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MINUTES OF MEETING OF NORTH LAKE COUNTY
HOSPITAL DISTRICT OF August 13, 2020

A meeting of the North Lake County Hospital District (NLCHD) was held on August 13, 2020 at 5:30 p.m. in the Lake County Commission Chambers, Administration Building, 315 W. Main Street, Tavares, Florida, and was also made available via teleconference due to COVID-19, a novel strain of the coronavirus.

Ms. Joyce Richey Huey, Chairman, called the meeting to order and led the Pledge of Allegiance.

ROLL CALL

Ms. Meredith Kirste, attorney for the North Lake County Hospital District, called the roll to ascertain the trustees present for the meeting, with the following members in attendance: Ms. Joyce Richey Huey, Ms. Barbara Price, and Mr. Davis Talmadge. Ms. Catherine Hanson was also in attendance via Zoom Webinar.

VIRTUAL MEETING INSTRUCTIONS

Ms. Elizabeth Heine, Enterprise Support Manager for the Lake County Information Technology (IT) Department, explained that this meeting was also being made available through Zoom Webinar for members of the public who wished to provide comments during the Citizen Question and Comment Period later in the agenda. She elaborated that anyone watching through Zoom Webinar who wished to participate in the meeting could follow the directions currently being broadcast; furthermore, she relayed that during the Citizen Question and Comment Period, anyone who had joined the webinar via their phone could press *9 to virtually raise their hand, and anyone participating online could click the raise hand button to let the NLCHD Board know that they wished to speak. She said at that time, she would read each person's name or phone number, unmute their line, and let them know that they could speak.

APPROVAL OF MINUTES

On a motion by Mr. Talmadge, seconded by Ms. Price, and carried unanimously by a vote of 4-0, the NLCHD board approved the Minutes of January 23, 2020.

PRESENTATION OF QUARTERLY AUDITS

Mr. Terrance Wilson, Audit Manager with Moore Stephens Lovelace (MSL), presented the report from the quarters ended December 31, 2019 and March 31, 2020, noting that the testing went well for both quarters. He said that for the December 31, 2019 report, the total amount was \$2,431,327 which represented approximately 22 percent of the annual budget, and he felt that this was in line with what a quarter should be, noting that the quarter to quarter numbers fluctuated in previous years. He commented that for the March 31, 2020 report, this would be the first quarter of calendar year 2020, and there was an increase for this quarter in the rate per encounter for the clinics; furthermore, it raised from \$147 per encounter to \$153 per encounter for about a four percent increase, which was a calculation done by Medicare. He remarked that this quarter represented about 21 percent of the overall budget for the year, and he thought that this was usually the quarter where they started seeing an increase; additionally, this was the quarter where the number was slightly

1 higher than 25 percent. He thought that in this quarter, they were seeing the beginnings of
2 the effects that they may see this year for coronavirus disease 2019 (COVID-19). He
3 relayed his understanding that St. Luke's Free Medical and Dental Clinic had basically shut
4 down during the height of COVID-19 from March to June 2020. He added that for the
5 June 2020 quarter end, St. Luke's Free Medical and Dental Clinic had informed him that
6 they did not see any patients during that quarter and would not have any submissions. He
7 anticipated seeing this play out more on the clinic side than the hospital side when they
8 would come back to report on the June 30, 2020 quarter. He thought that they would see
9 many of the clinics below budget, along with likely seeing the hospitals be slightly below
10 budget for the whole year. He commented that they had a four percent increase effective
11 for the displayed quarter, and he said that when considering many of the submissions for
12 the third quarter, it could be thought of as the amount remaining in budget being what was
13 left for the fourth quarter. He said that there was \$2.4 million in submissions for the quarter
14 ended March 31, 2020, and the amount remaining for the last quarter was almost \$3.9
15 million. He believed that they would see most, if not all of the facilities below budget for
16 this year, and he felt that this was a direct correlation with COVID-19. He elaborated that
17 there was a reduction in visits and that certain procedures were not being done, noting that
18 this would have an impact when discussing the June 30, 2020 numbers. He stated that they
19 did not notice any issues when testing, and they also did not notice any issues with
20 individual locations. He said that his organization had tried to work on the previous two
21 quarters remotely, and he relayed that the facilities had been helpful in allowing them to
22 do this, along with being flexible in providing the information in a new way. He mentioned
23 that they had been using a secure portal, and he thought that the facilities had done a good
24 job adjusting to this and providing the information as timely as they would have if his
25 organization visited in person.

26
27 On a motion by Ms. Price, seconded by Mr. Talmadge, and carried unanimously by a vote
28 of 4-0, the NLCHD board voted to accept the quarterly audit report.

29
30 PRESENTATION OF REQUEST FOR FUNDING FROM HOSPITALS

31
32 Central Florida Health Alliance, Inc.

33 Mr. Don Henderson, Chief Executive Officer (CEO) of the University of Florida (UF)
34 Health Leesburg Hospital, thanked the NLCHD for allowing him to make this presentation.
35 He displayed statistics for his hospital and noted that they were currently operating with
36 353 beds. He added that they had about 19,000 admissions in the past year, and he agreed
37 with Mr. Wilson that they had been dealing with COVID-19 for a number of months. He
38 mentioned that as of the current date, their number of COVID-19 patients was starting to
39 dwindle, noting that many individuals without the means to pay had come to them for care
40 for COVID-19. He said that they never turned anyone away who was in need of urgent or
41 emergency care, and he remarked that they felt it was important to find a partner who could
42 provide additional resources. He elaborated that they selected UF to partner with, noting
43 that it was a merger of two organizations. He clarified that there was no exchange of
44 money, and that the organizations combined their balance sheets and resources. He relayed
45 that UF had committed hundreds of millions of dollars to build new facilities in the region
46 to meet the community's needs, and that this was part of the exchange. He displayed some
47 awards that his facility had won in the past year, mentioning that they had tried to increase

1 their certifications and develop centers of excellence. He said that they had gotten on the
2 Stroke Honor Roll with the American Heart Association, that they had received workplace
3 wellness awards, and that they were on the list of best employers in the City of Orlando.
4 He shared that they had also won some cancer program awards and awards for diversity.
5 He indicated that their organization had been voted in the last four years to be one of the
6 top 150 places to work in healthcare in the United States. He then displayed an updated
7 slide for investing in the community, noting that over \$15 million was for benefits for the
8 underprivileged, including charity care and accounting for Medicaid patients. He added
9 that they continued to improve their community education and health screenings for about
10 \$500,000, and that they continued to invest in new facilities and equipment at the hospital.
11 He said that the total community benefit was about \$26 million, and he then displayed a
12 chart for their payor mix. He explained that they had 71 percent Medicare in their payor
13 mix, noting that Medicare paid hospitals were at about 11 percent below cost nationally.
14 He pointed out that commercial insurance was only 14 percent at the present time,
15 commenting that excess money from commercial insurance had to cross subsidize the work
16 they did for charity and other areas. He mentioned that they considered themselves as a
17 safety net hospital for Lake County residents, and that they treated everyone who came to
18 them regardless of their ability to pay. He stated that services they continued to provide at
19 a substantial cost to themselves included the heart surgery program, pediatricians 24/7 to
20 provide deliveries for women, and neurosurgical services. He showed a chart with the cost
21 submissions, pointing out that the NLCHD authorized them for about \$4.3 million in the
22 previous year; however, they had only expended about \$4,044,000 through the second
23 quarter of the year. He said that the explanation given earlier in the meeting was accurate,
24 and that they had their elective surgery shut down for a few months. He relayed that many
25 underinsured residents were not using their emergency room (ER) as much as before,
26 though he thought that this would rebound in the next quarter when COVID-19 was behind
27 them. He mentioned that internal studies showed that the acuity of the patients presented
28 to them was much higher during the COVID-19 period than before, and he said that they
29 were running advertisements and public information to not defer one's care. He stated that
30 their request for funding would likely be the same, in the anticipation that this would
31 rebound. He also opined that there would be a considerable amount of deferred medical
32 care which would occur in the third and fourth quarters of the current calendar year. He
33 read a quote from one of his hospital's patients who had received heart surgery, and he
34 relayed that their cost for heart surgery started at about \$25,000 per case. He commented
35 that regarding their funding request, healthcare was currently uncertain and they did not
36 know how long COVID-19 would be around. He requested that the NLCHD keep the
37 millage the same as in the previous year and that after fully allocating funding to the free
38 clinics and LifeStream Behavioral Center, to split the remaining allocation between the
39 two acute care hospitals. He also requested that the NLCHD Chairman be granted the
40 authority to enter into letters of agreement to secure additional funding for Medicaid. He
41 relayed that this number had dwindled, and that it was down to a \$500,000 Medicaid match
42 in the past year. He relayed an understanding that there was uncertainty in the State budget
43 this year due to the loss of tourism and business revenue, and he mentioned that the number
44 of patients on the Medicaid roll had risen from about four million to approximately 5.7
45 million at the present time; furthermore, anytime the Medicaid rolls increased, this put
46 pressure on the State to provide funding.

1 AdventHealth Waterman

2 Mr. Abel Biri, President and CEO for AdventHealth Waterman, expressed appreciation for
3 the NLCHD's support, and he thanked Mr. Henderson. He felt that their market conditions
4 were similar and stated that his organization was about a 300 bed hospital with almost
5 70,000 ER visits and about 15,000 admissions in the past year. He mentioned that they
6 had seen an increase in their pediatric population because they had intentionally looked at
7 filling this as a gap within their market. He said that third parties had examined his
8 organization and helped them improve, noting that they had maintained or increased their
9 number of awards. He showed the national institutions that oversaw the quality
10 submissions by hospitals and ranked similar sized hospitals around the country, and he felt
11 that this was a way to check their quality. He mentioned that between 2018 and 2020, they
12 had put about \$150 million in capital investment into the community such as a new tower,
13 a medical office building in the City of Mount Dora, and the nursing home at their current
14 location in the City of Tavares. He remarked that they also expanded programs such as
15 extracorporeal membrane oxygenation (ECMO), which was a high acuity of suspension of
16 life while trying to make a decision on what level of care to provide when a heart or lung
17 was severely compromised. He mentioned that they also continued to participate in non-
18 clinical ways within the community, and that their leaders were engaged in serving on a
19 board or some way to provide community service. He mentioned that one of their service
20 standards was "make it easy," which was an attempt to connect the seamlessness of services
21 they provided by creating handoff points. He stated that they were working toward the
22 idea of handing patients appropriately to the various levels of care, noting that this service
23 was provided to anyone they served. He explained that they were impacted by COVID-19
24 but noted that this was a time when people needed to rely on healthcare. He elaborated
25 that they had scaled back significantly, particularly during the first wave. He remarked
26 that they scaled back surgeries to only emergency surgeries, that they performed reverse
27 triage to get people out of the hospital to secure the necessary beds for what was expected
28 to be a high volume of patients, and that they upscaled their skills and resources including
29 personal protective equipment (PPE), ventilators, etc. He mentioned that the volume of
30 patients was not at the expected severity, though this was still a significant investment. He
31 said that they also made the commitment that they would have paid continuation, and they
32 did not layoff a single AdventHealth Waterman employee; furthermore, they maintained
33 the employees' pay scales and their pay for the hours they were scheduled to work before
34 the pandemic. He mentioned that there was a significant decline in volume across the
35 board, noting that the ER was the one area that had not rebounded back. He stated that ER
36 was an expensive form of care, and he expressed concerns for people waiting to visit the
37 ER. He commented that they were starting to see this work its way up, though it had not
38 bounced back. He thanked the NLCHD for their support.

39
40 LifeStream Behavioral Center, Inc.

41 Mr. Rick Hankey, Executive Vice President for LifeStream Behavioral Center, thanked the
42 NLCHD for their past support and felt that it had made a difference in the community. He
43 commented that their primary care clinic saw a decrease as a result of COVID-19, though
44 they were now facing the mental health issues associated with the virus. He said that
45 LifeStream was proud of its system of care, noting that they had developed a behavioral
46 health system that addressed all aspects of mental health, substance abuse, child welfare,
47 and primary care. He explained that they had prevention intervention programs in the

1 community, along with acute care services. He relayed that in the previous year, they
2 served over 27,000 Central Florida residents; additionally, they had been able to expand
3 their system of care and were continuously working with partners to meet the needs of the
4 community. He said that both hospitals had been great partners, and he explained that
5 LifeStream's vision was to bring hope to life. He relayed that they recognized that the
6 individuals they worked with were uninsured, underinsured, working poor, indigent,
7 homeless, etc., who had a stigma due to their economic situation or behavioral health issue.
8 He expressed interest in supporting their recovery and promoting health in all aspects,
9 remarking that they had a whole person approach that did not only address mental health
10 needs, but addressed everything that went along with it. He commented that individuals
11 did not only come to them with mental health issues; rather, individuals came with legal
12 issues, homeless issues, and social determinant issues which had to be addressed alongside
13 their behavioral health. He provided the following information about LifeStream: valued
14 respect, honesty, fairness, empathy, communication, competence and integrity; had
15 services in Lake, Sumter, Citrus, Hernando, Hillsborough, Marion, and Orange Counties;
16 was accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF);
17 was licensed by local, state and federal agencies; was the safety net provider for behavioral
18 health services; and the organization was celebrating 50 years of providing services to
19 Central Florida. He remarked that last year in the inpatient psychiatric beds, they were
20 able to provide over 1,300 days of service with the NLCHD's funding. He displayed
21 LifeStream's payor mix and pointed out that the largest part of their revenue came from
22 federal and state grants. He said that the next highest part of their revenue was insurance
23 with some commercial insurance, but was mostly Medicaid managed plans. He remarked
24 that the rest of their revenue was a mix of in-kind revenue, and that they did not receive a
25 significant amount of revenue from people who could afford to pay their bills. He then
26 stated that they had 86 acute care beds, 91 residential beds including their pregnant and
27 postpartum women's program for substance users and their children, and 35 supportive
28 housing beds for a total of about 212 beds in their continuum of care; however, this did not
29 include their outpatient programs and other community based programs. He explained that
30 people did not typically come to LifeStream's psychiatric hospital like they would a
31 medical or surgical hospital; rather, they would typically come under the Baker Act or
32 Marchman Act for mental health or substance misuse, respectively. He showed an image
33 which indicated that a large number of individuals came under the Baker Act, noting that
34 LifeStream mostly provided involuntary treatment. He remarked that the duplicated
35 number of individuals they served from July 2019 to June 2020 was over 4,150, with the
36 majority being indigent. He showed an overview of the different services they provided in
37 Lake County, noting that they were involved in schools, criminal justice, courts, and other
38 organizations. He indicated that they had completed their accreditation in June 2020 and
39 had received the highest award. He recalled that due to COVID-19, in March 2020, they
40 decided that they needed a help line for the community, noting that they received many
41 calls. He elaborated that they also took one of their mobile response teams and dedicated
42 it to individuals in the community who were in crisis, going to where they were rather than
43 having individuals come to LifeStream. He mentioned that they opened an access center
44 in Citrus County so that they could have individuals in need of the Marchman Act or Baker
45 Act come to their psychiatric hospital. He said that Anthony House, which was their
46 pregnant and postpartum women's program, had been expanded by nine beds and received
47 additional funding to renovate the remainder of the facility. He remarked that their child

1 welfare program was named the case management agency of the year in their circuit, and
2 that they had expanded into Hillsborough and Marion Counties, along with providing child
3 welfare services in Lake, Sumter and Hillsborough Counties. He commented that they
4 moved their administrative building, and he expressed excitement for completing their
5 inpatient and residential facilities in South Lake; furthermore, this would add another 52
6 beds to their system of care, including 20 beds for crisis stabilization. He displayed the
7 challenges that LifeStream was facing and noted that there were increased needs and a
8 shortage of resources. He elaborated that currently, the indigent beds for Lake County for
9 fiscal year (FY) 2021 had been reduced by \$800,000, and that they had been going through
10 budget exercises with the Florida Department of Children and Families (DCF) for
11 reductions in their system of care. He felt that it was a difficult time for LifeStream,
12 relaying an understanding that 45 percent of adults in the United States were reporting that
13 their mental health had been negatively impacted due to worry and stress over COVID-19,
14 along with emergency calls doubling since the previous year due to drug overdoses. He
15 commented that the individuals they served were at higher risk of more complications with
16 COVID-19, and he expressed concerns for funding for behavioral health needs in the state
17 and in LifeStream's circuit. He also indicated concerns for the effect of COVID-19, social
18 distancing, increased unemployment, social injustice, an increase in substance use, and an
19 increase in suicide attempts. He was worried that there could be another wave of people
20 needing services, and he relayed that they were at capacity. He said that the use of their
21 clinic had gone down, though people were coming to them for acute care services. He
22 requested that they retain the same level of funding, and he felt that the funding would be
23 needed with the rising needs for indigent psychiatric care. He stated that LifeStream was
24 proud of what they did, and felt that they were a leader in the State for the healthcare they
25 provided. He noted that they were recovery focused, results driven, and were a
26 conscientious steward of their resources. He opined that failure to properly fund behavioral
27 health services resulted in higher costs to the community because those individuals would
28 go to ERs, hospitals, jails, and could get involved with the criminal justice system;
29 however, LifeStream was able to reduce these costs due to being able to provide those
30 treatment services. He felt that the return on investment for the NLCHD had been great,
31 and he thanked them for their support.

32 33 PRESENTATION OF REQUEST FOR FUNDING FROM CLINICS

34 35 Community Health Centers, Inc.

36 Mr. Mark Dickinson, Vice President and Chief Financial Officer (CFO) for Community
37 Health Centers, remarked that they had 14 comprehensive primary medical, dental,
38 optometry, pharmacy, and behavioral health centers, with nine in Orange County and five
39 in Lake County. He mentioned that two of these centers in the Cities of Leesburg and
40 Tavares were in the NLCHD, and that in the past few years, they committed \$2 million to
41 refurbish the City of Leesburg clinic with a comprehensive dental center and optometry.
42 He commented that they saw 70,000 patients in the previous year, with over 300,000 visits
43 at all of their sites. He added that they had 550 employees, that they were accredited
44 through the Accreditation Association of Ambulatory Health Care (AAAH), that their
45 workforce had been awarded in the past three years a nationwide award for "best and
46 brightest," and that for the past four years, they had been in the *Orlando Sentinel* top 100
47 for employer-employee relations. He stated that they had delivered \$1.6 million in

1 uncompensated care in North Lake within the past year, and he noted that their funding
2 request helped to cover those costs. He also mentioned that they generated about 4,300
3 clinic visits for medical services between the two sites in the Cities of Leesburg and
4 Tavares; additionally, they had submitted about 2,500 of them for reimbursement. He said
5 that there were various reason that they did not submit them all, including people that lived
6 on the borders of the district. He remarked that they were a federally qualified health center
7 organization, and that the United States Department of Health and Human Services, along
8 with the Health Resources and Services Administration (HRSA), set all of their rules. He
9 mentioned that 35 percent of their total patient population was uninsured, and slightly over
10 50 percent were Medicaid patients. He noted that while they were not a free clinic, they
11 had a sliding fee scale for people between 100 and 200 percent of the federal poverty level;
12 additionally, there was technically no charge for individuals 100 percent and below, though
13 his organization asked them to contribute a nominal fee of \$20 for their medical visit to
14 cover their doctor visit, labs, etc. He added that they passed on significant savings from
15 their pharmaceutical program to those patients, and mentioned that they were part of a
16 340B pharmacy program; therefore, they passed along the savings from purchasing
17 pharmaceuticals at discounted prices to uninsured patients. He commented that they were
18 asking for \$15,000 more in funding because they exceeded their budget each year. He said
19 that starting in the middle of March 2020, their medical volume decreased close to 40
20 percent, and they would still be close to their budget when the fourth quarter results came
21 in. He felt that there was demand and that they would be seeing more patients come in
22 from fall 2020 into winter 2020, due to individuals having conditions that they needed to
23 see a doctor about.

24

25 Community Medical Care Center

26 Mr. Bill Jones, Executive Director for the Community Medical Care Center (CMCC), said
27 that for over 24 years, his organization had been able to provide medical care to the most
28 medically needy residents in the community. He read a patient survey from one of these
29 residents, and he felt that this level of quality care was possible because of their volunteer
30 partnerships with 58 licensed primary and specialty care physicians. He mentioned that in
31 each clinic session they had, there was a family practice or internal medical physician
32 working alongside their nurse practitioners to assure quality care. He also remarked that
33 they provided their patients with in-house specialty medical care in over 15 specialty areas.
34 He said that while their clinic services and physicians were ready to help those in the
35 NLCHD, the COVID-19 pandemic had drastically impacted the number of patients they
36 saw since March 2020; furthermore, they expected this trend to continue throughout this
37 year and possibly into the following year. He stated that they were currently using a
38 combination of telemedicine style phone consultations, as well as in-person visits, though
39 virus fears continued to keep people from coming to receive the needed medical attention
40 for both acute and chronic disease cases. He explained that to trim costs and to remain
41 ready for patients, they had laid off 20 percent of their paid staffing; additionally, these
42 reductions, in conjunction with additional required PPE and costs to reposition themselves
43 for safe visits, resulted in about a six percent decrease in overall expenditures. He said that
44 based on the four quarters before COVID-19, their request today for support from the
45 NLCHD would be for about 2,807 patient visits at \$147 each for total support of \$412,629;
46 however, their current COVID-19 impacted prediction for the past 12 months was about
47 1,920 patient visits. He mentioned that the current patient visit rate of \$147, combined

1 with their six percent decrease in expenses, would leave them short about 27 percent under
2 budget and in need of revenues from the NLCHD. He requested that the NLCHD eliminate
3 this shortfall and allow them to be funded for their projected 1,920 visits for the amount of
4 \$387,871. He thought that this could possibly be accomplished by a temporary increase in
5 the patient visit rate up to \$202, or there could possibly be another solution that the Board
6 could see fit to not allow the shortfall to happen for free clinics. He commented that the
7 level of support they were ready to provide to their community during COVID-19 would
8 be significantly influenced by the funding received from the NLCHD, and he asked the
9 Board to consider this. He shared that it was their passion and privilege to ensure that the
10 most basic needs were met in a compassionate medical facility that provided the best care
11 that they could. He concluded by reading another patient survey, and he thanked the Board
12 for hearing his presentation.

13
14 Ms. Patricia Sykes-Amos, accountant for the NLCHD, commented that the legislation was
15 for Medicaid, Medicare, or cost, whichever was lower; therefore it would be \$153 per
16 encounter. She said that when she developed the budget, 1,920 visits at \$153 each was
17 what the NLCHD could legally do. She added that if they had more visits, then this could
18 be addressed by a budget amendment. She explained that the Board's funding could only
19 be used for patients living in a very restricted geographical North Lake area, noting that
20 there were many requirements. She mentioned that MSL, who gave the compliance audit
21 each quarter, tested the compliance with the legislation. She also stated that the funding
22 was not going outside the North Lake area.

23
24 AdventHealth Waterman Community Primary Health Clinic

25 Ms. Melissa Simmes, Director of Outpatient Centers and Community Services for
26 AdventHealth Waterman Community Primary Health Clinic, showed a slide with updated
27 numbers and stated that they saw uninsured patients in northeast Lake County at or below
28 200 percent of the federal poverty level. She explained that 81.5 percent of their patient
29 population was at or below 100 percent of the federal poverty level, and 47.3 percent of
30 their patients were age 50 to 59; additionally, their top cities of residence continued to be
31 the Cities of Eustis, Mount Dora and Tavares, noting that they were located in the City of
32 Eustis. She commented that their top patient diagnosis had no change and included high
33 blood pressure, high cholesterol, diabetes, and gastroesophageal reflux disease (GERD).
34 She said that between July 1, 2019 and June 30, 2020, they saw over 1,400 total medical
35 visits and over 350 referrals to specialty care providers and clinical services, along with
36 135 new patients. She indicated that they asked patients how many times they visited the
37 ER in the year before coming to her organization, and those 135 new patients had a
38 combined 205 visits to ERs; additionally, she thought that there would be a range of
39 \$292,000 to \$1.6 million total for these ER visits, based on age and acuity level. She also
40 said they collected surveys twice per year from patients, and she displayed some of the
41 responses. She listed the following highlights for her organization: social services
42 screening; handouts available at eligibility appointments; and a focus on health awareness
43 with events throughout the year. She commented that since January 2020, they had
44 received over 100 referrals from their care management team at AdventHealth Waterman
45 Hospital, noting that this team identified patients who frequented the ER, or inpatients who
46 would qualify for clinic services. She elaborated that the patients were referred to her
47 clinic, and they followed up with the patients to try and get them into the clinic, as well as

1 informing them that the clinic services were available to them. She mentioned her
2 organization's acute appointment availability to get patients in when they needed to be
3 seen, follow up appointments for ER visits to help reduce readmissions to the ER, and
4 improved workflow for patient visits to get them through the process faster. She also
5 commented that they provided medication assistance with free medication valued at over
6 \$2.4 million which had been distributed to patients in 2019. She stated that their allocation
7 request this year was for about 1,400 visits, which was a reduction from the previous year
8 based on their current numbers being reduced by COVID-19. She mentioned that they
9 were considering incremental increases this year, and then getting back to their normal
10 volumes in January 2021. She concluded by reading a patient testimonial from her clinic.
11

12 LifeStream Primary Care Clinic

13 Mr. Hankey commented that LifeStream Behavioral Center's Wellness Integration
14 Network (WIN) Clinic was their primary care clinic for individuals who had mental health
15 issues. He opined that people with mental health issues were not really welcome in primary
16 care, or would not reach out to receive primary care due to a stigma and people not
17 understanding their issues. He said that the WIN Clinic integrated mental health with
18 primary care, and offered comprehensive medical services. He mentioned that they
19 believed in the whole person approach, and that they had two clinics in Lake County with
20 some satellite offices. He displayed some of the services provided, noting that they
21 believed in keeping people healthy, along with providing in-home counseling and other
22 services such as how to eat healthy and take medication. He relayed his understanding that
23 people with mental illness died 25 years younger than the general population because they
24 would not seek primary care, and they often had multiple issues besides their mental health.
25 He also commented that LifeStream saw many individuals with diabetes, hypertension and
26 metabolic syndrome. He relayed that more than one in five adults with mental illness had
27 a co-occurring substance misuse, and that many individuals came to LifeStream with
28 mental health issues, substance abuse, and primary care needs. He showed a slide with the
29 co-occurrence between mental health illness and chronic health conditions, mentioning that
30 high blood pressure, smoking, heart disease, diabetes, obesity and asthma were higher than
31 in the general population. He explained that LifeStream's solution was to bring this
32 together as one, and to treat an individual for primary care, substance abuse and mental
33 health in an integrated fashion. He indicated that there were many studies showing that
34 integration worked, noting that they had seen a 35 percent reduction in in-patient costs, a
35 39 percent reduction in ER costs, and a 26 percent reduction in total medical costs. He
36 displayed a graph showing the cost of care for people with and without serious mental
37 illness, pointing out that in the categories of private sector, Medicare and Medicaid, there
38 was a substantial difference between the two populations. He remarked that the WIN
39 Clinic had provided services to over 1,200 individuals, and that people coming to the
40 program had health benefits. He explained that some individuals had been able to be taken
41 off high blood pressure medication, noting that some of the individuals' medicine, due to
42 being psychotropic, conflicted with primary care. He mentioned that some individuals had
43 lowered body mass index (BMI) and lowered waist circumference, along with reduced
44 tobacco use, hemoglobin A1C levels, and cholesterol levels; furthermore, LifeStream also
45 promoted medication adherence. He stated that they were not asking for a funding increase
46 in their proposal and that their allocation had worked for them in the past. He said that

1 they anticipated seeing more individuals as a result of COVID-19, though he opined that
2 they knew how to make a dollar stretch.

3
4 St. Luke's Free Medical and Dental Clinic

5 Ms. Jennifer Stephenson-Crouch, Senior Director of Healthcare Services for Catholic
6 Charities of Central Florida and representing St. Luke's Free Medical and Dental Clinic,
7 said that Catholic Charities had been serving communities since 1962 and had a nine
8 county service area, including Lake County. She explained that they had two main
9 divisions for community support services and healthcare services. She commented that
10 under healthcare services, they had an assisted living facility dedicated for the homeless,
11 along with behavioral health services with traditional counseling, care coordination, and
12 continuing education. She added that they had four medical clinics including the St. Luke's
13 Free Medical and Dental Clinic in the City of Eustis, noting that they served uninsured
14 individuals at or below 200 percent of the poverty level. She said that they had two clinics
15 in Lake County and that they were requesting funding for the St. Luke's Free Medical and
16 Dental Clinic. She mentioned that St. Luke's had existed for almost 10 years and that
17 across their clinics, they had an entirely volunteer healthcare professional base with about
18 82 volunteer healthcare professionals and 46 non-healthcare individuals to help with
19 administrative, clinical, and data services. She mentioned the concept of the health poverty
20 trap, opining that people living in poverty had disproportionately worse health outcomes
21 and less access to healthcare. She pointed out that many individuals living in poverty were
22 uninsured or underinsured, making them more likely to contract preventable chronic
23 conditions such as diabetes and heart disease; furthermore, complications from this could
24 lead to job loss, wage loss, and time missed at work. She elaborated that without insurance,
25 the conditions could become acute, creating more expense and beginning the cycle of
26 poverty again. She provided information about one of their patients who was in this
27 situation, remarking that the clinic staff worked to connect them with cancer treatment at a
28 hospital; additionally, the individual had been able to recover. She mentioned that the
29 impacts of COVID-19 had been significant and that in mid-March 2020, they suspended
30 face to face appointments; however, they continued to support their existing patients. She
31 said that they had about 100 interactions with patients, and that they had clinic staff remain
32 on site to triage calls and connect patients with physicians and pharmacies. She said that
33 they were working on telehealth appointments and that it was going well, and that Catholic
34 Charities clinics were in various phases of being open to the public and resuming services.
35 She stated that they were requesting \$58,720 this year, which was slightly lower than their
36 previous years due to the impacts of COVID-19. She expressed appreciation for NLCHD
37 funding and said that it was a significant portion of their funding.

38
39 PUBLIC COMMENTS

40 Chairman Richey Huey opened the floor for public comment.

41
42 Ms. Melody Duckins, with Beacon College, asked Mr. Hankey about LifeStream
43 Behavioral Center's mobile response team. She inquired about how many individuals they
44 saw, and if there were more costs in developing this unit. She also asked about individuals
45 in the health poverty trap, and how LifeStream created a plan for poor individuals to eat
46 healthier and lose weight.

1 Mr. Hankey explained that LifeStream found that they had to meet this population where
2 they were. He said that they started with simple things such as instead of eating at a
3 restaurant, an individual could cook themselves a meal that was healthier. He stated that
4 they also encouraged individuals to drink more water, and that this population did not
5 understand that these actions were affecting their body, which was causing them to use
6 more medications and primary care. He mentioned that they also encouraged small
7 exercise and that once individuals started seeing results, they would be ready to move to
8 the next level. He clarified that this was not happening in a period of a few weeks, but
9 rather LifeStream was teaching them new life skills and trying to make their life healthier.
10 He noted that LifeStream was competing with items such as cigarette and tobacco use,
11 along with psychotropic medication; therefore, they had to set realistic goals and recognize
12 that it was easier for individuals to go to a fast food restaurant. He then said that there were
13 some costs and that LifeStream had gone to the DCF and asked if they could change some
14 of their funding to develop a mobile response team. He stated that they were finding that
15 the mobile response team was more effective with the population they served, noting that
16 many individuals did not have transportation. He said that the police got involved when
17 an individual went into crisis, and LifeStream felt that their teams working with law
18 enforcement, such as for crisis intervention, was more costly but the return on investment
19 was significant. He mentioned that instead of diverting that individual to a hospital bed,
20 LifeStream was able to get them into the system of care, possibly as an outpatient instead
21 of an inpatient. He said that LifeStream was able to talk to its managing entity and indicate
22 that this made more sense, and that, due to COVID-19 and there being some extra funding
23 across the state, their managing entity was willing to try this; additionally, he felt that it
24 was very effective. He clarified that this funding did not come from the NLCHD, and that
25 they tried to examine the needs of the community and how best to meet them.

26

27 There being no one else who wished to address the Board at this time, Chairman Richey
28 Huey closed the floor for public comment.

29

30 OTHER MATTERS

31 Ms. Sykes-Amos explained that the truth in millage (TRIM) notices would show one mill
32 because in the NLCHD's legislation, this was the most they could charge. She elaborated
33 that this was done because they did not have budget workshops over the summer, so she
34 always advertised one mill. She remarked that this year's rate was 0.95 mills, and next
35 year's rollback rate was 0.895 mills. She said that at the September 10, 2020 NLCHD
36 meeting, the Board would have worksheets with columns for one mill, for the rollback rate,
37 and for somewhere in between. She said that some administrative costs were static and
38 that others depended on the millage. She then recalled that CMCC had based their request
39 on a \$202 reimbursement, which they could not have. She said that at the Board's
40 permission, she would put their request at the \$153 that they were allowed to have,
41 multiplied by the 1,920 visits. She asked if this was appropriate or if she should stay at the
42 number they requested, knowing that they could not have it.

43

44 The Board relayed consensus to put CMCC's request at \$153.

45

46 Mr. Davis Talmadge expressed support for budgeting now with the legal amount.

1 Ms. Kirste reminded the Board that for the next two meetings, September 10, 2020 was for
2 the preliminary review of the budget, and September 24, 2020 was the final budget
3 meeting. She hoped that the Board members would attend in person or by Zoom Webinar
4 due to needing a quorum. She also mentioned that Ms. Mary Kay Rosinski had resigned
5 effective July 23, 2020 because she moved out of the district; therefore, the NLCHD was
6 short until the election with having a vacant seat and another resignation. She felt that it
7 was important for the current Board members to attend.

8

9 ADJOURNMENT

10 The meeting adjourned at 7:00 p.m.

11

12

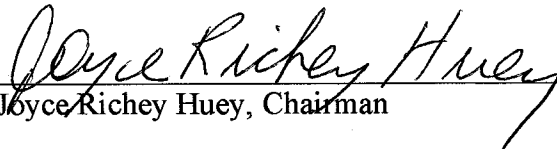
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Joyce Richey Huey, Chairman