AGENDA ITEM REQUEST PACKET

Proposal to establish a volunteer healthcare recruitment committee

Submitted to the Levy County Board of County Commissioners
Proposed by David Sharpe | October 2026

Purpose of this submission

Request placement of an item on a future Board of County Commissioners agenda to consider establishing the Levy County Healthcare Recruitment and Access Committee (HCRAC), a volunteer advisory group with a defined 12-month recruitment mission and quarterly accountability.

1. Proposed agenda item

Consideration of a resolution establishing the Levy County Healthcare Recruitment and Access Committee and authorizing a 12-month countywide healthcare provider and facility recruitment initiative.

2. Requested action

- Place the proposal on a future regular Board agenda for discussion and action.
- Refer the proposed committee structure, draft resolution and 12-month initiative to the County Attorney and County Manager for review and recommended revisions.
- Direct the County Manager, as part of that review, to identify anticipated staff workload, administrative requirements, potential costs, and implementation considerations.
- Receive recommendations concerning the committee's membership.
- Establish the committee as a volunteer advisory body and identify a County liaison using existing resources where feasible.

3. Presenter and administrative details

Presenter	**David Sharpe, community member / proposal sponsor**
Administrative review: County Manager and County Attorney	Board of County Commissioners / County Manager
Initial fiscal approach	Volunteer members and existing administrative resources, where available
New spending authority requested	None in this initial action
Future financial commitments	Any contract, incentive, grant match, or expenditure would require separate Board approval through normal County processes

4. Why this is needed

Levy County faces rural healthcare-access challenges, including provider recruitment, travel distances, specialty-care availability, workforce constraints, and the difficulty of attracting facilities with sustainable patient volumes. A

coordinated recruitment effort could identify priority gaps, approach potential providers and health systems directly, document barriers, connect prospects with local partners, and bring specific decisions to the Board when County action is needed.

5. Proposed committee role

The Committee would be advisory and recruitment-focused. It would not operate medical facilities, employ providers, make clinical decisions, regulate healthcare professionals, replace existing agencies or providers, commit County funds, or bind the Board.

- Assess healthcare service gaps and rank priorities using available data.
- Recruit individual providers and healthcare organizations, including emergency, primary, specialty, and facility-based services.
- Build relationships with hospitals, health systems, medical and nursing schools, residency programs, economic-development groups, property owners, and private partners.
- Identify barriers and propose lawful, practical solutions.
- Maintain a recruitment pipeline and report measurable results quarterly.

6. Initial 12-month performance targets

Targets are proposed planning goals and should be reviewed after the initial needs assessment.

- Identify 100 potential healthcare provider prospects and directly contact at least 75.
- Conduct at least 40 substantive recruitment discussions.
- Contact at least 30 healthcare organizations and 10 educational or training programs.
- Arrange at least 10 provider or facility site visits.
- Develop at least five active recruitment opportunities.
- Assess emergency-care options without predetermining a preferred model.
- Return to the Board within 12 months with a Healthcare Recruitment and Access Plan and specific recommendations.

Supporting Documents

Attached:

Executive Summary Page 4

Draft Resolution Pages 5-19

Propsed 12 Month Action Plan pages 20-38

Executive Summary

Levy County faces a significant challenge in attracting and retaining healthcare providers, medical services, and healthcare facilities needed to adequately serve its residents.

The County Commission should establish a **Levy County Healthcare Recruitment and Access Committee (HCRAC)** composed primarily of qualified community volunteers who are willing to donate their time and expertise to help improve healthcare access throughout Levy County.

The Committee would serve as a **volunteer recruitment, relationship-building, and advisory organization** working with the County Commission, county staff, healthcare professionals, hospitals, clinics, medical schools, healthcare systems, economic-development organizations, and community stakeholders.

The Committee's primary mission would be simple:

> **Identify Levy County's healthcare needs and actively recruit the providers, healthcare professionals, and facilities necessary to meet those needs.**

The Committee would not operate a medical facility, employ physicians, make clinical decisions, or replace existing healthcare organizations.

Instead, it would function as a community-based **healthcare recruitment team** focused on bringing healthcare opportunities to Levy County.

Draft Resolution

This is a draft of the proposed resolution details such as rules on membership, working groups, public records, staff duties, response deadlines, and funding are left to the County Attorney and County Manager.

RESOLUTION NO. 2026-____

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF LEVY COUNTY, FLORIDA, ESTABLISHING THE LEVY COUNTY HEALTHCARE RECRUITMENT AND ACCESS COMMITTEE; PROVIDING FOR THE PURPOSE, DUTIES, MEMBERSHIP, ORGANIZATION, AND OPERATION OF THE COMMITTEE; ESTABLISHING A TWELVE-MONTH HEALTHCARE PROVIDER AND FACILITY RECRUITMENT INITIATIVE; DESIGNATING A COUNTY LIAISON; PROVIDING FOR REPORTING AND ACCOUNTABILITY; PROVIDING FOR COMPLIANCE WITH FLORIDA LAW; PROVIDING FOR SEVERABILITY; PROVIDING FOR CONFLICTS; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS,
the Board of County Commissioners of Levy County, Florida, recognizes that access to quality healthcare is an essential component of the health, safety, welfare, economic vitality, and quality of life of the residents of Levy County; and

WHEREAS,
Levy County's rural character, geographic size, population distribution, limited healthcare infrastructure, workforce challenges, and distance from certain specialized medical services present unique challenges in recruiting and retaining healthcare providers and healthcare facilities; and

WHEREAS,
residents of Levy County may be required to travel outside the County to obtain healthcare services that may reasonably be provided within the County if qualified providers, healthcare organizations, and appropriate facilities can be successfully recruited; and

WHEREAS,
the Board recognizes that government alone cannot provide every healthcare service required by the community and that successful healthcare recruitment requires cooperation among healthcare professionals, healthcare systems, educational institutions, businesses, economic-development organizations, property owners, community organizations, residents, and government; and

WHEREAS,
the Board finds that a coordinated countywide effort to identify healthcare needs, recruit healthcare professionals and healthcare organizations, identify potential healthcare facilities, develop partnerships, and identify barriers to healthcare development is in the public interest; and

WHEREAS,
the Board has previously established advisory committees to provide specialized community expertise and recommendations to the Board, including committees addressing matters of economic development, housing, tourism, and other public interests; and

WHEREAS,
the Board desires to establish a volunteer committee that will focus specifically on healthcare recruitment and access and will provide the Board with practical, measurable, and actionable recommendations; and

WHEREAS,
the Board intends for the Committee established by this Resolution to complement, and not replace, existing healthcare providers, healthcare organizations, governmental agencies, regulatory agencies, economic-development organizations, and community organizations; and

WHEREAS,
the Board further intends that the Committee shall not exercise governmental regulatory authority over healthcare providers and shall not make clinical decisions or interfere with the professional judgment of licensed healthcare professionals; and

WHEREAS,
the Board recognizes that the recruitment of healthcare providers and facilities is most effective when prospective providers receive timely assistance, accurate information, appropriate introductions, and a single point of contact within county government; and

WHEREAS,
the Board therefore finds that establishing a formal Healthcare Recruitment and Access Committee and a coordinated twelve-month recruitment initiative will serve the public health, safety, and welfare of the residents of Levy County;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF LEVY COUNTY, FLORIDA, AS FOLLOWS:

SECTION 1.

SHORT TITLE
This Resolution may be referred to as the:

"Levy County Healthcare Recruitment and Access Committee Resolution."

SECTION 2.

ESTABLISHMENT
There is hereby established the:

LEVY COUNTY HEALTHCARE RECRUITMENT AND ACCESS COMMITTEE
("Committee").

The Committee shall serve as a volunteer advisory body to the Levy County Board of County Commissioners.

The Committee shall operate under the direction and authority of the Board and shall have only those powers expressly granted by this Resolution or subsequently granted by the Board.

SECTION 3.

PURPOSE

The purpose of the Committee is to establish an organized, countywide effort to:

1. Identify healthcare services that are unavailable, insufficient, or difficult for Levy County residents to access;
2. Identify healthcare providers, healthcare organizations, and healthcare facilities capable of addressing identified needs;
3. Recruit healthcare professionals and healthcare organizations to establish or expand services within Levy County;
4. Establish relationships with hospitals, health systems, medical groups, specialty practices, emergency-care organizations, educational institutions, residency programs, and other healthcare organizations;
5. Identify barriers preventing healthcare providers and organizations from locating or expanding within Levy County;
6. Assist in identifying lawful and appropriate solutions to those barriers;
7. Promote Levy County as a desirable location for healthcare professionals and healthcare organizations;
8. Develop healthcare workforce and educational partnerships;
9. Identify potential healthcare facility opportunities;
10. Encourage public-private partnerships that may improve healthcare access; and
11. Provide the Board with measurable recommendations and specific opportunities requiring governmental action.

SECTION 4.

PRIMARY MISSION

The Committee shall operate under the following mission statement:

> **To identify healthcare needs, build relationships with healthcare professionals and organizations, recruit healthcare providers and facilities, and develop partnerships that improve access to quality healthcare for the residents of Levy County.**

The Committee shall operate under the following guiding principle:

> **Identify the need. Find the provider. Build the relationship. Remove the barrier. Bring the opportunity home.**

SECTION 5.

MEMBERSHIP

The Committee shall consist of **not fewer than nine (9) and not more than thirteen (13) members** appointed by the Board.

The Board should seek, to the extent reasonably practicable, members with experience or demonstrated interest in:

1. Medicine;
2. Nursing;
3. Hospital administration;
4. Emergency medical services;
5. Healthcare administration;
6. Healthcare workforce recruitment;
7. Business;
8. Economic development;
9. Finance;
10. Real estate or commercial development;
11. Community organizations;
12. Education or workforce development; and
13. Rural healthcare.

The Board should make reasonable efforts to appoint members representing different geographic areas of Levy County.

No person shall be required to possess a healthcare license solely for the purpose of serving on the Committee.

SECTION 6.

APPOINTMENT AND TERMS

Committee members shall be appointed by the Board.

Initial appointments shall be made as soon as practicable following adoption of this Resolution.

To provide continuity, the Board will establish staggered initial terms.

Unless otherwise determined by the Board:

- Initial terms shall be for one, two, or three years on a staggered basis;
- Subsequent terms shall be three years;
- Members may be reappointed;
- Members serve at the pleasure of the Board; and
- A vacancy shall be filled by the Board for the remainder of the unexpired term.

Members shall serve without compensation.

SECTION 7.

OFFICERS

At its first organizational meeting, the Committee shall elect:

1. Chair;
2. Vice Chair; and
3. Secretary.

The Chair shall preside over Committee meetings.

The Vice Chair shall perform the duties of the Chair when the Chair is absent or unable to serve.

The Secretary, or designated County staff support, shall ensure that minutes and required records are maintained.

SECTION 8.

MEETINGS

The Committee shall meet at least **monthly during its first twelve months.**

Thereafter, the Committee shall meet at least quarterly unless the Board determines otherwise.

Additional meetings may be scheduled when necessary to advance an active recruitment opportunity.

Committee meetings shall be conducted in compliance with all applicable requirements of Florida law, including Florida's Government-in-the-Sunshine Law and public-records requirements.

Meeting notices, agendas, minutes, and other records shall be maintained and made available as required by law.

Nothing in this Resolution shall be construed to exempt the Committee or its members from any otherwise applicable public-meeting, public-records, ethics, or governmental requirements.

SECTION 9.

COMMITTEE POWERS AND DUTIES

The Committee shall:

A. Healthcare Needs Assessment

Develop and maintain a countywide assessment of healthcare needs and service gaps.

B. Provider Recruitment

Identify and directly recruit physicians and other qualified healthcare professionals.

C. Facility Recruitment

Identify and directly recruit healthcare organizations and facility operators.

D. Healthcare Education

Develop relationships with medical schools, nursing schools, residency programs, physician-assistant programs, nurse-practitioner programs, allied-health programs, and other educational institutions.

E. Workforce Development
Identify opportunities to develop a local healthcare workforce.

F. Emergency Care
Evaluate and recruit potential emergency-care providers and organizations, including potential standalone emergency departments, freestanding emergency facilities, urgent-care providers, hospital systems, and other appropriate models.

G. Specialty Care
Identify and recruit specialty services based upon demonstrated county needs.

H. Primary Care
Identify and recruit primary-care providers and organizations.

I. Facility Locations
Identify potential locations and properties suitable for healthcare development and connect interested providers with appropriate property owners and county departments.

J. Barrier Identification
Identify regulatory, infrastructure, workforce, financial, site, transportation, or other barriers affecting recruitment.

K. Partnership Development
Develop partnerships with private organizations, healthcare systems, educational institutions, businesses, nonprofit organizations, and other appropriate entities.

L. Funding
Identify grants, private funding, state and federal programs, and other lawful funding opportunities.

M. Recruitment Marketing
Develop and maintain a professional Levy County healthcare recruitment package.

N. Provider Visits
Organize and facilitate visits by prospective providers and healthcare organizations.

O. Recommendations
Provide specific recommendations to the Board concerning actions that may improve healthcare recruitment and access.

SECTION 10.

TWELVE-MONTH HEALTHCARE RECRUITMENT INITIATIVE
The Committee shall implement a twelve-month Healthcare Provider and Facility Recruitment Initiative beginning within sixty (60) days after the first organizational meeting.

The initial twelve-month initiative shall establish the following target objectives:

Provider Recruitment
The Committee shall endeavor to:

- Identify at least 100 potential healthcare provider prospects;
- Directly contact at least 75;

- Conduct at least 40 substantive recruitment discussions;
- Arrange at least 10 provider or facility site visits; and
- Develop at least 5 active provider recruitment opportunities.

Healthcare Organization Recruitment

The Committee shall endeavor to identify and contact at least 30 healthcare organizations.

Educational Recruitment

The Committee shall endeavor to establish relationships with at least 10 medical, nursing, residency, or other healthcare-training programs.

Emergency-Care Recruitment

The Committee shall identify and contact potential emergency-care organizations and provide the Board with an assessment of viable emergency-care recruitment opportunities.

Primary-Care Recruitment

The Committee shall conduct a focused primary-care recruitment initiative.

Specialty-Care Recruitment

The Committee shall conduct targeted recruitment based upon the healthcare needs identified through its countywide needs assessment.

The Board recognizes that recruitment targets are performance goals rather than guarantees and that actual recruitment results will depend upon factors outside the Committee's control.

SECTION 11.

HEALTHCARE RECRUITMENT DATABASE

The Committee shall establish and maintain a healthcare recruitment database.

The database should, to the extent legally permissible, track:

1. Provider or organization;
2. Specialty;
3. Contact information;
4. Date of initial contact;
5. Recruitment status;
6. Level of interest;
7. Site-visit status;
8. Barriers identified;
9. Potential solutions;
10. Responsible Committee member;
11. Next action;
12. Deadline; and

13. Final disposition.

Recruitment prospects should be classified as:

Prospect → Contacted → Interested → Meeting → Site Visit → Planning → Commitment → Operational

The database shall be maintained in accordance with applicable public-records, confidentiality, and data-protection requirements.

SECTION 12.

COUNTY HEALTHCARE RECRUITMENT PACKAGE

The Committee shall develop a professional recruitment package designed to answer:

"Why Levy County?"

The package should include, as appropriate:

- County demographic information;
- Healthcare needs;
- Population information;
- Existing healthcare resources;
- Available commercial and medical-office locations;
- Potential development sites;
- Workforce information;
- Housing information;
- Education;
- Quality of life;
- Recreation;
- Economic-development information;
- Available incentives;
- Grant opportunities;
- Potential partnerships; and
- County points of contact.

The package shall be updated at least annually.

SECTION 13.

HEALTHCARE RECRUITMENT COORDINATOR

The Board recognizes the importance of providing prospective healthcare providers with a clear point of contact.

The County Manager is directed to designate an appropriate County employee to serve as the **Healthcare Recruitment Liaison**, subject to existing personnel responsibilities and available resources.

The Healthcare Recruitment Liaison shall:

1. Serve as the primary administrative contact for healthcare recruitment inquiries;
2. Connect prospective providers with appropriate County departments;
3. Coordinate information requested by the Committee;
4. Assist in arranging meetings with appropriate County personnel;
5. Track County actions requested in connection with active recruitment opportunities; and
6. Provide appropriate administrative support to the Committee.

The Healthcare Recruitment Liaison shall not have authority to commit County funds or bind the County to any agreement unless separately authorized.

SECTION 14.

RECRUITMENT RESPONSE STANDARD

When the County receives a serious inquiry from a prospective healthcare provider or healthcare organization, the Healthcare Recruitment Liaison shall make reasonable efforts to acknowledge the inquiry within **three (3) business days**.

The Liaison shall identify the appropriate next step and, when appropriate, refer the prospect to the Committee.

The purpose of this provision is to prevent qualified healthcare prospects from being lost because their inquiry is not promptly answered.

SECTION 15.

RECRUITMENT BARRIER REPORT

For significant recruitment opportunities, the Committee may prepare a Recruitment Barrier Report identifying:

1. The healthcare opportunity;
2. The provider or organization;
3. The identified need;
4. The barrier;
5. The governmental or private entity capable of addressing the barrier;
6. Potential solutions;
7. Estimated cost, if applicable;
8. Potential funding sources;
9. Applicable legal authority;
10. Recommended action; and

11. Proposed timeline.

The Committee shall present such reports to the Board when Board action is required.

SECTION 16.

QUARTERLY REPORTING

The Committee shall submit a written report to the Board at least quarterly.

Each report shall include, to the extent legally permissible:

Recruitment Activity

- Providers contacted;
- Healthcare organizations contacted;
- Educational institutions contacted;
- Meetings held;
- Site visits conducted.

Active Opportunities

- Number of active prospects;
- Current recruitment stage;
- Services being considered;
- Barriers identified.

Results

- Providers recruited;
- New services established;
- Facility commitments;
- Educational partnerships.

Board Action

The Committee shall identify any specific action requested of the Board.

The report shall distinguish between:

Completed
Active
Pending
Unsuccessful
No action required

SECTION 17.

ANNUAL HEALTHCARE ACCESS AND RECRUITMENT REPORT

Within sixty (60) days after the conclusion of the first twelve-month recruitment period, the Committee shall present the Board with a comprehensive:

"Levy County Healthcare Recruitment and Access Report."
The report shall include:

1. County healthcare needs;
2. Identified service gaps;
3. Recruitment activity;
4. Providers contacted;
5. Organizations contacted;
6. Site visits;
7. Active opportunities;
8. Providers recruited;
9. Facilities recruited;
10. Educational partnerships;
11. Barriers encountered;
12. County actions taken;
13. Grant and funding opportunities;
14. Recommended County actions; and
15. A proposed Year-Two recruitment strategy.

SECTION 18.

PERFORMANCE MEASUREMENT

The Committee shall be evaluated based upon measurable activity and results rather than the number of meetings conducted.

Performance measures shall include, where applicable:

- Number of provider prospects;
- Number of provider contacts;
- Number of substantive recruitment discussions;
- Number of healthcare organizations contacted;
- Number of site visits;
- Number of active recruitment opportunities;
- Number of educational partnerships;

- Number of new providers;
- Number of new healthcare services;
- Number of new healthcare facilities; and
- Reduction in identified healthcare service gaps.

SECTION 19.

WORKING GROUPS

The Committee may establish working groups, subject to applicable law, to address specific areas including:

1. Provider Recruitment;
2. Facility Recruitment;
3. Emergency Care;
4. Primary Care;
5. Specialty Care;
6. Education and Workforce Development;
7. Community Healthcare Needs; and
8. Economic Development and Funding.

Any working group exercising delegated Committee responsibilities shall comply with all applicable laws and shall not possess independent authority beyond that delegated by the Committee and permitted by law.

SECTION 20.

LIMITATIONS ON AUTHORITY

The Committee is advisory only.

Nothing in this Resolution authorizes the Committee to:

1. License or regulate healthcare providers;
2. Make medical or clinical decisions;
3. Direct the professional judgment of a licensed healthcare professional;
4. Operate a hospital, clinic, emergency department, or other healthcare facility;
5. Employ healthcare professionals;
6. Commit County funds;
7. Enter into contracts on behalf of Levy County;
8. Bind the Board or Levy County to any obligation;
9. Grant zoning, development, licensing, or regulatory approvals;
10. Replace any state or federal regulatory agency; or

11. Exercise any authority not expressly granted by the Board.

SECTION 21.

PUBLIC-PRIVATE PARTNERSHIPS

The Committee is encouraged to identify and facilitate potential public-private partnerships that may improve healthcare access.

Any proposed agreement involving County funds, property, contractual obligations, financial incentives, or other governmental commitments shall be submitted to the Board for consideration and approval as required by law.

SECTION 22.

FUNDING

The Committee shall initially operate primarily through volunteer participation and existing County resources.

The Committee may identify grants, private contributions, sponsorships, partnerships, and other lawful funding opportunities.

The Committee shall have no independent authority to expend County funds.

Any expenditure of County funds shall require authorization through the County's normal budgetary and purchasing processes.

SECTION 23.

ETHICS AND CONFLICTS OF INTEREST

Committee members shall comply with all applicable provisions of Florida law concerning ethics, conflicts of interest, public records, public meetings, and disclosure.

A Committee member who has a personal, professional, financial, or other interest that may conflict with a matter under consideration shall disclose the conflict and take any action required by law.

The Committee shall not be used to provide preferential treatment to a particular healthcare provider or business.

Recruitment shall be conducted based upon identified community healthcare needs and legitimate opportunities to improve healthcare access.

SECTION 24.

SUNSHINE LAW AND PUBLIC RECORDS

The Committee shall conduct its business in compliance with all applicable provisions of Florida's Government-in-the-Sunshine Law and public-records laws.

Committee members shall not use private communications or informal gatherings to circumvent requirements applicable to public meetings.

Records created or received in connection with official Committee business shall be maintained and made available as required by Florida law.

SECTION 25.

NO GUARANTEE OF RECRUITMENT

Nothing in this Resolution shall be construed as guaranteeing that any healthcare provider, facility, hospital, medical group, or other organization will establish operations in Levy County.

The Committee's responsibility is to actively identify opportunities, develop relationships, facilitate recruitment, identify barriers, and make recommendations to the Board.

SECTION 26.

NO CREATION OF PRIVATE RIGHT OF ACTION

Nothing in this Resolution creates a private cause of action against Levy County, the Board, the Committee, Committee members, County employees, or any other person based solely upon the failure to recruit a healthcare provider or facility.

SECTION 27.

ANNUAL REVIEW

The Board shall review the Committee's effectiveness at least annually.

The Board may:

- Continue the Committee;
- Modify its membership;
- Modify its duties;
- Modify its recruitment objectives;
- Consolidate the Committee with another advisory body; or
- Terminate the Committee.

SECTION 28.

SEVERABILITY

If any provision of this Resolution is determined to be invalid or unconstitutional by a court of competent jurisdiction, such determination shall not affect the validity of the remaining provisions.

SECTION 29.

CONFLICTS

All resolutions, policies, or provisions of the Levy County Code in conflict with this Resolution are superseded only to the extent of such conflict.

Nothing in this Resolution shall be construed to supersede federal or state law.

SECTION 30.

EFFECTIVE DATE

This Resolution shall become effective immediately upon adoption by the Levy County Board of County Commissioners.

DULY ADOPTED

PASSED AND ADOPTED by the Board of County Commissioners of Levy County, Florida, this _____ day of _____, 2026.

BOARD OF COUNTY COMMISSIONERS

LEVY COUNTY, FLORIDA

By: _____

Chair

Attest:

Clerk of the Circuit Court / Clerk to the Board

Approved as to form and legal sufficiency:

County Attorney

Proposed 12 Month Action Plan

12-MONTH HEALTHCARE PROVIDER AND FACILITY RECRUITMENT PLAN
Proposed to: Levy County Board of County Commissioners
Planning Period: TBD
Purpose: Establish a measurable, aggressive, countywide effort to recruit healthcare providers, healthcare services, and healthcare facilities to Levy County.

I. THE 12-MONTH OBJECTIVE

The Committee's first year should have one overriding objective:

> **Move Levy County from identifying healthcare shortages to actively recruiting the people and organizations capable of filling those shortages.**

At the end of 12 months, the Committee should be able to tell the County Commission:

- What healthcare services Levy County needs;
- Which providers and organizations were contacted;
- Who expressed interest;
- Who visited Levy County;
- Which opportunities are being actively pursued;
- What barriers were identified;
- What the County can do to remove those barriers;
- Which new healthcare services have been established or committed; and
- What additional action is needed during Year Two.

II. YEAR-ONE TARGETS

The Committee should establish specific performance goals.

Provider Recruitment

During the first 12 months:

Target:

- Identify at least **100 potential healthcare providers**;
- Make direct contact with at least **75**;
- Hold substantive recruitment discussions with at least **40**;
- Invite at least **20** to consider Levy County;
- Arrange at least **10 provider/site visits**;
- Develop at least **5 active provider recruitment opportunities**.

Potential recruits should include:

- Physicians;
- Nurse practitioners;
- Physician assistants;
- Dentists;
- Behavioral-health professionals;
- Specialists;
- Physical and occupational therapists;
- Diagnostic providers;
- Pharmacists;
- Nurses and advanced-practice nurses; and
- Other healthcare professionals identified through the needs assessment.

III. FACILITY RECRUITMENT TARGETS

The Committee should also recruit organizations rather than focusing exclusively on individual providers.

Year-One Target:
Identify and approach at least **30 healthcare organizations.**

Examples include:

- Hospitals;
- Hospital systems;
- Emergency-care organizations;
- Urgent-care companies;
- Federally Qualified Health Centers;
- Rural health clinics;
- Medical groups;
- Specialty practices;
- Imaging companies;
- Laboratory companies;
- Dialysis providers;
- Behavioral-health organizations;
- Rehabilitation providers;
- Dental organizations;
- Ambulatory surgery organizations;
- Home-health companies;

- Hospice organizations; and
- Other appropriate healthcare businesses.

Desired result:
At least **3–5 organizations actively considering Levy County** by the end of the first year.

IV. PRIORITY ONE — DETERMINE EXACTLY WHAT LEVY COUNTY NEEDS

Months 1–2

Before recruiting, the Committee should establish a factual baseline.

Action 1: Healthcare Gap Inventory
Create a countywide inventory showing:

Service	Available in Levy County	Availability	Estimated Gap	Priority
Emergency care	Determine	Determine	Determine	Critical
Primary care	Determine	Determine	Determine	High
Urgent care	Determine	Determine	Determine	High
Cardiology	Determine	Determine	Determine	High
Orthopedics	Determine	Determine	Determine	High
Behavioral health	Determine	Determine	Determine	High
Women's health	Determine	Determine	Determine	High
Pediatrics	Determine	Determine	Determine	High
Dental	Determine	Determine	Determine	High
Diagnostic imaging	Determine	Determine	Determine	High
Surgery	Determine	Determine	Determine	High
Rehabilitation	Determine	Determine	Determine	Medium
Other specialties	Determine	Determine	Determine	Determine

The Committee should not rely solely on anecdotal information.

It should collect available data concerning:

- Provider locations;
- Provider specialties;
- Emergency-room utilization;
- EMS transports;
- Out-of-county medical trips;
- Hospital admissions;

- Specialty referrals;
- Population demographics;
- Medicare/Medicaid utilization;
- Uninsured population;
- Provider shortages;
- Existing facilities; and
- Travel distances.

V. PRIORITY TWO — CREATE THE LEVY COUNTY HEALTHCARE RECRUITMENT DATABASE

Months 1–3

Create a continuously updated recruitment database.

Each prospect should have:

- Organization/provider name;
- Specialty;
- Location;
- Contact person;
- Telephone;
- Email;
- Website;
- Current practice locations;
- Expansion history;
- Rural practice experience;
- Initial contact date;
- Follow-up date;
- Response;
- Level of interest;
- Barriers identified;
- Possible incentives;
- Site visit status;
- Next action;
- Committee member responsible; and
- Recruitment status.

Recruitment status categories:
Prospect → Contacted → Interested → Meeting → Site Visit → Negotiation/Planning → Commitment → Open

This allows the Commission to see whether recruitment is actually progressing.

VI. PRIORITY THREE — DEVELOP THE LEVY COUNTY HEALTHCARE RECRUITMENT PACKAGE

Months 2–3

Create a professional recruitment package that can be sent to every prospect.

The package should answer:

"Why Levy County?"
It should include:

- County population;
- Population trends;
- Healthcare needs;
- Existing healthcare infrastructure;
- Available commercial property;
- Available medical-office space;
- Potential development sites;
- Workforce;
- Housing;
- Schools;
- Quality of life;
- Recreation;
- Outdoor activities;
- Community information;
- Economic-development contacts;
- Available incentives;
- Grant opportunities;
- Local government contacts; and
- A single healthcare-recruitment contact.

The package should be available digitally and in print.

VII. PRIORITY FOUR — DIRECT PROVIDER RECRUITMENT

Months 3–12

The Committee should begin direct outreach.

Potential sources include:

- Medical schools;
- Nursing schools;
- Physician-assistant programs;
- Nurse-practitioner programs;
- Residency programs;
- Professional associations;
- Rural-health recruitment programs;
- Healthcare staffing organizations;
- Hospital systems;
- Existing physician groups;
- Specialty organizations;
- Healthcare conferences; and
- Professional networks.

The Committee should not simply send advertisements.

Every significant prospect should receive a **personalized recruitment contact.**

VIII. PRIORITY FIVE — MEDICAL SCHOOL AND RESIDENCY PIPELINE

Months 3–12

Establish relationships with educational institutions.

Goal:

Create a pipeline that introduces future healthcare professionals to Levy County before they establish permanent practices.

The Committee should seek:

- Clinical rotations;
- Nursing clinical placements;
- Medical student rotations;
- Physician-assistant rotations;
- Nurse-practitioner rotations;
- Rural residency rotations;

- Internships;
- Externships;
- Community-health projects; and
- Recruitment presentations.

Year-One target:
Establish relationships with at least:

10 educational/training programs.

Desired outcome:
At least **3 programs** seriously considering Levy County placements.

IX. PRIORITY SIX — EMERGENCY CARE RECRUITMENT

Months 2–12

Because emergency care is one of the most significant healthcare-access issues in a rural county, the Committee should establish a dedicated Emergency Care Recruitment Initiative.

The Committee should approach:

- Hospital systems;
- Freestanding emergency department operators;
- Emergency physician groups;
- Rural hospital systems;
- Urgent-care organizations;
- EMS organizations; and
- Potential public-private partners.

The Committee should specifically evaluate the feasibility of:

Option A
A standalone emergency department.

Option B
A freestanding emergency center.

Option C
Expansion of an existing hospital relationship.

Option D
A strategically located urgent-care/emergency-care model.

Option E
Another model identified by qualified healthcare organizations.

The Committee should **not predetermine which model is best.**

Its job is to recruit organizations capable of evaluating and implementing the appropriate model.

X. PRIORITY SEVEN — PRIMARY CARE RECRUITMENT

Months 3–12

Primary care should be treated as a separate recruitment campaign.

Target:

- Family medicine;
- Internal medicine;
- Pediatrics;
- Women's health;
- Geriatrics;
- Nurse practitioners;
- Physician assistants.

Goal:

Recruit or obtain commitments for at least:

3–5 additional primary-care providers or provider organizations.

XI. PRIORITY EIGHT — SPECIALIST RECRUITMENT

Months 4–12

The Committee should identify specialties where residents routinely leave the county for treatment.

Potential targets include:

- Cardiology;
- Orthopedics;
- Gastroenterology;
- General surgery;
- Dermatology;
- Ophthalmology;
- Urology;
- Neurology;
- Oncology;
- Pulmonology;
- Endocrinology;
- Women's health; and

- Other specialties identified through the needs assessment.

Recruitment should not always mean a full-time practice.
The Committee should actively recruit:

- Full-time providers;
- Part-time providers;
- Visiting specialists;
- Weekly specialty clinics;
- Monthly specialty clinics;
- Mobile specialty services;
- Telehealth partnerships; and
- Satellite offices.

A physician who comes to Levy County two days per month can still fill an important healthcare gap.

XII. PRIORITY NINE — HEALTHCARE FACILITY RECRUITMENT

Months 4–12

The Committee should develop a separate list of potential facility operators.

The target should include:

- Urgent-care operators;
- Freestanding emergency departments;
- Rural-health clinics;
- Imaging centers;
- Specialty clinics;
- Surgery centers;
- Dialysis centers;
- Behavioral-health facilities;
- Rehabilitation facilities;
- Dental clinics;
- Women's health centers;
- Pediatric clinics;
- Laboratory facilities; and
- Other identified needs.

The Committee should determine:

What does each organization need to locate in Levy County?

Possible barriers may include:

- Patient volume;
- Site availability;
- Workforce;
- Financing;
- Infrastructure;
- Utilities;
- Zoning;
- Transportation;
- Broadband;
- Regulatory requirements;
- Insurance/reimbursement;
- Construction costs; or
- Other factors.

The Committee should then determine whether the County or another partner can legally and reasonably help address those barriers.

XIII. PRIORITY TEN — SITE VISIT PROGRAM

Months 4–12

Recruitment becomes much more effective when prospects actually visit the community.

The Committee should establish a:

"Discover Levy County Healthcare" Program

Prospective providers should receive an organized visit that may include:

- Potential practice locations;
- Available medical-office space;
- Potential development sites;
- Existing healthcare facilities;
- Local communities;
- Schools;
- Housing;
- Restaurants;
- Recreation;
- Community organizations;
- Local healthcare professionals; and

- County leadership.

Year-One goal:
At least **10 substantive provider/facility site visits.**

XIV. REMOVE THE BARRIERS

Months 5–12

For every serious prospect, the Committee should prepare a:

Recruitment Barrier Report
It should identify:

Barrier: What is stopping the provider?

Responsible party: Who can address it?

Potential solution: What can be done?

Cost: If applicable.

Funding source: County/private/grant/state/federal.

Legal authority: Who has authority?

Deadline: When must it be resolved?

This converts recruitment from conversation into action.

XV. MONTH-BY-MONTH IMPLEMENTATION PLAN

MONTH 1 — ORGANIZE

Objectives

- Appoint Committee;
- Elect officers;
- Adopt operating procedures;
- Establish meeting schedule;
- Establish working groups;
- Identify data sources;
- Establish recruitment database.

Deliverable
Levy County Healthcare Needs Data Plan

MONTH 2 — ASSESS

Objectives

- Inventory existing providers;
- Map healthcare facilities;
- Identify service gaps;
- Identify emergency-care needs;
- Identify out-of-county care patterns;
- Identify initial top 10 recruitment priorities.

Deliverable

Preliminary Levy County Healthcare Gap Assessment

MONTH 3 — PREPARE TO RECRUIT

Objectives

- Complete recruitment package;
- Create provider prospect list;
- Create facility prospect list;
- Identify medical schools;
- Identify residency programs;
- Establish recruitment communication materials.

Target

25 provider prospects + 10 facility prospects

MONTH 4 — LAUNCH

Objectives

Begin direct recruitment.

Target

- Contact 15 providers;
- Contact 5 organizations;
- Contact 3 educational programs;
- Schedule first site visits.

Deliverable

First monthly recruitment dashboard.

MONTH 5 — PRIMARY CARE CAMPAIGN

Objectives
Launch focused primary-care recruitment.

Target

- 10 primary-care prospects;
- 5 substantive conversations;
- 2 potential site visits.

MONTH 6 — EMERGENCY CARE CAMPAIGN

Objectives
Launch formal emergency-care recruitment.

Target
Contact:

- At least 5 emergency-care organizations;
- At least 3 hospital systems;
- At least 2 potential strategic partners.

Deliverable
Emergency Care Recruitment Opportunity Report

MONTH 7 — SPECIALTY CARE CAMPAIGN

Objectives
Recruit priority specialists.

Target
Contact at least:

15 specialty providers/organizations.

Focus on the top specialties identified in the needs assessment.

MONTH 8 — FACILITY RECRUITMENT

Objectives
Begin focused facility recruitment.

Target
Contact:

10 healthcare organizations.

Identify potential locations and infrastructure needs.

MONTH 9 — EDUCATION AND WORKFORCE

Objectives

Expand student/residency pipeline.

Target

- 10 educational contacts;
- 3 active educational partnerships;
- Develop clinical-placement opportunities.

MONTH 10 — SITE VISITS

Objectives

Convert prospects into active opportunities.

Target:

At least:

5 provider/facility site visits during the month.

Each visit should receive a written follow-up report.

MONTH 11 — NEGOTIATION AND FACILITATION

Objectives

Concentrate Committee resources on serious prospects.

Classify opportunities:

Tier 1

Ready to move forward.

Tier 2

Interested but barriers remain.

Tier 3

Long-term opportunity.

Tier 4

No current interest.

The Committee should devote the majority of its time to Tier 1 and Tier 2 prospects.

MONTH 12 — RESULTS AND YEAR-TWO PLAN

Prepare the:

LEVY COUNTY HEALTHCARE RECRUITMENT AND ACCESS REPORT

The report should include:

- Healthcare gaps;
- Providers recruited;
- Facilities recruited;
- Organizations contacted;
- Meetings held;
- Site visits;
- Active opportunities;
- Educational partnerships;
- Barriers;
- County actions taken;
- Grant opportunities;
- Financial considerations;
- Successes;
- Failures;
- Lessons learned; and
- Year-Two recommendations.

XVI. MONTHLY RECRUITMENT DASHBOARD

Every month, the Committee should track:

Measure	Monthly Goal	Year-One Goal
New provider prospects	10	100
Provider contacts	8	75
Substantive provider discussions	4	40
Facility prospects	3	30
Facility contacts	3	30+
Site visits	1	10

Measure	Monthly Goal	Year-One Goal
Educational contacts	1	10
Active recruitment opportunities	—	5+
New providers/services	—	Track actual result

The exact targets can be adjusted after the first needs assessment.

XVII. RECRUITMENT TEAM RESPONSIBILITIES

Each Committee member should have an assigned responsibility.

No prospect should be "owned" by the Committee as a whole.

Each active prospect should have:

One Committee lead
One backup
One next action
One deadline

This prevents opportunities from disappearing between meetings.

XVIII. THE 72-HOUR FOLLOW-UP RULE

When a serious healthcare prospect contacts the Committee:

A designated Committee representative should respond within 72 hours.

The response should identify:

- The prospect's needs;
- The appropriate county contact;
- Potential locations;
- Available assistance;
- Next meeting; and
- Next action.

Recruitment opportunities can disappear quickly.

The Committee should operate accordingly.

XIX. THE 30-DAY PROSPECT RULE

Every active recruitment prospect should have a documented action within 30 days.

If no action is possible, the file should state why.

This prevents the recruitment database from becoming merely a list of names.

XX. COUNTY COMMISSION INVOLVEMENT

The Committee should not ask the Commission to approve every recruitment conversation.

Instead, it should bring the Commission specific opportunities requiring governmental action.

For example:

> "A healthcare organization is interested in locating a clinic in Levy County but requires clarification regarding infrastructure availability."

or:

> "A medical group is prepared to establish a specialty clinic if an appropriate facility can be identified."

or:

> "A potential emergency-care operator has requested a meeting with county leadership."

This gives the Commission an opportunity to **remove barriers rather than manage recruitment meetings.**

XXI. PRIVATE-SECTOR PARTNERS

The Committee should build a broad coalition.

Potential partners include:

- Existing healthcare providers;
- Hospitals;
- Physicians;
- Businesses;
- Chambers of commerce;
- Economic-development organizations;
- Realtors;
- Property owners;
- Developers;
- Employers;
- Schools;
- Colleges;
- Churches and community organizations;
- Foundations; and
- Other nonprofit organizations.

The Committee should ask each partner:

"What can you contribute to bringing healthcare to Levy County?"

XXII. FUNDING STRATEGY

The Committee should pursue a **four-layer funding strategy**.

Layer 1 — Existing Resources

Use existing county resources where appropriate.

Layer 2 — Private Partnerships

Seek private-sector support.

Layer 3 — Grants

Identify state, federal, foundation, rural-health, workforce, and healthcare grants.

Layer 4 — County Investment

Recommend county funding only when there is a documented opportunity and measurable public benefit.

The Committee should never assume that county taxpayers must fund the entire solution.

XXIII. WHAT SUCCESS LOOKS LIKE

At the end of Year One, success should not simply be:

"The Committee met 12 times."

Success should look like:

- Providers have been recruited;
- Healthcare organizations are considering Levy County;
- Facility opportunities have been identified;
- Healthcare gaps have been quantified;
- Medical schools know Levy County exists;
- Residency programs know Levy County exists;
- Potential sites have been identified;
- Barriers have been documented;
- Partnerships have been established;
- County government knows exactly where assistance is needed; and
- Residents have tangible evidence that healthcare access is improving.

XXIV. THE YEAR-ONE SCORECARD

The Committee should present the following scorecard to the County Commission:

RECRUITMENT

100 provider prospects identified
75 providers contacted
40 substantive recruitment discussions
10 site visits
5 active recruitment opportunities

FACILITIES

30 organizations identified/contacted
3–5 serious facility opportunities

EDUCATION

10 educational/training programs contacted
3 potential clinical/educational partnerships

EMERGENCY CARE

5+ emergency-care organizations approached
1+ serious emergency-care opportunity identified

PRIMARY CARE

3–5 potential new primary-care providers/services

SPECIALTY CARE

Priority specialties identified and targeted.

YEAR-END RESULT

A comprehensive:

> **Levy County Healthcare Recruitment and Access Plan**

with specific opportunities and recommended County Commission actions.

XXV. GUIDING PRINCIPLE

The Committee should operate under one simple rule:

> **Every meeting should end with an assignment, every assignment should have a deadline, and every serious healthcare prospect should have a next step.**

The County does not need another committee that studies the problem indefinitely.

It needs a **recruitment team.**