

C.03.4 Project Narrative

A comprehensive plan to meet the health care needs of Manatee County uninsured and underinsured residents has the potential to measurably improve the well-being of these residents. Such a plan must be undertaken with a full understanding of the opportunities and the limits to this effort. A model must be grounded in the proven successes from similar efforts elsewhere in the nation but must also incorporate the fiscal, health resource and political realities of Manatee County. Critical to this undertaking is the engagement of a wide group of local health care providers, community leaders and consumers in all phases of the project. HMA has coordinated many experiences in planning and implementing regional and community health care improvement initiatives. HMA would include in this project the expertise from national and Florida projects to ensure the project is firmly attentive to local realities. This expertise and experience will contribute to a comprehensive and feasible plan that can engender and maintain wide-ranging community engagement and support.

Project organization and implementation

The project must start with clear agreement with the County leadership on overall project goals, organizational methodology, project evaluation, budget and timeline. It is of primary importance that the target population be clearly defined. In particular, the definition of “underinsured” may vary from various points of view. The Commonwealth Fund would define, at a minimum, this to include those who spend a large percentage of their income on health care. Additionally, there are many with “bare-bones” health coverage who forego needed preventive and medical care because of the expense.

It will be very important for the consultant team to have a project contact person in Manatee County who has access to leadership for feedback and support. Only through on-going dialogue with Manatee County leadership can the plan be grounded in local realities, address barriers and generate the support from County leaders necessary to flourish.

Leadership will assemble a Steering Committee for Plan/Program Development. This committee should ideally include political, health system, community leaders and others. HMA will need to meet with this group regularly during the course of this planning phase to receive information and obtain input, as well share successful innovations and evidence-based practices used in other Florida counties and beyond. We will vet strategy, present plan options, obtain endorsement of key components of the model and develop an outreach strategy.

Our team will move quickly; our experience indicates that momentum is a major factor in keeping stakeholders engaged. We propose to divide the project into a more intensive four to five month period in which we arrive at the concept/plan for this new system, and a two to three month period in which a smaller group develops a detailed implementation plan (clinical model implementation) as well as financial support structure.

Stakeholder engagement

HMA proposes to have a comprehensive stakeholder engagement process with an inclusive, participatory framework. With diverse community-based experience, our staff know the potential value of a thoughtful, thorough process and the peril of an inadequate process that fails to uncover and address all of the complexities of serving a community.

Stakeholder identification and engagement is central to the success of the County's initiative - beyond just the scope the project - and must be integral to this process. For the work to illuminate all of the layers of concerns, good and bad, and explore opportunities for addressing them, extensive outreach, convening and dialogue are required. Developing a system of care will understandably stir emotions and controversy as no single provider can deliver all the health services needed or desired in the community. These emotions and controversies can be heightened when communities who have historically experienced great disparities are concerned. At its best, a process of community engagement will bring stakeholders together, produce a sense of inclusive ownership and add valuable content to the plan. At the very least, the process can identify pockets of opposition and resentment and disarm the most troubling. A good part of this tension can be effectively dealt with through a patient and persistent process of education and dialogue.

A central component of this engagement will be conducting interviews of key health care system and related stakeholders to agree on the most important issues, barriers and resources necessary to incorporate into the planning of a comprehensive model. The people who will operate and have operational stake in the system are critically important, but we must also ensure that the process engages the medically underserved, low-income, and minority populations in the community who often face the greatest health disparities and barriers to accessing care. The dialogue must continue as parts of this model are vetted, prioritized or discarded in the process of creating the model. Stakeholder discussion groups, public websites and public forums are other tools that could help foster this dialogue.

The key stakeholders in this process must be identified inside and outside of the formal health -care system. At a minimum, this will include leadership at Manatee Memorial Hospital, Blake Medical Center, Lakewood Ranch Medical Center and other health facilities; the Manatee County Public Health Department and local primary care leaders, mental health and dental providers serving the underserved such as Manatee County Rural Health Services, Manatee Glens, We Care Manatee and others; health professions educational institutions including Lake Erie College of Osteopathic Medicine in Bradenton; advocacy organizations and other groups – formal or informal - that have a stake in the delivery of health care in Manatee County. Given Manatee County's location close to Sarasota to the south and Tampa/St. Petersburg to the north, where many Manatee County residents may receive specialty and other care, it will be valuable to open a dialogue with major facilities in adjacent counties to inform the plan and gather support. Health insurers will be important to engage, in particular the Central Florida Behavioral Health Network. It will be important to meet and solicit input from the major managed care entities in Manatee County serving the Medicaid population such as Integral, Sunshine and Prestige. Through this contact, we will want to ensure that processes of care are not created that conflict with processes used by current providers with Medicaid clients. The goal would be to reduce redundancies and minimize additional reporting burdens, for example, limiting new and unfamiliar metrics to track.

Other leaders outside the health industry have a tremendous influence on the delivery of care to underinsured residents. Business leaders, philanthropic organization, religious organizations, educational institutions and political groups may be actively involved in financing or delivering health care. The Steering Committee will help HMA identify and meet with these health advocates. Ongoing forums to discuss the plan can be set up jointly by the County and these leaders/organizations to convey a more transparent process and alert all to the issues and concerns of consumers and others. Other

tools, such as consumer focus groups that may have been conducted recently, can be invaluable in further identifying community concerns and gathering feedback to the developing plan.

Environmental Scan

Manatee County can benefit from the experience of many other counties and municipalities across the nation that have undertaken similar efforts. While no single effort has the identical issues faced by Manatee County, collectively they can help Manatee County's effort anticipate and avoid barriers and identify opportunities. HMA's national reach and experience in many of these efforts can help summarize and apply key lessons learned.

Of particular importance are the mechanisms in financing that can contribute to the long-term economic viability of the system of care. Successful efforts must include prudent fiscal strategies and accurate forecasting. Revenue from local, state and federal sources must be maximized. HMA's Florida-based experts have a deep understanding of the Florida financial environment and will be key to this effort.

The successful health delivery model will result in enhanced services to the most financially and medically vulnerable. Integration strategies will combine medical, mental health, dental and community health services. HMA will identify common barriers and winning strategies to achieve success. Included in the team are experienced leaders in healthcare and public health who have participated in these efforts elsewhere and can help to shape the model to best address on-the-ground issues.

County Assets and Needs

A key building block for a comprehensive plan for Manatee County will be an exhaustive inventory of local community assets, including people, resources, data, and information technology. Fortunately, much work has been done by local health leaders. The comprehensive health assessment conducted by the Health Council of West Central Florida in 2009 may need some updating but most of the information will be useful to this effort. Local hospitals and clinics have completed community needs assessment plans. Many other organizations in the County have done their own informal and formal assessments of health needs for uninsured and underinsured residents and this information will help construct the database.

These previous reviews will be supplemented by specific additional reviews to help create a comprehensive Primary Care, Dental and Behavioral Health Services Needs Assessment. Included will be the current capacity/demand of relevant health care organizations, healthcare utilization patterns of at-risk populations and the health technology infrastructure in the safety net. Additional review will examine the social determinants of health and the community infrastructure that can provide access to or serve as a barrier to those accessing health services. For example, we recognize a major concern will be access and transportation to health services since approximately half of Manatee County residents live in unincorporated parts of the County with limited public transportation.

Priorities and Goals

HMA will analyze this information to develop a gap analysis of health care needs for uninsured and underinsured in Manatee County. The key gaps in care will be validated by several local sources to ensure the accuracy of the information.

With this consensus on gaps in care, the next step of the process will include extensive dialogue between HMA and County leadership, the Steering Committee and a wide range of community stakeholders as the goals of the plan are prioritized. While it would be ideal to address every need of the uninsured and underinsured, fiscal realities generally preclude this option. The prioritization of goals through stakeholder review and consensus must examine the project goals that will produce maximal return on the investments of human effort and available dollars.

Goals must be divided between short and longer-term range with feasibility and cost attached to each. It will be important to engage the community as decisions made at this juncture will have far-reaching implications and effects. While there is no guarantee of full consensus, a process that is open and interactive will lead to more secure project support for the long-term.

Following the selection of key goals will be the identification and/or development of program performance indicators and metrics. The challenge here is to utilize metrics that are either currently collected or easily gathered to reduce burdens of excessive data collection. A balance must be struck between the lure of comprehensiveness and the need for conciseness. HMA has worked with similar efforts nationally and can identify metrics that are accurate, feasible and comprehensive. At a minimum, metrics from several key domains must be chosen including population and patient outcomes, quality and safety, satisfaction, fiscal performance and operational efficiency. HMA will facilitate Steering Committee decisions on selection. Use of a dashboard that is accessible and continually updated will provide the most accurate and useful monitor of progress to goals. The dashboard will ensure attention to lagging progress or other critical issues thereby supporting a rapid response.

The Comprehensive Model

HMA will work closely with Manatee County to deliver a comprehensive model that addresses the priority goals. There are at least four major parts of this model that will need detailed enumeration, discussion and refinement including governance, operations, financing and evaluation.

The organizational structure and governance of this new health delivery model will be key to its success. The organizational framework must be designated to oversee and ensure political and community support through an open process of governance and review. The leadership structure must identify key positions, job functions and the mechanism of selection. Other supporting personnel will be identified. The reporting responsibility and the authority for decision-making must be clearly designated.

A health delivery model must be provided in sufficient detail to convey how to deliver effective integrated and comprehensive health care to the target population. Key goals must be addressed with sufficient resources and individuals or organizations accountable for achieving them. The model will draw upon successful initiatives and evidence-based practices from other communities. The integration of care for medical, behavioral health, dental and community health needs will require use of defined and accessible health information technology tools and resources. Key providers must understand and agree to the resources that will be committed to this initiative. In most cases, current services that are underutilized must be made more effective before new services can be contemplated. Integrated service delivery will require considerable planning and should begin with existing efforts and initiatives.

The improvement and development of new services provided must proceed in stages that are clearly delineated and that build upon the available health and community resources present and available to

this health delivery model in Manatee County. Referral patterns with health facilities in adjacent counties must be reviewed to extend resources available for Manatee County residents.

The model of care must be comprehensive, empowering consumers to take responsibility for their own care through the use of community support, promotion of disease self- management strategies and health promotion and wellness efforts. This will require facilitation of dialogue between providers at all levels of care and a wide range of community resources and agencies. Ultimately, increasing self- management and prevention activities will bring the greatest improvements to health status.

The third part of the model is the financial plan that will be critical to long-term success. The costs of the model and needs for funding must be clearly delineated. The program budget must be projected for the first several years. We will determine how the changes in health care provision and the Affordable Care Act will likely impact the local provision of care. Specific budget requirements relate to the varying scope of specific program components. Benchmarks for program success will be tied to funding amounts. Federal, state and local contributions must be identified and optimized. Specified opportunities to enhance these funding streams will be a critical part of long-term viability of the project.

Program evaluation should include arms for both monitoring and performance improvement. Progress to project performance goals must be accurately measured and communicated widely. Gaps in progress must be promptly identified. Issues with performance must lead to discussions with the Steering Committee and other leaders, a plan for addressing shortfalls or gaps in performance and the direction of resources to facilitate this improvement effort. A performance improvement process will be critical to ensure resources are marshalled effectively to correct and improve performance indicators.

The Implementation plan

Implementing change in a health delivery system must be a well-planned process that can effectively prepare for and overcome barriers that will inevitably arise. Our experience is that a formal plan for change management can best anticipate, plan and surmount barriers to success. Such a plan should identify the key issues, select change leaders to carry the message and create strategies for change.

The wide engagement process during development of the health delivery model will help prepare the community for the structure of the plan. There should be no major surprises with the unveiling of the model and it should be presented with diverse leadership endorsement.

An HMA deliverable will be a detailed plan and process that the County can use for plan implementation. The methodology for implementing the project in Manatee County will include identification of key stakeholders to sponsor elements of the plan, key interest groups whose support is critical, and potential opposition to address.

Principles of a communication strategy will be outlined. HMA will work with Manatee County to identify approaches and media to be used during implementation. Strategies in ongoing community engagement will be important to build and maintain support for the project.

A strategy for tracking evolving changes in the national and state health care environment will be provided as political changes may lead to new opportunities and challenges. Other trends in the health marketplace may have current and future influence on the project's success and will be identified.

A comprehensive timeline will be provided that includes governmental, health delivery, financial, communication, and evaluation components. Critical deadlines will be identified. A full final report will include all of the above elements, as well as a summary of project-related issues to be addressed that HMA feels are critical to long-term success.

C.03.5 Project Approach

Manatee County's goal to provide integrated care for those in the safety net is a bold and needed initiative. The process of creating this system of care will present many options from which to choose: organizational, fiscal and operational. Decisions made from these alternatives will have a critical effect on the outcome of the initiative. HMA brings long-standing and wide-ranging experience from similar efforts which will be indispensable in helping Manatee County accomplish its goals. HMA's approach in Manatee County will be based on a set of principles that will guide our methodology throughout the span of the project.

- The approach must be tailored to local realities and needs.
- The approach should be based on the best evidence from other successful efforts.
- The approach must be based on the engagement of a wide range of stakeholders, including political and municipal leadership, health providers and advocates - both in the health system and in the community.
- The approach must be grounded in a solid fiscal strategy.
- The approach must include clear plan options with a full understanding of tradeoffs.
- The approach to implementation should incorporate project goals, phases and markers of progress which must be identified early and tracked compulsively.

Leadership Engagement

HMA must start with a full understanding of Manatee County issues. HMA team members will spend time with leadership both early and ongoing throughout the process to build a relationship of trust and understanding. Our experience with these efforts is that this process is a complex and intense one that often raises a host of concerns not fully anticipated. Ensuring that the project stays on course will require frequent informal contact between HMA project heads and the leadership of Manatee County and the Steering Committee. The more fully HMA understands the aspirations and concerns of leadership, the more quickly issues can be confronted, barriers surmounted and project goals met.

Health Services Needs Assessment and Asset Inventory

To complete a comprehensive health needs assessment and asset inventory, HMA will conduct stakeholder interviews, as described in the project narrative, and review existing data and reports. We will start first with executive and senior leadership in the current health care system, exploring their perspective on where the needs are for a greater and improved system of care. From these initial interviews, we will begin to understand which providers are currently or possibly relevant to forming the foundation of the new health system structure. We will inquire if there are additional reports and statistics on health and healthcare of uninsured and underinsured in the region from state, county, city, and private sources that are not currently known by the County. The interviews will supplement and add to HMA's synthesis of existing reports and data. From these interviews, we will also identify key community leaders and advocates working for various social service and health organizations. A second set of interviews with these individuals will help us to better understand the consumer perspective.

Based on recommended sources from the client, HMA will obtain and review existing reports and statistics on health and healthcare of uninsured and underinsured in the region from state, county, city, private sources. Using HMA's proprietary Community Health Needs Assessment (CHNA) data tool, we will use publicly available data to assess key demographics, health status indicators related to primary care, behavioral health and oral health, and measures of access to care. We will conduct this analysis for the County and can also focus on different configurations of zip codes to determine regional variation. The data tool utilizes federally approved extrapolation techniques to "drill down" on small units of geography and benchmark key indicators against state and national data. In addition, we will attempt to collect data that is typically not publicly available, for example, emergency department and hospital inpatient utilization data. Often we do this in collaboration with a local hospital and the State hospital association. If these data are obtainable, we will manipulate and present the data to inform the plan and include in the report.

As we are reviewing existing reports and data, and talking with stakeholders, we will also be gathering information to help build upon the County's existing health and health care asset inventory for the County focused on primary care, behavioral health and dental care providers and social service agencies. We will use multiple means to collect this information. For example, using the software Esri Community Analyst, we will generate a list of provider locations using key search words – primary care, behavioral health, dental health, particular sub-specialties if desired. The software is updated quarterly. To complement this list, we will use the Health Research and Services Administration website to identify all Federally Qualified Health Centers in the region. We would also access United Way's 2-1-1 system and program staff to better understand what health resources exist in the County, including prescription assistance services and medical transportation options. Utilizing geographic information systems (GIS) software, HMA will prepare maps to present provider locations at a glance in the County. Using the map and the other information collected throughout this process, HMA will conduct a high level assessment of the accessibility of major safety net primary care, mental health and dental providers. We will assess days and hours of operation, same day appointment availability, wait time to third next available appointment, sliding fee scale for uninsured, etc.

While we will be unable to conduct consumer focus groups due to budget limitations, our interviews with community advocates will help us assess perception of accessibility, availability, affordability and acceptability of these services.

Overall, we will analyze and integrate data from existing data reports; supplemental data such as emergency and hospital utilization; demographics, health indicators and access measures; an asset inventory of health and social services; geo-mapping of provider sites; and indicators of provider accessibility. We will summarize findings and highlight key points to inform the development of the integrated system of care model in collaboration with community stakeholders.

Health Information Technology

HMA will assess the HIT infrastructure by reviewing existing reports available through a number of sources such as the Florida Medicaid EHR incentive program and Medicare EHR incentive program, as well as other reports from Office of Rural Health, HRSA and/or AHRQ. The information available from these sources will establish to what extent the safety net providers have adopted and are using their EHRs. HMA will supplement this environmental scan by gathering information about the various types of

health information exchange options that the providers have available to them to securely share information electronically.

The effective use of HIT to improve healthcare outcomes also involves optimizing a clinical workflow to leverage the technology. Resources must be available and utilized to support providers' ability to use their HIT in a manner that improves healthcare outcomes. HMA will assess what HIT technical assistance resources are available and determine if providers have engaged with entities that provide this HIT technical assistance (such as the Regional Extension Centers).

Environmental Scan

The environmental scan must identify efforts in other parts of the Country with similar goals. Generally this will include public or municipal efforts to expand care of the uninsured and underinsured. Given the variation in public financing across the country, no two solutions are identical. But best evidence would dictate identifying examples with broadly replicable approaches. As outlined in the qualifications section of this proposal, HMA has developed community-wide health care plans for uninsured and underinsured residents for multiple clients. Given our intensive undertaking in these communities, we developed a deep understanding of the context and the intention of leadership in implementing the plans. Personal contacts in these systems uniquely position HMA to conduct an efficient environmental scan of these programs.

HMA will contact key individuals in several communities to first ask if they have conducted an evaluation or documented progress on implementation, assessed the extent to which they are meeting performance measures, and discuss successes and limitations, as well as lessons learned. After reviewing documentation, we will schedule interviews with key program and finance leaders and assess further with a common core set of questions that we would use for all programs as well as program-specific questions as indicated.

In addition, during the interviews, HMA will network further to see if these leaders can identify other programs with the same goals that they may have encountered. We will reach out to those additional programs that are well regarded and known to have particularly good outcomes.

In Florida HMA staff have extensive contacts with both state and local health care officials. These include both the state health care agencies and local health care districts. Once the key goals of the program have been identified HMA can discuss with Florida officials current or past programs in Florida with similar objectives.

We will summarize between three to five successful models, highlighting particularly successful features and lessons learned that are relevant to the Manatee County context.

Engagement strategy

The success of the plan will depend, in part, on securing the engagement and support of a diverse set of stakeholders. The process of identifying all of the right stakeholders inside and outside of the formal health-care system is vital. In addition to their grassroots experience in the field, HMA staff are familiar with and will pull from guidelines from multiple sources on partnering with community stakeholders such as the Affordable Care Act (ACA)/Internal Revenue Service (IRS), the Public Health Accreditation

Board (PHAB) and Standards for Community Health Needs Assessments (CHNA) and Community Health Implementation Plans (CHIP) Best Practices.

The Steering committee will help HMA identify and meet with these community health leaders and advocates. Developing an understanding up front of the players, opinion leaders, histories, relationships, past misgivings or collaborative successes and community health needs and disparities, will enable HMA to lay some ground work with thoughtful advance outreach. Identifying any potential opposition or community "landmines" is essential to productive work and HMA will do the outreach necessary to anticipate any of these issues so they can be addressed in advance of any public dialogues. Stakeholder interviews, public forms and consumer focus groups are invaluable tools HMA will use to develop comprehensive social services needs assessment and asset inventory, and in further identifying community concerns and gathering feedback to the developing plan.

Interviews will be conducted with 30-40 state, county, city officials, providers, philanthropic leaders, patient advocates and other key stakeholders in person or by telephone. The objective of the interviews will be to understand the most important issues, barriers and resources necessary to incorporate into the planning of a comprehensive model. HMA will develop interview guides, with optional questions depending on the interviewee, based on the County's input and finalize the guide based on feedback from the County. Each interview will be facilitated by one HMA staff and will last approximately 30 to 45 minutes. Interviews will be recorded for reference during the writing of the final report.

Once a draft plan is developed and approved by the County, HMA recommends that the County prepare a Public Forum to present the draft plan to the community for feedback. The forum can be set up jointly by the County and these leaders/organizations to convey a more transparent process and alert all to the issues and concerns of consumers and others. HMA can provide supporting documentation and if desired, participatory contributions. One overall objective of the forum will be to explain the key components of the plan, highlight significant differences between the current and new system, and describe the potential impact on the community. A second objective will be to collect input on the plan. HMA would recommend that the forum occur in an accessible location (e.g. using public transportation) to ensure attendance by individuals most likely to be impacted by the implementation of the plan.

Fiscal strategy

The best-designed health delivery system cannot succeed without solid fiscal planning and forecasting. HMA will utilize examples of governmental units in Florida, review other parts of the country, and optimize all sources of funds local, state and federal.

The approach will be designed to determine the available funding for health care in the County through document reviews of appropriate sections of the County budget, State budget, financial statements of health care providers, hospital cost reports, FQHC financial documents and other health care entities financial documents, as needed. In addition, interviews will be conducted with key financial staff from the entities to determine any restrictions and flexibility regarding the funding. Based upon the results of this analysis and research, combined with the goals developed for this program, recommendations will be made for the best ways to fund these goals in a sustainable manner.

Appropriate budgets, forecasts and other financial analysis will be generated in consultation with identified key stakeholders and provided as part of the overall recommendation.

Plan development

The plan development approach will be grounded in the frequent interaction between HMA and the Steering Committee. HMA will facilitate meetings in which health delivery plan options and the implications of those options are presented and discussed. Each option must be understood through the likely impact on the health of the population, operational efficiency and fiscal impact of the delivery system operation, both short and long term. From this ongoing interaction, the selection and sequencing of plan elements will be constructed as a set of clearly defined phases. HMA will facilitate the discussion of barriers that are likely to be encountered and offer tools and resources that may assist surmounting these barriers. The end result of the process will be a delivery system plan with clear objectives, timelines, budgets and tasks – each with responsible parties assigned.

The commitments of existing providers to the new plan must be clearly delineated and verified. Integrating existing or creating and operating new health service delivery options can be resource-intensive and expensive. Verifying partner organization commitment to the population health need, confirming the contribution to the budget and fitting each part into an organizational structure must be the product of discussions that are frank and include full disclosure.

Quality performance measures are an important component of health delivery, allowing for standard measures across payers and types of care (e.g. dental, primary care, or behavioral health) that indicate the efficiency and effectiveness of the entire system, both providers and health plans. HMA will work with the Steering Committee and stakeholders (via the stakeholder interviews, focus groups, and forums as described in the Engagement Strategy section) to develop performance measures that are actionable and represent the population health focus that promotes system transformation and better overall public health. Metrics will be developed to indicate whether organization of care is transitioning to a patient-centered medical home model focusing on prevention, case management, and other services designed to reduce reliance on emergency rooms and other expensive care settings. There will be consideration of metrics specific to primary, behavioral health, and dental care, as well as metrics to measure the performance of the system on the whole (e.g. maximized utilization of local community assets in care delivery). Rather than adding new measures to the system, HMA will consider existing measures, such as HEDIS and Consumer Assessment of Health Plan Study (CAHPS) measures.

Implementation Plan

HMA will facilitate the development of a detailed implementation plan with objectives and performance measures, activities, timeframe, sponsors and accountabilities. We recognize that only with engaged partners and a governance structure that holds them accountable will a new system be implemented, maintained and improved over time.

HMA is committed to producing plans that will succeed. Our firm is not only committed to improving access, quality and financing of health care for vulnerable populations, but our reputation relies on the success of these plans. HMA is often called upon to assist with plan implementation, and we therefore have an even greater vested interest in stacking these types of plans for success.

Once priorities and related objectives are agreed to by the advisory committee, roles will be identified. The appropriate persons will negotiate with stakeholders their respective roles. Activities will be fleshed out with the responsible individuals to ensure buy in. A draft implementation plan will be presented to

the Steering Committee for review and feedback. We will incorporate feedback and prepare materials on the model for any public forums to gain further support and feedback. HMA can also assist the County by providing material for a public webpage as part of the County's website. The website can serve as the repository for all project-related documents, including the implementation plan. The webpage could also function as a transparent communication mechanism to inform and engage all stakeholders in the implementation plan, keeping everyone up-to-date on current activities and upcoming tasks.

HMA's implementation plans are appreciated by our clients because they are presented clearly and understandably; we use language that is accessible to a wide range of community stakeholders, not just project management professionals. The objectives of the plans are measurable, timeframes are reasonable and sequenced in a way that makes sense. Activities are spelled out in sufficient detail; we recognize that staff turnover so we write in a manner that an individual new to the process will understand the intent. Individuals and organizations that have agreed to lead or finance particular activities are identified as accountable for them. The plan will call for regularly scheduled meetings of a governing body to ensure timely and comprehensive implementation. HMA will continue to work with Manatee County to refine the implementation plan through the term of the contract and all developed materials will be provided to the County at that time.