MINUTES OF MEETING OF NORTH LAKE COUNTY HOSPITAL DISTRICT OF MAY 21, 2026

A meeting of the North Lake County Hospital District (NLCHD) was held on May 21, 2026 at 5:30 p.m. in the Lake County Commission Chambers, Administration Building, 315 W. Main Street, Tavares, Florida.

Mr. Trueman Hurley, Chairman, called the meeting to order. He then called for a moment of silence and led the Pledge of Allegiance.

ROLL CALL

Ms. Meredith Kirste, NLCHD Attorney, called the roll to ascertain the trustees present for the meeting, with the following members in attendance: Mr. David Douglas, Mr. Ricky Harper, Mr. Trueman Hurley, and Ms. Barbara Price. She indicated that they had a quorum.

APPROVAL OF MINUTES

On a motion by Ms. Price, seconded by Mr. Douglas, and carried unanimously by a vote of 4-0, the NLCHD Board approved the Minutes of January 22, 2026, as presented.

CRIPPEN AND CO. PROCESS

Mr. Hurley relayed his understanding that earlier in the current week, the Board received an email regarding a summary of their January 22, 2026 meeting where they approved the Crippen and Co. plan to streamline the hospital and clinic quarterly reimbursement process.

Mr. Ricky Harper asked if the hospitals were onboard with the guidelines and dates.

Mr. Matt White, with Crippen and Co., stated that he was waiting for approval to list the dates as a requirement, though everyone seemed onboard and willing to participate.

PRESENTATION OF QUARTERLY AUDITS

Mr. White said that included in the packet was Forvis Mazars' quarterly report for the quarter ended September 30, 2025, which was the most recent available quarter. He stated that this was issued in final form, that it included the procedures agreed upon by the Trustees and Forvis Mazars, and that the report included the approved submissions by dollar amount. He added that they were all within budgetary constraints and confines, and that they had a 95 percentile confidence rating on their testing; therefore, those numbers were believed to be accurate and reimbursable.

Mr. Hurley recalled that there was one line which said "had we performed additional procedures, other findings of significance may have been reported to you." He indicated that he did not like the wording of this, and he wondered if they should implement additional procedures. He also questioned if there was something that they were not requesting.

Mr. White did not believe so, and clarified that it was an agreement of procedures between the Trustees and Forvis Mazars regarding direction as to what they were to do. He

commented that the Board could change, add or remove procedures as they saw fit. He indicated his understanding that this language was just to state that they only did what the NLCHD had asked, and if they had been asked to do other things, they may have come up with other information which might have been reportable to the Board. He clarified that there had not been a change in the procedures other than ensuring that people were truly constituents within the NLCHD. He said that there had been no change to the procedures, and he did not believe that there were any weaknesses in them. He also reminded the Board that within the report was LifeStream Behavioral Center, which had a $1.2 million budget for the 2025-2026 year. He believed that it listed an approval of up to $480,000 for this quarter from their submissions, and explained that part of their budget line item was the funding of the low income pool (LIP) payment which went to the Agency for Health Care Administration (AHCA) at the State level, noting that funding to the State provided additional funding to the community. He said that the LIP contract had been approved by the Board in January 2026 at $1,068,863 for this budget year, and that they received the invoice on the previous day and had processed it for payment. He mentioned that this consumed a large amount of the $1.2 million, and that of the $480,000 listed there, without any further budgetary remediation or amendment, they would be able to go up to $1.2 million. He commented that the NLCHD would fund AHCA on their behalf with an intergovernmental payment of $1,068,863 per the contract, and then the balance between this and $1.2 million would be funded to LifeStream. He also relayed that the NLCHD encouraged all of the providers to submit to the full extent of what they were able to see and do, and that in the event they went overbudget, it gave the Trustees the opportunity to review this and consider reallocations if necessary. He said that they had submitted well beyond this already, and would likely continue to submit each quarter.

On a motion by Mr. Harper, seconded by Mr. Douglas and carried unanimously by a vote of 4-0, the NLCHD Board approved the quarterly report as stated for the quarter ended September 30, 2025.

PRESENTATION OF MID-YEAR UPDATE AND PROJECTED EXPECTATION FROM HOSPITALS

UF Health Leesburg Hospital

Mr. Kent Bailey, Senior Vice President and System Controller for University of Florida (UF) Health, displayed information related to the hospital's volume, and said that there were no changes to capacity with 330 beds. He mentioned that their emergency department was growing, along with admissions, and commented that their surgery volume was about flat, noting that the decline was lesser acute surgeries that they were moving out of the hospital. He remarked that open heart surgery, cardiac catheterization and imaging procedures had solid growth year over year, and that they continued to see many Medicaid, Medicare and uncompensated care patients, noting that this did not really give them the opportunity to cross-subsidize care when they had a broader insured base; therefore, they continued to be challenged from that perspective to cross-subsidize uncompensated care. He indicated his understanding that the budget set for the current year was $4.2 million, and said that they were projecting to submit claims of around $3.3 million. He mentioned that they were working to improve the process so that they were capturing as many of those patients and funding to submit to the NLCHD, and that their request for the following year

would be at the $4 million level. He also displayed what they believed to be their true cost of uncompensated care.

Mr. Harper asked about the projected increase in open heart surgeries, and Mr. Bailey replied that three quarters of it was the actual results. Mr. Harper then inquired if this was due to the aging population.

Mr. Bailey opined that it was likely as much in their ability to deliver that care.

Mr. Harper asked how much of this would likely follow the Medicaid/Medicare window, and Mr. Bailey relayed his understanding that it would be proportional to the payor mix graph.

AdventHealth Waterman Hospital and Community Primary Care Clinic

Mr. Brandon Nudd, President and Chief Executive Officer (CEO) for AdventHealth Waterman, mentioned that their mission was to extend the healing ministry of Christ and to be the provider that delivered great services. He commented that a number of different initiatives had taken place in the past year, and he showed information regarding who they were from a numbers perspective. He specified that they had 310 beds, close to 800 births, many primary care clinic visits, 66,000 emergency department visits, over 2,000 team members, and provided close to $100 million in community benefit. He displayed an image of some of their community partners in Lake County, and commented that they provided $17 million in charity care in 2025. He said that so far in the previous year for the hospital, they were projected to be in a deficit, and that they believed the number would come in around $3.6 million with funding of about $3 million. He stated that they were projecting a number close to $3.4 million in the following year, and that for the clinic, they had some disruption due to utility issues and provider gaps. He added that they had a slight surplus on this, and that they tried to ensure that they leaned into those services to care for the community. He relayed that this funding was important, and that it was difficult to recruit Obstetrician-Gynecologists (OB/GYNs) and add the laborist model to the expense structure for that service. He relayed that in the past year, they also added two primary care locations and were in the process of adding three more in the current calendar year. He believed that they needed to provide more access and take care of the community in a meaningful way, noting that much of this funding allowed them to lean into this space.

Ms. Marie Aliberti arrived at 5:47 p.m.

Mr. David Douglas asked if the clinic was back online, and Mr. Nudd confirmed this, adding that they would also be moving into the old Red Lobster as a primary care clinic.

Mr. Harper said that Lake-Sumter State College (LSSC) was looking to build a new building for the nursing program, and that AdventHealth may hear something in the future regarding this.

Mr. Nudd mentioned that they had a great relationship with LSSC, opining that workforce development benefited them all.

Mr. Harper added that Leesburg High School had a nursing program for students, and that there was much occurring at the high school level.

Mr. Nudd recalled that in the past year, they had 400 to 500 students onsite trying to encourage healthcare careers.

LifeStream Behavioral Center, Inc.

Mr. Rick Hankey, President and Chief Executive Officer (CEO) for LifeStream Behavioral Center, said that the NLCHD funding was their match to receive LIP funding, which helped their hospital to run. He commented that they were a safety net provider, and that most of the people they provided services to were indigent. He remarked that they had a comprehensive and integrated health system which included providing behavioral healthcare, primary healthcare and social services to over 41,000 people in the Central Florida area. He relayed that they had things like crisis intervention, inpatient/outpatient services, hospital services, residential treatment, primary care, educational services, care management, and psychiatric services; additionally, they worked with the homeless, provided rehabilitation for people with behavioral health issues, and assisted with housing. He related that with a comprehensive system of care in a state that was among the lowest in the nation for per capita spending on behavioral health, and with being located in an area that was in the bottom quartile in the state for per capital spending for behavioral health, they had been able to combine many different funding sources to create this system of care. He mentioned that their mission was to bring hope to life in recovery, along with supporting patients' recovery and promoting their health. He said that they had over 900 employees, that they served Lake, Sumter, Citrus, Hernando, Marion and Orange Counties, that they were accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), that they were licensed at the local, State and Federal level, and that they were committed to their communities. He indicated that they were meeting people where they were with more team-based programs, and that they reduced their waitlist for services from four to eight weeks down to same day services. He remarked that they had about one percent of patients who were self-pay, and that they had much Federal and State grant revenue, noting that they depended on this to put together this system of care. He commented that they had put an individual into place in many of their programs who worked with indigent people who had no services to provide the entitlements they deserved. He said that the services provided to the NLCHD included inpatient psychiatric beds, noting that they had 46 adult psychiatric hospital beds licensed by AHCA, along with an addiction receiving facility which was a court mandated detox facility where they were able to keep people involuntarily. He commented that they also had a 10 bed crisis stabilization unit and 20 beds for children. He indicated that most of the individuals were brought to them under the Baker Act, and that they had a geriatric residential unit, adult mental health, substance abuse step downs, an apartment building for people with low income and disabled residents, and a 48 bed residential unit for people coming out of the State hospital where they provided a skillset to make them competent or able to get back into the community as quality citizens; additionally, they also had a Road to Home which was a step down for people coming from the State hospital where they stayed with LifeStream for six to eight months and learned the skillset needed to not go back to the State hospital. He opined that they had been very successful with this, and he mentioned the cost savings to the State, along with helping individuals get back onto the path of recovery. He showed information

on the different types of admissions, stating that the large majority of almost 3,000 people came to them under the Baker Act and that the only ones which were voluntary were voluntary detox and mental health, noting that these numbers had increased over the last several years and that they were trying to get their message out to the community that they were more than just their hospital. He clarified that Lake County funding stayed in the county, and mentioned that when someone was discharged from the hospital, they had aftercare and other services. He listed the following challenges: labor shortages; it was an uncertain time with increased unemployment and homelessness; many individuals were experiencing substance misuse; and an increase in suicide attempts and rates. He summarized that LifeStream was a leader in high quality integrated care, that they had focused on evidence based practices to increase their system of care, that they were recovery focused and results driven; and that they were conscientious of their resources. He also mentioned that it was Mental Health Awareness Month.

Mr. Harper asked if they just had the one main hospital campus.

Mr. Hankey clarified that they were located all over Lake County with clinics, and that they had two primary care offices in Lake County. He added that they were also located in the schools, relaying his understanding that they currently operated out of 28 sites in Lake County.

Mr. Harper indicated his understanding that they would take 12 to 15 people per day through the hospital.

Ms. Barbara Price asked about the number of students coming in from the schools for mental health and suicide.

Mr. Hankey responded that they had close to 21 therapists in Lake County schools, and that for the number of children coming to them with mental health or substance misuse issues in their hospital, they had 20 beds which were mostly kept full all of the time. He added that the average length of stay was around 2.75 days, and that they were trying to get into the community to prevent this. He mentioned that they had a mobile response team and a community action team which were going out to homes to help get one through a crisis and provide follow up services for as long as needed.

Ms. Price inquired if children knew where to seek help when school was out.

Mr. Hankey commented that they did this year round, and that LifeStream had a children's center at their facility. He said that for new kids, they had a wellness and excellence center where people could be assessed and receive same day services.

PRESENTATION OF MID-YEAR UPDATE AND PROJECTED EXPECTATION FROM CLINICS

Community Health Centers, Inc.

Mr. Mark Dickinson, Vice President and Chief Financial Officer (CFO) for Community Health Centers, said that they were a Federally qualified health center organization and that

they had 11 centers in Orange County and five centers in Lake County, with two being in the Cities of Tavares and Leesburg. He remarked that those centers provided medical, dental, optometry, behavioral health and pharmacy services, and that in the last fiscal year they had approximately 250,000 visits through all of their sites. He added that they had two staff psychiatrists and a number of psychiatric nurse practitioners for their behavioral health services, and that they had around 30,000 behavioral health visits in the past year. He stated that the largest issue he was having with North Lake was undocumented, uninsured patients, noting that they could only take so many uninsured slots; therefore, uninsured residents were becoming pushed out or delayed. He recalled that there had been a mandate through the Federal Government regarding a freeze on providing public benefit funding to undocumented individuals, and that his organization was still waiting for guidance, noting that it had been first come first serve. He clarified that they were still seeing many uninsured patients, and that out of the 250,000 visits for the previous fiscal year, slightly less than 30 percent had been uninsured. He mentioned that their absolute charity care was about $13.5 million, and that he was not going to hit his budget in the current year, noting that he was asking to reduce it from $440,000 to $340,000. He opined that it was challenging to receive documentation, noting that they had to do this after the fact and that they could not request it at registration.

Mr. Hurley commented that out of hundreds of thousands of patients, the auditor only found eight errors with six of them being Community Health Centers'. He specified that three regarded residency, one regarded identification (ID), one regarded Medicaid coverage, and one was missing support. He wondered if this was an issue that Mr. Dickinson was having with staff or procedure.

Mr. Dickinson replied that they had to manually and retroactively review 800 to 900 records for the auditors, and that if some were missed, they were thrown out and not reimbursed.

Mr. Hurley relayed his understanding that local non-governmental organizations (NGOs) referred patients to Community Health Centers because there was a sliding fee, and that it had the effect of pushing out uninsured patients with legal status so that they could take care of illegal or undocumented patients.

Mr. Dickinson clarified that this was currently the government mandate, and that they had not given any guidance to Health Resources and Services Administration (HRSA) about there being no public benefit to illegal individuals.

Mr. Hurley asked if uninsured patients with legal status getting pushed out was a choice being made.

Mr. Dickinson denied this, and related that if he had 500 uninsured slots, then the first 500 people who showed up would be taken, noting that currently it was around 50/50 or slightly more on the undocumented side. He reiterated that they had to take undocumented individuals until someone from the Federal Government told them to stop.

Mr. Harper inquired if the process or interview with staff was a paper document or electronic.

Mr. Dickinson responded that they usually had a set of paper forms that one had to fill out. He mentioned that people could also register online, though many people filled out the paper forms, noting that they had to scan these into the medical record and review them for the audit.

Mr. Harper asked if the electronic system able to track who the residents were, and if there was a more streamlined process.

Mr. Dickinson denied this for anything that he could likely do legally with his electronic health records (EHRs). He said that he may be able to use something in the future just for the purposes of auditing for the NLCHD.

Community Medical Care Center

Ms. Tamara Youngren, Director for Community Medical Care Center (CMCC), said that for the past 30 years her organization had provided medical care to the most vulnerable patients and residents of Lake County and surrounding counties. She stated that their clinic had the ability to provide indigent care visits due to their network of volunteer physicians, and that they enjoyed a partnership with their UF Health Leesburg Hospital who provided three employees. She related that clinic patients also benefited from this partnership through charity approval to receive services such as labs, diagnostics, procedures, surgeries and access for additional specialty services including orthopedics, physical therapy, neurology, wound care, and various types of surgeries, giving their patients great continuity of care. She said that they currently enjoyed a volunteer partnership with over 40 licensed primary and specialty care professionals, along with 25 office staff, intake, administrative, and community outreach personnel that made their clinic a one stop medical home for patients in primary and specialty care. She stated that a community outreach committee was developed in the current year, and that on April 18, 2026 they held an onsite family fun day to draw the community in to see the clinic and learn more about their services, as well as to raise funding. She remarked that these community members, along with the Ministry Director, had been attending events sponsored by downtown Leesburg, the Mid Florida Homeless Coalition, LSSC and other organizations, and that there were numerous community partners hosting events to help support the clinic. She said that they also contracted a grant writer who was continually searching for grant opportunities, and that medical services were complemented by a state-of-the-art dental wing where volunteer dentists, supported by volunteer hygienists and assistants, offered their time and expertise to ensure that minor dental issues did not become large medical issues. She commented that during the 10 months of the current funding cycle, CMCC had provided 1,902 patient visits and added 134 new patients. She pointed out that these stats slightly increased from the previous funding cycle which saw 1,814 patient visits during the same timeframe, and that they projected that clinics like theirs would continue to encounter increased demand for services and patients seeking care due to changes in the medical system, Medicaid, and unprecedented growth that communities were experiencing. She was grateful that in 1990, the community recognized the critical need for indigent care for those in the area without insurance coverage, and for the NLCHD being formed. She remarked that over the 35+

years, this had helped thousands of residents during their time of medical need by providing access to treatment that enabled individuals to heal, rebuild lives, strengthen their families, and form stronger communities. She commented that CMCC planned to request that the Board allow them to continue their work by providing $155,000 in funding to meet the needs of an estimated 1,000 patients in the following year. She said it was their passion to press on with their mission by ensuring that the most basic needs of the medically underserved in the community would be met by local free volunteer clinics and a caring, professional and personal environment providing individuals and their family with help and hope for the future.

LifeStream Primary Care Clinic

Mr. Hankey recalled a study which demonstrated that people with serious mental illness died 20 years earlier than the general population, and that it was the result of a lack of primary care, the primary care community not understanding the needs of those with serious mental illness, and psychotropic drugs interacting with other drugs. He indicated that LifeStream felt that they had to create a primary care home so that individuals could have a one stop shop. He stated that they ensured that their primary care providers understood their population, and that they had found that their primary care was great and that other services were making a difference. He added that they helped address obesity and taught individuals life skills incorporated into the primary care, and that they were able to get individuals on the right medications. He added that they had care management, transportation, in-home visits, and wellness prevention programs. He also said that they had three clinics with two in Lake County and one in Citrus County, and that they made referrals to specialists and people in the community who would take their population. He mentioned that they addressed diabetes testing, high blood pressure, electrocardiograms (EKGs) and items that were in the primary care setting. He relayed that it was a difficult population to treat, and that they taught people to keep using medications. He stated that their population often overutilized ERs, and that LifeStream often had individuals in emergency rooms (ERs) so that if they saw familiar faces, LifeStream could bring that person to their side so that they were not in the ERs. He said that the side effects of psychotropic medications could often lead to primary care issues, and that they were testing for this and kept issues in their EHR. He stated that 68 percent of adults with mental illness had one or more chronic physical conditions, and that one in five had a co-occurring substance use disorder, with the solution being integrated care. He relayed that integrated care reduced costs and improved care, and that there was a 35 percent reduction in inpatient costs. He elaborated that there was a 39 percent reduction in ER costs, and a 26 percent reduction in total medical costs. He mentioned that they also saw an increase in health outcomes, noting that they were teaching patients good life skill habits. He related that in the current year they had been able to provide services to over 4,000 individuals in their wellness integration (WIN) clinic, and that they were essentially the same individuals that they were providing psychiatric care for. He specified that they had been able to reduce cholesterol and other items with prevention activities, and said that the funding from the NLCHD allowed them to continue to provide these services to vulnerable populations; furthermore, their request for the following year would be the same as the previous year at $100,000.

Mr. Douglas asked how same day service had worked for the WIN clinic.

Mr. Hankey replied that with same day walk in services, they were able to do a triage and an assessment. He specified that the assessment included asking the patient if they had a primary care provider, and that if they had not seen them in the last three years, then LifeStream would get them involved in their primary care services, noting that this had been successful.

St. Lukes Medical Clinic

Ms. Erin Burley, Director of Clinics for Catholic Charities of Central Florida, relayed a story about one of their patients. She indicated that they provided primary care, podiatry, neurology, and dental care. She recalled that in the last fiscal year they provided 383 medical visits and 546 dental visits, and said that when a patient came to them instead of the ER, the system saved hundreds if not thousands of dollars on a single visit. She remarked that the NLCHD's financial support helped them prevent these costly ER visits, kept chronic conditions managed, and kept working families healthy and in the workforce. She relayed that they provided evening clinic hours so that patients did not have to miss work, and that they kept their costs at a minimum by relying on volunteer medical and dental providers, as well as volunteer administrative help. She stated that the funding received from the NLCHD was only a portion of what they needed to keep their doors open, and that they also received support from the local Catholic parishes, private donations, and the Diocese, noting that they were constantly applying for different grants. She asked that the Board consider their request for funding.

PUBLIC COMMENT

No one wished to address the Board at this time.

OTHER BUSINESS

Ms. Kirste indicated that the next meeting would be on July 16, 2026. She relayed her understanding that Ms. Price would not be able to attend the September 24, 2026 meeting, and she hoped that everyone else could attend the other meetings, noting that they had to meet the truth in millage (TRIM) criteria dates with the budget.

ADJOURNMENT

The meeting adjourned at 6:44 p.m.

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Trueman Hurley, Chairman