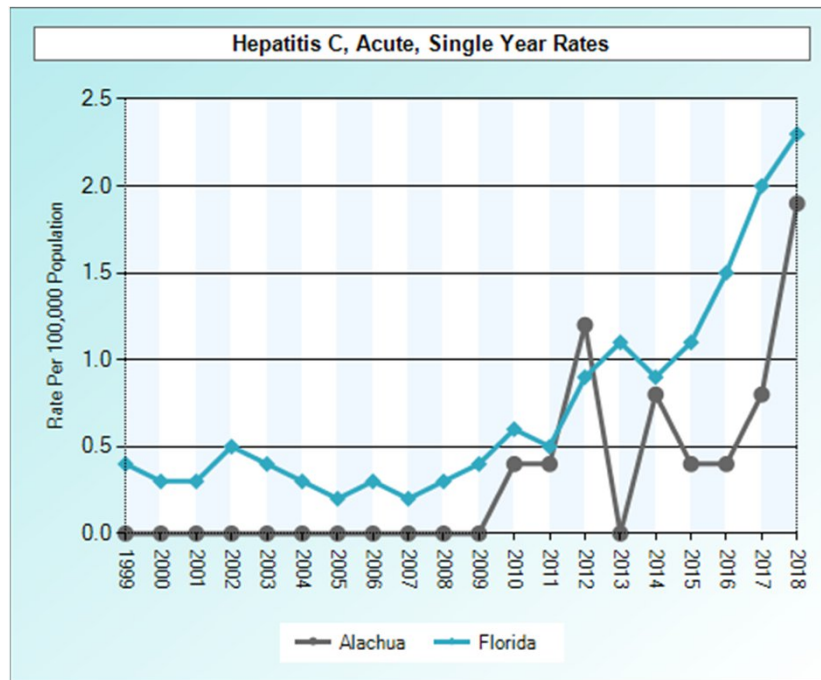
Alachua County
ranks in the third
highest quartile

Persons Living with HIV, 2018. Florida Charts



66% of persons living with HIV in Alachua county had a suppressed viral load.

Hepatitis C, 2018. Florida Charts



Rates per 100,000 of acute cases of Hepatitis C have increased by more than four times in recent years in Alachua County.

Needle Reuse Image



SB366: County Commission Responsibilities

Before an exchange program may be established, the County Commission must:

- Authorize the program via county ordinance.
- Enter into a letter of agreement with the Department of Health.
- Enlist the county health department (CHD) to provide ongoing operational advice, consultation, and recommendations.

SB366: County Commission Responsibilities

County commission must contract with one of the following:

- Hospital
- Health care clinic
- Medical school in Florida
- Licensed addictions receiving facility
- 501(c)3 HIV/AIDS service organization

SB366: Syringe Exchange Program Responsibilities

- Oversight and accountability system (approved by county commission)
- Security
- One-to-one needle-syringe exchange
- Educational materials on blood-borne diseases

SB366: Syringe Exchange Program Responsibilities

- Drug abuse prevention, education, and treatment
- HIV and viral hepatitis screening
- Emergency opioid antagonist kits

SB366: Syringe Exchange Program Responsibilities, Data Collection

- Participants served
- Needles/syringes received/distributed
- Demographic profiles
- Participants entering drug counseling or treatment
- Participants receiving testing for HIV, viral hepatitis

Personal identifying information may not be collected for any purpose.

SB366: Florida Department of Health Responsibilities

- Compile SEP data for annual reporting.
- Submit annual report to the Governor, President of Senate, and Speaker of the House of Representatives.

The Department may adopt rules, which can include additional data elements, to implement reporting requirements

Syringe Exchange Program Entity Responsibilities

County Commission	Syringe Exchange Program	Department of Health
County Ordinance	1-to-1 exchange	Letter of Agreement with the County Commission
Letter of Agreement with the Department of Health	HIV, viral hepatitis testing	Advice, consultation, recommendations (through CHDs)
Contract with exchange program	Counseling/referrals for drug abuse treatment	Annual exchange program data report
	Naloxone kits	Adopt Rules
	Educational materials	
	Data	

SEP Frequently Asked Questions

Q: Do SEPs reduce drug use?

A: Yes, IVDUs who use an SEP are more likely to stop injecting compared to those who do not (3x more likely to reduce/stop use & 5x more likely to enter treatment)

Q: Do SEPs increase needles in public places?

A: No, SEPs protect the public by providing safe disposal and reducing the presence of needles in the community

SEP Frequently Asked Questions

Q: Do SEPs lead to more crime and/or drug use?

A: No, crime does not go up and actually IVDU goes down

Q: Do SEPs reduce infections?

A: Yes, multiple studies show a reduction in HIV risk.

SEP Frequently Asked Questions

Q: Do SEPs save money?

A: Yes, through prevention of chronic infections and early intervention on acute infections (through wound care services)

Q: How are SEPs funded?

A: In Florida, they must be privately funded. Fortunately, there are many private foundations that specifically fund SEPs in addition to individual donors. Partnerships with health care organizations or industry are possible as well.

SEP Frequently Asked Questions

Q: Can't unused syringes be purchased from retail pharmacies without the need for SEPs?

A: Yes, however many pharmacies require evidence of a diabetes diagnosis and can also simply refuse to sell them to individuals based on their own discretion. Thus, SEPs are still needed for the IVDU population.

Drugucation

- Client 1
- Client 2
- Client 3



Agenda Item Summary

Agenda Date: 5/5/2020

Agenda Item No.: 3.

Agenda Item Name:

Community Agency Partnership Program (CAPP) Presentation and Policy Discussion

Presenter:

Carl Smart, Claudia Tuck, Cindy Bishop

Description:

Presentation of possible changes to the CAPP awards process including funding priorities, award of lapse funds, and other related policy issues

Recommended Action:

Hear presentation and discuss various policy implications

Prior Board Motions:

9/17/19-Commissioner Byerly moved to refer staff to analyze whether it would be more effective for the County to make whole contributions to fewer organizations (thus forming more intensive relationships with fewer groups) or to award partial requests and spread the funds over more organizations. In addition, staff are to examine the CAPP process with any eye toward giving everyone an equal shot at funding.

5/14/19-The Board asked that at an upcoming policy meeting in the summer, we look at the list of mental health, homelessness, CAPP, and any other community support requested by organizations and have a cumulative policy discussion.

Fiscal Consideration:

n/a

Background:

The Board of County Commissioners asked for a cumulative policy meeting to review grant programs providing support for homelessness, mental health and other funding requests at its May 14, 2019 meeting. CAPP provides competitive grants in a three year cycle to Alachua County non-profit agencies that provide programs aimed at poverty reduction. The current three-year contracts end September 30, 2021.

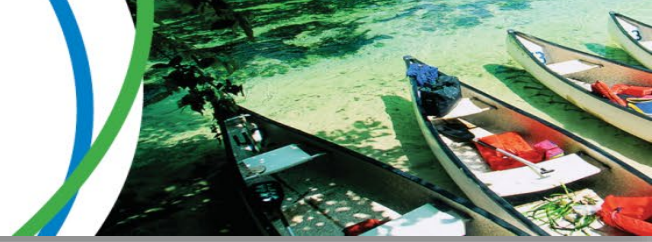


CAPP Policy Discussion

May 5, 2020

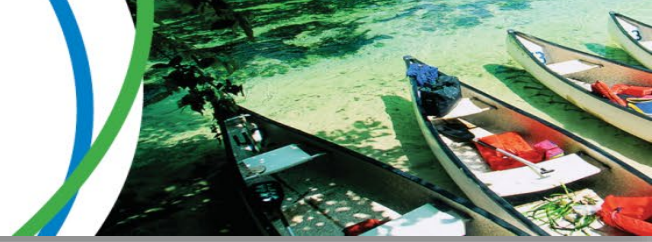


Mission Statement



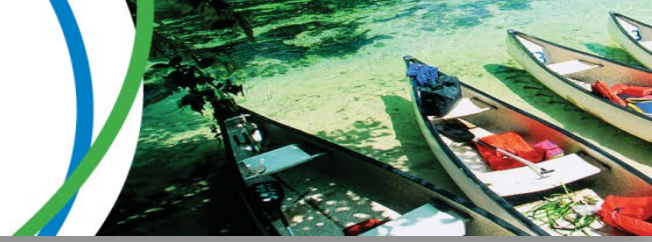
Building partnerships to facilitate resiliency, social equity, sustainability, and self-sufficiency for Alachua County residents in order to alleviate and prevent generational poverty

BoCC Prior Motions



5/14/19-At an upcoming policy meeting in the summer, we look at the list of mental health, homelessness, CAPP, and any other community support requested by organizations and have a cumulative policy discussion.

Prior Motions-Continued



9/17/19-Commissioner Byerly moved to refer staff to analyze whether it would be more effective for the County to make whole contributions to fewer organizations (thus forming more intensive relationships with fewer groups) or to award partial requests and spread the funds over more organizations. In addition, staff are to examine the CAPP process with an eye toward giving everyone an equal shot at funding.

Funding Allocation by Priority



Capp Currently Funds Programs in 5 Priority Areas

Priority	Percentage of Total Funding
Children's Education (Ages 6-18)	25%
Child Safety (Ages 6-18)	11%
Disabilities/Health Maintenance	21%
Homeless Housing	19%
Hunger Relief	12%
Senior Citizens	12%

CAPP Unspent Funds



**Each fiscal year a portion
of the CAPP total funding allocation remains unspent**

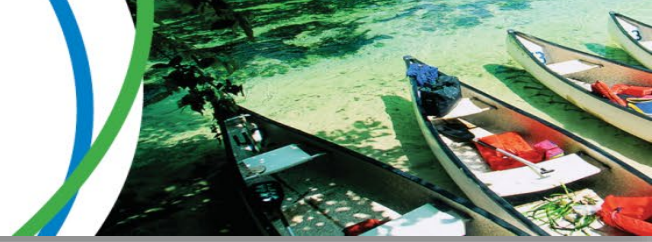
FY17 \$65,000

FY18 \$127,000

FY19 \$121,660

For FY20, there is currently a projected surplus of \$83,865.90

Poverty Alleviation



- **CAPP funds are intended to provide funding for programs that alleviate poverty in Alachua County.**
- **According to poverty indicators found in Florida Charts and Kids Count data provided by the Annie E Casey Foundation, the poverty rate in Alachua County has declined slightly since the most recent previous recession.**
- **This is also true of the state as a whole, and can be attributed to a variety of factors.**
- **Recent exponential unemployment will reverse this trend.**

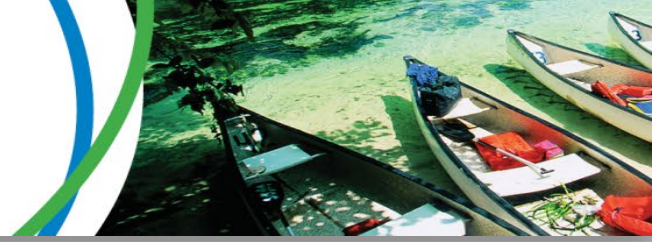
Poverty Statistics



2018 FL CHARTS Data:

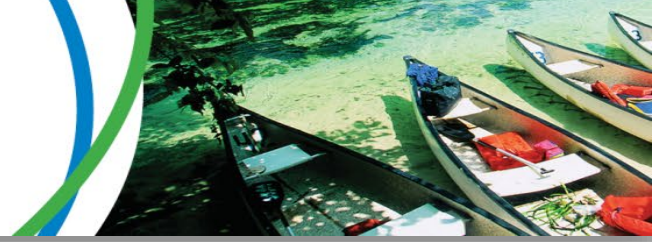
- **21.8% of Alachua County residents live at or below 100% of the federal poverty level vs. 14.8% of Florida residents**
- **20.5% of those in poverty in Alachua County are aged 17 and younger**

Potential Strategies for CAPP Funding Revision



- 1. Fund more programs; establish a maximum award per agency**
- 2. Mid-year reallocations of unused funding from previous fiscal year**
- 3. Revise current CAPP funding priorities**
- 4. Coordination with the Children's Trust to award programs identified in CTAC's needs assessment**
- 5. Award leveraged grants or seed money**

1. Increase Agency Participation



Fund more Programs

- **Impose a maximum award level**
- **Limit the number of awards per agency**

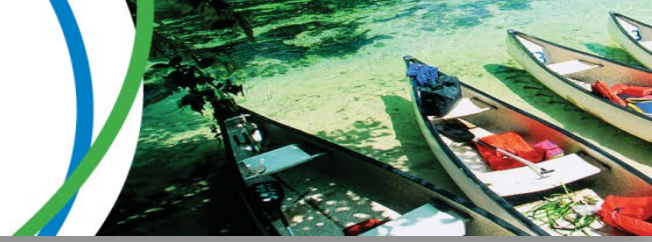
2. Mid-Year Allocations



Mid-year reallocations of unused funding from previous fiscal year and/or use a “hold-back” in funding

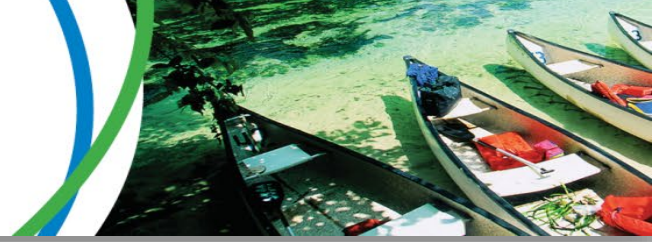
- **Awards for Innovative Ideas**
- **One-time grants for programs that may not fit a multi-year contractual approach**
- **Capacity-building for successful programs**

3. Widen the Focus



- **Family Stability**: *housing, financial education and stability, job training and education, local food programs and initiatives, rural transportation*
- **Mental Health**: *increase treatment and education programs, mental health first-aid*
- **Aid for Disabled Citizens**: *independent living, educational scholarships, vocational training*
- **Aid for Seniors**: *Fraud and Exploitation Prevention, Aging in Place*

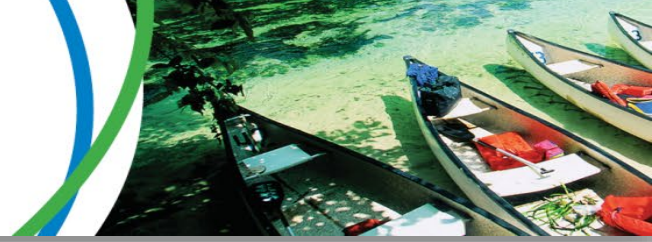
3. Narrow the Focus



Revise/refocus current CAPP funding priorities

- Reduce the number of funding priorities, re-evaluate each funding cycle
- Fully fund one program per priority
- Fund fewer programs at full request

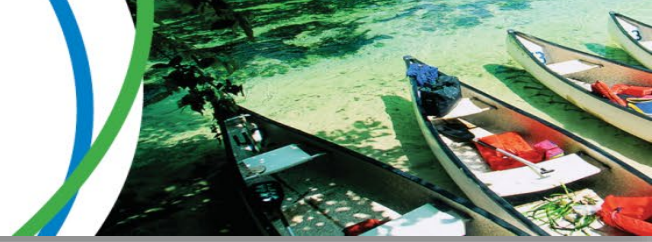
4. Coordinate Funding



Coordinate funding for children's programming with the Children's Trust

- **CAPP has historically funded children's programs at an average of 25% of the total allocation**
- **Coordinate with the Children's Trust to award funding based on their needs assessment**
- **Explore coordination with CTAC, Community Foundation, and United Way. Create a common application portal**

5. Encourage Success



Award leveraged grants or seed money

- Award funding to agencies that leverage funding by collaboration and use of volunteers
- Provide seed money for new programs by agencies with past proven successes

Additional Consideration



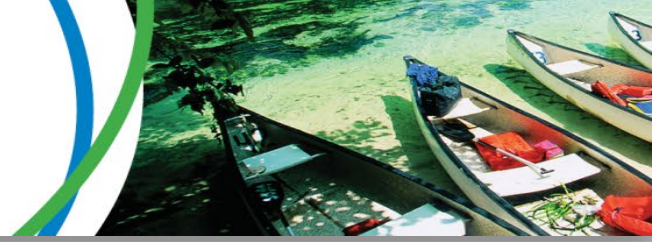
Change the Grant Program Name

- **Community Agency Partner Program may no longer accurately reflect the goals of the allocation**

Suggestions:

- **Alachua County Equity and Sustainability Program**
- **Alachua County Innovation and Resiliency Program**
- **Alachua County Equity and Resiliency Program**

Policy Discussion



- 1. Continue current CAPP process to support community programs; make no changes**
- 2. Revise CAPP process to fund more programs (maximum award, limit programs per agency)**
- 3. Mid-year allocation for new initiatives and capacity-building**
- 4. Revise/reduce current CAPP funding priorities**
- 5. Collaborate and coordinate with other funders**
- 6. Award leveraged funding and/or seed money**



Agenda Item Summary

Agenda Date: 5/5/2020

Agenda Item No.: 4.

Agenda Item Name:

Mental Health Issues, Trends, and Opportunities presentation and related policy discussion

Presenter:

Carl Smart, Claudia Tuck, Tom Tonkavich and Stuart Wegener

Description:

Staff will present information on current mental health issues, trends, and opportunities to improve response to emerging children's mental health needs, the use of peer specialists, and improving system coordination among the various users and service providers.

Recommended Action:

Hear presentation and discuss related policy opportunities.

Prior Board Motions:

On 5/14/19, the BoCC directed staff, "that at an upcoming Policy Meeting during the summer that we take that old list of mental health, homelessness, CAPP and any other Community type support that's being asked by the community, departments and anything else we can think of and have a cumulative policy discussion."

During Policy discussion at the 9/17/19 Special Meeting, staff were directed to bring back the above request for CAPP and mental health at a Special Meeting in Spring 2020.

Fiscal Consideration:

n/a

Background:

Community Support Services and Court Services staff have worked together to identify emerging trends related to mental illness using national, state, and local data. With long standing working relationships with many providers of mental health services, staff have also identified opportunities to improve the local system response to mental illness.

Systems of Support

Funding

Policy

Advocacy

Coordination

Funding	Policy	Advocacy	Coordination
Alachua County Board of County Commissioners (fund/ match)	Alachua County Board of County Commissioners	Alachua County Board of County Commissioners	Alachua County Public Safety Coordinating Council
Bureau of Justice Administration	Alachua County Public Safety Coordinating Council	Criminal Justice, Mental Health, Substance Abuse Reinvestment Grant (CJMHSAG)	Criminal Justice, Mental Health, Substance Abuse Reinvestment Grant (CJMHSAG)
Lutheran Services Florida (Managing Entity: ME)	Criminal Justice, Mental Health, Substance Abuse Reinvestment Grant (CJMHSAG)	Justice and Mental Health Collaboration (JMHCP)	Justice and Mental Health Collaboration (JMHCP)
Substance Abuse, Mental Health Services Administration (SAMHSA)	Justice and Mental Health Collaboration (JMHCP)	Cooperative Agreement to Benefit Homeless Individuals (CABHI)	Cooperative Agreement to Benefit Homeless Individuals (CABHI)
Department of Children and Families	Cooperative Agreement to Benefit Homeless Individuals (CABHI)	Office of the State's Attorney	Homeless Information Management System (HIMS)
Alachua County Sheriff Office	Office of the State's Attorney	Office of the Public Defender	Alachua County Crisis Center
Gainesville Police Department	Office of the Public Defender	Alachua County Crisis Center	Alachua County Sheriff Office
CHOICES	Alachua County Crisis Center	Department of Children and Families	Alachua County Sheriff Office Department of the Jail
Catholic Charities	Alachua County Sheriff Office	Alachua County Sheriff Office	Office of the State's Attorney
CAPP (Peer Respite Center)	Alachua County Sheriff Office/ Department of the Jail	Alachua County Sheriff Office Department of the Jail	Office of the Public Defender
State's Attorney Deferred Prosecution program	Gainesville Police Department	Gainesville Police Department	Gainesville Police Department
National Alliance on Mental Illness (NAMI)	Department of Children and Families	"Stepping Up" Federal Initiative	Treatment Courts (Drug, MH, Div 5, Veteran)

Funding: Funding sources for MH/ SUD resources system-wide

Policy: Entities that affect P&P for MH/ SUD system-wide

Advocacy: Entities that have MH/ SUD advocacy efforts

Coordination: Entities that have MH/ SUD coordinating efforts

Systems of Support

Funding	Policy	Advocacy	Coordination
Treatment Courts (Drug, MH, Div 5, Veteran)	National Alliance on Mental Illness (NAMI)	Alachua County Mental Health Coalition	Department of Children and Families
University of Florida (Initiatives within the University)	Meridian Behavioral	United Way	Meridian Behavioral
	“Stepping Up” Federal Initiative	Veteran’s Administration	Veteran’s Administration
	University of Florida	Meridian Behavioral	Emergency 911 email: State’s Attorney, Jail, Public Defender
	UF Health/ Shands	University of Florida	Peer Specialists (Varied locations)
	North Florida Regional/ Hospital Corporation of America	UF Health/ Shands	Various community advocacy groups
	Emergency 911 email: State’s Attorney, Jail, Public Defender	North Florida Regional/ Hospital Corporation of America	
	Mental Health Coalition	Southwest Area Advocacy Group (SWAG)	
	Individuals from community advocating	Chief Jones’ “BOLD” Inmate Release Support Program	
		Emergency 911 email: State’s Attorney, Jail, Public Defender (post jail booking)	
		Mental Health Coalition	
		Mental Health and Wellness Coalition	

Funding: Funding sources for MH/ SUD resources system-wide

Policy: Entities that affect P&P for MH/ SUD system-wide

Advocacy: Entities that have MH/ SUD advocacy efforts

Coordination: Entities that have MH/ SUD coordinating efforts

FY20 BEHAVIORAL HEALTH AND SUBSTANCE ABUSE FUNDING

EXTERNALLY-FUNDED ENTITIES	INTERNAL DEPARTMENTAL FUNDING	COMMUNITY SUPPORT SERVICES	COURT SERVICES	TOTAL FUNDING
Meridian		\$895,556	\$49,000	\$944,556
NAMI		\$10,000		\$10,000
Helping Hands Clinic		\$15,943		\$15,943
Creative Counseling			\$48,000	\$48,000
Peer Respite Care		\$52,752		\$52,752
Child Advocacy Center - Therapy		\$43,932		\$43,932
Children's Home Society		\$40,071		\$40,071
Peaceful Paths - Trauma Counseling		\$43,941		\$43,941
CABHI Grant		\$800,000		\$800,000
JAG Grants			\$18,000	\$18,000
JMHCP Grant			\$167,987	\$167,987
	*Mobile Response Team Grant	\$165,000		\$165,000
	Alachua County Crisis Center	\$487,305		\$487,305
	Treatment Courts		\$673,022	\$673,022
	CJMHSAG		\$370,000	\$370,000
	Metamorphosis		\$707,970	\$707,970
	Opus Outpatient		\$274,795	\$274,795
	Mental Health Identification & Assistance		\$150,000	\$150,000
TOTALS		\$2,554,500	\$2,458,774	\$5,013,274

* Does not include \$159,734 prior year carry forward

EXTERNALLY FUNDED ENTITIES

Meridian Behavioral Health Care

Community Support Services Contract

Funding provided under annual contract to Meridian is currently \$695,556 from general fund and \$200,000 under a CHOICES award. This includes funding towards efforts to implement the 2016 Senate Bill 12 (SB12) for a Coordinated System of Care. The current impact is a reduced waiting list for addiction receiving services at Meridian for Alachua County residents. *BoCC Funding for FY20 is \$895,556.*

Court Services Contract

Funding provided under annual contracts with Day Reporting \$5,000 and Treatment Courts \$44,000 is used for clients who have been evaluated and determined to need a higher level of care, including psychiatric services. This determination may also occur as result of time spent in outpatient counseling.

BoCC Funding for FY20 is \$49,000.

National Alliance on Mental Illness (NAMI)

NAMI provides education and support to both peers and family members of those with mental illness. Additionally, NAMI trains volunteers who conduct educational and support programs. Using County funds, NAMI obtains various brochures and other publications to inform the public about issues related to mental illness. Public forums and town hall type meetings provide another venue to help inform the community about mental illness related issues like stigma, where to reach out for assistance, and offer a supportive environment for family members.

BoCC Funding to NAMI for FY20 is \$10,000.

Helping Hands Clinic

Helping Hands Clinic provides mental/behavioral health care to homeless and near-homeless adults with no other access to affordable health care. The behavioral health care is co-located with primary medical care providers on site, and may include appointments with a psychiatrist and/or licensed mental health counselor, alcohol and tobacco cessation assistance, medications, and lab tests, all of which is provided free of charge.

CHOICES Funding to Helping Hands Clinic for FY20 is \$15,943.

Creative Counseling

Funding provided under annual contract with the Day Reporting program is used for clients evaluated and determined to need the Batterers Intervention program (26 weeks) or Anger Management Counseling as well as provide assessments and treatment.

BoCC Funding for FY20 is \$48,000.

Gainesville Peer Respite

This program uses peer support specialists to reduce mental health hospitalizations and negative interaction with law enforcement. It provides daytime and wellness activities six days a week such as Trauma Informed Peer Support, NAMI Connections, Decompression Session, Mindfulness, Wellness Walk and support groups. The program also offers overnight stays for up to eight nights per month. Participants are offered support by peer specialists at any time during the stay. Peer specialists answer warm-line calls 24/7 and clients may use this service as often as needed.

CAPP Funding for FY20 is \$52,752.

Child Advocacy Center-Reducing Trauma to Abused Children Therapy Program

The center provides Identification and treatment of child abuse through master-level licensed or license-eligible therapists with the goal of preventing re-abuse and children becoming abusers themselves. Children served by this program are aged 6-18 with a family income below 150% FPL. These children have been verified as having suffered physical or sexual abuse, have witnessed domestic violence, or have been victims of drug endangerment or human trafficking. Both children and caregiver receive therapeutic services. Sessions are provided at the Child Advocacy Center, schools, community programs, and in homes. Staff are available 24 hours a day. Access to advocacy and case management is also available. *CAPPCHOICES Funding for FY20 is \$43,932.*

Children's Home Society of Florida-Howard Bishop Community Partnership School

As part of its holistic approach to education, the Children's Home Society's counseling program provides mental health services to students and their parents. Participants receive services during the school day or after school in their homes. Students receive at minimum one hour per week of individual counseling and may attend group sessions in addition. The program serves middle school children and families in east Gainesville who are experiencing financial hardship. *CAPPCHOICES Funding for FY20 is \$40,071.*

Peaceful Paths-Trauma Counseling for Underserved Survivors of Domestic Violence

This program provides trauma-informed counseling for underserved survivors of domestic violence in culturally-specific locations where clients already receive partner services. Services are available from language-specific advocates and counselors. Each client is eligible for 16 sessions of individual trauma counseling, support group activities, post-service follow up and assistance in developing a safety plan. All services have concurrent care for children to ensure therapeutic and safety services for the entire family. *CAPPCHOICES Funding for FY20 is \$43,941*

GRANT FUNDING

COMMUNITY SUPPORT SERVICES

Funders: **Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, Center for Substance Abuse Services**

Grant: **Cooperative Agreement to Benefit Homeless Individuals (CABHI)**

During the FY2017 budget meetings, department staff were asked to seek funding for an intense level of service for mentally ill and substance involved individuals. In September 2017, the County was awarded a CABHI grant in response to a grant submitted in March 2016. This funding was provided in a second round following submission of an updated application.

The intent of this grant is to increase Alachua County's capacity to coordinate and provide the following components to adults, youth, and families who are experiencing homelessness and are affected by serious mental illness, substance abuse, or co-occurring disorders:

- Outreach and engagement to the homeless
- Evidence-based behavioral health treatment,
- Permanent supportive housing,
- Supportive employment,
- Peer supports, and
- Other individualized recovery support services.

Target Population for CABHI Grant:

- **Individuals** who experience **chronic homelessness** and have substance use disorders (SUDs), serious mental illness (SMI), serious emotional disturbance (SED), or co-occurring mental and substance use disorders (CODs)
- **Veterans** who experience **homelessness** or **chronic homelessness** and have SUD, SMI, or COD
- **Families** who experience **homelessness** with one or more family members who have SUD, SMI, or COD
- **Youth** who experience **homelessness** and have SUD, SMI, SED, or COD
- Other **locally defined high need subpopulations** experiencing homelessness and the above disorders, e.g., pregnant women, unaccompanied youth exiting foster care.

The CABHI grant will extend outreach and offers services based on a Modified-ACT/Care Coordination team for those enrolled in the program.

Award Amount

\$800,000 per year to Alachua County Community Support Services (lead agency)

\$658,572 sub-award to Meridian Behavioral Healthcare for treatment services

Three-Year Project Period - 09/30/17 – 9/29/20

County Funding

In-kind salaries 20% time commitment – project coordinator.

Half-time allocation of a mini-van; fuel and maintenance - \$1,200.

Funder: U.S. Department of Justice, Bureau of Justice Assistance via the City of Gainesville

Grant: Edward Byrne Memorial Justice Assistance Grant Program, Local Solicitation (FY 2017) – Ohio Risk Assessment System Training for Court Services Employees

Grant Description: This Sub grant will underwrite the costs of purchasing Ohio Risk Assessment System Training (ORAS) from the University of Cincinnati's Corrections Institute (UCCI). This system is used by staff with adult offenders, and it allows the staff to assess individuals at various decision points across the criminal justice system. Critical to this process is to identify the level of risk factors per client, including Mental Health and Substance issues. While the assessment itself is free, agencies must be trained prior to implementation so they may properly train and score each of the assessment tools used. New staff will be trained in ORAS and refresher training to interested staff or those in need. Up to six additional staff will be trained to become ORAS trainers so that the Department has internal trainers to apply as needed, to meet future program goals.

Length of Project Period: 10/1/2017 – 9/30/2018. (The City of Gainesville has requested an extension through 9/30/2020, which was received.)

Award Amount: The Award was \$18,000, to be made available directly by BJA to the City of Gainesville. The Sub grant is reimbursement-based so ORAS training activities engaged in by the BoCC via Court Services will be reimbursed by COG.

Funder: **U.S. Department of Justice – Bureau of Justice Assistance**

Grant: **Justice Mental Health Collaboration Program (JMHCP) – Category 1: Collaborative County Approaches to Reducing the Prevalence of Individuals with Mental Disorders in Jail**

Project Description: Alachua County was one of just seven counties to receive JMHCP Category 1 grant funding in 2017. The Justice Mental Health Collaboration program is a well-known and highly competitive grant program to help the County improve and enhance how it addresses mental illness as it intersects with the local criminal justice system, using a broad-based coalition of stakeholder agencies. This Category 1 grant has three primary efforts 1: Conduct a Process Analysis of the intersect between mental illness and the criminal Justice System, 2: Collect data to inform a report of the MI/CJ intersect, and 3: To provide a Strategic Plan to the PSCC including the development of a program to address the gaps identified. We expect to apply and be granted an Implementation grant mid-2020 to initiate in October 2020.

The JMHCP grant has funded a countywide planning and research effort to reduce the prevalence of individuals with mental disorders in the County Jail. The Department of Court Services leads the JMHCP program with support from Stepping Up Initiative partners including the Alachua County Sheriff's Office, Alachua County Department of the Jail, Meridian, the City of Gainesville Police Department, United Way, UF Health/ Shands, North Florida Regional, UF Police Department, Veterans Administration, UF Research

Consultants, the National Alliance on Mental Illness (NAMI) Gainesville Chapter, CJMHSAG Committee, and the Alachua County Public Safety Coordinating Council. “Stepping Up” is a nationwide effort to reduce the prevalence of mental illness in the nation’s jails. Alachua County is a Stepping Up County participant. As part of the Stepping Up initiative, JMHCP aims to fulfill the “Innovator County” status by 1: Adopting a system-wide definition of Mental Illness, 2: Installing a validated screening form at jail booking, and 3: Reporting the data results. This effort is rewarded with national attention from the Stepping Up initiative.

As part of the grant program, the County receives technical assistance from the Council of State Governments (CSG) Justice Center to support and help develop a system-wide planning and implementation guide to help steer the process. The grant also provides funds to support a Program Manager position within Court Services, a research partnership with Professors from UF’s Department of Criminology, Sociology, and Law, and trainings to help Stepping Up members who are also stakeholders in the current criminal justice and behavioral health systems address service gaps in how individuals with mental disorders are treated in the local systems. On December 5th, 2019, JMHCP provided Motivational Interviewing end user training for a widely varied group of 30 participants with intent to continue with end user and Train the Trainer versions available to all relevant entities. The Planning and Implementation Guide was approved on January 9, 2020 releasing the whole of the Federal funds to implement the Project.

Length of Project Period: 10/01/2017 – 09/30/2019 (Grant Award Accepted by BoCC on November 14, 2017 was identified to progress only for this period. As a result of a request from the County, the period was extended by BJA for one additional year to September 30, 2020, on May 28, 2019.)

Award Amount: The Federal grant award/cost share is \$152,436 (\$79,318/Yr.1; \$73,118/Yr.2.)

County Funding: The BoCC provides a 20% match (\$38,109: \$19,830/Yr.1; and, \$18,279/Yr.2). The total project budget is \$190,545 over a 2-year period.

As of the December 31, 2019 Federal financial Report, a total of \$73,537.32 in Federal grant funds and \$18,384.67 in County match funds remained to be spent.

Significant programmatic activities engaged in to-date, include a comprehensive qualitative and quantitative data collection project on those affected by mental illness who are at risk to come in contact with the criminal justice and behavioral treatment programs. In addition, a process evaluation entailing 38 interviews to date and 10-15 more planned with key system stakeholders and their representatives is underway and this qualitative review will complement the data provided which will be carefully analyzed. The work of the project includes monthly planning team meetings to review program progress and weekly meeting with the UF research consultants. The first key elements of a comprehensive Planning and Implementation Guide required by BJA has largely been completed. The core Planning Team meets monthly and the LEO Advisory team met monthly for the first year and now meet every two months.

INTERNAL FUNDING

COMMUNITY SUPPORT SERVICES

Crisis Center

The Crisis Center offers a full spectrum of crisis and suicide intervention programs. Through the effective use of professional staff and highly trained volunteers and graduate students, the Crisis Center provides 24-hour, seven-day-a-week telephone, face-to-face, and outreach services to any Alachua County resident in emotional distress. The Crisis Center is actively involved in two national 1-800-Suicide Intervention Systems. The Crisis Center and this system have been in existence and growing for over 40 years. As further evidence of its long-standing effectiveness, volunteers have provided many years of service, the longest volunteering for 44 years. The Crisis Center also has CARE Teams that respond on scene to offer counseling and support for those in crisis or affected by the sudden loss of a loved one.

Rumor Control responded to over 11,000 calls from citizens during response for Hurricane Irma and the flooding of the Santa Fe River that impacted the community shortly afterwards. On August 1, 2017, the Crisis Center held its first annual Youth Suicide Prevention Symposium. Over 75 citizens and school, law enforcement and mental health professionals from the community attended.

The County's 24/7 suicide hotline is certified by the American Association of Suicidology. During FY 2017-2018, the Crisis Center maintained a crew of 120 highly trained, unpaid community members who offered over 45,000 hours of service to the County and its citizens. The six paid staff trained, supervised, and supported the equivalent of over 21 unpaid FTEs to offer the Crisis Center's 24-hour services. Based upon Independent Sector Research, the volunteer 40,141 hours of service that year was worth \$1,020,785 to Alachua County. *BoCC Funding for FY120 is \$487,305.*

Mobile Response Team Grant

In January 2019, the Crisis Center was awarded funding from Lutheran Services of Florida to expand its Mobile Response services for youth 25 and under. The Crisis Center will be hiring two new staff, a Mobile Response Team Coordinator and a Mobile Response Team Specialist. Both positions will respond to requests for mobile response and work closely with families, law enforcement, schools, and other youth focused organizations to provide crisis intervention services when needed. The staff will also work to coordinate follow up activities including warm handoffs for longer-term care. Both positions support onsite response and will ensure that continued crisis stabilization and follow up services are provided.

Grant Funding for FY20 is \$165,000. (Prior Carry Forward of \$159,734 is not included.)

COURT SERVICES

TREATMENT COURTS

Drug Court

Drug Court offers two options for individuals diagnosed with substance use disorders who have felony criminal charges in Alachua County. Both the pretrial diversion option and the post-plea option offer intensive supervision, case management and treatment to offenders eligible and willing to enter into treatment to overcome criminogenic risk factors. The program is modeled on the key components nationally recognized for Drug Courts and those of the State Office of the Court Administrator, and lasts a minimum of twelve (12) months.

158 clients were served, 80 screenings were completed in FY19.

Mental Health Court

This Court is a treatment-based diversion court that serves defendants with mental illness or those who are developmentally disabled. This population is the most expensive to house in the jail due to costs of psychotropic medications. The primary goal of Mental Health Court is to provide defendants with the least restrictive treatment, training and support services necessary to reduce recidivism and ensure public safety.

108 clients were served 66 Screenings were completed in FY19.

Veterans Treatment Court

This is a treatment-based court program serving military veterans with mental health or substance use disorder diagnoses, charged with certain misdemeanor and felony crimes. The Veterans Treatment Court program operates a pretrial diversion and a post-plea option, modeled on the fundamental key components nationally recognized for Drug Courts and requires a minimum of twelve (12) months supervision. It integrates court and community supervision with focused medical, substance abuse and mental health service programs provided through the Veterans Administration.

63 clients were served, 33 screenings completed in FY19.

BOCC Funding for FY20 is \$673,022 for all three Treatment Courts.

CJMHSAG Reinvestment Grant (Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program)

Funds provided support a range of services to improve access to treatment and case management services for adults who have a mental illness, are affected by substance use or a combination of mental illness and substance use, and are in or at risk of involvement in the criminal justice system.

Applicable to Program Years 2017-2020, this Grant is the fourth in a series of three-year Program grants from the Florida Department of Children and Families. The CJMHSAG Grant now encompasses services in Alachua and Bradford Counties in a consortium approach. Whereas the County served as the grantee agency for the first three CJMHSAG Grants, Meridian now performs this role. Toward the annual budgets, Meridian is being provided by the County \$370,000 in cash for each of three years. The third and final year of the current Grant began on April 1, 2019 and concludes on March 31, 2020.

In March 2019, DCF provided notification of a grant award for \$1.5 million to Meridian for the period beginning April 1, 2020 through March 31, 2023. This funding effectively identifies the Alachua County-Bradford County CJMHSAG Collaboration with all law enforcement and behavioral health partners as having achieved 15 consecutive years of critical support to serve our community and those who are justice-involved and affected by mental illness and/or substance abuse with services and importantly, hope for a better future.

This cash match amount (known as MIWG funds for the Mental Illness Work Group but is actually General Fund dollars) draws down approximately 75% of the \$500,000 required each year in toward the matching grant funds from DCF. Additionally, an in-kind match from the County is committed for the CJMHSAG Grant, but it does not accrue to Meridian. These funds are \$240,000/3 years and are comprised of 1.5 FTE's in Court Services staff who are engaged in the CJMHSAG Program.

At the end of December, 2019 during the first nine months of Year 3 of the CJMHSAG Reinvestment Grant, the Forensic Diversion Team Program operated by Meridian served 91 clients on average. Of this group, 78% of the participants received outreach and case management in the community versus in the county jail. .

For Fiscal Year 2020, funding provided will be \$370,000 in cash match.

Metamorphosis

Metamorphosis is a long-term residential treatment center for men and women. Participants must have a Substance-Use Disorder to be admitted. The majority of participants also have a mental health diagnosis that is treated during the course of their treatment by Master's level therapists through group and individual therapy. The treatment approach uses the concept of a Therapeutic Community, and evidence based models including; Cognitive Behavioral Therapy, Rational Emotive Behavior Therapy, and Motivational Interviewing. Participants typically stay in the program between 6 to 12 months depending on individual clinical need. Individuals generally gain employment at 4-5 months and are able to live at one of our two transitional housing apartments. The goal is for clients to slowly transition back into the community with employment and a safe and stable support network. Aftercare services are available for those who complete residential treatment.

The program is partially funded through State and Federal grants managed by Lutheran Services. Participants must be assessed prior to be admitted to the program.

86 Residential Clients admitted, 34 Aftercare Clients served, 236 Assessments completed In FY19

BoCC Funding for FY20 is \$707,970 (\$431,857 General Fund and \$274,283 Grant Funds)

Opus Outpatient and Aftercare Treatment

Licensed by the State of Florida, the Opus program provides voluntary outpatient behavioral health treatment and aftercare to adult women and men with substance use disorders and co-occurring mental health disorders. Potential clients are referred by the Alachua County Drug Court and Day Reporting programs. Opus eligibility is established in a face-to-face clinical interview. The American Society of Addiction Medicine's guidelines are used during treatment level of care determinations.

Face-to-face client services have been provided by one full-time Opus program staff who is a Florida Licensed Mental Health Counselor and a Masters Level Addictions Professional/Certified Clinical Trauma Professional.

In FY 2019: Opus provided service to 33 program participants. Face-to-face and indirect program services included professional screening, assessment/evaluation, outpatient individual and group counseling, psychoeducation, relapse prevention, anger management intervention, consultation with psychiatric and other medical providers, advocacy and onsite integrated staffing with court officer staff, and attendance at weekly court events. Sometimes family members have also participated. The program uses evidence-based therapeutic techniques and takes a recovery-oriented approach to care. In keeping with this philosophy, successful Opus completers may return for aftercare services throughout their life.

BoCC Funding for FY20 is \$274,795

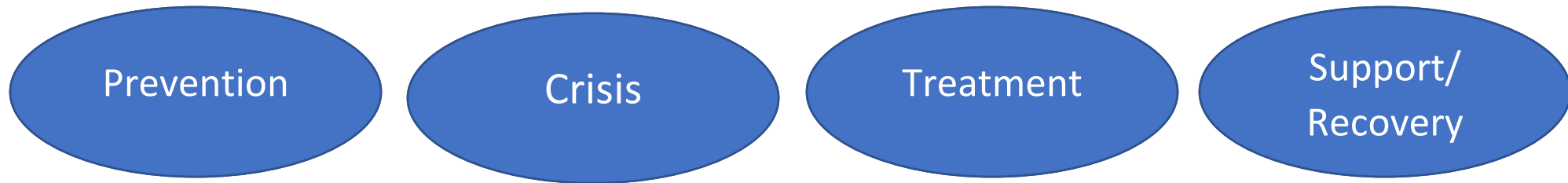
Mental Health Identification and Assessment

The BoCC established this Program in October 2015 to support new or innovative Mental Health services and programming. The Board allocated \$150,000 at the beginning of FY 2016 for this Program, also known as the Mental Health Discretionary Funding Pool. Funds initially allocated helped to leverage new services including those at the Peer Respite Center and the Southwest Area Advocacy Group (SWAG). Additional funding from this pool were made available to support the costs of providing Mental Health First Aid (MHFA) Training for Alachua County employees and for the capital construction costs related to a primary health care clinic of Meridian. The Peer Respite Center began its operations in March 2017, providing peer-based respite services to community residents suffering from mental illness and to their family members. It continues to provide such services today, which are provided separately from the Mental Health Identification and Assessment funding pool.

Court Services began to implement its MHFA training initiative in June 2016, focusing first on providing this evidence-based 8-hour curriculum to County employees who interact with the public. During Fiscal Year 2018, total expenditures for MHFA training of \$25,740.36 were incurred. By the end of February 2017, 827 Alachua County employees had been certified as trained in MHFA, which helps them recognize mental health symptoms and respond to those who are in the beginning stages of a mental health crisis.

In response to the BoCC's endorsement of a second phase of MHFA training in early 2017, Court Services embarked on extending MHFA training to staff from three priority constituencies: 1) Constitutional and Judicial Officers; 2) Nonprofit Agencies receiving CAPP and/or CHOICES funding; and 3) Alachua County Municipalities. The total number of Constitutional and Judicial Officer staff who have been trained is 867. CAPP/CHOICES staff totaled 56. Municipalities had 67 staff trained. MHFA training has continued into FY 2020 with \$3,500 expended to support the costs of new County staff being trained. The initiative has resulted in 2,126 County and related partner agencies' staff being trained in MHFA. *BoCC Funding for FY 20 is \$150,000.*

County Mental Health/ Substance Use: County Funded and/ or Operated Programs



Prevention	Crisis	Treatment	Support/ Recovery
Criminal Justice, Mental Health, Substance Abuse Reinvestment Grant (CJMHSAG)	911	Alachua County Crisis Center Counseling	Criminal Justice, Mental Health, Substance Abuse Reinvestment Grant (CJMHSAG)
Justice and Mental Health Collaboration (JMHCP)	Alachua County Crisis Center Suicide/ Crisis Hotline	Alachua County Court Services Metamorphosis Substance Use Treatment	Justice and Mental Health Collaboration (JMHCP)
Mental Health Identification and Assistance (MHFA)	Alachua County Crisis Center Care Teams/ Mobile Response Teams	Alachua County Court Services Opus Outpatient	Cooperative Agreement to Benefit Homeless Individuals (CABHI, Meridian)
Alachua County Crisis Center (ACCC) Rumor Control	AC Emergency Response Teams (Medical, Fire/ Rescue, Specialized Policing, etc)	Mental Health Identification & Assistance	Metamorphosis Substance Use Treatment: Aftercare
Co-Responder Alachua County Sheriff/ Meridian Clinical Teams	Mental Health First Aid Trained Officers, call centers, and employees	Treatment Courts (Drug, MH, Div 5, Veteran)	Opus Outpatient: Aftercare
Treatment Courts (Drug, MH, Div 5, Veteran)	CIT Trained Law Enforcement Officers	Helping Hands Clinic	NAMI Training: Homefront, Provider
Mobile Response Teams (MRT) (Crisis Center, Meridian...)	Co-Responder Alachua County Sheriff/ Meridian Clinical Team	Alachua County FACT Case Management	NAMI Peer Respite
State's Attorney Deferred Prosecution program	Validated Screening at booking resulting in referrals for Psych assess	Alachua County Perinatal Mental Health Coalition	NAMI Community Education: In Our Own Voice, Ending the Silence

Prevention: intervening to minimize risk factors related to mental illness by addressing determinants of mental illness and presenting symptoms before a specific mental health crisis has been identified.

Crisis: any situation in which a person's actions, feelings, and behaviors can lead to them hurting themselves or others, and/ or put them at risk of being unable to care for themselves or function in the community in a healthy manner.

Treatment: therapeutic treatment of mental illness provided by a trained mental health professional.

Support: aims to provide accessible advice and information about mental health issues and services to people living with mental illness.

Recovery: return to an individual's typical state of health, mind, or strength.

County Mental Health/ Substance Use: County Funded and/ or Operated Programs

Prevention	Crisis	Treatment	Support/ Recovery
Meridian Services Contract (Day Reporting and Treatment Courts)	Emergency 911 email: State's Attorney, Jail, Public Defender (post jail booking)	Criminal Justice, Mental Health, Substance Abuse Reinvestment grant (CJMHSAG)	NAMI Classes: Family to Family, Basics, Peer to Peer
Law Enforcement Diversion discretion		Justice and Mental Health Collaboration (JMHCP)	NAMI Support: Family Support, Connection, Family and Friends, Sharing Hope
National Alliance on Mental Illness (NAMI)		Cooperative Agreement to Benefit Homeless Individuals (CABHI, Meridian)	Gainesville Opportunity Center
NAMI Peer Respite		AC Jail: "Thinking for a Change" training	Helping Hands Clinic
NAMI Youth Peer Mentor		AC Jail: Life Skills	Creative Counseling
Mental Health First Aid Training		AC Jail: Anger Management	Peer Specialists (Varied locations)
Helping Hands Clinic		AC Jail: Domestic Violence (Female)	
Creative Counseling		AC Jail: Work on Me	
Peer Specialists (Varied locations)		AC Jail: Substance Abuse Intervention	
Supportive Housing		AC Jail: 12 steps groups	
		AC Jail: Veteran's Outreach Programs	
		Helping Hands Clinic	
		Creative Counseling	

Prevention: intervening to minimize risk factors related to mental illness by addressing determinants of mental illness and presenting symptoms before a specific mental health crisis has been identified.

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Support: aims to provide accessible advice and information about mental health issues and services to people living with mental illness.

Recovery: return to an individual's typical state of health, mind, or strength.

Community Mental Health/ Substance Use: not County Funded or Operated Programs

Prevention

Crisis

Treatment

Support/
Recovery

Prevention	Crisis	Treatment	Support/ Recovery
Private Practice Psychiatrists	Shands Emergency Department	Private Practice Psychiatrists	United Way 211 resource program
Private Practice licensed counselors	Shands Vista Crisis Stabilization Unit	Private Practice licensed counselors	Chief Jones' Ex-Inmate support group (BOLD)
Primary Care doctors (medication, referral, etc)	North Florida Regional Emergency Department	Primary Care doctors (medication, referral, etc)	12 Step Substance Use programs
Shands Psychology Department	North Florida Regional in-patient center	Shands Psychiatry at Springhill	Veteran's Administration Services
Shands Psychiatry at Springhill	North Florida Regional Crisis Stabilization Unit	Shands Psychology Department	UF Counseling and Wellness
The Behavioral Health Center at North Florida Regional	Meridian Crisis Stabilization Unit	The Behavioral Health Center at North Florida Regional	Meridian Mothers Intensive Support Treatment (MIST)
CDS Family and Behavioral Health Services	Meridian Detox Center	Florida Recovery Center: Expert Treatment- Drug and Alcohol Addiction	Meridian Case Management
UF Counseling and Wellness	Veteran's Administration Emergency Services	Veteran's Administration Services	Meridian Rehabilitation Services
Veteran's Administration Services	Mental Health First Aid Trained call centers and employees	UF Counseling and Wellness	Peer Specialists (Varied locations)
Supportive Housing	Co-Responder Gainesville Police/ Meridian Clinical Team	Florida Certification Board: Certified Peer Recovery Specialists	NAMI Services
United Way 211 resource program	Gainesville Fire and Rescue	CDS Family and Behavioral Health Services	Alachua County FACT Case Management

Prevention: intervening to minimize risk factors related to mental illness by addressing determinants of mental illness and presenting symptoms before a specific mental health crisis has been identified.

Crisis: any situation in which a person's actions, feelings, and behaviors can lead to them hurting themselves or others, and/ or put them at risk of being unable to care for themselves or function in the community in a healthy manner.

Treatment: therapeutic treatment of mental illness provided by a trained mental health professional.

Support: aims to provide accessible advice and information about mental health issues and services to people living with mental illness.

Recovery: return to an individual's typical state of health, mind, or strength.

Community Mental Health/ Substance Use: not County Funded or Operated Programs

Prevention	Crisis	Treatment	Support/ Recovery
Meridian Primary Care Clinic	CDS Family and Behavioral Services	Meridian Bridge House	Mental Health Coalition
Meridian Outreach	Emergency Response Teams	Meridian Mothers Intensive Support Treatment (MIST)	Mental Health and Wellness Coalition
Meridian Bridge House		Meridian Psychiatric Services	
Meridian Medication Assisted Treatment		Meridian Outpatient	
Meridian Psychiatric Services		Meridian Group Treatment	
Meridian Mothers Intensive Support Treatment (MIST)		Meridian Case Management	
Mental Health 1 st Aid training		Meridian Medication Assisted Tx	
Mental Health curriculum in Alachua County Public Schools		Meridian Child and Family Services	
Peer Specialists (Varied locations)		CDS Family and Behavioral Services	
Mental Health and Wellness Coalition			
Alachua County FACT Case Management			
Co-Responder Gainesville Police/ Meridian Clinical Teams			

Prevention: intervening to minimize risk factors related to mental illness by addressing determinants of mental illness and presenting symptoms before a specific mental health crisis has been identified.

Crisis: any situation in which a person's actions, feelings, and behaviors can lead to them hurting themselves or others, and/ or put them at risk of being unable to care for themselves or function in the community in a healthy manner.

Treatment: therapeutic treatment of mental illness provided by a trained mental health professional.

Support: aims to provide accessible advice and information about mental health issues and services to people living with mental illness.

Recovery: return to an individual's typical state of health, mind, or strength.

Mental Health Trends, Issues, and Policy Discussion

Alachua County Community Support Services

Alachua County Court Services

May 5, 2020

Prior Board Motions

- On 5/14/19, the BoCC directed staff, “that at an upcoming Policy Meeting during the Summer that we take that old list of mental health, homelessness, CAPP and any other community type support that’s being asked by the community, departments and anything else we can think of and have a cumulative policy discussion.”

Prior Board Motions

- During Policy discussion at the 9/17/19 Special Meeting, staff were directed to bring back the above request for CAPP and mental health at a Special Meeting in Spring 2020.

Program Adjustments in Times of Pandemic

- Orientating to a New Normal (Anticipating Peoples Needs)
- Potential Increases in Substance Abuse – (Trauma Related)
- Potential Increased Need for Crisis Counseling and Support Services – (People in Distress)
- Potential Increases in Domestic Violence and Child Abuse (People Isolated)

Program Adjustments in Times of Pandemic

Adjusting Service Delivery Methods

- Tele-Health Services (Zoom Health HIPAA Compliant)
- Staff/Volunteers Working Remotely
- In Person Response – Requires Use of PPE
- Metamorphosis Tele-Health Expanded Aftercare Services
 - Increased Peer Support from Meta clients

National Alliance on Mental Illness (NAMI)

- LGBTQ – Twice as Likely to have a Mental Health Problem
- Youth – 11% Report having a Mood Disorder
- Adults – 18% Report Experience Having an Anxiety Disorder
- Adults – 1 in 5 Report Experiencing Mental Illness

Centers for Disease Control

- Nearly 1 in 5 Children are Diagnosed with a Mental Disorder
- Only 20% Receive Care from a Specialty Provider
- Barriers –
 - Reluctant to Seek Care
 - Cost
 - Not Enough Providers
 - Waiting Lists
 - Lack Insurance

Centers for Disease Control

- 90% of Children Receive Care from a Primary Care Physician
- 2/3^{rds} of Primary Care Providers Lack Training to Diagnose
- How to Improve Access to Behavioral Care
 - Phone Consultations
 - Practicing Together
 - Improving Referrals and Communication

Leading Causes of Death in the United States

According to the Centers for Disease Control Suicide is the:

- 2nd Leading Cause of Death for Those Aged 10-34 years old
- 4th Leading Cause of Death for Those Aged 35–54 years old
- 8th Leading Cause of Death for Those Aged 55–64 years old
- 10th Leading Cause of Death for All Ages

Stigma

- Stigma is a mark of disgrace that sets a person apart from others.
- When a person is labelled by their illness they are no longer seen as an individual but as part of a stereotyped group.
- Negative attitudes and beliefs toward this group create prejudice which leads to negative actions and discrimination.

Stigma

- Discrimination can worsen someone's mental health problems, and delay or impede their getting help and treatment.
- Stigma exacerbates social isolation, unemployment and poverty.
- Ultimately, stigma can trap someone in a cycle of illness.

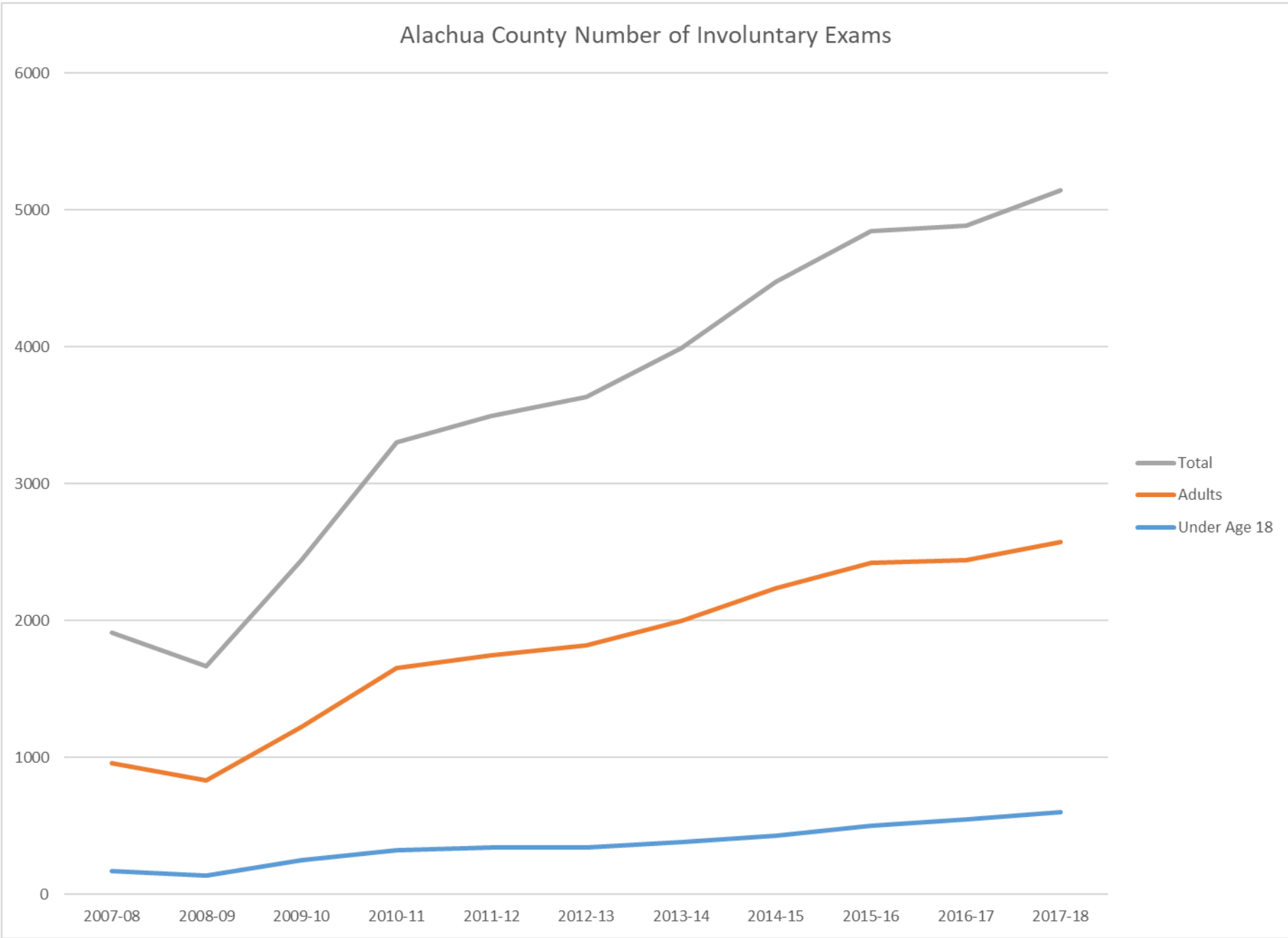
Mental Health Trends

Alachua County Youth Are Not Doing Well!

- Increased number of involuntary hospitalizations is concerning.
- Youth suicides are at an all time high.

Department of Health – Alachua Community Health Assessment (2019)

- 22% of Alachua Adults and 6% of Alachua Children, report they need but don't receive treatment (Stigma leads to under-reporting).
- Cost, long waits, no counselor available, not covered by insurance are primary reasons for not receiving care



Alachua County Youth Baker Acts 10 Year Trend

Fiscal Year	Under Age 18	% Change
2007-08	167	Base Year
2008-09	137	-18%
2009-10	247	80%
2010-11	320	30%
2011-12	343	7%
2012-13	343	0%
2013-14	385	12%
2014-15	431	12%
2015-16	500	16%
2016-17	545	9%
2017-18	598	10%
2007 - 2018		<u>358%</u>

Involuntary Examinations of Children

Geographic Area	Fiscal Year 2013-14	Fiscal Year 2017-18	Percentage Change
State of Florida	30,355	36,078	19%
Alachua County	385	598	55%

* Most recent five year period of time

Mental Health Court Works!

Since 2014, 73 clients Graduated from Mental Health Court, of these 73, 36 were prior to 2017

- Of these 36, 6 graduated the program in 2014 and none recidivated within 3 years post graduation.
- Of these 36, 16 graduated the program in 2015 and 4 recidivated within 3 years post graduation (25%).
- Of these 36, 14 graduated the program in 2016 and 2 recidivated within 3 years post graduation. (14%)

Drug Court

- Between 65% and 70% of Drug Court Clients, have Co-occurring disorders diagnoses.
- Drug Court Clients with significant Co-occurring disorders are referred for Mental Health treatment and assistance at Meridian or Metamorphosis.

Veterans Court

- 100% of the current Veterans Court Clients have Mental Health diagnoses.
- 96% of the current Veterans Court Clients are receiving Mental Health treatment by the VA.
- 4% Receiving Services from Community Providers

Opportunities

1. Greater Coordination / Umbrella
2. No Wrong Door / Central Receiving Facility
3. Peer Specialists – Legislative Change
4. Respond to Increased Need for Children's Mental Health Services
5. Mental Health System Mapping

Greater Coordination / Umbrella

- Behavioral Health & Criminal Justice Systems are available though fragmented and not optimally coordinated.
- Alachua County Justice & Mental Health Collaboration Program (BJA), a two-year process evaluation and data collection initiative to reduce the prevalence of MI in the Jail.
- Upcoming BJA grant opportunity allows for implementation and, if funded, may support a pilot program to enhance coordination of services, care across systems.

Greater Coordination / Umbrella

- Behavioral Health System Mapping is now being done in other counties.
- Existing grant may provide sufficient funds to support a County-based project to help identify broader system needs through a collaborative process.

National Guidelines (SAMHSA)

Behavioral Health Crisis Care – Core Services

#1: Regional Call Center Meeting NSPL Standards

(Alachua Crisis Center: Accredited, 50 year history,
NSPL Network Member)

2: Crisis Mobile Response Team

(CARE Teams, MRT, Co-Responder, CIT)

3: Crisis Receiving and Stabilization (Home Like)

(Reliant on Inpatient Hospitalization)

A Place To Go

(Crisis Receiving and Stabilization Services)

aka “No Wrong Door”

- Accept all walk-ins, ambulance, fire, and police drop offs
- Say “Yes” to all crisis referrals, clinical conditions, and acuity levels
- Physical space and use of recliners in lieu of beds (flex space)
- Coordinate connection to ongoing care

A Place To Go

(Crisis Receiving and Stabilization Services)

aka “No Wrong Door”

- If medical condition or detox required, makes arrangements
- Law enforcement, family members, mobile response team, other referral sources not required to triage (figure it out) first
- 24/7/365 Multidisciplinary staffing
- Screen for suicide and violence

A Peer Specialist is defined as an individual who:

- self-identifies as a person who has direct personal experience living in recovery from mental health and/or substance use conditions,
- has a desire to use their experiences to help others with their recovery,
- is willing to publicly identify as a person living in recovery for the purpose of educating, role modeling, and providing hope to others about the reality of recovery, and
- has had the proper training and experience to work in a provider role.

Common Barrier to Becoming a Peer Specialist

Exemption From Disqualification

(Failing a Level 2 Criminal Background Check)

To be eligible to request an exemption from disqualification:

- at least 3 years since you completed or been lawfully released from confinement, supervision or nonmonetary condition imposed by the court for **all disqualifying felonies**;
- you completed or been lawfully released from confinement, supervision or nonmonetary condition imposed by the court for **all disqualifying misdemeanors**

Common Barrier to Becoming a Peer Specialist

- You have **paid all court-ordered financial assessments in full. This includes** any fee, fine, fund, lien, civil judgment, application, cost of prosecution, cost of supervision, trust or restitution as part of the judgment and sentence for any disqualifying felony or misdemeanor;
- **Anyone designated as a sexual predator, sexual offender or career offender is not eligible for an Exemption from Disqualification**

Applying for an Exemption

- Your exemption request will not be considered until all documentation is received.
- Clerk of the Court Certified Records
- Official Arrest Report or Charging Affidavit
- Completion of Sanctions
- Proof of your Rehabilitation
- Letters of Recommendation
- A copy of the Affidavit of Good Moral Character or Child Care Attestation of Good Moral Character

Respond to Increased Need for Children's Mental Health Services



Alachua County Board of County Commissioners

Charles S. Chestnut IV, *Chair*
Robert Hutchinson, *Vice Chair*
Mike Byerly
Ken Cornell
Marihelen Wheeler

Administration
Michele L. Lieberman
County Manager

July 1, 2019

The Alachua County Board of County Commissioners seeks to have a joint meeting with the CTAC once all of its members are appointed to generally discuss:

- Identified needs and gaps in children's programming
- CTAC planned programs and services
- BoCC and CTAC funding plans and priorities

Policy Discussion

1. Greater Coordination / Umbrella
2. No Wrong Door / Central Receiving Facility
3. Peer Specialists – Legislative Change
4. Respond to Increased Need for Children's Mental Health Services
5. Others



Agenda Item Summary

Agenda Date: 5/5/2020

Agenda Item No.: 5.

Agenda Item Name:

Rural and Agricultural Comprehensive Plan policies: Follow up to previous Commission discussion and direction of draft changes to policies on Rural Clustered Subdivisions and Rural Subdivision internal road paving requirements.

Presenter:

Ken Zeichner and Ken McMurry (Growth Management (352)374-5249)

Description:

This item is a presentation and discussion of draft policy changes to Rural and Agricultural policies previously brought before the Board in three meetings from December 2018 to March 2019 as part of the Evaluation and Appraisal of the Comprehensive Plan. The draft Rural and Agricultural Comprehensive Plan policy changes and Board motions from those meetings are included as backup material.

Staff is seeking input and direction from the Board on draft policy changes and whether to advertise for public hearings by the Local Planning Agency and County Commission on amendments to the Comprehensive Plan.

Recommended Action:

Receive presentation and provide direction on draft changes to the Rural and Agricultural Policies of the Comprehensive Plan and authorize advertisements of public hearings by the Local Planning Agency and the County Commission.

Prior Board Motions:

December 4, 2018:

1. Direct staff to develop language regarding the open space associated with Rural Cluster Subdivisions to specify that area is conservation land and silviculture is not an allowable usage but food production on a limited basis could be an option, staff to provide some language for the Board to review.
2. The trigger for requiring Rural Cluster Subdivisions should be 10 units and not 25.

February 14, 2019: Accept the modifications as proposed by staff with the following changes:

1. That the last sentence of Policy 6.2.12(c)(1) be stricken and any changes necessary to make the elimination of the sentence possible.
2. 6.2.12(e)(3) A forest management plan for the open space of the rural cluster subdivision will only be required on existing silviculture operations and only to the point where they can be made an acceptable fire risk.
3. Request for language that would allow some discretion/flexibility as to the requirement for

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paved internal access on rural developments.

Fiscal Consideration:

N/A

Background:

In December 2018, as part of the Evaluation and Appraisal of the Comprehensive Plan, staff presented draft policy changes in support of local foods regarding community gardens and farms in Rural Clustered Subdivision open space and agricultural-based incentives for clustering. Based on the Board's direction, staff presented additional draft policy changes in February and March 2019 regarding lowering threshold for requiring clustering; open space allowable uses, management plans, and ownership entities; and changes to the Rural Residential Subdivision requirements for internal paved roads. At the March 2019 meeting, the Board discussed Clustered Rural Subdivisions, identified issues, and deferred discussion of the item to a future meeting not part of the Evaluation and Appraisal-based Amendment process.



Rural and Agricultural Comprehensive Plan Policies

***Board of County Commissioners Special Meeting
May 5, 2020***

Purpose of Meeting

Follow up to previous Board discussions of draft policy changes to Rural and Agricultural Policies in the Comprehensive Plan.

Staff is seeking direction from the Board on draft policy changes and whether to advertise for public hearings.

Presentation Outline

1. Review of previous Board discussion and direction regarding draft policy changes
2. Overview of Rural and Agricultural Policies in Comprehensive Plan
3. Clustered Rural Subdivisions and Rural Subdivision Internal Road Paving Requirements

Previous Board Discussion and Draft Policy Revisions

- 12-04-2018** As part of Evaluation and Appraisal of the Comprehensive Plan, staff presented draft policy changes in support of local foods regarding community gardens and farms, and incentives for agriculture equivalent to conservation areas, in Clustered Rural Subdivision open space.
- BoCC directed staff to provide draft language that open space in Clustered Rural Subdivisions is conservation land, silviculture is not allowable, but limited food production could be an option; lower threshold for requiring clustering from 25 to 10 units.**
- 2-14-2019** Staff presented draft policy language in response.
- BoCC accepted modifications proposed by staff with changes to eliminate provision for existing homestead in open space; to require forest management plans only for existing silviculture to the point of acceptable fire risk; and to allow flexibility for internal road paving requirements in Rural Residential Subdivisions.**
- 3-28-2019** Staff presented draft policy language in response.
- BoCC discussed Clustered Rural Subdivision draft changes, identified issues, and deferred discussion of the item to a future meeting (not part of Evaluation and Appraisal-based amendment process).**

Issues Previously Discussed by Board

Clustered Rural Subdivisions

- Lower threshold for requiring clustering from 25 to 10 units
- Eliminate provision for homestead to remain in open space

- **Open Space**

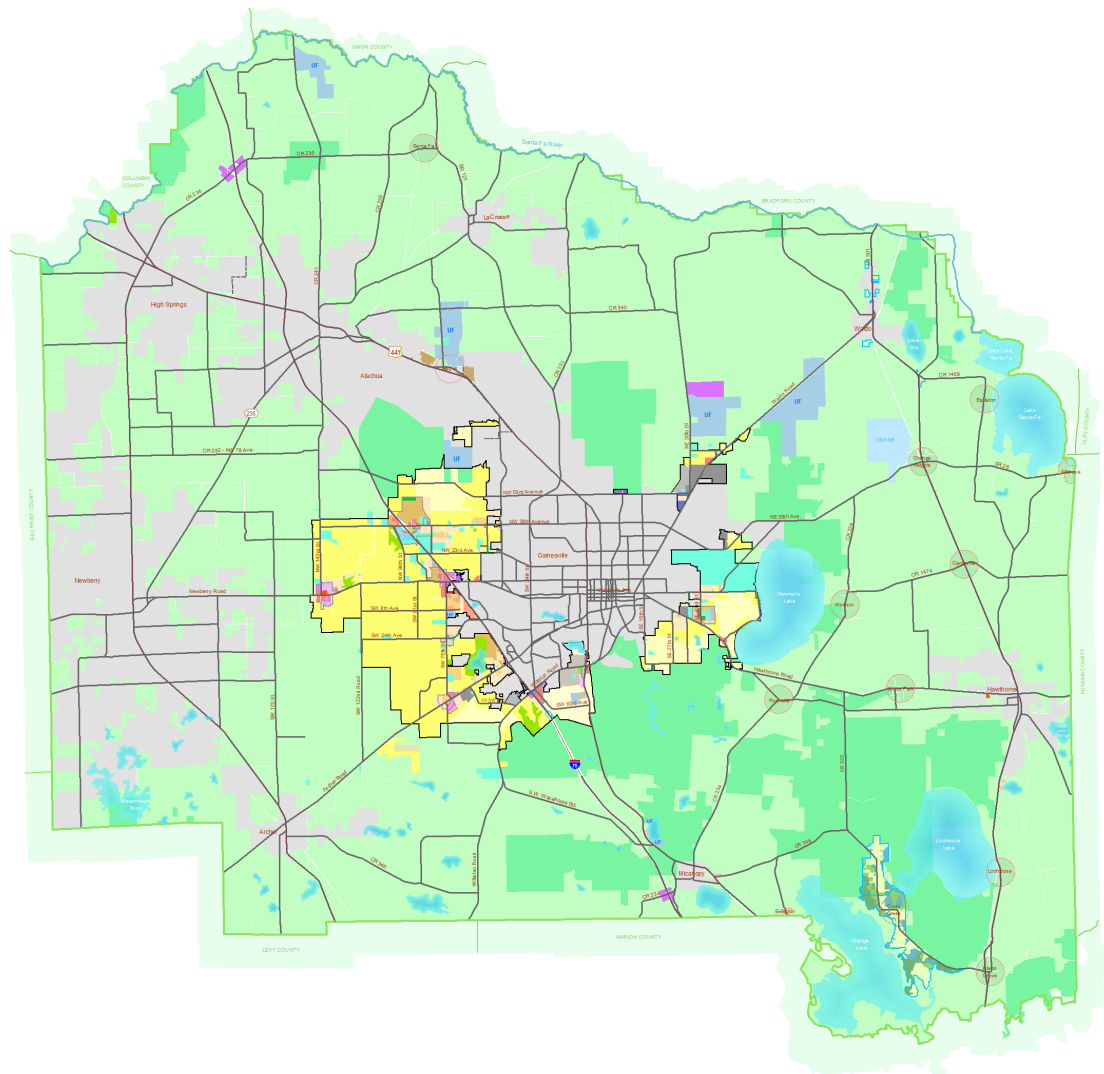
- **Allowable uses**
 - Agriculture – types and scale
- **Management plan requirements**
 - Agriculture Best Management Practices
 - Silviculture and protection of ecosystems
- **Ownership methods**

Rural Residential Subdivisions

- **Internal road paving requirements**

FUTURE LAND USE MAP 2040 - ALACHUA COUNTY, FLORIDA

Adopted Future Land Use Map 2040



LEGEND

- Urban Cluster Line
- Activity Centers
- Special Area Studies
- Rural Cluster
- Recreation
- Preservation
- Commercial
- Commercial Enclaves
- Tourist/Entertainment
- Institutional
- County Solid Waste Management Facility
- UF Campus Master Plan
- Light Industrial
- Heavy Industrial
- Estate Residential
- Low Density Residential
- Medium Density Residential
- Medium High Density Residential
- High Density Residential
- Rural/Agriculture
- Rural Employment Center
- Rural Community Employment Center
- Rural Commercial - Agriculture
- Water Bodies
- Municipalities

Prepared by:

Alachua County
Department of Growth Management
10 SW 2nd Avenue, Gainesville, FL 32601
(352) 374-5249
<http://growth-management.alachuacounty.us>

Notes: The Future Land Use categories shown on this map are defined in the Alachua County Comprehensive Plan and are to be implemented in conjunction with the Goals, Objectives and Policies of the Comprehensive Plan.

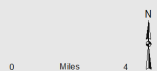
The Future Land Use designations for specific parcels should be confirmed with the Alachua County Department of Growth Management.

Also see Alachua County's Map Genius mapping application at:
<https://mapgenius.alachuacounty.us/>

Comprehensive Plan Adoption Date: November 12, 2019
Comprehensive Plan Effective Date: December 13, 2019

Map Updated through: December 13, 2019

Date of Map Production: December 13, 2019



Rural and Agricultural Objectives and Policies

Areas identified as Rural/Agricultural on Future Land Use Map are for:

- Agricultural activities and related uses
- Rural residential at max density of 1 dwelling unit/5 acres (with certain exceptions)
- Home-based businesses, rural event centers, heritage- and eco-tourism, resource-based recreation

Encourage continuation of productive agricultural uses through integrated strategies.

Protect important agricultural areas, based on factors such as existing agricultural uses, soils, land use patterns, and economics of the county's agricultural community.

Protect Rural and Agricultural areas consistent with:

- Retention of agriculture, open space, rural character
- Preservation of environmentally sensitive areas
- Efficient use of public facilities and services

Rural and Agricultural Objectives and Policies

- Require agricultural best management practices and encourage conservation-oriented practices
- Work with landowners for agricultural and conservation easements
- Support markets and programs that promote sale of local agricultural goods
 - Farmers markets, community gardens, agritourism, sustainable local food system
- Agricultural pursuits allowed in all land use classifications provided public health, safety and environmental protection assured

Rural and Agricultural Objectives and Policies

Residential Subdivisions in Rural/Agriculture Area

- Subdivisions over 6 lots require internal paved roads
- Cap of 150 new subdivision lots less than 8 acres per year except in clustered subdivisions
- Special Area Study required for subdivisions over 100 lots
 - To address public facilities such as transportation, fire, impacts on surrounding land uses, and environmental issues
- Subdivisions of 25 or more lots shall be clustered

Clustered Rural Subdivision Concept

“Residential cluster development is a form of land development in which principal buildings and structures are grouped together on a site, thus saving the remaining land area for common open space, conservation, agriculture, recreation, and public and semipublic uses.”



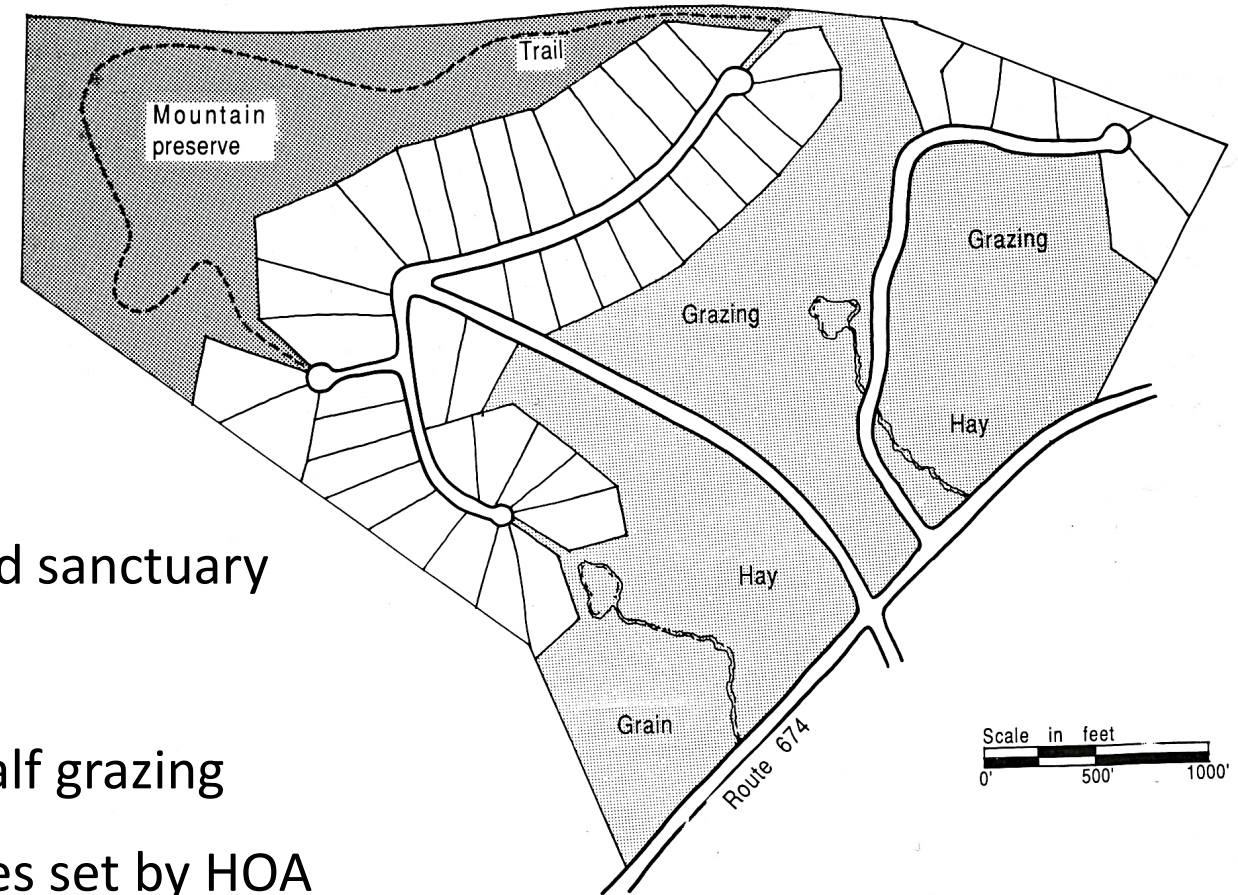
from Conservation Design For Subdivisions, R. Arendt

Whyte 1964; Unterman and Small 1977; Arendt 1996; Sanders 1980
in “*Smart Codes: Model Land-Development Regulations*”
American Planning Association, 2009

Example of Clustered Rural Subdivision with Agriculture from *Rural By Design* (Arendt)

Farmcolony - Stanardsville, VA

- Gross density: 1 du/6 ac
- 48 lots on 289 acres (1.5-2.5 ac lots)
- 65% open space, owned by HOA
 - 70 acres woodland, forest preserve, bird sanctuary
 - 120 acre farm with farm manager
 - Meat, eggs, fruit, vegetables, cow/calf grazing
 - Foods available to all owners at prices set by HOA



Some Examples Of Agricultural Uses in Open Space in Clustered Subdivisions Based on Literature and Internet Research

1. Crops, orchards, vineyards, groves

- a. For use of residents
- b. Limited scale commercial for distribution to local markets
- c. Larger scale, subject to performance standards

2. Livestock and Pasture

- a. Horses owned by and for use of residents
- b. Livestock grazing (cattle, goats, sheep, etc)
- c. Hay production

Considerations

- Density and intensity standards for crops and animals (e.g., per IFAS)
- Standards to prevent adverse impacts to conservation resources
- Innovative techniques such as hydroponics encouraged

Clustered Rural Subdivision Comprehensive Plan Policies (FLUE Policy 6.2.9)

Draft changes shown in blue italics

- Preferred design for new rural residential subdivisions to protect characteristics and features of rural areas through the following goals:
 - Protect natural and historic resources
 - Support continued agricultural activities by preserving viable soils & effective land masses
 - ***DRAFT CHANGE: add "Provide opportunities for agriculture areas such as community gardens or farms."***
 - Minimize land use conflicts
 - Provide recreational and habitat corridors through linked open space networks
 - Achieve flexibility, efficiency, and cost reduction in the provision of services and infrastructure
 - Reduce natural hazard risks to life and property

Clustered Rural Subdivision Comprehensive Plan Policies

Draft changes shown in blue italics

- Required for 25 or more lots

DRAFT CHANGE: New rural residential developments of 10 or more lots shall be clustered

- Incentives for Rural Residential Subdivisions to be clustered

- 2 additional units
- 1 additional unit per every 10 acres of conservation area set aside as open space

DRAFT CHANGE: “. . . every 10 acres of conservation area or agriculture area such as community gardens or farms set aside as open space”

- 1 additional unit for every 20 acres non-conservation area as open space

- Minimum 50% open space in accordance with design principles

- Protect natural, historic, paleontological resources and agricultural areas
- Open space is first component in design process; conservation areas receive top priority
- Agricultural uses encouraged
- Single contiguous area, logical boundaries, eliminate and minimize fragmentation
- Linked open space networks
- Permanent protection required

Clustered Rural Subdivision Comprehensive Plan Policies

Open Space Allowed Uses

Draft changes shown in blue italics

- Natural resource conservation
- Use of residents
 - Common open space
 - Resource-based recreation
 - Community gardens
- Agricultural uses
 - Non-intensive agriculture
DRAFT CHANGE: “Agricultural uses such as larger scale food production, livestock, and equestrian-related uses may be permitted subject to performance standards required in management plans in 6.2.12(e)(3).”
 - Silviculture
DRAFT CHANGE: “Intensive silviculture uses . . . that include practices adverse to the natural resource values and functions of a natural forest system shall not be allowed . . . Only natural forest management in accordance with open space management plan consistent with 6.2.12(e)(3) may be considered.”
- Stormwater, common water and septic systems
- Continuation of existing homestead in open space, not counted toward total units allowed
DRAFT CHANGE: Eliminate provision for continuation of existing homestead in open space

Clustered Rural Subdivision Comprehensive Plan Policies

Draft changes shown in blue italics

Open Space Management Plans

- Required for all open space
- Include objectives, procedures, and responsibilities for management
- Wildfire mitigation
- ***DRAFT CHANGES included additional requirements in management plans:***
 - *“Identify how any agriculture and silviculture operations shall avoid impacts to conservation resources according to standards in the land development regulations”*
 - *“Any silviculture operations are required to be managed to a point where they can be made an acceptable fire risk and must transition to natural forest management”*
 - *“Recommended practices for any agricultural activities in the open space from sources such as UF-IFAS (e.g., for things such as animal stocking and crop planting rates) shall be considered to the extent they are consistent with Comprehensive plan policies including natural resource protection.”*

Clustered Rural Subdivisions

Draft changes shown in blue italics

Open Space Management Plans

DRAFT CHANGES: New Definition

“Natural Forest Management

Forestry operations designed to preserve, enhance and restore the natural resource values of a forest with objectives that include, but are not limited to, improving the health and diversity of forested communities, restoring or maintaining the natural community structure and species composition, and establishing a natural community specific fire interval.”

Clustered Rural Subdivision Comprehensive Plan Policies

Draft changes shown in blue italics

Ownership Entities

- Original landowner

DRAFT CHANGE: add “with provision for transition of ultimate ownership to one of the entities below”

- Homeowners association
- Established Land Trust
- Non-profit conservation organization

DRAFT CHANGE: “non-profit conservation or agricultural organization”

- County or public agency

Rural Residential Subdivisions Comprehensive Plan Policies

Internal Road Paving Requirements

Previous Board Direction

Provide language that would allow some discretion/flexibility as to the requirement for paved internal road access for rural developments.

Considerations Regarding Unpaved Roads in Subdivisions

- Less costly to construct but more costly to maintain long term
- County is sometimes asked to repair or take over maintenance of existing private unpaved roads due to poor condition and/or public safety concerns
- Cannot be accepted by County, therefore, must be private
- Public safety and emergency vehicle access
- Air quality issues with dust/debris

Rural Residential Subdivisions Comprehensive Plan Policies

Draft changes shown in blue italics

Internal Road Paving Requirements

- Rural residential subdivisions, including clustered rural subdivisions, of more than 6 lots shall be designed to provide paved, interconnected, internal roads dedicated to a responsible entity.

DRAFT CHANGE: Modify the requirement from "more than 6 lots" to "more than 9 lots" and add "public safety, emergency vehicle access" to list of standards (Policy 6.2.6 and 6.2.6.1)

[Note: This would correspond to Board's previous direction to lower threshold for requiring clustering of rural residential subdivisions from 25 lots to 10 lots.]

Summary of Key Policy Changes Previously Provided to Board

Clustered Rural Subdivisions

- Lower threshold for requiring clustering from 25 to 10 units
- Eliminate provision for homestead to remain in open space

- **Open Space**

- **Allowable uses**
 - Agriculture – types and scale
- **Management plan requirements**
 - Agriculture Best Management Practices
 - Silviculture and protection of ecosystems
- **Ownership methods**

Rural Residential Subdivisions

- **Internal road paving requirements**

Board Discussion & Direction

Provide direction to staff on draft changes to the Rural and Agricultural Policies of the Comprehensive Plan and authorize advertisements of public hearings by the Local Planning Agency and the County Commission.



FOR MORE INFORMATION

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Department of Growth Management
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Gainesville, FL, 32601
(352) 374-5249
Planning@alachuacounty.us

**Draft Revisions to Rural/Agriculture Policies in Future Land Use Element
Alachua County Comprehensive Plan
For Board of County Commissioners Meeting
May 5, 2020**

Future Land Use Element

OBJECTIVE 6.2 – RURAL/AGRICULTURE

...

RURAL RESIDENTIAL SUBDIVISIONS

Policy 6.2.6 No subdivision may be created without paved public road access and all subdivisions created must have internal paved roads that meet county standards, except as provided under Policy 6.2.6.1 below. Residential subdivisions of more than ~~six~~ nine lots in the Rural/Agricultural area shall be designed to provide:

- (a) Paved, interconnected, internal, and local roads that are dedicated to a responsible maintenance entity.
- (b) Limited driveways, including the use of common access driveways, on rural collector and arterial roads.
- (c) Paved public road access.

Policy 6.2.6.1 Subdivisions of no more than ~~six~~ nine lots may be created from any parent parcel existing as of October 2, 1991, with access to a private easement road internal to the subdivision if such internal subdivision road provides a direct connection to a public road with sufficient right of way to meet county standards. Such internal subdivision roads must meet county standards for minimum width, stabilization requirements, public safety, emergency vehicle access, and maintenance. A parent parcel, existing as of October 2, 1991, shall not be divided into more than ~~six~~ nine lots without having paved roads throughout the subdivision.

Policy 6.2.7 The Development Review Committee shall not authorize more than 150 lots smaller than eight acres in the Rural/Agricultural area in any calendar year except for lots that are clustered according to the provisions of 6.2.9 – 6.2.14.

Policy 6.2.8 New rural residential subdivisions of parcels legally created prior to October 2, 1991, which contain more than 100 lots, including cumulative phases or continued subdivision of land in common ownership or partnership as of October 2, 1991, shall be allowed only after adoption of a comprehensive plan amendment based on a completed special area study. This study, developed through the Community Planning Program, shall address factors such as transportation impacts, community services, fire protection, impacts on surrounding land uses, and environmental issues. This requirement for a comprehensive plan amendment is not applicable to a rural residential subdivision that exceeds 100 lots as a result of incentive density bonuses for clustering.

**Draft Revisions to Rural/Agriculture Policies in Future Land Use Element
Alachua County Comprehensive Plan
For Board of County Commissioners Meeting
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Policy 6.2.9 Clustering

The preferred design for new rural residential subdivisions is that they be clustered in order to protect the characteristics and features of rural areas through the following goals:

- (a) Protect natural and historic resources.
- (b) Support continued agricultural activities by preserving viable soils and effective land masses.
- (c) Provide opportunities for agriculture areas such as community gardens or farms.
- ~~(c)(d)~~ Minimize land use conflicts.
- ~~(d)(e)~~ Provide recreational and habitat corridors through linked open space networks.
- ~~(e)(f)~~ Achieve flexibility, efficiency, and cost reduction in the provision of services and infrastructure.
- ~~(f)(g)~~ Reduce natural hazard risks to life and property.

Policy 6.2.10 Density and Intensity

The overall development density shall not exceed the maximum gross density of one dwelling unit per five acres for the Rural/Agriculture land use category, except as a result of the provisions for accessory dwelling units found in Policy 6.2.10.1, family homestead exceptions found in Policy 6.2.14(c), temporary permits issued by the Growth Management Department or as a result of incentive bonuses for clustering as provided under subsection (d) below, subject to the resource protection standards in the Conservation and Open Space Element. These standards include the following requirements:

- (a) Impacts to wetlands and surface waters shall be avoided, minimized, and mitigated in accordance with Conservation and Open Space Element Policies 4.7.4. and 4.6.6.
- (b) Density and open space requirements for new rural residential subdivisions shall be consistent with requirements for adequate protection of conservation areas in Conservation and Open Space Element Objective 3.6.
- (c) Development of property that is determined to be a strategic ecosystem shall require a special area plan pursuant to Conservation and Open Space Element Objective 4.10 unless it is determined that sufficient protection can be achieved through clustering.
- (d) As an incentive to cluster new residential subdivisions, if a new residential subdivision in the Rural/Agriculture area is clustered with a minimum of 50% of

**Draft Revisions to Rural/Agriculture Policies in Future Land Use Element
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the development in open space, a total of 2 units in addition to the number of units based on the gross density of 1 unit per 5 acres are allowed, plus 1 additional unit per every 10 acres of conservation area or agriculture area such as community gardens or farms set aside as open space; plus 1 additional unit per every 20 acres of other non-conservation area set aside as open space.

6.2.10.1 To provide for a greater range of choices of housing types, affordable housing, and the promotion of infill into existing neighborhoods while maintaining rural character, one accessory dwelling unit shall be allowed on residential lots in the Rural/Agriculture area without being included in gross residential density calculations as follows.

- (a) Performance criteria shall be detailed in the land development regulations and include elements such as size, site design, access, and parking requirements. In no instance shall an accessory dwelling unit be permitted on a lot with less than one acre of buildable area outside the boundaries of any conservation areas.
- (b) Prior to the issuance of a building permit for the construction of an accessory dwelling unit in an existing residential area, the applicant shall provide proof of homestead exemption status establishing ownership and principal residence of the lot.
- (c) Permanent occupancy by the owner of either the primary or accessory dwelling unit shall be required for all accessory dwelling units.
- (d) The accessory dwelling unit shall meet all applicable requirements of the Florida Department of Health for the well and septic system.

Policy 6.2.11 Design Sequence

The design of rural residential clustered subdivisions shall be sequenced according to the following four-step process:

- (a) Identify open space area, including natural resources consistent with Conservation and Open Space Element Section 3, agricultural areas, and potential open space network connections consistent with Conservation and Open Space Element Section 6.3.
- (b) Identify developed area and locate home sites.
- (c) Align streets and trails.
- (d) Delineate lot lines.

Policy 6.2.12 Open Space Area in Clustered Subdivisions

A portion of a clustered rural residential subdivision shall be designated and maintained as undeveloped open space area.

**Draft Revisions to Rural/Agriculture Policies in Future Land Use Element
Alachua County Comprehensive Plan
For Board of County Commissioners Meeting
May 5, 2020**

- (a) Percentage of site. Clustered Rural residential subdivisions shall designate a minimum of 50% of the site as open space area.
- (b) Design Principles. Open space shall be selected and designed according to the following principles, consistent with Conservation and Open Space Element policies for the identification and protection of natural resources:
 - (1) Protect natural, historic, and paleontological resources and agricultural areas of the site identified through a site specific inventory.
 - a. Conservation areas shall receive top priority for inclusion as part of the designated open space area, and may only be impacted in accordance with Conservation and Open Space Element policies specific to the resource.
 - b. Agricultural areas with viable soils and effective land masses shall be ~~included~~ evaluated for inclusion as part of the designated open space area after resource protection criteria are met. Agricultural uses consistent with 6.2.12(c) Permitted and Prohibited Uses and in accordance with requirements for management plans in 6.2.12(e)(3) are encouraged to be included as part of the designated open space area.
 - c. Historic and paleontological resources shall be included as part of the designated open space area when appropriate in accordance with the Historic Preservation Element.
 - (2) Design the open space area as a single contiguous area with logical, straightforward boundaries to eliminate or minimize fragmentation.
 - (3) Form linked open space networks with existing or potential open space areas on adjacent properties, other developments, or greenways, consistent with Conservation and Open Space Element Section 6.3.
- (c) Permitted and Prohibited Uses.
 - (1) Permitted uses in the open space area are natural resource conservation areas, non-intensive agriculture for food production including community gardens, farms, and orchards, non-intensive silviculture consistent with (3) below, ~~and~~ common open space, resource-based recreation uses which maintain the undeveloped area in a natural state, permeable stormwater facilities consistent with Stormwater Element Policy 5.1.11, community energy systems, and common water supply systems and common septic system drainfields. Agricultural uses such as larger scale food production, livestock, and equestrian-related uses may be permitted subject to performance standards required in management plans in 6.2.12(e)(3). A

**Draft Revisions to Rural/Agriculture Policies in Future Land Use Element
Alachua County Comprehensive Plan
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~~residential unit used as a homestead just prior to the creation of the clustered subdivision can continue to be used as a homestead within the open space area and not counted toward the total number of units allowed in the rural clustered subdivision.~~

- (2) More intensive agriculture uses such as concentrated animal density generally associated with milking barns, feed lots, chicken houses, or holding pens shall not be allowed in any clustered rural residential subdivision.
 - (3) Intensive silviculture uses of planted monoculture “plantation” forests, with intensive management regimes that include practices that are adverse to the natural resource values and functions of a natural forest system, shall not be allowed in any clustered rural residential subdivision. Only natural forest management in accordance with provisions of the applicable open space management plan consistent with 6.2.12(e)(3) may be considered.
- (d) Permanent protection. All future development in designated open space areas is prohibited.
- (1) All open space shall be maintained and remain undeveloped in perpetuity using a legal instrument that runs with the land to set forth conditions and restrictions on use.
 - (2) All open space area and lots shall be restricted from further subdivision through an instrument in a form acceptable to the county and duly recorded in the public record which assures the preservation and continued maintenance of the open space.
 - (3) The boundaries of designated open space areas shall be clearly delineated on plans, including record plats, and marked in the field to distinguish these areas from developed areas.
- (e) Ownership, maintenance, and management plan.
- (1) Ownership methods. Ownership and maintenance of open space shall be by one or a combination of the following:
 - a. Original landowner with provision for transition of ultimate ownership and control to one of the entities below
 - b. Homeowners association
 - c. Established land trust
 - d. Non-profit conservation or agricultural organization
 - e. Alachua County, with county approval

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- f. Other public agency (e.g. Water Management District)
- (2) Maintenance. Unless otherwise agreed by the County, the cost and responsibility of maintaining common facilities, including but not limited to open space, private roads, shared water systems, and stormwater systems, shall be borne by the owner(s) of the open space. If the open space is not properly maintained, the County may assume responsibility of maintenance and charge the property owner or homeowners association a fee which covers maintenance and administrative costs.
- (3) Management plan. An open space management plan shall be required to accompany the development plan, subject to county review and approval. The management plan shall establish management objectives consistent with Conservation and Open Space Element objectives and policies for preservation, enhancement, and restoration of natural resource values, protection of public health and safety, and outline procedures, and define the roles and responsibilities for managing the open space. The management plan shall identify how any agriculture and silviculture operations shall avoid impacts to conservation resources according to standards in the land development regulations. Management shall include wildfire mitigation and any existing silviculture operations are required to be managed to a point where they can be made an acceptable fire risk and must transition to natural forest management.

The land development regulations for open space ownership, maintenance, and management in clustered rural subdivisions shall be updated consistent with applicable Goals, Objectives, and Policies in the Comprehensive Plan. As part of the update of these regulations, recommended practices for any agricultural activities within the open space from sources such as University of Florida Institute of Food and Agricultural Sciences (UF IFAS) (e.g., for things such as animal stocking and crop planting rates) shall be considered to the extent they are consistent with policies in the Comprehensive Plan including natural resource protection.

Policy 6.2.13 Developed Area

The developed area of the clustered rural residential subdivision shall be located outside the open space area. The land development regulations shall prescribe in detail design standards for the configuration of lots and homes, the provision of water and wastewater, roads, stormwater, and buildings and structures. At a minimum, all developed areas must be designed to comply with the following principles, to the extent feasible considering the location and protection of natural resources:

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- (a) Flexible home siting and lot sizes. Diversity and originality in home siting, lot size and design are encouraged to achieve the best possible relationship between the development and the features on the land through the following strategies:
 - (1) Ownership lines should follow existing features, such as tree lines or contours.
 - (2) Lots smaller than one acre may be allowed provided that well and septic System configuration, location, and operation and maintenance comply with public health and environmental quality standards, subject to the following:
 - a. The number of lots less than one acre shall be determined and located consistent with Conservation and Open Space Element Policies 3.6.11 and 4.5.5(f).
 - b. Common septic systems may be utilized to serve lots less than one acre, consistent with Conservation and Open Space Element Policy 4.5.5(f), subject to performance criteria in the land development regulations specifying criteria such as system configuration, location, and management.
- (b) Development impacts within developed area. Development impacts and disturbance caused by buildings or construction to topography and existing site features within the developed area shall be minimized through the following strategies:
 - (1) Locating residences and structures adjacent to tree lines and wooded field edges and avoiding placement in open fields, consistent with Firewise principles.
 - (2) Preserving the maximum amount of natural vegetation by careful siting of development.
 - (3) Limiting the size of building envelopes and locating them in areas most suitable for development.
 - (4) Locating roads to minimize cut and fill (follow existing features, e.g. tree lines, access roads, contours).
 - (5) Providing buffers and setbacks from wetlands and surface waters.
 - (6) Use of common driveways.
 - (7) Encouraging community wells and septic systems within the most suitable soils.

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- (8) Designing stormwater to maximize overland flow through natural drainage systems and grassed overland (roadside and lot line) swales. The use of plants and natural land forms shall be required to slow, hold, and treat runoff from development.
- (c) Development impacts to open space and adjacent offsite areas. The total amount of impacts and disturbance to the site, including the open space area, and to adjacent areas offsite shall be minimized through strategies such as:
 - (1) Providing buffers and setbacks to protect resources and natural vegetation from development impacts consistent with Conservation and Open Space Element Section 3.6.
 - (2) Providing buffers and setbacks to protect the ability to engage in agricultural activities in neighboring areas. The width and type of buffer shall be based on the scale of the agricultural activity and other site specific factors such as topography, and shall include a minimum buffer width of two hundred feet when the developed area is adjacent to intensive agricultural uses.
 - (3) Locating developed areas and providing buffers and setbacks to eliminate or minimize the presence of development from adjacent properties.
- (d) Development impacts to adjacent public roads shall be minimized through the following strategies:
 - (1) Providing internal paved local roads, or private easements that serve no more than ~~six~~ nine lots consistent with Future Land Use Element Policy 6.2.6, which meet County standards and minimize access to adjacent public roads.
 - (2) Minimizing the number of driveways accessing adjacent public roads and the number of lots with direct frontage on adjacent public roads.
 - (3) Locating developed areas and providing buffers and setbacks to minimize the presence of development from adjacent public roads.

Policy 6.2.14 Applicability

- (a) ~~New rural residential subdivisions of parcels legally created prior to October 2, 1991, consisting of 25 or more lots shall be clustered according to the policies and requirements under this section.~~ New rural residential developments of 10 or more lots shall be developed as clustered rural residential subdivisions in accordance with the policies and requirements under this section and implementing land development regulations.
- (b) New rural residential subdivisions meeting all requirements for cluster development may be allowed through the development review process, provided

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they are consistent with Comprehensive Plan policies and land development regulations.

- (c) Exceptions to the density and intensity standards in the Rural/Agriculture area may be granted for use of a parcel as a homestead by family members that meet the family relationship criteria under Future Land Use Element Policy 7.1.20 as provided in the Land Development Regulations.
- (d) Alternatives to the requirements for Rural/Agricultural areas may be established by special area plans adopted jointly by Alachua County and a municipality pursuant to Interlocal agreements under Section 1.5 of the Alachua County Charter and Policy 1.1.1 of the Intergovernmental Coordination Element of the County Comprehensive Plan. Such special area plans shall establish policies for land use and other relevant issues such as provision of infrastructure and services within areas delineated in such joint special area plans. In order for these alternative policies to apply, the joint special area plan with a municipality must be adopted as part of the Comprehensive Plans of the both the County and the applicable municipality.

FUTURE LAND USE ELEMENT DEFINITIONS

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Natural Forest Management

Forestry operations designed to preserve, enhance and restore the natural resource values of a forest with objectives that include, but are not limited to, improving the health and diversity of forested communities, restoring or maintaining the natural community structure and species composition, and establishing a natural community specific fire interval.

**Previous BoCC Motions on
Clustered Rural Subdivisions and
Rural Residential Subdivisions Internal Road Paving Requirements**

December 4, 2018

1. Direct staff to develop language regarding the open space associated with Rural Cluster Subdivisions to specify that that area is conservation land and Silviculture is not an allowable usage but food production on a limited basis could be an option, staff to provide some language for the Board to review.
2. The trigger for requiring Rural Cluster Subdivisions should be 10 units and not 25.

February 14, 2019

Accept the modifications as proposed by staff with the following changes:

1. That the last sentence of Policy 6.2.12(c)(1) be stricken any changes necessary to make the elimination of the sentence possible.

Policy 6.2.12(c)(1) Open Space Area in Clustered Subdivisions

(c) Permitted and Prohibited Uses.

- (1) Permitted uses in open space area are natural resource conservation areas, non-intensive agriculture for food production including community gardens, farms, and orchards, non-intensive Silviculture consistent with (3) below, ~~and common open space~~, resource-based recreation uses which maintain the undeveloped area in a natural state, permeable Stormwater facilities consistent with Stormwater Element Policy 5.1.11, community energy systems, and common water supply systems and common septic system drain fields. Agricultural uses such as larger scale food production, livestock, and equestrian-related uses may be permitted subject to performance standards required in management plans in 6.2.12(c)(3). ~~A residential unit used as a homestead just prior to the creation of the clustered subdivision can continue to be used as a homestead within the open space area and not counted toward the total number of units allowed in the rural clustered subdivision.~~
2. **6.2.12(e)(3)** A forest management plan for the open space of the rural cluster subdivision will only be required on existing Silviculture operations and only the point where they can be made an acceptable fire risk.
3. Request for language that would allow some discretion/flexibility as to the requirement for paved internal access on rural developments.

March 28, 2019

By consensus, the Board is continuing the remaining matters on this presentation to another meeting.