

TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS

PERRY, FLORIDA

TUESDAY, JANUARY 24, 2023

6:00 P.M.

201 E. GREEN STREET

TAYLOR COUNTY ADMINISTRATIVE COMPLEX

OLD POST OFFICE

THE CHAIR CALLED THE WORKSHOP MEETING TO ORDER AT 6:00 P.M. THE MEMBERS OF THE BOARD ATTENDED THE MEETING AS FOLLOWS:

<u>DISTRICT</u>	<u>OFFICE</u>	<u>NAME</u>	<u>HOW ATTENDED</u>	<u>PORTION ATTENDED</u>
1	CHAIR	JAMIE ENGLISH	IN PERSON	ALL
2		JIM MOODY	IN PERSON	ALL
3	V-CHAIR	MICHAEL NEWMAN	IN PERSON	ALL
4		PAM FEAGLE	IN PERSON	ALL
5		THOMAS DEMPS	IN PERSON	ALL

A FULL BOARD BEING PRESENT.

COUNTY STAFF ATTENDED THE MEETING AS FOLLOWS:

<u>POSITION</u>	<u>NAME</u>	<u>HOW ATTENDED</u>	<u>PORTION ATTENDED</u>
CO ADMINISTRATOR	LAWANDA PEMBERTON	IN PERSON	ALL
ASST. CO ADMIN.	MARSHA DURDEN	IN PERSON	ALL
COUNTY ATTORNEY	CONRAD BISHOP	IN PERSON	ALL
COUNTY FIRE CHIEF	DAN CASSEL	IN PERSON	ALL

COUNTY CONSTITUTIONAL OFFICERS ATTENDED THE MEETING AS FOLLOWS:

<u>POSITION</u>	<u>NAME</u>	<u>HOW ATTENDED</u>	<u>PORTION ATTENDED</u>
DEP CLERK OF COURT	SALINA GRUBBS	IN PERSON	ALL
DEP CLERK OF COURT	CINDY MOCK	IN PERSON	ALL

OTHER PARTIES PRESENT AND SPEAKING:

LOYD CHILDREE, DIRECTOR OF GOVERNMENTAL AFFAIRS - WASTE PRO COASTAL REGION
CHRIS SCHMIDT, CEO, DOCTORS' MEMORIAL HOSPITAL (DMH)
DONALD BOWDEN, SHADY GROVE VOLUNTEER FIREFIGHTER
NORMA HOLDEN, SHADY GROVE VOLUNTEER FIREFIGHTER
STEVE WENTZ, CENTURY AMBULANCE SERVICE
JJ MESSICK

THOMAS DEMPS LED THE BOARD IN PRAYER, FOLLOWED BY THE PLEDGE OF ALLEGIANCE TO THE FLAG. BUSINESS WAS TRANSACTED AS FOLLOWS:

THE CHAIRMAN READ INSTRUCTIONS FOR CONFERENCE CALL-IN LINE.

WORKSHOP ITEMS:

3. THE BOARD TO DISCUSS REQUESTED ANNUAL CPI ADJUSTMENT FOR WASTE PRO.

DISCUSSION:

COUNTY ADMINISTRATOR -WASTE PRO HAD REQUESTED AN AVERAGE ANNUAL CPI ADJUSTMENT OF 8.89 WITH A NEGOTIATED REQUESTED CPI OF 7.7. THERE HAS BEEN A 10.6% INCREASE FROM ONE CONTRACT TO THE NEXT, FOR YEARS 2015-2019.

LOYD CHILDREE, DIRECTOR OF GOVERNMENTAL AFFAIRS - WASTE PRO COASTAL REGION - THE COST OF DISPOSAL HAS INCREASED AND WE CANNOT FIND QUALIFIED CDL LICENSED DRIVERS SINCE COVID. THE AVERAGE CPI INCREASE IS 8.9 % BUT WE'RE ONLY ASKING FOR A CPI ADJUSTMENT OF 7.7%.

COMMISSIONER ENGLISH ENCOURAGED THE BOARD TO APPROVE THE 7.7% INCREASE OR COUNTER-OFFER.

COMMISSIONERS NEWMAN AND FEAGLE STATED THAT THEY CANNOT SUPPORT AN INCREASE AT THIS TIME.

COMMISSIONER MOODY AGREES WITH SOME INCREASE DUE TO THE INCREASE OF FUEL AND LABOR.

COMMISSIONER MOODY ASKED IF THERE WAS AN UP-CHARGE FEE FOR OVERFILLS. I HAVE HAD A BUSINESS COMPLAIN ABOUT THE GARBAGE NOT BEING PICKED UP, CAUSING AN OVERFILL AND THEY WERE CHARGED AN EXTRA FEE.

MR. CHILDREE - THERE IS AN UP-CHARGE FEE FOR OVERFILLS, BUT IF IT IS DUE TO WASTE PRO MISSING THE PICK-UP, THE CUSTOMER CAN CALL ME PERSONALLY AND I CAN WORK OUT THE UP-CHARGE.

COUNTY ADMINISTRATOR - IF THERE ARE COMPLAINTS MADE TO MR. CHILDREE PERSONALLY, THEN THE BOARD NEEDS TO KNOW.

COMMISSIONER NEWMAN - IF THERE IS A COMPOUND ISSUE WITH EXCESS GARBAGE WITH BUSINESSES, GARBAGE NOT BEING PICKED UP AND AN UP-CHARGE, THIS NEEDS TO BE ADDRESSED.

COMMISSIONER FEAGLE REQUESTED THAT THE ANNUAL CPI ADJUSTMENT REQUEST BE AGENDAED FOR DISCUSSION AT THE NEXT REGULAR MEETING, TO BE HELD ON MONDAY, FEBRUARY 6, 2023.

4. THE BOARD TO DISCUSS THE VOLUNTEER FIREFIGHTER PROGRAM.

DISCUSSION:

COMMISSIONER FEAGLE REQUESTED TO RE-ESTABLISH A VOLUNTEER FIREFIGHTER PROGRAM CERTIFICATION, AS WE NEED MORE VOLUNTEER FIREFIGHTERS. IT WILL SAVE TAX PAYERS MONEY, PROPERTY, MEMORIES AND HOMES. IT WILL BENEFIT AND MEET THE NEEDS OF THE COMMUNITY AND STUDENTS. MAYBE OFFER COMPENSATION FOR CERTIFIED TRAINING, BE MORE PRO-ACTIVE BY GOING TO CAREER DAY AND CONSIDER INCENTIVE PAY FOR COMPLETION OF THE PROGRAM.

COMMISSIONER FEAGLE PRESENTED A LIST OF QUESTIONS FOR THE BOARD TO CONSIDER (ATTACHED).

COMMISSIONER MOODY - IF COMPENSATION IS APPROVED, THEN WHAT ABOUT THE OTHER VOLUNTEER COMMITTEES, ETC. THAT ARE CURRENTLY SERVING? I DON'T WANT COMPENSATION TO VOLUNTEER FIREFIGHTERS TO HAVE A SNOWBALL EFFECT. WHAT IS THE LIABILITY TO THE COUNTY FOR VOLUNTEER FIREFIGHTERS?

COUNTY FIRE CHIEF – THEY ARE COVERED UNDER THE COUNTY'S WORKERS' COMPENSATION INSURANCE.

COUNTY FIRE CHIEF - DEPENDING ON WHAT TYPE OF COURSE WILL DEPEND ON THE TYPE OF CLASSROOM NEEDED. A TRADITIONAL COURSE, WHICH I PREFER, IS USUALLY 3-4 MONTHS AT 2 NIGHTS PER WEEK AND A FULL DAY ON SATURDAY. ONLINE CLASSES HAVE NOT BEEN SUCCESSFUL IN THE PAST MAINLY BECAUSE THE CLASS IS SELF-MOTIVATED. STUDENTS ARE REQUIRED TO BE AGE 18 TO ENTER THE PROGRAM. IF A FIREFIGHTER IS NOT ACTIVE FOR 6 YEARS, THEN YOU NEED TO BE RECERTIFIED. THERE IS NO STATE TEST, BUT THERE IS IN-HOUSE TRAINING (REFRESHER COURSE) FOR CERTIFIED VOLUNTEERS. THERE IS NO TESTING FOR A VOLUNTEER FIREFIGHTER (ISO SUGGESTIONS ONLY), HOWEVER A PHYSICAL IS REQUIRED BY THE STATE. IF THE VO-TECH (BIG BEND TECHNICAL COLLEGE) WANTED TO ADD A VOLUNTEER FIREFIGHTER CERTIFICATION PROGRAM, WE COULD OFFER FIRETRUCKS AND HELP WITH THE TRAINING.

COMMISSIONER NEWMAN INQUIRED WHAT IS THE SOURCE OF FUNDING AND SCALE?

COUNTY ADMINISTRATOR – THERE IS A BUDGET IN THE MSTU FUND FOR VOLUNTEER FIRE DEPARTMENTS.

DONALD BOWDEN - WITH THE SAW MILL CLOSING AND A LOT OF JOBS LOST, THERE ARE A LOT OF PEOPLE LOOKING FOR JOBS. IF THE COUNTY CAN OFFER THEM SOME SORT OF TRAINING THERE MAY BE MORE INTEREST IN THE FIREFIGHTER PROGRAM.

CHAIRMAN ENGLISH - MAYBE WE CAN GET THE KIDS JUST GRADUATING FROM HIGH SCHOOL, AND STILL IN HIGH SCHOOL, TO BE INTERESTED IN BECOMING A FIREFIGHTER AND CATCH THEM BEFORE THEY MOVE ON TO SOMETHING ELSE.

NORMA HOLDEN – OFFER FFI CERTIFICATION AT BIG BEND TECHNICAL COLLEGE AND THERE COULD BE THE POSSIBILITY OF GRANTS.

CHRIS SCHMIDT - OFFERED FREE PHYSICALS FOR THE FIREFIGHTERS AT DMH AND OFFERED TO CALL OTHER COUNTIES FOR GUIDANCE IN RECRUITING VOLUNTEERS.

STEVE WENTZ, CENTURY AMBULANCE SERVICE – EXPRESSED HIS THANKS TO THE COUNTY FIRE DEPARTMENT AND THE VOLUNTEERS FOR GETTING HIM INTERESTED AND INVOLVED AT AN EARLY AGE.

JJ MESSICK - SUBMITTED RESEARCH PAPERS TO THE BOARD. THERE IS NO FORMAL MARKETING OUTREACH TO STUDENTS.

CHARIMAN ENGLISH AND COMMISSIONER FEAGLE WOULD LIKE TO LOOK INTO THE YOUTH CADET PROGRAM

ATTACHMENTS: COMMISSIONER FEAGLE’S LIST OF QUESTIONS TO THE BOARD; RESEARCH PAPERS TO THE BOARD PRESENTED BY JJ MESSICK

5. THE BOARD TO DISCUSS BROADBAND FUNDING.

DISCUSSION:

COMMISSIONER MOODY-THERE ARE CURRENTLY OVER 300 CUSTOMERS SIGNED UP IN STEINHATCHEE. I WOULD LIKE TO SEE THE COUNTY HELP WITH UPFRONT FUNDING, SO THAT TRI-COUNTY IS NOT WAITING ON GRANT FUNDING TO BEGIN INSTALLATION. OTHER COUNTIES HAVE CONTRIBUTED, INCLUDING MADISON AND JEFFERSON. ANY AMOUNT WE DECIDE ON WILL BE APPRECIATED.

COUNTY ADMINISTRATOR – YOU HAVE EARMARKED ARPA GRANT FUNDING FOR STORMWATER IMPROVEMENTS (\$4.2 MILLION). YOU CAN ALSO USE GENERAL FUND RESERVES FOR BROADBAND.

COMMISSIONER NEWMAN – I AM IN SUPPORT WITH HELPING OUT WITH FUNDING IN ORDER TO GET THE PROJECT COMPLETED FASTER (ESTIMATED AS A 3-5 YEAR PROJECT).

COUNTY ADMINISTRATOR – I HAVE CONCERNS WITH USING ARPA FUNDING BUT IT IS A POTENTIAL USE FOR HELPING WITH FUNDING. MADISON COUNTY HAS PROVIDED 1.5 MILLION TOWARDS FUNDING AND JEFFERSON COUNTY PROVIDED 3.5 MILLION, BUT THESE COUNTIES DON'T HAVE THE FLOODING ISSUES THAT WE HAVE.

CHAIRMAN ENGLISH WOULD LIKE TO SEE A REPRESENTATIVE COME AND MAKE A PRESENTATION TO THE BOARD.

COMMISSIONER DEMPS AND COMMISSIONER FEAGLE WOULD LIKE TO GET THE REPORT ON THE BROADBAND FIRST BEFORE A REPRESENTATIVE PRESENTS TO THE BOARD.

6. THE BOARD TO DISCUSS OPIOD SETTLEMENT FUNDING.

DISCUSSION:

COUNTY ADMINISTRATOR PRESENTED THE BOARD WITH AN OPIOD PAYOUT SETTLEMENT PROJECTION USAGE HANDOUT THAT IS BROKEN DOWN INTO SEVERAL AREAS:

1. TREATMENT
2. PREVENTIVE
3. STRATEGIES

CHRIS SCHMIDT, DMH – STATED THAT DMH IS TREATING THE OPIOD ISSUE AS A MEDICAL DISEASE. THE CORE PROGRAM IS A FIRST RESPONSE TEAM FOR TREATING THESE MEDICAL ISSUES. TAYLOR COUNTY HAS THE HIGHEST METH USAGE THAN OTHER SURROUNDING COUNTIES. THAT WE CAN LEVERAGE THE FUNDING TO HELP WITH THE PROBLEM.

COUNTY ADMINISTRATOR WOULD LIKE TO WORK WITH CHRIS SCHMIT ON THE APPOINTMENT OF A COMMITTEE OR TEAM, THAT CAN WORK WITH DMH AND SURROUNDING COMMUNITIES ON THIS ISSUE.

7. THE BOARD TO DISCUSS MASTER PROJECT LIST.

DISCUSSION:

COUNTY ADMINISTRATOR PRESENTED AND DISCUSSED THE MASTER PROJECT LIST WITH THE BOARD:

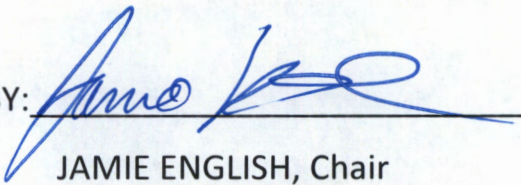
1. HODGES PARK RESTORATION - COUNTY ADMINISTRATOR HAS CONCERNS WITH A DELAY IN THE TIMELINE AND LOOKING AT OTHER AVENUES TO RESOLVE THE ISSUES. THE COUNTY ENGINEER IS CONCERNED WITH THE DESIGN PORTION OF THE PROJECT. THE COUNTY ADMINISTRATOR HAS REACHED OUT TO SEE IF THERE IS AN EXTENSION FOR THE FUNDING, AS APPROVAL FROM TREASURY TOOK 1 YEAR. THE FUNDS HAVE TO BE SPENT BY DECEMBER 31, 2023.
2. CANAL DREDGING – WAITING ON APPROVAL FROM TREASURY.
3. COURT HOUSE IMPROVEMENTS WILL COST \$500,000 AND WILL BE AGENDAED AT NEXT MEETING FOR DISCUSSION.
4. DEADMAN’S CURVE.
5. ROAD PROJECTS.
6. DRAINAGE PROJECT-COUNTY ADMINISTRATOR IS REACHING OUT TO SEE IF IT CAN BE TREATED AS A MAINTENANCE PROJECT BY SUWANNEE RIVER WATER MANAGEMENT DISTRICT (SRWMD).

ATTACHMENT: MASTER PROJECT LIST

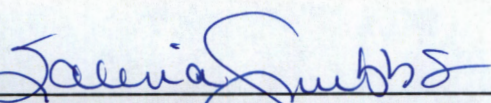
THE HOUR BEING APPROXIMATELY 8:50 P.M., AND THERE BEING NO FURTHER DISCUSSION,
THE WORKSHOP WAS ADJOURNED.

BOARD OF COUNTY COMMISSIONERS

TAYLOR COUNTY, FLORIDA

BY: 
JAMIE ENGLISH, Chair

ATTEST:

BY: 
SALINA GRUBBS, D.C. for
GARY KNOWLES, Clerk

COMMERCIAL REFUSE COLLECTION SERVICES
TAYLOR COUNTY, FLORIDA

PROPOSAL FORM
(Submit in Duplicate)

DISPOSAL OF SOLID WASTE AT AUCILLA
AREA SOLID WASTE LANDFILL

PROPOSER: Waste Pro of Florida, Inc.

DATE: 11/14/19

TO: Taylor County Board of County Commissioners
P.O. Box 620
Perry, Florida 32348

Pursuant to invitation and in compliance with your Information for Proposers and other documents relating thereto, the undersigned hereby proposes to furnish all labor, equipment, materials and incidentals necessary to provide services as required in providing Commercial Refuse Collection Services, for Taylor County, Florida, as required by and in strict accordance with the contract documents (including all specifications) and all addenda, if any, issued prior to the date of this proposal of prices and conditions listed herein as follows:

Item 1. Base Rates (1)

Dumpster Size	<u>Weekly Frequency of Pickups(2)</u>				
	1	2	3	4	5
<u>2 cubic yd.</u>	\$81.75	\$138.34	N/A	N/A	N/A
<u>4 cubic yd.</u>	\$101.11	\$197.52	N/A	N/A	N/A
<u>6 cubic yd.</u>	\$148.53	\$275.69	N/A	N/A	N/A
<u>8 cubic yd.</u>	\$178.18	\$320.31	\$442.31	\$582.61	N/A

MINIMUM SERVICE:
96 gallon Totes - N/A

NOTE: (1) The base rate is to include the container rental fee, if any.

NOTE: (2) Some Proposers may not provide certain frequencies of pickups. This is to be indicated by putting N/A above where applicable.

Equipment:

increase
9.08% =
CPI
17%
17% increase

- a. Type: The Contractor must use only vehicles with bodies constructed to prevent any leakage.
- b. Amount: The Contractor must provide sufficient equipment in proper operating condition so that regular schedules and routes of collection can be maintained.
- c. Condition: Equipment is to be maintained in a reasonable, safe working condition; to be painted uniformly with the name of the Contractor. Also, the Contractor's business telephone number and the vehicle number are to be displayed on both sides of each vehicle. All vehicles must be numbered and a record kept of the vehicle to which each number is assigned. No advertising is permitted on the vehicles, except of County-sponsored events, should the Contractor allow such advertising to be put on the vehicles on behalf of the County.
- d. Equipment List: The Contractor must provide the County with an itemized list of the vehicles and equipment he/she intends to use in Taylor County, Florida. This list is to include the following:

Vehicles: Number, type, capacity, front or rear loading, etc.

- 1. Frontline truck - 10992 – 2018 Mack – McNeilus 40yd
- 2. Spare truck - 923 – 2015 Mack – McNeilus 40yd



264 Commerce Lane, Midway, FL 32343 | 850-328-0365 | tmitchell@wasteprousa.com

Date 12-1-22020

LaWanda Pemberton
County Administrator
Taylor County
201 E. Green St.
Perry, FL 32347

Dear LaWanda Pemberton:

Waste Pro would like to thank you and the County for the continued opportunity to service you community and look forward to a long relationship.

As per contract page 5 section 6, it is time for our annual CPI increase using the Nov indices. As of Jan 1, 2021 the rates will increase by 1.6% as indicated on attached sheets. If you have any questions please call me at 850-378-5927.

Sincerely,

Todd Mitchell



U.S. BUREAU OF LABOR STATISTICS

Databases, Tables & Calculators by Subject

Change Output Options:

From: 2019 ▼ To: 2020 ▼ GO

☐ include graphs ☐ include annual averages[More Formatting Options](#) ➡

Data extracted on: December 1, 2020 (5:01:30 PM)

CPI for All Urban Consumers (CPI-U)

Series Id: CUUR0300SA0

Not Seasonally Adjusted

Series Title: All items in South urban, all urban consumers, not seasonally adjusted

Area: South

Item: All items

Base Period: 1982-84=100

Download:



Year	Nov
2019	247.385

12-

Month

Percent

Change

Series Id: CUUR0300SA0

Not Seasonally Adjusted

Series Title: All items in South urban, all urban consumers, not seasonally adjusted

Area: South

Item: All items

Base Period: 1982-84=100

Download:



Year	Nov
2019	1.6

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 Telephone:1-202-691-5200 Federal Relay Service:1-800-877-8339 www.bls.gov [Contact Us](#)

Qty	Svc Freq	New Rate with Monthly R: 8.89% CPI		IMPACT at 8.89%	New Rate with 7.7% CPI	IMPACT at 7.7%
	1 Weekly	85.22	92.8	7.58	91.78194	6.56194
	1 2 times per wee	146.5234	159.55	13.0266	157.8057	11.2823
	1 Weekly	86.588	92.8	6.212	93.25528	6.667276
	1 Weekly	86.588	92.8	6.212	93.25528	6.667276
	1 Every 2 weeks	63.6885	69.35	5.6615	68.59251	4.904015
	1 Weekly	86.588	92.8	6.212	93.25528	6.667276
	1 Weekly	86.588	92.8	6.212	93.25528	6.667276
	1 Weekly	86.588	92.8	6.212	93.25528	6.667276
	1 Weekly	86.588	92.8	6.212	93.25528	6.667276
	1 Weekly	86.588	92.8	6.212	93.25528	6.667276
	1 Weekly	86.588	92.8	6.212	93.25528	6.667276
	1 Weekly	86.588	92.8	6.212	93.25528	6.667276
	1 Weekly	86.588	92.8	6.212	93.25528	6.667276
	1 Weekly	85.22	92.8	7.58	91.78194	6.56194
	1 Every 2 weeks	63.6885	69.35	5.6615	68.59251	4.904015
	1 Weekly	86.588	92.8	6.212	93.25528	6.667276
	1 Weekly	86.588	92.8	6.212	93.25528	6.667276
	1 2 times per wee	146.5269	159.55	13.0231	157.8095	11.28257
	1 Weekly	86.588	92.8	6.212	93.25528	6.667276
	1 Weekly	107.1	92.8	-14.3	115.3467	8.2467
	1 Weekly	85.22	92.8	7.58	91.78194	6.56194
	1 Weekly	85.22	92.8	7.58	91.78194	6.56194
	1 Weekly	86.588	92.8	6.212	93.25528	6.667276
	1 Weekly	86.588	92.8	6.212	93.25528	6.667276
	1 Weekly	85.2244	92.8	7.5756	91.78668	6.562279
	1 Weekly	85.2244	92.8	7.5756	91.78668	6.562279
	1 Weekly	86.588	92.8	6.212	93.25528	6.667276
	1 Weekly	85.22	92.8	7.58	91.78194	6.56194
	1 Weekly	86.588	92.8	6.212	93.25528	6.667276
	1 Weekly	86.588	92.8	6.212	93.25528	6.667276
	1 Weekly	86.588	92.8	6.212	93.25528	6.667276

1 Weekly	86.588	92.8	6.212	93.25528	6.667276
1 Weekly	85.22	92.8	7.58	91.78194	6.56194
1 Weekly	0	0	0	0	0
1 2 times per wee	146.5269	159.55	13.0231	157.8095	11.28257
1 Weekly	86.588	92.8	6.212	93.25528	6.667276
1 Weekly	86.588	92.8	6.212	93.25528	6.667276
1 Weekly	86.588	92.8	6.212	93.25528	6.667276
1 Every 2 weeks	63.6885	69.35	5.6615	68.59251	4.904015
1 Weekly	86.588	92.8	6.212	93.25528	6.667276
1 Weekly	86.588	92.8	6.212	93.25528	6.667276
1 Weekly	86.588	92.8	6.212	93.25528	6.667276
1 Weekly	86.588	92.8	6.212	93.25528	6.667276
1 Weekly	86.588	92.8	6.212	93.25528	6.667276
1 Weekly	86.588	92.8	6.212	93.25528	6.667276
1 Every 2 weeks	63.6885	69.35	5.6615	68.59251	4.904015
1 Every 2 weeks	63.6885	69.35	5.6615	68.59251	4.904015
1 Weekly	86.588	92.8	6.212	93.25528	6.667276
1 Weekly	97.088	105.72	8.632	104.5638	7.475776
1 Weekly	95.2741	105.72	10.4459	102.6102	7.336106
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 2 times per wee	209.2092	227.81	18.6008	225.3183	16.10911
1 2 times per wee	209.2092	227.81	18.6008	225.3183	16.10911
1 Weekly	105.4072	116.62	11.2128	113.5236	8.116354
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 2 times per wee	200.68	227.81	27.13	216.1324	15.45236
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 2 times per wee	209.2092	227.81	18.6008	225.3183	16.10911
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	0	0	0	0	0
1 Weekly	107.096	116.62	9.524	115.3424	8.246392

1 Weekly	107.096	116.62	9.524	115.3424	8.246392
1 4 times per wee	364.5274	396.93	32.4026	392.596	28.06861
1 Weekly	109.0768	116.62	7.5432	117.4757	8.398914
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	107.1	116.62	9.52	115.3467	8.2467
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 2 times per wee	209.2092	227.81	18.6008	225.3183	16.10911
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 2 times per wee	214.1879	227.81	13.6221	230.6804	16.49247
1 Weekly	107.1	116.62	9.52	115.3467	8.2467
1 Weekly	107.09	116.62	9.53	115.3359	8.24593
1 Weekly	98.9697	116.62	17.6503	106.5904	7.620667
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	0	0	0	0	0
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	107.1	107.1	0	115.3467	8.2467
1 Weekly	107.096	116.62	9.524	115.3424	8.246392
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	107.1	107.1	0	115.3467	8.2467
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	0	0	0	0	0
1 On-Call	0	0	0	0	0
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	132.8688	116.62	-16.2488	143.0997	10.2309
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	109.08	116.62	7.54	117.4792	8.39916
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	110.822	116.62	5.798	119.3553	8.533294

1 Weekly	107.1	116.62	9.52	115.3467	8.2467
1 Weekly	146.3469	116.62	-29.7269	157.6156	11.26871
1 Weekly	107.1	107.1	0	115.3467	8.2467
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	107.1	116.62	9.52	115.3467	8.2467
1 Weekly	107.1	116.62	9.52	115.3467	8.2467
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 2 times per wee	209.2092	227.81	18.6008	225.3183	16.10911
1 Weekly	107.09	116.62	9.53	115.3359	8.24593
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	107.0937	116.62	9.5263	115.3399	8.246215
1 Weekly	105.4072	105.4072	0	113.5236	8.116354
1 Weekly	107.1	116.62	9.52	115.3467	8.2467
1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 Weekly	157.3237	171.31	13.9863	169.4376	12.11392
1 Weekly	157.3237	171.31	13.9863	169.4376	12.11392
1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 Weekly	157.3237	171.31	13.9863	169.4376	12.11392
1 Weekly	154.8425	171.31	16.4675	166.7654	11.92287
1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 Weekly	154.8425	171.31	16.4675	166.7654	11.92287
1 Weekly	157.3132	171.31	13.9968	169.4263	12.11312
1 2 times per wee	292.0053	317.96	25.9547	314.4897	22.48441
1 2 times per wee	292.0053	317.96	25.9547	314.4897	22.48441
1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 Weekly	154.8425	171.31	16.4675	166.7654	11.92287

1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 2 times per wee	287.4068	317.96	30.5532	309.5371	22.13032
1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 2 times per wee	292.0053	317.96	25.9547	314.4897	22.48441
1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 2 times per wee	292.0053	317.96	25.9547	314.4897	22.48441
1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 Weekly	0	0	0	0	0
1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 2 times per wee	292.0053	317.96	25.9547	314.4897	22.48441
1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 Weekly	157.32	171.31	13.99	169.4336	12.11364
1 Weekly	188.7247	205.5	16.7753	203.2565	14.5318
1 Weekly	0 tbd			tbd	
2 2 times per wee	678.5424	738.86	60.3176	730.7902	52.24776
1 Weekly	188.7247	205.5	16.7753	203.2565	14.5318
1 2 times per wee	339.266	369.43	30.164	365.3895	26.12348
1 3 times per wee	461.1082	510.14	49.0318	496.6135	35.50533
1 2 times per wee	339.266	369.43	30.164	365.3895	26.12348
1 Weekly	188.7247	205.5	16.7753	203.2565	14.5318
1 3 times per wee	468.4859	510.14	41.6541	504.5593	36.07341
1 Weekly	188.72	205.5	16.78	203.2514	14.53144
1 Weekly	157.32	205.5	48.18	169.4336	12.11364

1 2 times per wee	339.27	369.43	30.16	365.3938	26.12379
1 3 times per wee	468.2953	510.14	41.8447	504.354	36.05874
1 3 times per wee	468.4859	510.14	41.6541	504.5593	36.07341
1 3 times per wee	468.4859	510.14	41.6541	504.5593	36.07341
2 2 times per wee	667.8464	738.86	71.0136	719.2706	51.42417
1 Weekly	0	0	0	0	0
1 3 times per wee	468.4859	510.14	41.6541	504.5593	36.07341
1 2 times per wee	339.27	369.43	30.16	365.3938	26.12379
1 Weekly	188.72	205.5	16.78	203.2514	14.53144
1 Weekly	172.98	205.5	32.52	186.2995	13.31946
1 Weekly	188.7247	205.5	16.7753	203.2565	14.5318
1 3 times per wee	468.4859	510.14	41.6541	504.5593	36.07341
1 2 times per wee	339.266	369.43	30.164	365.3895	26.12348
1 2 times per wee	339.266	369.43	30.164	365.3895	26.12348
1 Weekly	188.7238	205.5	16.7762	203.2555	14.53173
1 2 times per wee	377.4494	369.43	-8.0194	406.513	29.0636
1 Weekly	188.72	205.5	16.78	203.2514	14.53144
1 Weekly	188.7247	205.5	16.7753	203.2565	14.5318
1 Weekly	218.5	218.5	0	235.3245	16.8245
1 Weekly	188.7247	205.5	16.7753	203.2565	14.5318
1 Weekly	0	0	0	0	0
1 3 times per wee	468.4859	510.14	41.6541	504.5593	36.07341
1 2 times per wee	377.4494	369.43	-8.0194	406.513	29.0636
1 2 times per wee	339.27	369.43	30.16	365.3938	26.12379
1 1 times per wee	188.7247	205.5	16.7753	203.2565	14.5318
1 Weekly	107.1	205.5	98.4	115.3467	8.2467
1 3 times per wee	468.4859	510.14	41.6541	504.5593	36.07341
1 3 times per wee	468.2953	510.14	41.8447	504.354	36.05874
1 Weekly	0	0	0	0	0
1 Weekly	0	0	0	0	0
8 2 times per wee	3496	3496	0	3765.192	269.192
1 2 times per wee	339.266	369.43	30.164	365.3895	26.12348
1 2 times per wee	339.266	369.43	30.164	365.3895	26.12348
1 2 times per wee	339.266	369.43	30.164	365.3895	26.12348

1 2 times per wee	377.14	369.43	-7.71	406.1798	29.03978
1 Weekly	188.7247	205.5	16.7753	203.2565	14.5318
1 2 times per wee	339.27	369.43	30.16	365.3938	26.12379
1 2 times per wee	377.4494	369.43	-8.0194	406.513	29.0636
1 Weekly	188.72	205.5	16.78	203.2514	14.53144
1 Weekly	188.72	205.5	16.78	203.2514	14.53144
1 Weekly	188.72	205.5	16.78	203.2514	14.53144
1 2 times per wee	379.47	413.2	33.73	408.6892	29.21919
1 2 times per wee	379.47	413.2	33.73	408.6892	29.21919
1 None	25	25	0	26.925	1.925
1 None	15	27.22	12.22	26.925	11.925
1 None	20	27.22	7.22	26.925	6.925
1 None	20	27.22	7.22	26.925	6.925
1 None	25	25	0	25	0
1 None	15	27.22	12.22	26.925	11.925
1 None	25	25	0	25	0
1 None	25	27.22	2.22	26.925	1.925
1 None	25	25	0	25	0

SOME CONSIDERATIONS ARE: (P/s Add your ideas as well)

4

- CLASSROOMS - WHEN, WHERE, DAYS AND TIME
- A START DATE AND END DATE FOR THE COURSE
- MINIMUM NUMBER OF STUDENTS PER CLASS
- CAN WE OFFER ONLINE CLASSES
- DO WE HAVE STAFF AVAILABLE TO TEACH
- WILL THE CLASSES BE FREE OF CHARGE, IF SO, WHAT WILL BE INCLUDED FREE OF CHARGE IN THE PROGRAM
- IS THE PROGRAM LIMITED TO TA CO CITIZENS, IF NOT, WILL THERE BE A CHARGE FOR OUT OF COUNTY RESIDENTS
- DO WE NEED A COMMITMENT OF A PERIOD OF TIME TO VOLUNTEER IN TA CO IN LIEU OF COSTS OF CLASS
- WILL THE CERTIFICATION EXAM BE GIVEN LOCALLY
- CONTINUING ED REQUIREMENTS
- RE-CERTIFICATION IF SOMEONE SHOWS PROOF OF PRIOR CERTIFICATION AND CAN JUST TAKE AND PASS THE EXAM — (If allowed by the state)

• Ensure volunteers receive calls

HOW WILL WE ATTRACK STUDENTS

1. NEWSPAPER
2. CLUB PRESENTATIONS
3. TABLE SET UPS AT EVENTS
4. FB
5. FRONTAGE SIGNS, BILLBOARDS, BULLETIN BOARDS, Store fronts/counters
6. COMMUNICATE WITH LOCAL EMPLOYERS WHO HAVE FIREFIGHTERS
7. ASK NEW EMPLOYEES IF THEY WOULD BE INTERESTED IN VOLUNTEERING
8. Offer A "finder's" fee (determine how much)

COMPENSATION: POSSIBILITIES OF WAYS TO COMPENSATE

- A SET FEE PER CALL
- AN HOURLY WAGE WHILE ON THE JOB
- MILEAGE

ATTRACTING FULL-TIME CAREER FIREFIGHTERS

- OFFER SCHOLARSHIPS TO QUALIFIED INDIVIDUALS TO ATTEND FIREFIGHTER SCHOOL, BECOME CERTIFIED AND AGREE TO WORK FOR TA CO FOR A CERTAIN PERIOD OF TIME
- GO TO THE SCHOOLS DURING CAREER DAY AND MAKE THE SAME OFFER
- INCREASE THE STARTING SALARY TO BE COMPETITIVE

Attachment (A)



The Answer...

Yes, by enrolling in the new Modular Online Volunteer Firefighter Program

This course will provide a means for volunteers to assist their department at five (5) different levels; all while working to complete the Volunteer Firefighter Certificate of Completion Program.

Using this flexible program, the volunteer and their department can determine how best to complete the process.

How do students begin?

For a student to be enrolled he/she must be listed with a fire department in FCDICE and a copy of their medical form (DFS-K4-1022) submitted to the FSFC Designee along with the student's BFST Student ID number, name, email address. After verification the student will be issued an access code so he/she can enroll online with IFSTA and begin their training.

It is recommended that the local department submit fingerprints with the local law enforcement agency and request background checks on the student.

BFST Contact Information

Charlie Frank

State Volunteer Fire Coordinator

352-369-2808

Volunteerfirefighter
@myfloridacfo.com



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal
Bureau of Fire Standards & Training

GROW AS YOU GO

A new approach
to Training
Volunteer
Firefighters

The Question...

Can prospective
volunteer firefighters
still serve their
community while
completing their
training?



THE BUREAU OF FIRE
STANDARDS AND TRAINING
AT
The Florida State Fire College

"Grow as You Go" **MODULAR ONLINE VOLUNTEER TRAINING PROGRAM**

Revision 1.1A

FIVE LEVELS OF INTERMEDIATE COMPLETION

SUPPORT PERSONNEL

- Can assist rehab, medical (if EMR or higher) Air Unit; (if trained) and other duties (per department) outside of the IDLH

TENDER DRIVER / OPERATOR

- Module 9
- EVOG
- Pump-Ops*

* If required by the student's department

WILDLAND FIREFIGHTING

- Module 9
- Module 10
- Module 14

VEHICLE COLLISIONS

- Module 5
- Module 12
- Module 13

* Vehicle Extrication recommended (but not required)

EXTERIOR FIREFIGHTING

- Module 4
- Module 9
- Module 5
- Module 10

INTERIOR FIREFIGHTING

Perspective student must submit a completed program registration document to the BFST Designee (this includes):

1. Establish an FCDICE Profile
2. Be listed on the roster of a volunteer fire department
3. Complete a physical examination (provide a copy of DFS-K4-1022)
4. Successfully complete the online Incident Command prerequisite courses (ICS-100 and ICS-700); (provide copy of both certificates)
5. Student must have access to NFPA compliant PPE.

The Bureau of Fire Standards and Training issues the student a Training Access Code

Essentials of Firefighting, IFSTA, 6th Edition

MODULE 1

- History
- Safety & Health

MODULE 2

- PPE
- Rehabilitation

MODULE 3

- Communications
- Response and Size-up

Essentials of Firefighting, IFSTA, 6th Edition

MODULE 4

- Construction
- Fire Behavior

MODULE 5

- Extinguishers
- Vehicle Rescue

MODULE 6

- Ropes & Knots
- Ladders
- Firefighter Tools

MODULE 7

- Forcible Entry
- Structural Search
- Firefighter Survival

MODULE 8

- Ventilation
- Overhaul

MODULE 9

- Water Supply
- Fire Hose
- Foam

MODULE 10

- Fire Suppression

MODULE 11

- Origin / Cause
- Protection Systems
- Public Education

MODULE 12

- HazMat Awareness and Operations
- Terrorism Awareness

MODULE 13

- Emergency Medical Responder
- Not required if student is EMT or Paramedic

MODULE 14

- S130 / S190 Forestry Training

NOTE:
 Modules 13 & 14 are external programs and not included in the online program

CERTIFICATE OF COMPLETION – VOLUNTEER FIREFIGHTER (FF1)

Requires completion of ICS-100 / ICS-700, Modules 1 -14, All Live-Burns and successful completion of Application and all forms

Being a volunteer emergency responder is a rewarding experience and an extraordinary way to serve your community. It takes dedication, sacrifice, leadership, and mental/physical stamina.

Approximately 12 million Florida citizens depend on volunteer firefighters to protect their community. To keep these residents safe, it's critical that individuals volunteer for local departments. More than 200 departments throughout Florida utilize volunteers to sustain operations.

DEFINITION: VOLUNTEER FIREFIGHTER

Individual who holds a current and valid Volunteer Firefighter Certificate of Completion issued by the Division of State Fire Marshal under s. 633.408, Florida Statutes.

DEFINITION: FIRE SERVICE SUPPORT PERSONNEL

Individual who does not hold a current and valid certificate issued by the division and who may only perform support services.

DEFINITION: FIRE SERVICE SUPPORT SERVICES

Those activities that a fire service provider has training and individual to perform safely outside the hot zone of an emergency scene. Including pulling hoses, opening and closing fire hydrants; driving and operating apparatus, carrying tools, carrying or moving equipment, directing traffic, mentoring a resource pool or similar activities.

DEFINITION: HOT ZONE

The area immediately around an incident where serious threat of harm exists, which includes the collapse zone for a structure fire.

Starting a Firefighter Cadet or Junior Firefighter Program

Feb 8, 2021 | The Action Training Systems Emergency Responder Blog, Uncategorized

Cadet & Fire Explorer Programs Introduce Youth to Fire Service

Starting a Firefighter Cadet program or Junior Firefighter programs is a great way to introduce 15 to 18 years old who are interested in firefighting, and the possibility of pursuing a career in emergency services. These programs allow them to get to know their local fire department and participate in community service projects and fundraisers.



Experience & Leadership



Explorers, Fire Cadet, and Junior Firefighter programs encourage community involvement and leadership opportunities. In addition, students learn about fire science and are taught basic firefighting skills. These students will participate in fire department activities such as riding along on calls and observing scene operations. Although the programs are not intended to be for direct recruitment for future firefighters, it is a great way to introduce them to the fire service and to provide mentoring.

Starting a Junior Firefighter Program

If your department is interested in starting a high school cadet or Junior Firefighting program the non-profit organization, National Volunteer Fire Council (NVFC) has great resources, including a "starter kit."

VOLUNTEER

This kit has a student handbook, a guide with skills and competencies outlined, and documents such as a program application, parent information and a parental consent form, operations guidelines, and a sample press release. These can all be adapted for your organization and your program. There is also sponsorship information and recruitment ideas including videos you can use to market and encourage applicants.



Creating Partnerships for Your Firefighter Cadet Program



It's important to enlist community partners to help support your program. Schools, businesses, clubs like Rotary International or Kiwanis, as well as the city or local government agencies can assist with recruitment, mentoring, academics, training, and financial support. Having good support behind your program, and being able to connect with and motivate these young people will be critical to their success and the success of your program.

ATS Resources for Your High School Firefighter Cadet Program

Investing in training and other instructor resources that are consistent with your protocols or that can be adapted to your operations can aid in student education. These tools can also be useful to current members as continuing education resources. Action Training Systems' (ATS) collection of Instructor Resources can do just this.

DVDs & Curriculum Framework

76

Taylor County Opioid Settlement Payout Projections

	Distributors	Janssen	Teva	CVS	Walgreens	Allergan	Endo*	Walmart^
Year 1	\$ 6,752.49	\$7,037.68	\$4,462.21	\$ 310.35	\$ 448.62	\$ 662.45	\$6,816.85	TBD
Year 2	\$ 5,811.72	\$4,573.31	\$2,931.58	\$2,591.85	\$3,663.46	\$1,295.05		
Year 3	\$ 7,848.13	\$7,314.26	\$ 482.56	\$2,591.85	\$3,663.46	\$1,295.05		
Year 4	\$ 7,848.13	\$8,166.21	\$ 482.56	\$2,591.85	\$3,663.46	\$1,295.05		
Year 5	\$ 7,848.13	\$1,009.30	\$ 482.56	\$2,591.85	\$3,663.46	\$1,295.05		
Year 6	\$10,101.27	\$1,527.18	\$ 788.69	\$3,352.35	\$4,735.08	\$1,505.92		
Year 7	\$11,885.18	\$1,527.18	\$ 788.69	\$3,352.35	\$4,735.08	\$1,505.92		
Year 8	\$11,885.18	\$1,951.92	\$ 788.69	\$3,352.35	\$4,735.08	\$1,505.92		
Year 9	\$11,885.18	\$1,951.92	\$ 788.69	\$3,352.35	\$4,735.08	\$1,505.92		
Year 10	\$ 9,986.29	\$1,951.92	\$ 788.69	\$3,352.35	\$4,735.08	\$1,505.92		
Year 11	\$ 9,986.29		\$ 788.69	\$3,352.35	\$4,735.08	\$1,505.92		
Year 12	\$ 9,986.29		\$ 788.69	\$3,352.35	\$4,735.08			
Year 13	\$ 9,986.29		\$2,421.16	\$3,352.35	\$4,735.08			
Year 14	\$ 9,986.29		\$2,421.16	\$3,352.35	\$4,735.08			
Year 15	\$ 9,986.29		\$2,421.16	\$3,352.35	\$4,735.08			
Year 16	\$ 9,986.29			\$3,352.35	\$4,735.08			
Year 17	\$ 9,986.29			\$3,352.35	\$4,735.08			
Year 18				\$3,352.35	\$4,735.08			
TOTAL	\$161,755.73	\$37,010.88	\$21,625.78	\$54,258.30	\$76,658.50	\$14,878.17	\$6,816.85	

*Endo filed for bankruptcy in 2022, and all settlement funds are held up pending the outcome of the bankruptcy case. It remains unknown whether Endo settlement funds will ever be paid out to cities and counties.

^The total amount Florida's settlement with Walmart is \$215 million, but estimated payout figures to each subdivision have not yet been calculated.

Schedule B

Approved Uses

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:²

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration.
2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH conditions
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
6. Treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.
8. Training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
10. Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD or mental health conditions, including but not limited to training,

² As used in this Schedule B, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs. Priorities will be established through the mechanisms described in the Term Sheet.

scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

12. [Intentionally Blank – to be cleaned up later for numbering]

13. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

14. Dissemination of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.

15. Development and dissemination of new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in treatment for or recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.

5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.

7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

11. Training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.

12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

14. Create and/or support recovery high schools.

15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have – or at risk of developing – OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

2. Fund Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.

5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.

6. Training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically-appropriate follow-up care through a bridge clinic or similar approach.

8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

11. Expand warm hand-off services to transition to recovery services.

12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.

13. Develop and support best practices on addressing OUD in the workplace.

14. Support assistance programs for health care providers with OUD.

15. Engage non-profits and the faith community as a system to support outreach for treatment.

16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:

a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI);

b. Active outreach strategies such as the Drug Abuse Response Team (DART) model;

c. "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model;

e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

f. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions
4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
6. Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
7. Provide training on best practices for addressing the needs of criminal-justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (NAS), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women – or women who could become pregnant – who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
3. Training for obstetricians or other healthcare personnel that work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; expand long-term treatment and services for medical monitoring of NAS babies and their families.

5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.
6. Child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
7. Enhanced family supports and child care services for parents with OUD and any co-occurring SUD/MH conditions.
8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including but not limited to parent skills training.
10. Support for Children's Services – Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Fund medical provider education and outreach regarding best prescribing practices for opioids consistent with Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Support enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including but not limited to improvements that:
 - a. Increase the number of prescribers using PDMPs;
 - b. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

c. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

7. Increase electronic prescribing to prevent diversion or forgery.

8. Educate Dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Fund media campaigns to prevent opioid misuse.

2. Corrective advertising or affirmative public education campaigns based on evidence.

3. Public education relating to drug disposal.

4. Drug take-back disposal or destruction programs.

5. Fund community anti-drug coalitions that engage in drug prevention efforts.

6. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction – including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

7. Engage non-profits and faith-based communities as systems to support prevention.

8. Fund evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address

mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increase availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, individuals at high risk of overdose, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities provide free naloxone to anyone in the community
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expand, improve, or develop data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.
7. Public education relating to immunity and Good Samaritan laws.
8. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
12. Provide training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
13. Support screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in sections C, D, and H relating to first responders, support the following:

1. Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitation, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local, or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services; to support training and technical assistance; or to support other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
2. A dashboard to share reports, recommendations, or plans to spend opioid settlement funds; to show how opioid settlement funds have been spent; to report program or strategy outcomes; or to track, share, or visualize key opioid-related or health-related indicators and supports as identified through collaborative statewide, regional, local, or community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection, and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.
4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g. Hawaii HOPE and Dakota 24/7).
7. Epidemiological surveillance of OUD-related behaviors in critical populations including individuals entering the criminal justice system, including but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (ADAM) system.
8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.



[REDACTED]

[REDACTED]

[REDACTED]

Forest Capital Hall - Kitchen Remodel	Lori Wiggins	Lori Wiggins	09-30-2023	Project paused. Additional funding needed to fully renovate the kitchen to make it more useable for educational programs and outside user groups.
Forest Capital Hall - Parking Lot Repaving Project	Lori Wiggins	Hank Evans	09-30-2023	Budgeted- Need to identify which area to seek design.
Shady Grove - Fencing Project	Gary Wambolt	Gary Wambolt	09-30-2023	Ordered material. Anticipated start date 02-15-2023.
Shady Grove - Compactor Project	Gary Wambolt	Gary Wambolt	09-30-2023	Item received and will start at completion of Shelter/slab project.
Bernard Johnson - Fence Project	Gary Wambolt		09-30-2023	
Shady Grove - Shelter/Slab Project	Gary Wambolt	Gary Wambolt	09-30-2023	Poured concrete, working on building. Anticipated completion date 02-10-2023
Hazardous Waste - Building Remodel	Gary Wambolt	Gary Wambolt	09-30-2023	
Sports Complex - Security Camera Project	Dustin Russell	Dustin Russell	02-15-2023	Cameras ordered. Anticipated start date 01-23-2023. Anticipated completion date 02-15-2023
Hodges Park Rehabilitation	Melody Cox	Kenneth Dudley	12-31-2024	Waiting on Completion of topographic survey before moving forward with the final design and preparing construction plans, specs and Environmental Permitting. Anticipated completion December 2024.

Animal Control - Kennel Concrete Pad	Gary Wambolt	Gary Wambolt	09-30-2023	50% Complete - Forming completed. Waiting to pour concrete.
Supervisor of Elections Concrete Pad and Roof	Danny O'Quinn	Danny O'Quinn	TBD	Concrete Pad installed. Considering options for roof. SOE to contact roofing contractor. Special Projects Manager to recontact SOE for an update.
Taxiway Realignment	Ward Ketring		2024	FAA rescheduled project to 2024 due to funding.
Restore Act - Canal Dredge Project	Melody Cox	Melody Cox	02-28-2023	Awaiting Wood to complete all required studies, permitting, and estimated costs. Granted contract extension until February 28, 2023. Once complete, will move forward with grant application for the Pot 1 funds for the actual dredging. County Engineer will be able to move forward with preparation of required bid documents. Pot 3 grant application has already been submitted to the Gulf Consortium for approval.
Design and Rehab of Runway 12-30	Melody Cox	Ward Ketring	09/30/2024	Design is completed. Should be going out to bid soon.
USACE Flood Plain Management Services Study	Kenneth Dudley	Kenneth Dudley	+18 months	Funding Approved. List of potential study areas forwarded to USACE on May 2021. Expecting results of review for Steinhatchee areas and site visit review of additional areas January 2023.

Station 2 Construction	Dan Cassel	Dan Cassel	TBD	Board approved. Seeking alternate option for construction, waiting on response from the State for correction type of appraisal needed and final approval for alternative option.
Courthouse Improvements	LaWanda Pemberton	LaWanda Pemberton	N/A	Appropriation received. Obtaining cost estimates.
Southside Park	Dustin Russell	Dustin Russell	03-31-2023	Rubber mulch, new swings are installed. Waiting to receive new slide. Basketball courts are 50% completed. Sidewalk replacement will start after basketball court completion. Parking lot restriping anticipated completion date 01-31-2023. Security lighting and picnic table have been received and will be installed after sidewalk construction.
Deadman's Curve Realignment	Kenneth Dudley	Kenneth Dudley	TBD	Property ROW acquired. FDOT construction funding available FY 2025.
County Arena Repairs	Lori Wiggins	Lori Wiggins	TBD	No funding - Needs to be determined if there is a need and/or will be used.
Steinhatchee Boat Ramp Mobile Home Renovation	Danny Oquinn	Danny Oquinn	TBD	Not eligible for FEMA reimbursement. Staff considering options.
Airport Solar Farm	Melody Cox	Ward Ketring	TBD	Feasibility Study complete, land transfer complete.
Ellison Frith Road (Paving an unimproved roadway)	Kenneth Dudley	Kenneth Dudley	TBD	Project on hold due to lack of funding

Gas Plant Road (Widening/Resurfacing)	Kenneth Dudley	Kenneth Dudley	02-27-2023	Construction completed 12/2022 CEI managed by NFPS.
Slaughter Road (Widening/Resurfacing)	Kenneth Dudley	Kenneth Dudley	12-31-2023	Project advertising for bids, due 01/13/2023. CHW to provide CEI services.
Contractors Road (SCOP) - (Resurfacing & 3rd lane request	Kenneth Dudley	Kenneth Dudley	TBD	Award design project Winter 2023
1st Ave South (Widening/Resurfacing)	Kenneth Dudley	Kenneth Dudley	06-30-2024	CHW working to finalize design plans and permitting. Anticipated bid date Winter 2023.
Cedar Island Road (Widening/Resurfacing)	Kenneth Dudley	Kenneth Dudley	12-31-2023	Under Design then permitting. Anticipated Bid date Summer 2022.
Ash Street (Widening/Resurfacing)	Kenneth Dudley	Kenneth Dudley	10-30-2025	CHW designing . Anticipated bid Winter 2023
McDaniel Road (Widening/Resurfacing)	Kenneth Dudley	Kenneth Dudley	12-30-2024	George & Associates designing project. Anticipated bid Winter 2023.
Highway Safety Improvement Plan - HSIP for Beach Road	Kenneth Dudley	Kenneth Dudley	12-31-2023	Signage and pavement marking upgrades from Steinhatchee to Perry. Plans complete, Bid Winter 2023.
Granger Bridge - Replacement	Kenneth Dudley	Hank Evans	TBD	FDOT planning bridge replacement. FDOT requesting County project delivery using LAP program. Working through conceptual design.
Turner Rd Drainage - Houck/Lavalle/Turner properties	Kenneth Dudley	Hank Evans	TBD	Awaiting drier conditions, funding and project scoping
Ellison Rd Drainage - Pruitt/Thomas/Brantley properties	Kenneth Dudley	Hank Evans	TBD	Awaiting drier conditions and owner approvals