
SUMMARY OF SERVICES

Activities for July to September 2025

Presented for Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia Boards of County Commissioners

I. Community Impact

We at the Health Planning Council of Northeast Florida, Inc. (HPCNEF) serve the community in numerous ways. Some of the programs, projects, services, and impacts in our seven-county service area are listed below:

PRODUCTS

Health Needs Assessments

Community Health Assessments (CHA)

In our Community Health Assessments (CHAs), we use a modified Mobilizing for Action through Planning and Partnerships (MAPP) model to identify priority community health and quality of life issues using primary and secondary data from a variety of existing sources.

Community Health Needs Assessments (CHNA)

Nonprofit hospitals must conduct a Community Health Needs Assessment (CHNA) of the local populations they serve, involving the community to identify and analyze health needs. This process enables communities to prioritize and address their unmet health needs effectively.

Community/Organizational Needs Assessments

A Community Needs Assessment is conducted to understand the health status and needs of a community served. This assessment can analyze a specific area of health in a single county service area or in a multi-county region. An Organizational Needs Assessment determines an organization's needs and capabilities. This assessment can help identify the current status of an organization and areas for improvement. Both assessments can be combined into a Community/Organizational Needs Assessment, which analyzes the impact an organization has on the population served.

Community Health Improvement Plans (CHIP)

A Community Health Improvement Plan (CHIP) is a structured, county-level, multi-year plan to improve community health and quality of life using data from CHAs. These plans are typically updated every three to five years to ensure relevance and effectiveness.

Protocol for Assessing Community Excellence in Environmental Health (PACE EH)

This Protocol is a community involvement tool developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). It enables communities to identify health concerns related to environmental issues, take action to address them, and improve overall health. PACE EHs utilize community collaboration to involve the public and stakeholders in identifying local environmental health issues, setting priorities, targeting at-risk populations, and addressing the identified concerns.

Health Equity (HE) Plans

The Health Equity (HE) Plan serves as a roadmap for counties to develop and enhance strategies, focusing on system improvements and increasing opportunities for optimal health. By addressing social determinants of health and establishing inclusive partnerships, the plan aims to foster health equity.

Disparity Impact Statements

A Disparity Impact Statement (DIS) is a deliverable of grants funded by entities such as the Substance Abuse and Mental Health Services Administration (SAMHSA). These statements are part of a data-driven, quality improvement approach to advance equity for all, and to identify racial, ethnic, sexual and gender minority populations at highest risk for experiencing behavioral health disparities.

Health Impact Assessments (HIA)

Health Impact Assessments (HIA) are used to influence project, program, or policy decisions by evaluating their potential health impacts before implementation. This cross-sector approach offers practical recommendations to enhance positive health outcomes and mitigate negative health effects.

County Health Profiles

The County Health Profiles, published annually for a seven-county region representing 10.3% of Florida's population, provide an overview of each county's health status in comparison to the state. They include data on demographics, socioeconomic factors, health rankings, disease and death rates, maternal and child health, healthcare access, and healthcare utilization. This comprehensive snapshot aids in understanding health disparities and trends within the region.

SERVICES

Fiscal Administration

We assist local organizations with administrative, operational, and financial management, with the ability to act as fiscal intermediary between subcontractors or funding entities and funding recipients.

Community Outreach

We engage and connect with the community to understand their needs and involve them in decision-making processes. Our outreach includes leading focus groups, facilitating community surveys, and conducting key stakeholder interviews.

Program Management

Our program management services are all-inclusive. Our organization has demonstrated successful contract and grant administration at the federal, state, and private level.

Strategic Planning

Our role involves guiding organizations in defining their strategic goals and effectively allocating resources to develop a comprehensive blueprint for their future endeavors.

Evaluation Services

Systematic evaluation processes are employed to collect, analyze, and report on the outcomes of programs or interventions. Granting agencies demand measurement and outcomes to assess the effectiveness of funds invested in local communities, programs, and projects, aiding in planning and implementing new initiatives, making grant decisions, and demonstrating accountability to the public.

Public Health Training

We support organizations from diverse sectors in Northeast Florida by developing and delivering educational modules. We provide materials and training for public health education based on the social determinants of health.

Data Collection

Hospital, Nursing Home, and Hospice Utilization Reports

We collect and report utilization data for hospital, nursing home, and hospice services, including statistics on hospital inpatient stays, emergency department visits, and ambulatory surgeries.

Custom Data Collection

We specialize in gathering, interpreting, and reporting health data according to specific needs by and for health agencies and affiliated industries.

Grant Writing

With a proven history of accomplishment, we excel in crafting effective grant proposals. Our proficient team adeptly navigates the grant life cycle, which includes the identification of funding prospects, the compilation of essential documentation, program design, and the coordination of potential partners.

Mapping Technologies GIS

Dynamic mapping technologies and Geographic Information Systems (GIS) play a pivotal role in visually representing health data, enabling informed and data-driven decision-making processes. By effectively displaying health-related information on interactive maps, stakeholders can gain valuable insights into spatial patterns, distribution, and trends, enhancing the efficacy of strategic planning and resource allocation.

II. Current Program & Product Highlights

1. Certified Community Behavioral Health Clinic – Planning, Development, and Implementation (CCBHC-PDI) Grant | SM-22-002

This program aims to help transform community behavioral health systems and provide comprehensive, integrated, coordinated, and person-centered behavioral health care by enhancing and improving Certified Community Behavioral Health Clinics (CCBHCs) that currently meet the CCBHC Certification Criteria. The CCBHC-PDI grant program intends to improve access to community-based mental health and substance use disorder treatment and support, including 24/7 crisis services, to anyone in their service area in need, regardless of their ability to pay or place of residence. The target populations include any individual with a mental or substance use disorder who seeks care, including those with serious mental illness (SMI), substance use disorder (SUD) including opioid use disorder (OUD); children and adolescents with serious emotional disturbance (SED); individuals with co-occurring mental and substance disorders (COD); and individuals experiencing a mental health or substance use-related crisis. The funder, SAMHSA (Substance Abuse and Mental Health Services Administration), expects that grant applicants will include a focus on groups facing health disparities as identified in the community needs assessment (CNA) in the population of focus.

HPCNEF is supporting a Nassau County-based behavioral health clinic partner by conducting the CNA and providing technical assistance to complete grant deliverables. During Q1, HPCNEF completed all remaining assigned deliverables and project activities for this contract. HPCNEF and the partner planned

and presented the CNA findings at the Nassau County Behavioral Health Consortium on August 26, 2025, including a comparative analysis of the previous CCBHC CNA (2023), CCBHC model infographic, key themes, primary and secondary data, and the steps the partner is taking after the CNA. This presentation was also delivered by HPCNEF at the partner's Advisory Council Meeting on August 5, 2025.

HPCNEF is assisting the partner with the development of a Strategic Action Plan to address priority areas identified in the CNA. The Action Plan lists areas of focus for each clinic department, and each team is creating goals and activities to address these areas. In addition, HPCNEF has been attending bi-weekly meetings with the partner and the CCBHC steering committee for CNA planning, implementation, and updates. HPCNEF has also attended the monthly Performance Improvement Committee Meetings.

The CCBHC contract for HPCNEF ends September 29, but the partner is working on developing a new contract for the fourth year of the CCBHC grant to continue partnering with HPCNEF.

2. Covering Florida Navigator Program: Health Insurance Outreach and Enrollment

As a trusted leader in strategic and community-based planning across Northeast Florida, HPCNEF was awarded the Affordable Care Act (ACA) Navigator Program in 2013. This program supports underinsured and uninsured residents in our seven-county region by helping them obtain affordable health insurance. Through federally certified Navigators, individuals facing language, literacy, or economic barriers receive free, personalized guidance on selecting a plan from Health Insurance Marketplace® that best meets their unique needs.

For the thirteenth year, the Centers for Medicare & Medicaid Services awarded the University of South Florida funding for the upcoming Navigator project year beginning August 27, 2025. This current award of \$1.3 million is a decrease from last year's \$13.0 million, reflecting a 90% reduction in funding. As a result, HPCNEF's funding was reduced accordingly, covering the period from August 27 to December 31, 2025.

3. Consumer Assistance Coordination Hub (CACH) with the Center on Budget and Policy Priorities

The Center on Budget and Policy Priorities (CBPP) in Washington, D.C., has contracted with HPCNEF to provide expertise to inform the development of resources for assister groups, monitor and alert CACH to health insurance application process barriers, and participate in monthly virtual meetings.

The contract was renewed for an additional year through August 2026.

4. Data Reporting: Healthcare Facility Reporting

Reports submitted to the Florida Agency for Health Care Administration (AHCA), per the requirements of Florida Statute 408.033, continue to meet deadlines and requirements. Effective June 30, 2021, AHCA no longer requires hospital utilization data; however, our regional hospitals continue to submit their data as they have found the subsequent aggregate data reporting to be valuable. Nursing homes continue to submit data quarterly.

The AHCA Nursing Home Utilization Report for this quarter was completed and sent on August 14, 2025. Nursing home and hospital utilization reports continue to be distributed to subscribers.

5. Florida Department of Health - Local Health Council

As one of eleven Local Health Councils (LHCs) that in aggregate service all 67 counties in Florida, HPCNEF hosts health improvement and promotion activities, provides technical assistance, conducts community meetings and events, and supports the Agency for Health Care Administration (AHCA). HPCNEF quarterly tasks are to:

- 1) No later than August 15 of each year, establish and update a Board of Directors in accordance with Section 408.033(1)a.
- 2) At least once annually, conduct a public meeting to review the quality and effectiveness of services provided.
- 3) No later than June 30 of each year, develop and submit a summary of all services provided by the Council to the local Boards of County Commissioners (BOCC) in our seven-county service area, to include data support, planning support, status of work plans, and status updates. The updates must be posted on the LHC's website at least once per year.
- 4) Each quarter, provide an inventory of services that the LHC has provided or coordinated within the community.
- 5) At least once per quarter, conduct a meeting with the Board of Directors (a quorum is required), to present and discuss the general business of the LHC.
- 6) Provide Technical Assistance (TA) to the community to support state, regional and local health priorities. Document TA date, agency, and contact person regarding the data request and identify the assistance category in the Quarterly Progress Report. Each LHC must participate in at least two-thirds of the monthly virtual meetings of the Statewide Rural Health Planning Consortium convened by the Florida Department of Health (FDOH).
- 7) Complete activities as requested by AHCA to support the AHCA CON process.
- 8) Complete the Quarterly Progress Report that includes the information specified in the tasks outlined in items 1-7 above, as well as any other relevant activities completed during that quarter.
- 9) Document and report all travel to be reimbursed pursuant to Section 112.061, Florida Statutes.

All contract deliverables for Q1 were met.

6. Flagler & Volusia Counties Community Health Improvement Plan (CHIP)

HPCNEF was contacted to facilitate a Community Health Needs Assessment (CHNA) for Flagler and Volusia counties, which was finalized in November 2024. The subsequent Community Health Improvement Plan (CHIP) uses information from the Community Health Needs Assessment (CHNA), which includes quantitative (e.g., disease incidence rates and mortality rates) and qualitative data (e.g., community input) to assess the health status of the community and determine which health issues will be the focus of health planning efforts for the next three years.

In Q1, HPCNEF helped facilitate the last round of CHIP workgroup meetings on July 8. During these virtual meetings, the draft action plans were reviewed with the community attendees to gather feedback and suggestions. HPCNEF staff touched base with the point of contact for the project to review the

feedback and move forward with finalizing the action plans. HPCNEF began the CHIP document review process on June 26, 2025 and completed the draft on July 14, 2025. The funder finished its review of the draft document on July 23, 2025, and the final CHIP document was promptly sent to the funder later that day. HPCNEF’s Director of Grants and Programs and one of HPCNEF’s Health Planners also met with funder representatives on July 23, 2025, for the project close-out meeting. HPCNEF was commended for their efforts to stay flexible throughout the CHIP process and meet the community stakeholders’ needs to the best of their ability. The relationship between HPCNEF and the funders remains strong, and HPCNEF will be informed in regard to any future CHIP quarterly progress meetings.

7. CDC-RFA-CE-23-0003: Overdose Data to Action: Limiting Overdose through Collaborative Actions in Localities (OD2A LOCAL)

Overdose Data to Action: Limiting Overdose through Collaborative Actions in Localities (OD2A: LOCAL) is designed to support city or county local health departments (CHDs), special district health departments, and territories to use data to drive actions that reduce overdose morbidity and mortality in communities, with a primary focus on opioids and/or stimulants.

Within the grant term of five years, grant recipients will:

- Decrease nonfatal and fatal drug overdoses overall, and especially among disproportionately affected and underserved populations, with a primary focus on overdoses involving opioids and/or stimulants, including polysubstance use
- Reduce health inequities related to overdose by closing gaps in access to care and services
- Integrate harm reduction strategies and principles
- Improve linkage to and re-engagement and retention in services, care, treatment, and recovery, with a focus on opioid use disorder (OUD) and stimulant use disorder (StUD)
- Build overdose surveillance infrastructure
- Track and address emerging drug threats
- Track linkage to and retention in care

The primary grantee (“grantee”) received the notice of award from the CDC on September 1, 2023, and executed a contract with HPCNEF on February 7, 2024, in which HPCNEF was tasked with overseeing and monitoring the performance of the grant services. The second renewal was signed by both parties on July 24, 2025. This renewal is active from September 1, 2025, through August 31, 2026.

Under this program, HPCNEF engages and monitors several subcontractors whose services aim to reduce drug overdoses in Duval County. One subcontractor is providing Mobile Peer Support specialist services, maintaining electronic health records (EHR) to track linkage to care, connecting clients to treatment services with its hospital bridge program, developing and promoting podcast episodes about their bridge program, and collecting data. The second subcontractor is working with Duval County Courts and JSO carceral facilities to offer physical and mental health resources and yoga classes to carceral-involved individuals with OUD/SUD at risk of overdose.

During this quarter, the HPCNEF Programs Manager conducted the 4th Quarter Programmatic Monitoring for both subcontractors. All deliverables during this quarter and the renewal Year 1 contract have been completed. Post-monitoring letters were submitted to the subcontractors and the grantee Project

Manager. The HPCNEF 4th Quarter Progress Report and all supporting documents were submitted to the grantee Project Manager. The HPCNEF Programs Manager had a Technical Assistance meeting with the grantee and one subcontractor to discuss the Centers for Disease Control and Prevention (CDC) Component C reporting process. The HPCNEF Programs Manager also attended the NEFRC SUD Regional SWOT.

The HPCNEF Programs Manager submitted both subcontractor workplans to the grantee for approval for renewal Year 2. Both were accepted, and the subcontracts were finalized and submitted to the grantee before the start date of September 1, 2025.

8. Volusia County: HRSA Ryan White HIV/AIDS Program and HUD HOPWA Program Fiscal Administration

HPCNEF provides payment processing for the HRSA Ryan White and HUD HOPWA (Housing Opportunities for Persons with AIDS) programs in Volusia County.

The Ryan White Program is funded through the U.S. Health Resources and Services Administration (HRSA). Fiscal administration for this program includes reimbursement of vendors who provide “core medical and support services” such as ambulatory/outpatient medical care, oral health care, health insurance premium/cost sharing, outpatient mental health, nutrition therapy, emergency financial assistance, and housing support services to eligible “low-income persons living with HIV disease”.

The HOPWA (Housing Opportunities for Persons with AIDS) Program is funded by the U.S. Department of Housing and Urban Development (HUD) through the state program. Fiscal administration for this program includes reimbursement of vendors who provide “core medical and support services” such as short-term rent, mortgage, and utilities assistance (STRMU), tenant-based rental assistance (TBRA), permanent housing placement (PHP), and transitional housing assistance for eligible clients.

The Ryan White and the HOPWA contracts have been renewed through 2026.

9. Rural Communities Opioid Response Program - Neonatal Abstinence Syndrome (RCORP-NAS) Grant | HRSA 23-094

The purpose of this HRSA-funded program is to reduce the incidence and impact of neonatal abstinence syndrome (NAS) in rural communities by improving systems of care, family support, and social determinants of health. The chosen target service area is Nassau County. On August 30, 2023, the St. Johns River Rural Health Network (SJRRHN), the lead grant applicant, received a Notice of Award. SJRRHN is one of 41 grantees for this fiscal year. The program officially began on September 1, 2023, and SJRRHN has secured executed agreements with HPCNEF and other grant partners.

Over the last quarter, SJRRHN has met programmatic funding obligations and deliverables. SJRRHN has collected and tracked surveys from women receiving services to gauge service satisfaction. SJRRHN also focused on educating residents of Nassau County by distributing 252 copies of the Gap Report flyer and 133 copies of the newest resource, the RCORP-NAS one-page flyer. Outreach conducted on August 8 and 22 brought in new resource partners to distribute these educational materials. The Learning Collaborative Point of Contact has sent weekly emails to our consortium partners detailing upcoming training from various resources. In collaboration with partners, the team has also implemented tracking

and reviewing of consumer usage weekly. Programmatic and financial reporting, both quarterly and monthly, have been met during this contract term. Our Learning Collaborative, Project Director, and Data Coordinator representatives continue to advocate for community members impacted by NAS in Nassau County through our attendance at community-based meetings such as the Behavioral Health Consortium and the Nassau County Coalition Community Partner meetings. Other meetings attended this quarter include the Certified Community Behavioral Health Clinic (CCBHC), Tobacco Free Nassau, and HRSA meetings.

The Notice of Award for the final year of the grant term was received on August 6.

10. St. Johns River Rural Health Network (SJRRHN)

The St. Johns River Rural Health Network is a 501(c)(3) organization that HPCNEF administers and operates through the Florida Department of Health Bureau of Emergency Medical Oversight (BEMO).

All deliverables for Q1 were met.

11. Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems (PHIG) Grant | OE22-2203

The COVID-19 pandemic has led to a historic investment in the infrastructure of U.S. public health agencies. This CDC-funded grant aims “to support core infrastructure improvements that include, but are not limited to,” County Health Departments (CHDs) and the community workforce, foundational capabilities, and data infrastructure. Stronger infrastructure will serve immediate needs to respond to the ongoing COVID-19 or other infectious diseases, “and other public health outcomes that worsened or stalled during the COVID-19 pandemic. The investments will have sustained effects that position these agencies to better meet the ongoing and future public health needs of the communities and populations they serve.” This program will address public health priorities identified in the primary grantee’s Strategic Plan and the Community Health Improvement Plan (CHIP). Priorities include maternal mortality, infant mortality, and food insecurity, in addition to supporting and sustaining the public health workforce by addressing burnout, training needs, and job satisfaction.

The contract between the primary grantee and HPCNEF was executed on October 30, 2024, with a contract term from November 1, 2024, to October 31, 2025. The service area is Duval County, where grant outcomes will address priority areas from the last CHA and CHIP cycle. The first community partner is delivering 48 weekly mindfulness curriculum sessions and sharing physical and mental health educational materials and resources to public health staff. The second community partner provides access to care (including primary, mental health, substance abuse treatment, case management, dental, optometry, and non-emergency services) for under-resourced individuals, as well as application support to access services. The third community partner provides outreach and linkage to maternal and child health care, coordination and treatment services, and harm reduction services.

On July 10, 2025, HPCNEF signed a contract with a fourth community partner to deliver the Recovery Connections Mobile Support program. This service directly offers recovery support by placing Peer Support Specialists at the forefront of a patient’s access to care in a mobile setting. It reduces barriers to access by meeting patients “where they are” (where they live, work, and play) and, if they are willing to seek ongoing treatment, transporting them directly to long-term care.

The grantee is currently working on the renewal for Year 2 of the PHIG contract, as Year 1 ends on October 31, 2025.

For more information, visit hpcnef.org.

Partnering with HPCNEF

As your county's Local Health Council, HPCNEF operates as a non-competitive, or sole source, contractor—meaning local governments and other entities are able to engage directly with HPCNEF without the laborious and often time-consuming process requirements to solicit competitive proposals (such as bids or Requests for Proposals) This allows for a streamlined contracting process, saving both time and administrative effort while ensuring access to our expertise in public health assessment, planning, and data analysis. Additionally, funding is often available to entities for a specific or limited time period, and an efficient and timely contracting process allows more time to utilize the funding for the desired purpose and outcomes.

If you have any questions about our services or would like to discuss how we can support your county's health initiatives, please feel free to contact us.