City of Gainesville
Office of the City Auditor

Public Report

2026 Gainesville Fire Rescue Community Resource Paramedicine



GAINESVILLE CITY COMMISSION

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City of Gainesville

Office of the City Auditor

Transmittal of Audit Findings for 2026 Gainesville Fire Rescue Community Resource Paramedicine,

September 29, 2026

Dear Audit Committee Members,

We are pleased to transmit the results of the Gainesville Fire Rescue Community Resource Paramedicine, Audit 2026-06. The audit evaluated the effectiveness of the Community Resource Paramedicine program in achieving its intended community health objectives and assessed its compliance with Community Resource Paramedicine regulations. Evaluation was accomplished through inquiry, observation, and substantive testing. The scope of our audit included governance, patient intake and management, community outreach, training and certification, apparatus and supplies, reporting, and information technology controls. We identified opportunities for improvement in two areas as follows:

1) Community Outreach Documentation: The Risk Reduction Bureau (RRB) database is an operational system that Community Resource Paramedicine (CRP) uses for maintaining community outreach event information. However, documentation of community outreach event data in the RRB and use of the database are inconsistent. As a result, we could not determine the accuracy of beneficiary information in the database.

2) User Access: Due to the confidential nature of this issue, it is excluded from this public report, pursuant to Florida Statute 119.0725(2).

Our recommendations for corrective action and management action plans are detailed in this report. We would like to take this opportunity to thank the interim city manager, fire chief, and management and personnel of the Gainesville Fire Rescue Community Resource Paramedicine Program for their cooperation and professionalism during this audit.

Sincerely,

Stephen Mhere, PhD, CIA, CISA, City Auditor

INTERNAL AUDIT TEAM

Diana Ferguson-Satterthwaite, FCCA, CIA, CFE, Assistant City Auditor & Lead Auditor
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BACKGROUND

The Community Health Division of Gainesville Fire Rescue serves as the public health arm of the City of Gainesville. The division is dedicated to improving the quality of life for everyone who lives, works, and plays in the City of Gainesville. Grounded in public health theory and guided by data, its work focuses on prevention, early intervention, and access to care. One program the division manages is Community Resource Paramedicine.

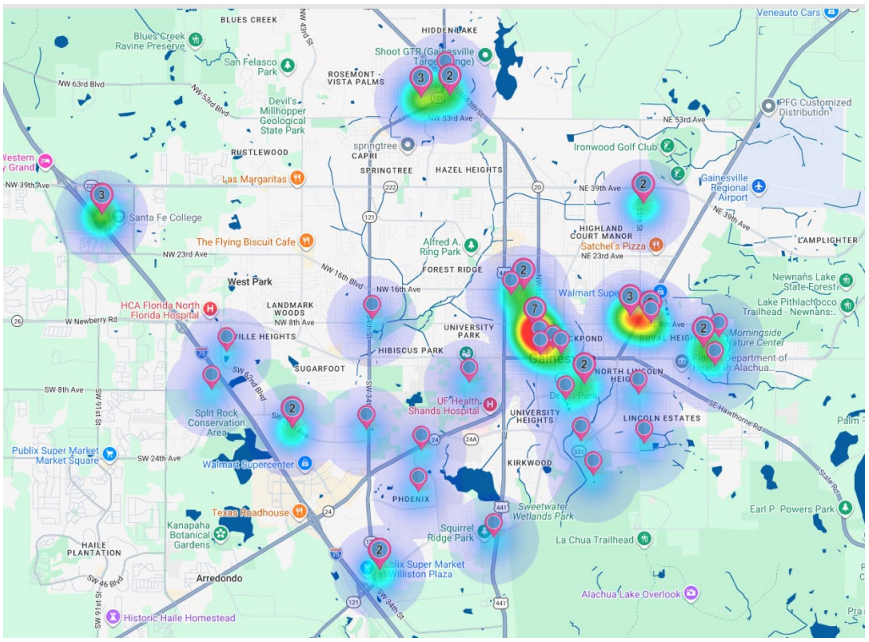
The goals of the Community Resource Paramedicine program are to improve quality of life, prevent avoidable hospital readmissions, decrease emergency room utilization, increase community engagement by helping navigate available resources, reduce 911 calls, increase primary care compliance, increase positive health outcomes, decrease burden on EMS, and increase health equity for all.

The CRP team connects high-need residents with appropriate medical, behavioral, and social services. The team delivers in-home care to promote better long-term outcomes for vulnerable populations.

The CRP provides case management services, including medication management, healthcare system navigation, education on complex chronic diseases, and telehealth. The core services of the CRP Programs are provided by emergency medical technicians and paramedics (CRP Responder I and CRP Responder II, respectively).

The Community Resource Paramedicine program holds several outreach activities that target all City of Gainesville neighbors. The program promotes these activities through diverse media. The community event heat map below highlights the areas of the city where CRP engaged neighbors from January 2025 to July 2026.

Figure 1: Community Outreach Event Heat Map



Note. This graphic was created by the Office of the City Auditor

AUDIT OBJECTIVES

The objective of the audit was to evaluate the effectiveness of the Community Resource Paramedicine program in achieving its intended community health objectives and assess its compliance with regulations

AUDIT SCOPE AND METHODOLOGY

The scope of the audit included assessing the design and operating effectiveness of the processes and controls related to the Community Resource Paramedicine program, focusing on activities from January 1, 2025, to July 31, 2026. We performed the audit fieldwork through inquiry, observation, and substantive testing, focusing on governance, patient intake and management, community outreach, training and certification, apparatus and supplies, reporting, and information technology controls.

The audit did not include the procurement of ambulance supplies, as this is not a direct responsibility of the program.

AUDITING STANDARDS

We conducted this audit engagement in accordance with *Generally Accepted Government Auditing Standards* and the *Global Internal Audit Standards*. Those standards require that we plan and perform the engagement to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our observations and conclusions based on our audit objectives.

AUDIT CONCLUSIONS

Based on the work performed, as shown in Table 1 below and explained in the Audit Issue and Management Action Plan section of this report, we conclude that management designed and implemented internal controls to enable the Community Resource Paramedicine program to achieve its objectives and comply with regulations. These controls include oversight and monitoring, ensuring adequate staff training, establishing multiple ways for neighbors to be referred to the program, and promoting the program across the City. However, controls should be strengthened to ensure that outreach activities are adequately documented and reported and to reduce the risk of unauthorized access to patient records.

RATING OF RISKS ASSOCIATED WITH AUDIT ISSUES

We identified two audit reportable issues and three non-reportable issues and assigned each a risk rating, as shown below.

Table 1: Audit Issue Risk Rating

RISK RATING	RISK RATING DESCRIPTION	Issue # 1	Issue # 2	Issue # 3	Issue # 4	Issue # 5
High	*Key controls do not exist or are not effective, resulting in an impaired control environment. High Risk control weaknesses require that remediation efforts begin immediately upon the submission of the management action plan and are completed within an acceptable timeframe.*					
Moderate	*Adequate control environment exists for most processes. Moderate risk control weaknesses require corrective action detailed in the management action plan.*	✓	✓			
Low (non-reportable)	*Satisfactory overall control environment with a small number of low risk control improvement opportunities that do not require corrective action or a management action plan.*			✓	✓	✓

NOTEWORTHY ACCOMPLISHMENTS

The City's Community Resource Paramedicine program is widely recognized. The program has received multiple awards, and individual staff members have been invited to speak at health forums. These include the following:

- In March 2025, the CRP coordinator presented at the Atrium Health Mobile Integrated Health and Community Paramedicine Conference in Savannah, Georgia.
- In October 2025, former CRP responder Robillard received EMT of the Year from the National Registry of Emergency Medical Technicians (NREMT) at the EMS World Conference.
- In January 2026, former CRP responder Barnes was selected as the 2025 Mobile Integrated Health Award recipient by the Florida Department of Health (DOH). The Florida DOH recognizes the men and women who provide lifesaving services during crises

AUDIT ISSUES AND MANAGEMENT ACTION PLANS

Issue 1: Community Outreach Documentation

Risk rating: Moderate

Observation: The Risk Reduction Bureau (RRB) database is an operational system that Community Resource Paramedicine (CRP) uses for maintaining community outreach event information. Among other things, it is used to capture program data, including data on community outreach events.

We found that the documentation of community outreach event data in the RRB and the utilization of the database itself are not consistent. We were unable to determine the accuracy of beneficiary information in the database; management was unable to provide complete documentation to support the figures in the Community Development Block Grant Coronavirus (CDBG CV) financial reports. There were also discrepancies noted in the CDBG CV financial reports related to reporting periods and benefit dates. One report listed an incorrect reporting period, and three beneficiaries were listed on two separate reports, meaning they were double-counted for two different reporting periods. This double-counting error was subsequently corrected by management upon notification by the audit team.

Three community outreach events conducted during the scope period were identified in the RRB database. Management provided two spreadsheets containing lists of community outreach events between November 2023 and July 2025, and between May 2026 and August 2026. According to management, any events that took place between July 2025 and May 2026 would not be in the RRB database and would have to be identified via calendar.

Additionally, neither the data from the RRB database nor the two spreadsheets management provided contained information about all attendees of the outreach events or items they were given.

Criteria: According to the CRP Program manual, community outreach events should be documented in the RRB database. Documentation is required for any items purchased with CDBG funds, and paperwork showing the distribution of those items must be submitted to the CRP administrative assistant daily. Also, monthly reporting is required for all events funded by CDBG with details that include event titles, locations and zip codes, attendance numbers, demographics, attendee home zip codes, and income categories.

Per the CDBG contract, client income verification records shall be kept on site and available for Housing and Community Development (HCD) or U.S. Department of Housing and Urban Development (HUD) inspection upon request. GFR is also required to maintain data documenting client eligibility for services provided. The data is required to include, but not limited to, client name, address, income level or other basis for determining eligibility, and description of service provided. Such information shall be made available to HCD monitors or their designees for review upon request.

Cause: CRP staff did not utilize the RRB to document their community outreach events because of their inability to access the database consistently. Also, CDBG guidance for CRP staff is to document and submit events on spreadsheets. It is therefore expedient for staff to bypass RRB and use spreadsheets.

Additionally, attendee demographics and enumeration of items distributed at community outreach events are documented manually, using pen and paper, at each event. Manual data logging is susceptible to human error, including inadvertent omission of required information.

The CRP Program is also currently short-staffed and has faced staffing issues in the past.

Risk: By not maintaining community outreach event information in one repository (the RRB), there is a risk that CRP data compiled for the CDBG program is incomplete. This could result in loss of CDBG funding, thereby negatively impacting neighbors that depend on, or benefit from, CRP.

Recommendation 1: We recommend that CRP management:

a) Resolve the problem with RRB system access to enable staff to consistently utilize the database to capture and track all data required for community outreach events, or;

b) If it is determined that the RRB database is insufficient or unnecessary, develop a defined process for documenting and maintaining information pertaining to community outreach events and beneficiaries, and update the CRP Program manual accordingly.

Management Action Plan: Management agrees with the findings. As suggested, the CRP Manual was updated to reflect tracking all outreach events on the Excel spreadsheet instead of the RRB Database.

Likewise, the staff specialist, CRP coordinator, and director of Community Health Initiatives reviewed the CDBG documents, made all corrections, and refiled the report with Housing and Community Development. Management will also consolidate all historical outreach spreadsheets into a single, restricted-access folder on the City's secure network drive along with scanned copies of CDBG beneficiary forms and quarterly reporting documentation.

Due date:	October 31, 2026
Responsible Party:	CRP Coordinator
Accountable Party:	Director of Community Health Initiatives