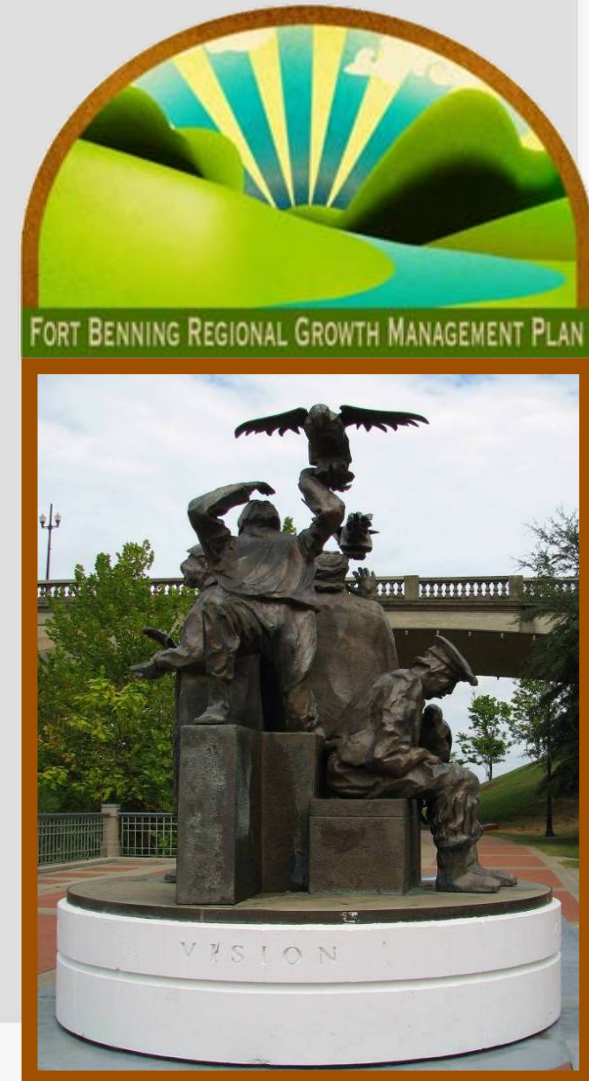


Health and Social Services Task Force Meeting

September 30, 2008



Fort Benning

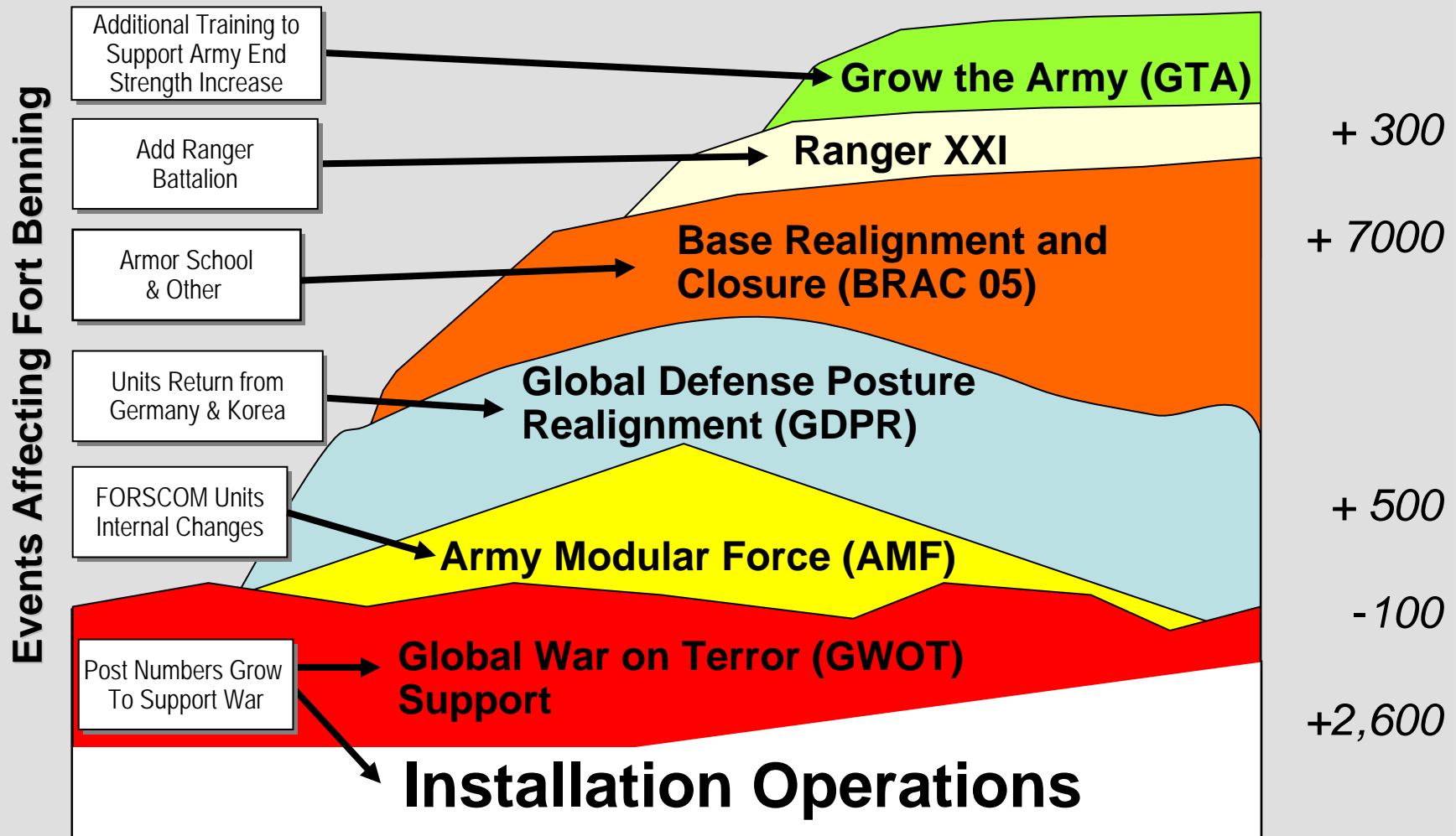
REGIONAL GROWTH MANAGEMENT PLAN

Regionalism is the Key

"Coordination and Synchronization Continue To Be Our Greatest Strengths"
Major General Walter Wojdakowski
Commanding General, Fort Benning, Alabama and Georgia



Fort Benning Transformation



Project Purpose

RGMP Study Area:
(10 Counties – 35 Mile Radius)

Ten County Study Area:

Georgia

- Columbus - Muscogee
- Cusseta - Chattahoochee
- Harris
- Marion
- Talbot
- Taylor
- Stewart

Alabama

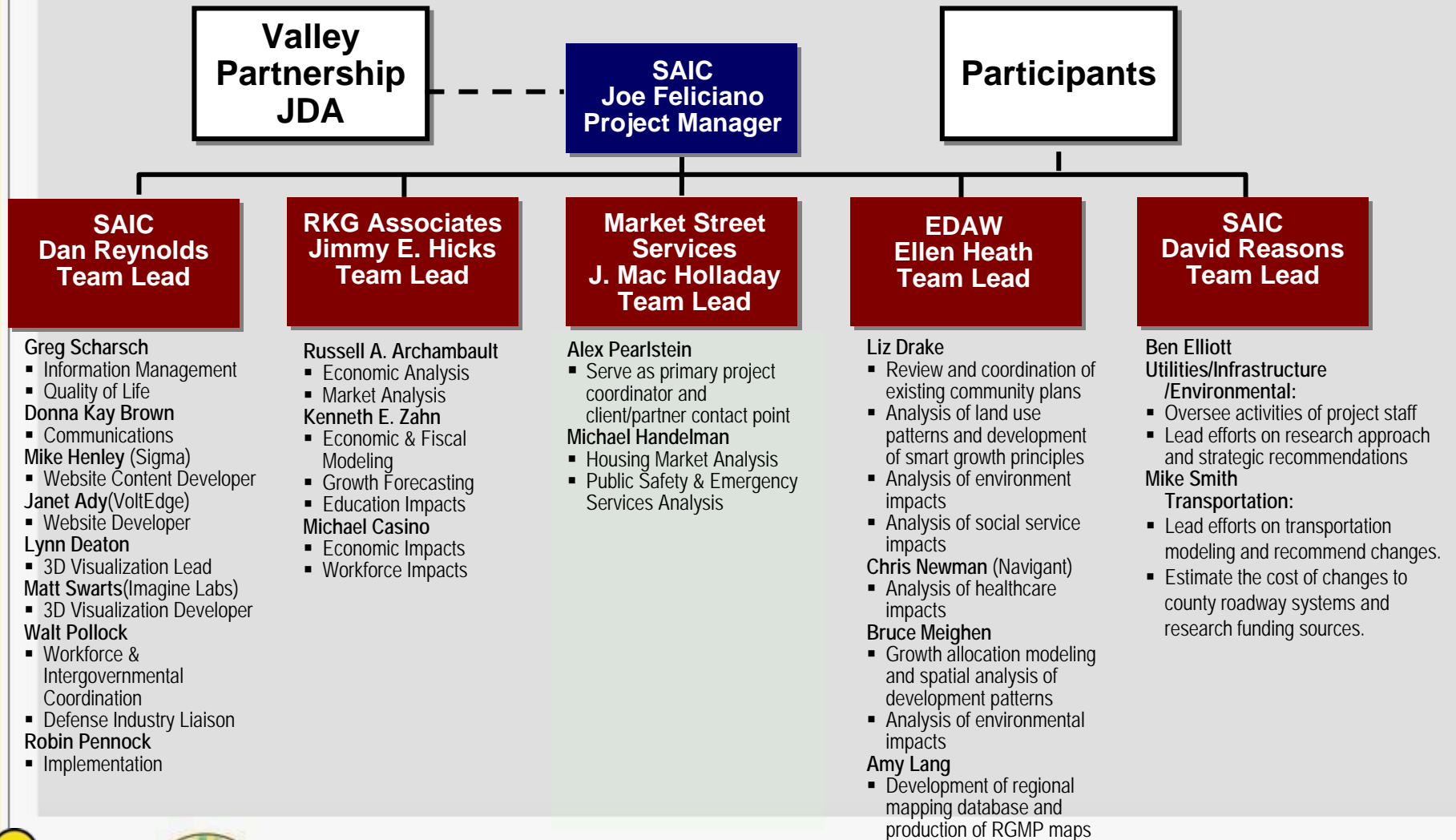
- Barbour
- Lee
- Russell



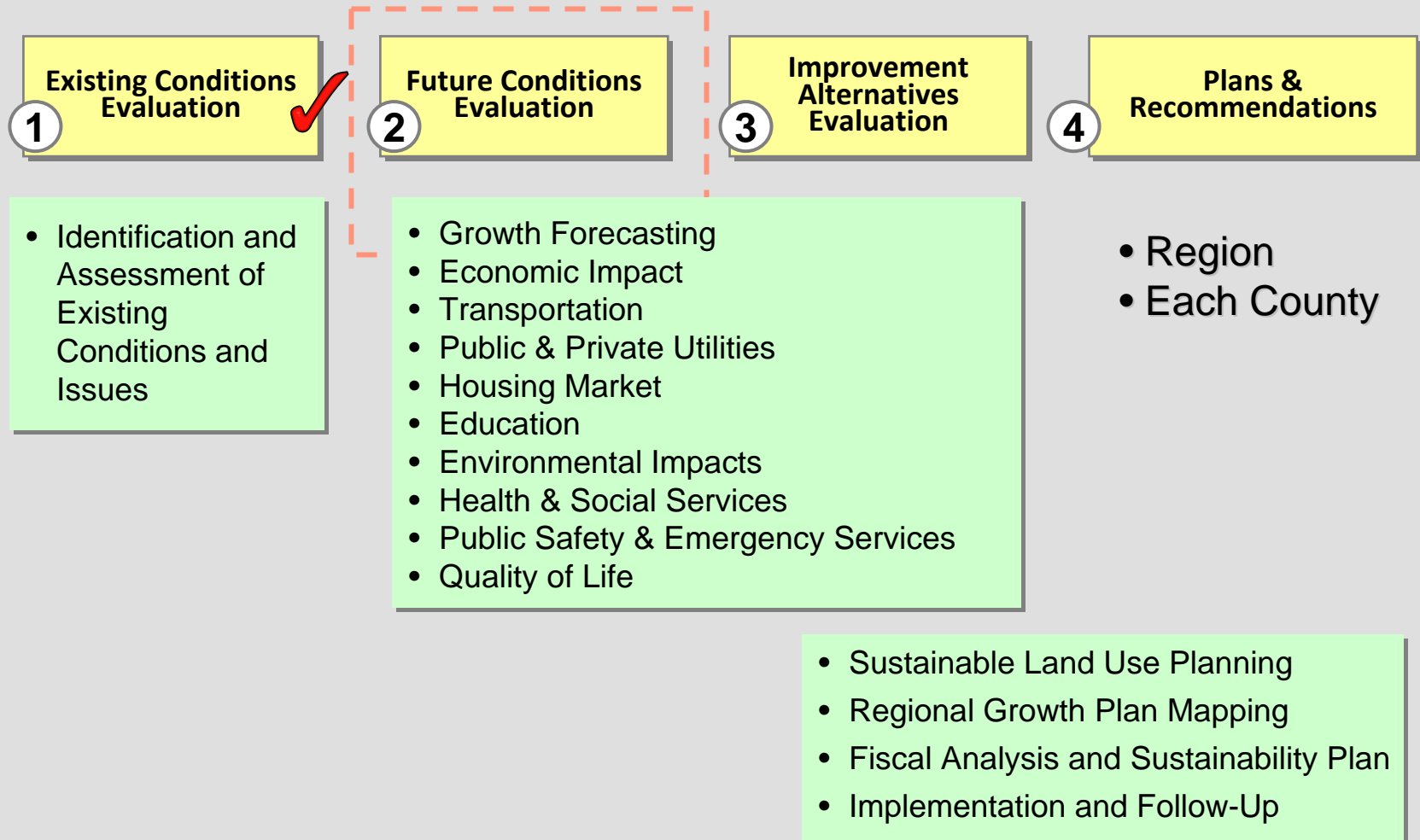
Identify:

- What growth will occur?
- Where will it occur?
- Impacts to local communities
- Action plans to prepare

Project Team Organization



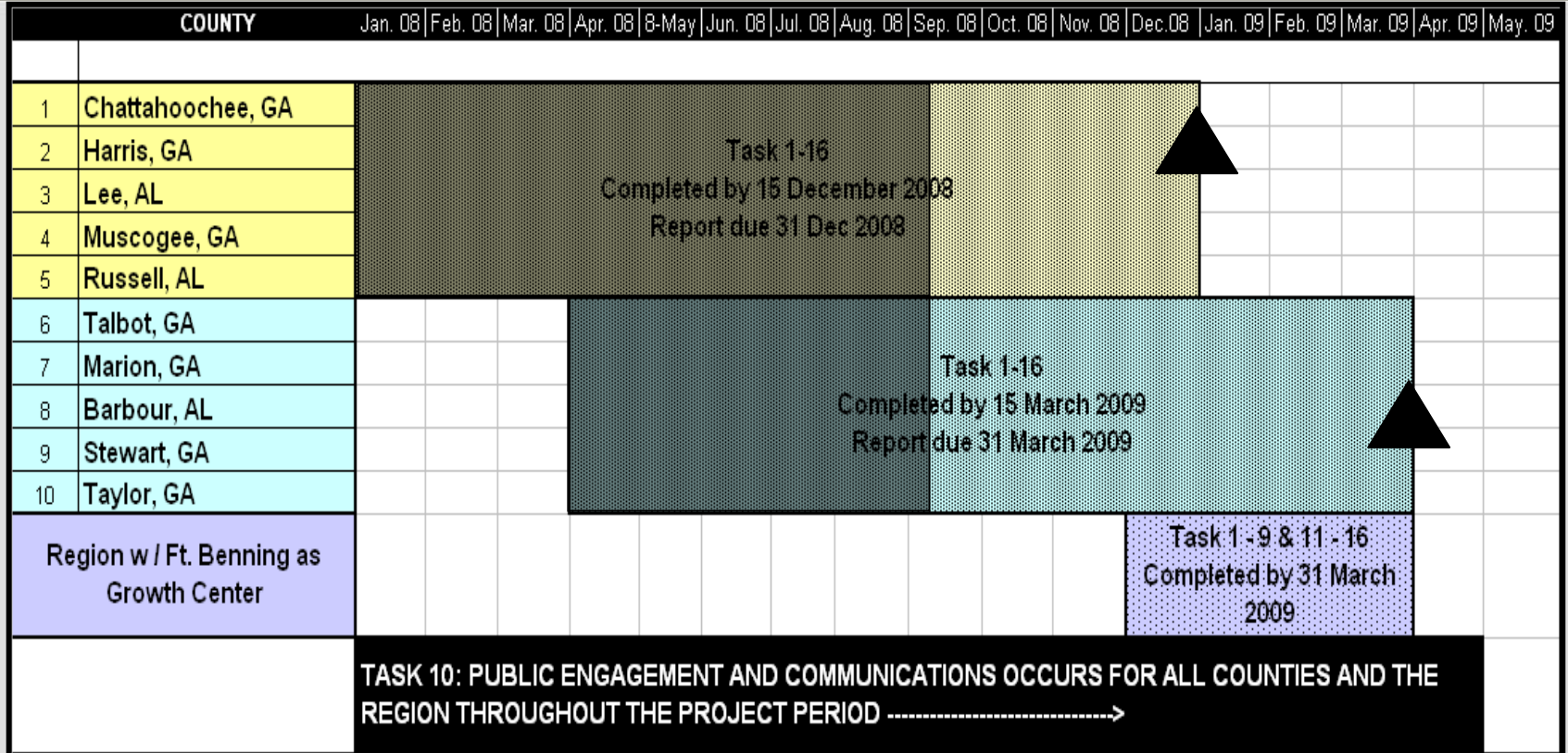
Project Process



Scope (Tasks)

#	TASK	LEAD
1	Identification and Assessment of Existing Conditions and Issues	SAIC
2	Growth Forecasting and Modeling	RKG
3	Economic Impact Analysis	RKG
4	Transportation	SAIC
5	Public and Private Utilities	SAIC
6	Housing Market Analysis	MKT ST
7	Education	RKG
8	Sustainable Land Use Planning	EDAW
9	Regional Growth Plan Mapping	EDAW
10	Public Engagement and Communications	SAIC
11	Environmental Impacts	SAIC
12	Health and Social Services	EDAW + NCI
13	Public Safety and Emergency Services	MKT ST
14	Quality of Life	SAIC
15	Fiscal Analysis and Sustainability Plan	RKG
16	Implementation and Follow-Up	SAIC

Schedule (County View)



- First five county plans (Tier 1) completed Dec 2008
- Remaining counties (Tier 2) and regional plans completed Apr 2009

Stakeholder Task Forces

TASK FORCES

1. Economic Impact
2. Education
3. Funding for Region
4. Health Care & Social Services
5. Housing
6. Infrastructure & Land Use
7. Public Services
8. Quality of Life
9. Strategic Communications
10. Transportation
11. Workforce

Task Force Meeting # 1

- Presentation of initial findings
- Discussion

Task Force Meeting # 2

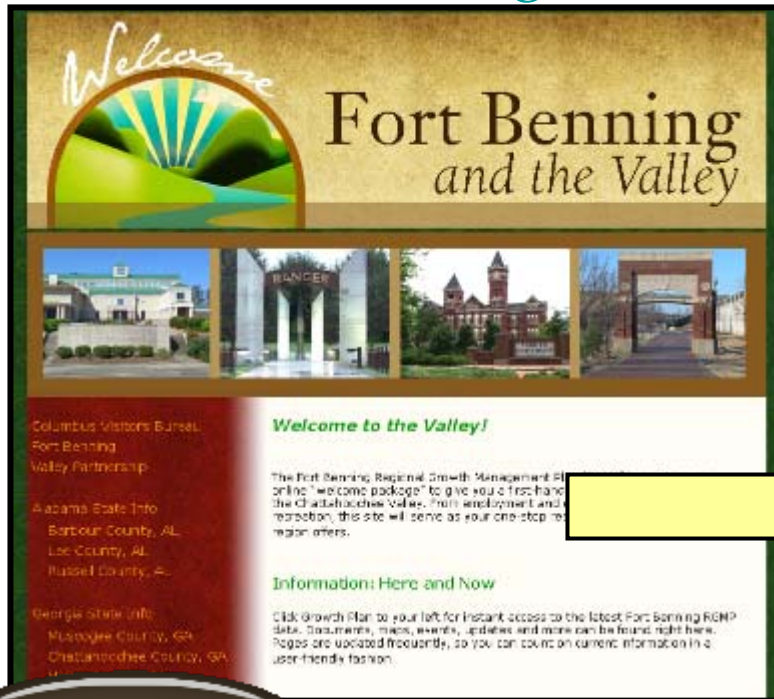
- Presentation and discussion of findings/recommendations
- Implementation strategies

Task Force Responsibilities

- 1) Review task, scope and methodology
- 2) Confirm existing conditions and known issues
- 3) Establish points of contact for data collection
- 4) Review findings and recommendations
- 5) Communicate with community regarding actions and status of Plan
- 6) Provide guidance in Plan implementation

Project Website

- www.fortbenningandthevalley.com



Growth Plan

Click the Growth Plan Button



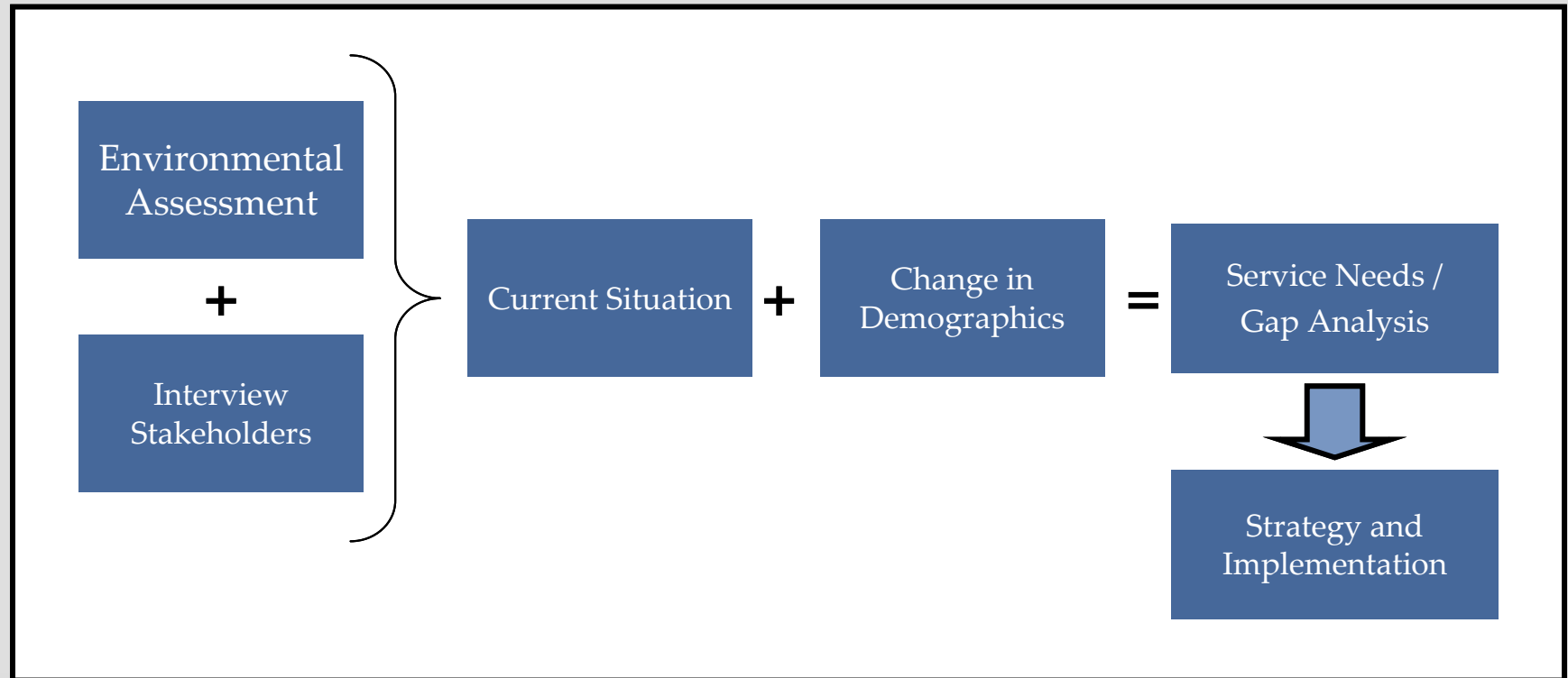
- *Schedule of Upcoming Events*
- *Documents & Maps*
- *Newsletters*

Task Force Meeting #1 Objectives

- Kick-Off Task Force Process
- Review Task Methodology
- Review Existing Conditions & Issues
- Discuss and Confirm Way Ahead

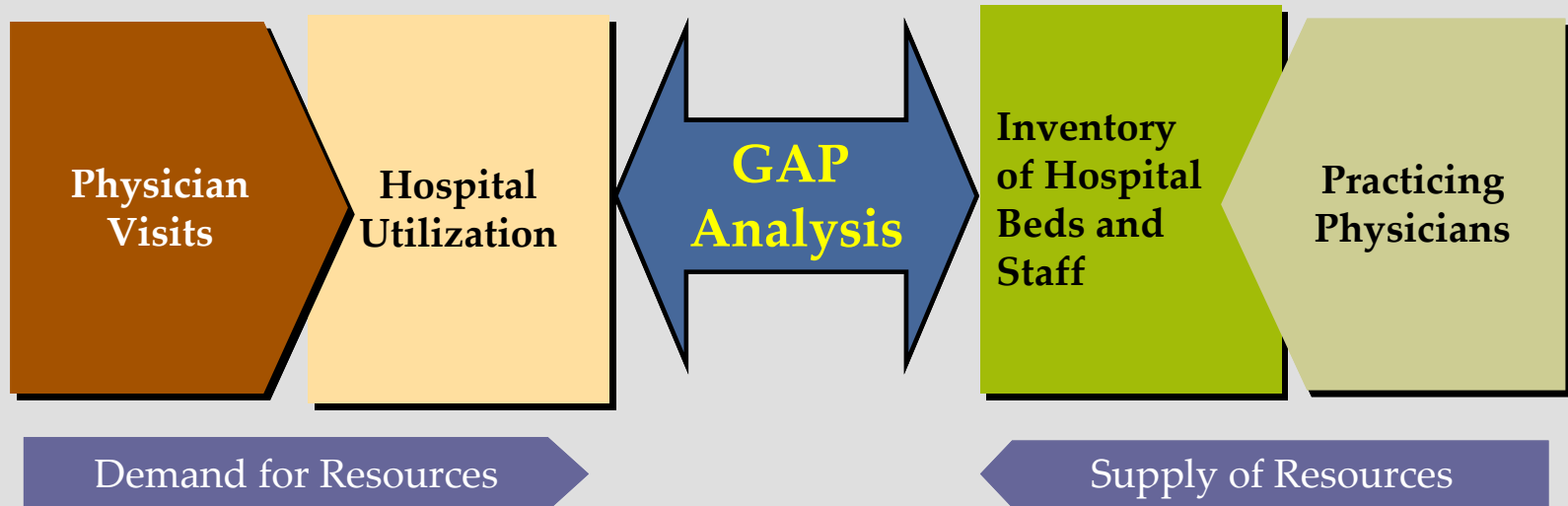
Project Methodology

The following methodology will be followed for the Health Care and Social Services task. NCI, along with EDAW, will engage stakeholders to collect local, state and national data from reliable sources to perform the current situation analysis.



Gap Analysis

The Gap Analysis will address the additional resources required to meet the healthcare demand with the influx of population – Troops, Civilians, Contractors, and Students .



Task 12 Work Scope

Navigant has been tasked with the following work scope elements:

- **Identification of current service levels and deficiencies, and the expected increase in demand for these services;**
- **Recommendation of prioritized action steps to resolve current and projected services deficiencies or shortfalls; and,**
- **Identification of areas that can be improved by increased regional coordination and cooperation in the provision of health and social services.**

Task 12 Areas of Investigation

The health care areas of investigation are:

- **Hospitals and medical facilities, including Martin Army Community Hospital, and public and private hospitals**
- **Physicians, by specialty**
- **Specialty clinics**
- **Special needs and disabilities**
- **Dental**
- **Mental health**
- **Homeless**
- **Public health facilities**
- **Tri-Care acceptance levels / access to care**

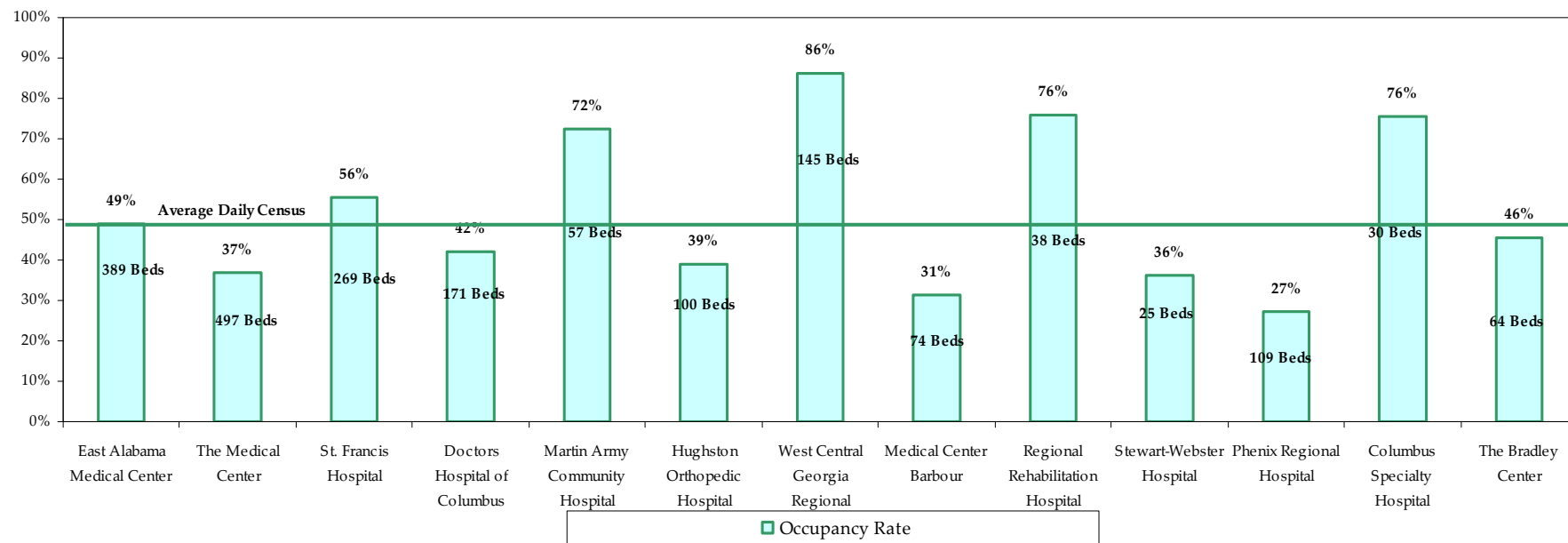
Hospital Utilization

In 2006, there were 67,169 admissions, 350,772 patient days, 46,860 surgeries, 244,656 emergency department (ED) visits, and 1.24 million outpatient visits to hospitals within the study area.

HospitalName	CountyName	Distance from Fort Benning (miles)	Driving Time from Fort Benning (mins)	Admissions	ALOS	Pt Days	Total Beds	Births	ED Visits	OP Visits	Surgeries
East Alabama Medical Center	Lee County	42.0	64	16,206	4.3	69,686	389	1,605	39,246	103,480	11,414
The Medical Center	Muscogee County	13.4	26	15,904	4.2	66,797	497	3,035	55,952	185,945	9,457
St. Francis Hospital	Muscogee County	14.3	23	11,151	4.9	54,640	269	0	49,319	101,812	6,528
Doctors Hospital of Columbus	Muscogee County	13.5	26	5,840	4.5	26,280	171	1,184	32,818	61,307	5,404
Martin Army Community Hospital	Muscogee County	0.0	0	4,300	3.5	15,050	57	707	32,758	689,760	3,314
Hughston Orthopedic Hospital	Muscogee County	15.7	27	3,949	3.6	14,216	100	0	0	7,426	7,111
West Central Georgia Regional Hospital	Muscogee County	15.0	24	2,386	19.1	45,573	145	0	0	520	0
Medical Center Barbour	Barbour County	42.0	64	1,889	4.5	8,501	74	0	32,170	82,489	2,853
Regional Rehabilitation Hospital	Russell County	15.9	27	696	15.1	10,510	38	0	0	2,333	0
Stewart-Webster Hospital	Stewart County	32.3	50	579	5.7	3,300	25	77	2,393	8,168	779
Phenix Regional Hospital	Russell County	23.2	41	2,581	4.2	10,840	109				
Columbus Specialty Hospital	Muscogee County	13.4	26	322	25.7	8,275	30	0	0	0	0
The Bradley Center	Muscogee County	15.0	25	1,366	7.8	10,655	64	0	0		
				67,169	5.1	344,322	1,968	6,608	244,656	1,243,240	46,860

Bed Occupancy

The total bed supply of 1,968 in the study area suggests, on average, an excess of bed capacity. The average number of beds needed per day of 961 results in an average of 1,007 beds unoccupied per day in the region. The regional occupancy rate is 49%.



The preliminary analysis of current conditions raises some issues . . .

- **What evidence is there of a current shortage of health care personnel – and services - in the study area? In what specific areas?**
- **Extent of Tri-Care acceptance – what are indications of difficulties in payment level, number of providers accepting new patients, etc.?**
- **Mental Health – to what extent are community services used by Tri-Care beneficiaries (or military using self-pay)?**
- **Are there adequate back-up specialty hospital and physician services for MACH/Tri-Care beneficiaries in the community now and in the future?**
- **Other??**

Discussion - Methodology

- Are the indicators appropriate?
- Are there specific gaps that you view in your areas of expertise?
- What are the emerging areas of interests in light of the population coming in and its demographics?
- What regional strategies do you find promising?
- What financing strategies do you find promising?

Closing Remarks

THIS MEETING:

- Overview
- Methodology
- Conditions & Issues
- Discussions



NEXT MEETING

- November 2008
- Draft Findings/Recommendations



Fort Benning

REGIONAL GROWTH MANAGEMENT PLAN

Task Force Meeting – September 2008

Contact Information



Larry Crane

Project Director, The Valley Partnership Joint
Development Authority
lcrane@columbusgachamber.com

706-596-7009

www.thevalleypartnership.com

Joe Feliciano

Project Manager, SAIC

jfeliciano@thevalleypartnership.com

706-536-7180

www.fortbenningandthevalley.com

Greg Scharsch

Task Leader, SAIC

gregory.d.scharsch@saic.com

706-649-3944