

Memo

To: Lake Shore Hospital Authority Board

From: Jack Berry, Executive Director

Date: September 12, 2016

Re: Employee Compensation

I am not asking for any pay increase for employees this Budget year. However, please consider that employee insurance has increased and the employees have been forced to accept large deductibles and out of pocket expense in the amount of \$3,000.00 to \$5,000.00. In order to be fair to our staff I ask that you consider the following:

1. A onetime bonus for the year
2. Adoption of a medical expense assistance plan (attached)

Plan Adoption Agreement and Description

Medical Expense Assistance Plan for Lake Shore Hospital Authority

1. PURPOSE: The purpose of the plan is to assist with the expense of medical care for the employees of Lake Shore Hospital Authority (the Authority).. The plan is not designed and intended to qualify as an accident and health plan within the meaning of Section 105 of the Internal Revenue Code of 1986, as subsequently amended. All payments under this plan are assumed to be taxable income to employees, and will be included on their annual Forms W-2.

2. EFFECTIVE DATE: The effective date of this plan is October 1, 2016 and it operates on a fiscal-year basis hereafter. The plan year is the same as the fiscal year of the Authority and, like those of the Authority, the records of the plan shall be kept on a fiscal-year basis ending in September 30 of each year.

3. ELIGIBLE EMPLOYEES: All full-time employees of the Authority may participate in this plan so long as they maintain individual health insurance coverage.

4. BENEFITS: Within 15 days of reimbursement requests, the Authority shall reimburse the employee for expenses incurred for the medical care of the employee. The plan covers only qualified medical expenses incurred by the employee not reimbursed by the employee's health insurance coverage due to deductible requirements of the coverage, on or after the date of hire.

"Medical care" shall include any medical expenses payable by the individual health insurance plans, but subject to the deductible requirements of the individual plans.

The Authority shall not reimburse any expenses paid by another employer.

, Expenses reimbursed by employee- paid insurance are not eligible for reimbursement to an employee under this plan.

5. LIMIT ON BENEFITS: The plan ceiling for reimbursements is \$ 2,500 per employee per Plan year. Amounts in excess of the ceiling shall not be reimbursed by the plan.

6. SUBMISSION OF EXPENSES: Eligible employees must submit claims for reimbursement not less than quarterly. Employees are encouraged to submit claims more frequently. Employees must submit claims that clearly show that the employee incurred a valid medical expense, and first submitted the expense to the employee's health insurance plan. The employee need not have paid the claim for the employer to reimburse such claim, but the evidence must clearly show that the employee is liable for the expenses, and the expense is payable by the employee solely due to the deductible provisions of the employee's health insurance plan.

7. ADMINISTRATION: Lake Shore Hospital Authority has both the authority and the responsibility to control and manage plan operations and administration. The Authority shall keep a copy of this plan document at the office of the Authority, where eligible employees may inspect and review it during Authority regular business hours. Also, should any employee desire a copy of the plan, the Authority shall provide such copy within a reasonable time of the request.

8. AMENDMENT AND DISCONTINUATION: Lake Shore Hospital Authority may amend this document at any time. Any amendment may not retroactively preclude any reimbursement. Similarly, Lake Shore Hospital Authority may terminate this plan anytime, but any such termination may not retroactively preclude benefits.

9. NOTIFICATION AND ACKNOWLEDGMENT: Lake Shore Hospital Authority shall promptly notify all employees that this plan is available and give such employees a copy of the plan for their review. Eligible employees shall acknowledge acceptance or rejection of the plan with a signature, as set forth below.

LAKE SHORE HOSPITAL AUTHORITY

By _____

Title _____

Date _____

Printed name _____

Date _____

Staff Report

Jack Berry

September, 2016 Regular Meeting

NEW	3
RENEW	20
INELIGIBLE (INCOME OR OTHER)	0
TOTAL CLIENTS SEEN IN OFFICE IN JULY	23
ACTIVE MEMBERS	151
PUBLIC VISITS	96

PRIMARY CARE VISITS – 6 LOCATIONS

July 2016	56
YTD (Fiscal year October – Sept)	870

PHARMACY USAGE

July 2016	
PATIENTS SERVED	63
RX'S FILLED	153

EMERGENCY ROOM VISITS

August 2016	11
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BOARD OF DIRECTORS

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August 29, 2016

Jack Berry
Executive Director
Lake Shore Hospital Authority
P.O. Box 988
Lake City, FL 32055

Dear Mr. Berry:

Thank you for your time and support at our recent meeting. Attached you will find a more thorough summary of what we are trying to create as part of our response to the State's funding opportunity. As I discussed with you, we are trying to create a more comprehensive receiving system for our entire region. From the perspective of our Northern region, which depends on our crisis services at our Lake City facility, our proposal would enhance our emergency screening and care coordination capability, as well as create access to an Addiction's Receiving Facility, co-located with our CSU and Detox in Gainesville.

Last Fiscal Year, Meridian served 2,861 unique individuals from Columbia County, a 5% increase over the previous year, and representing a 4.2% penetration rate. While the County represents 14% of Meridian's core service area population, it accounts for 18% of those we treat. Each of our Acute Care programs saw increases as well. We served 747 County residents through our Acute Care programs – Crisis Stabilization ("CSU") and/or Detox. CSU in particular saw a very large increase of 14% over the previous year, serving 538 individuals from the County, 95 of whom had a substance abuse disorder. Our Medication Assisted Treatment Program, designed for those affected by an addiction to opiates, saw 188 residents of the County. Over all, Meridian treated 18,164 unique individuals last year, and addiction was far and away the most frequent problem that brought the person to treatment. Additionally, 88% of those we treat are at or below the Federal Poverty Guidelines, based on income and family size; and 41% of the services we provided were not covered by insurance or Medicaid.

In order to make a comprehensive receiving system possible, we need to generate a substantial amount of cash to match the state dollars. We believe both components will improve access to needed care for the region area covered by the Authority. To add the components just in Lake City requires an additional \$160,000. We are asking the Authority contribute \$60,000 annually – likely only half in the first Fiscal Year of the grant, should we be awarded (state fiscal years run July to June and this funding would kick in January, 2017). The maximum duration of the grant is five years, so the match would be required each of those years. Any additional data you can provide would also help formulate our proposal and document need.

If the Authority can provide help with this regional project, we would need a letter of commitment relatively soon. The complete proposal cannot be finished without knowing how much community support there is for the services proposed, and it is due September



27. I am prepared to attend your meeting on September 12th at 5:30 to present these data and answer any questions.

Please do not hesitate to contact me for additional information ahead of that meeting, or if you would like us to meet with others in the hospital administration about this proposal.

Sincerely,



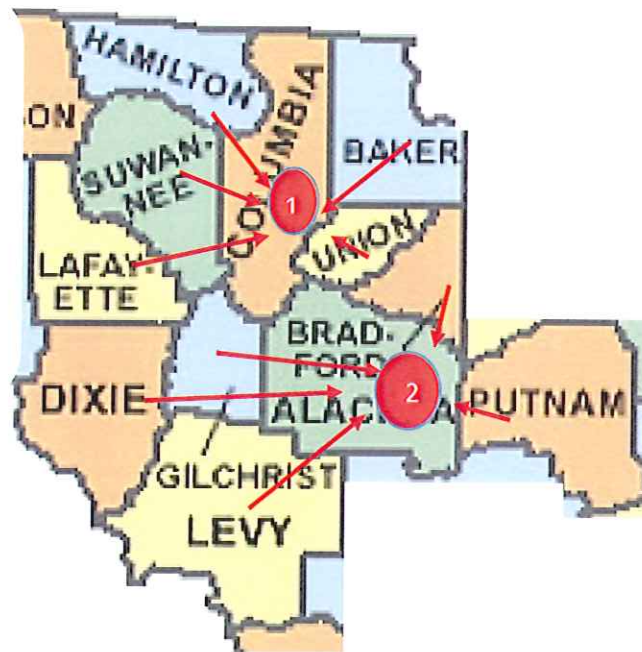
Margarita Labarta, PhD
President/CEO

Regional response to the needs of those
affected by mental illnesses and substance
use disorders

North Central Florida Receiving System



In accordance with Senate Bill 12, counties in Florida are required to develop and implement a Centralized Receiving System (CRS) by July 1, 2017. The CRS provides a single point or coordinated system of entry for individuals needing mental illness and/or substance use disorder evaluation and stabilization. The proposed CRS is designed to reduce the burden of inappropriate emergency department use, decrease the drop-off and processing time for law enforcement, and add value for our communities through saved costs and resources. For patients and their families, the CRS increases coordination of care and improves access to a range of recovery support and aftercare services.



Current Receiving Facility destination:

Columbia, Hamilton, Lafayette, Baker, Union, Suwannee – Lake City Meridian CSU

Dixie, Gilchrist, Alachua, Levy, Putnam, Bradford – The nearest Gainesville receiving facility

Meridian – Public Receiving

UF Health Psychiatric Hospital (VISTA) – Private Receiving

UF Health at Shands – Private Receiving

North Florida Regional Medical Center – Private Receiving

Malcom Randall VA Hospital and Medical Center – Federal

Current process:

Receiving facility – triages patient and if needed admits

There are few system “navigators” or crisis counseling services to divert admission or for wrap-around services.

Emergency Departments take all comers and must provide care, regardless of payer, until the emergency is addressed and the patient is sufficiently stable to transfer. If the patient is admitted to the private hospital psychiatric floor, they see the patient through to discharge, including those patients who are indigent. Centralized coordination and care management are limited.

From the patient family perspective:

- There is little information or support.
- Follow-up is disjointed and hard to set up.
- There is limited continuity and high risk of bouncing between systems.

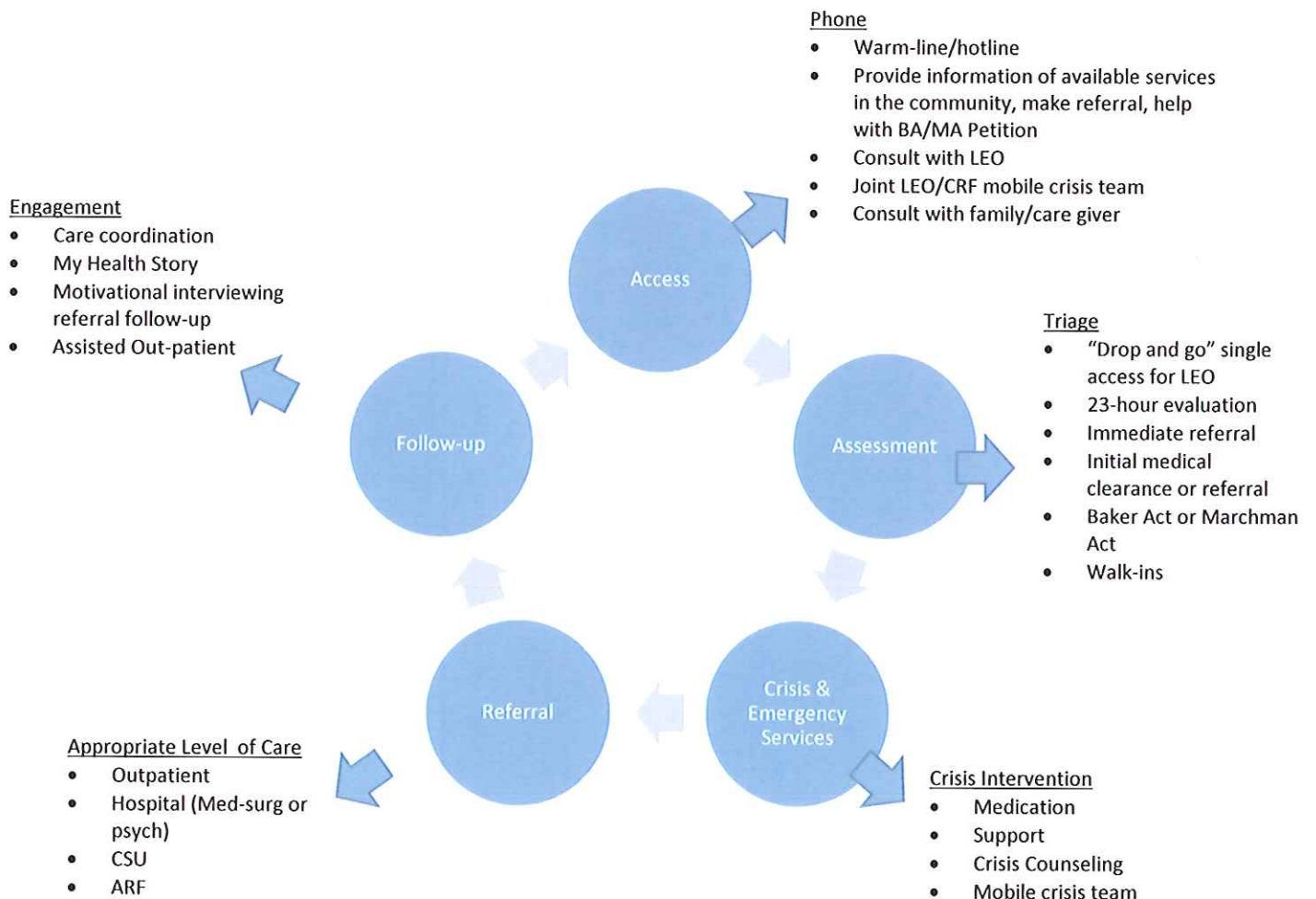
From the Private Provider perspective:

- There is a high cost to provide ED and inpatient care to indigent patients.
- The volume of MH/SUD involved patients who use the ED when a lower level of care would suffice is a burden and cost.
- They cannot easily arrange after care, particularly for indigent clients with serious mental illnesses who need more services than insurance covers (e.g., care coordination, family support, rehab, etc.).

From a community perspective:

- The system appears fragmented and inefficient.
- Patients bounce between different agencies with no coordinated approach.
- Criminal justice providers (LEO, courts, jails) have few options, particularly for substance abusing individuals who pose a community risk.

A regional Coordinated Central Receiving System, for which we are seeking funding, will provide an accessible solution to many of these challenges.



How would it work?

Enhancements for the region:

- Addition of 10 Acute beds for indigent care, via an Addictions Receiving Facility (ARF), which provides a secure facility much like a CSU for a primary diagnosis of addiction.
- Access to family and caregiver “Navigators” and crisis counselors.
- ED’s would have a screener who could come to the ED to evaluate a patient or consult via telehealth.
- Care coordinators would be assigned to individuals who are utilizing multiple systems frequently to add follow-up services.

Individuals under Marchman Act who present as a danger to self or others can be transferred to an ARF.

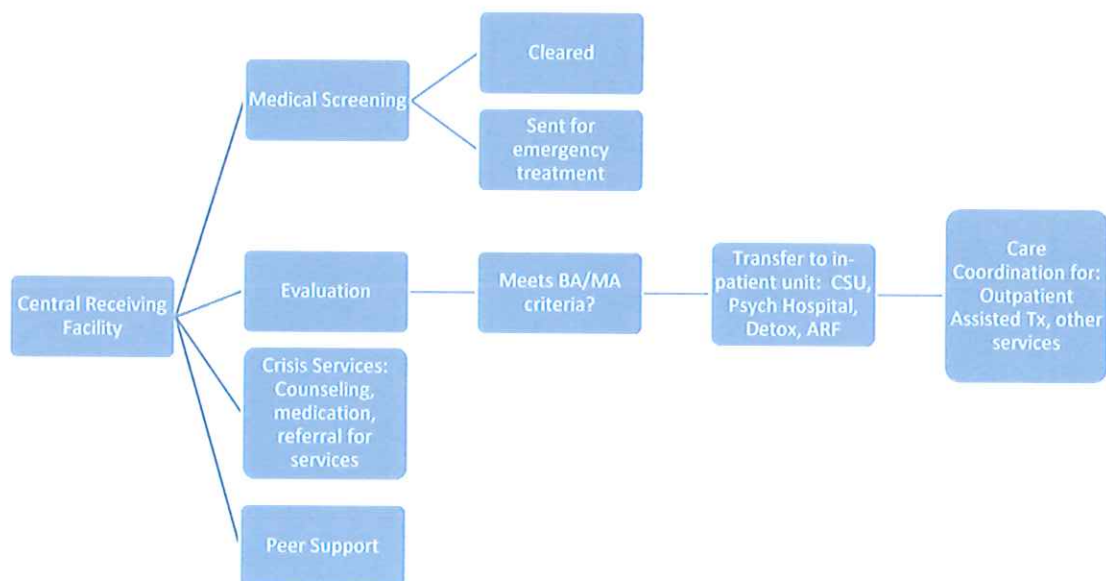
Columbia, Hamilton, Lafayette, Baker, Union, Suwannee – Lake City Meridian CSU remains the receiving facility. Baker Acts would continue to be evaluated there for admission.

Dixie, Gilchrist, Alachua, Levy, Putnam, Bradford – Baker and Marchman Acts transported by law enforcement would come to a central location, unless they are in obvious need of medical attention. Patients would be able to receive walk-in crisis services and peer support.

Indigent patients needing admission would be sent to Meridian’s CSU or ARF. Patients with insurance would be referred on a rotational basis, or as directed by their insurance plan or patient/family choice.

A Central Receiving System would provide

- Reduced burden of indigent care on ED’s and private receiving facilities for services for patients without insurance
- Triage outside a hospital setting, reducing referrals to the ED
- Increased collaboration among treatment centers
 - Care coordination
 - Supportive aftercare services
 - Improved information sharing



- Include an Addictions Receiving Facility
 - Medically supervised detoxification and stabilization
 - Ability to simultaneously address addiction and serious mental illness
 - Treatment is provided in a secure facility
 - Patient and family engagement designed to promote entry into follow-up care and reduce relapse
 - Referral into further treatment at an appropriate level of care based on thorough assessment
 - Admissions are voluntary, or under Marchman or Baker Act

What do we need to make this work?

Letters of commitment – a somewhat less specific version of an MOU, sufficient to make clear that we are creating a coordinated, integrated system

Funding – the legislature appropriated funds that require 50% local match. The funding requested can be fairly flexible, but excludes capital expenditures. The expected request is \$3 million, and that requires \$1.5 million in local match. Total project costs are \$5.5-6 million, but some of this funding exists in Meridian's current budget for screening and crisis services. Additionally, an ARF will generate some revenue.

Match "ask"

- in-kind space for a facility and renovation funding
- out-posting staff to provide services
- cash participation from hospitals and taxing districts based on anticipated savings from ED and indigent care



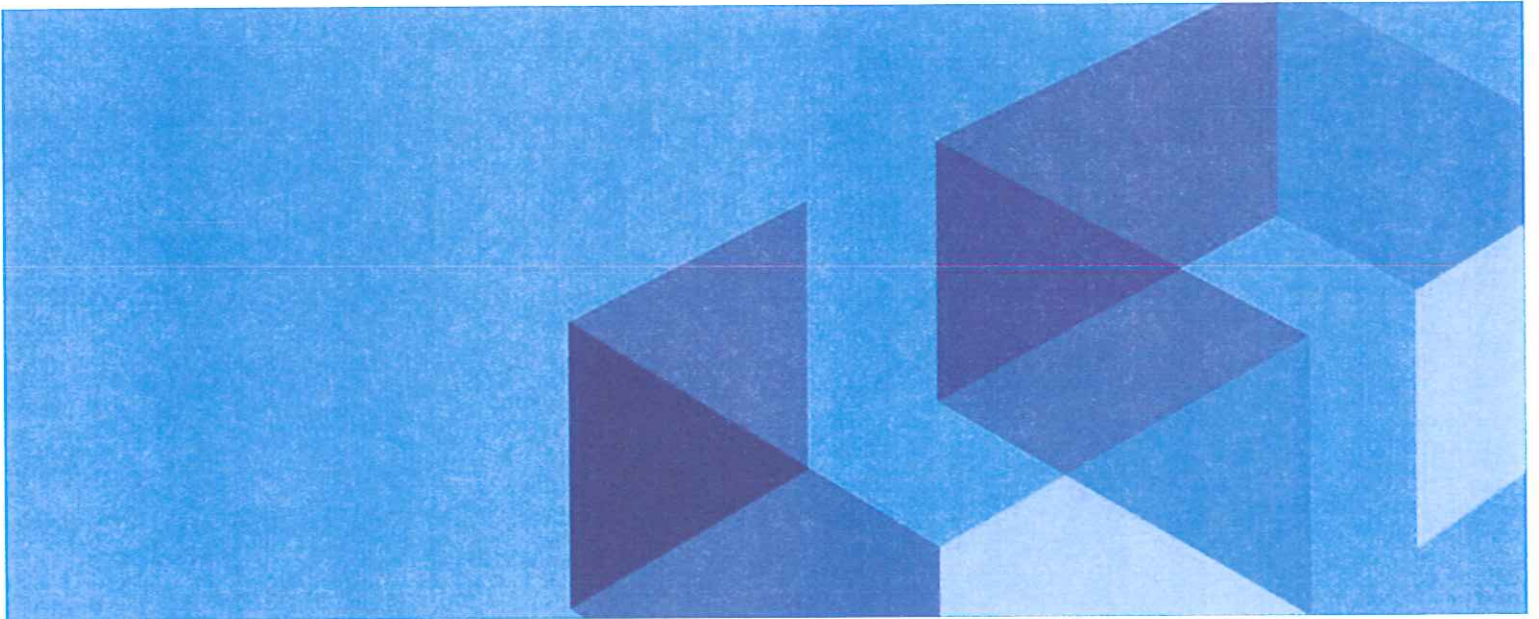
Improving the Mental Health of our Community



Benefits	Meridian Partner \$3001 and up	Meridian Sponsor \$1001 - \$3000	Meridian Supporter \$100 - \$1000
A teambuilding ropes course for up to 15 employees	✓	Choice of MHFA or Ropes Course	N/A
Mental Health First Aid Training for up to 25 employees	✓	Choice of MHFA or Ropes Course	N/A
Invitation to Events & Receptions	✓	✓	✓
Listing in Annual Report	✓	✓	✓
Announcement in our E-Newsletter.	Quarterly	Once a year	N/A
Logo on Employee Intranet/DATIS	✓	N/A	N/A
Logo on mbhci.org supporters page	✓	✓	✓
Brochure in New Hire Packet	✓	✓	N/A
Company logo posted on poster in Admin Building	✓	✓	✓



For more information please contact Laurie Michaelson, 352-374-5600 ex 8218 or via email at laurie_michaelson@mbhci.org



Lake Shore Hospital

Response to RFP for Mechanical & Electrical
Facilities Assessment

August 5, 2016



August 5, 2016

Jack Berry
Executive Director
Lake Shore Hospital Authority
259 NE Franklin Street, Suite 102
PO Box 988
Lake City, FL 32055

Dear Jack:

Thank you for requesting this proposal from Sightlines for a facilities assessment of mechanical and electrical components and systems at Lake Shore Hospital.

The solution contained herein comes from two industry leaders within the Gordian family of companies - RS Means, for cost estimation and technical expertise, and Sightlines, for strategy and capital planning. Having conducted similar successful exercises at more than 100 institutions nationwide, our team is uniquely qualified to provide a facilities assessment that will enable better decision making going forward.

Consistent with your request, Sightlines' facilities assessment will consist of:

- A review of existing drawings and materials,
- A visual inspect of all included systems,
- The estimated remaining life of all systems, and
- Estimated costs of system repair and/or replacement.

I have provided a summary proposal for you to review. Please contact me with any questions or follow-up at james.ireland@sightlines.com or (203) 682-4982.

Sincerely,

A handwritten signature in black ink that reads 'James Ireland'.

James Ireland
Senior Account Executive

Scope of Services

Condition Assessment

Sightlines will provide a technical assessment of the electrical and mechanical components and systems in the three buildings (Main Hospital, Medical Plaza North, Lake Shore Medical Plaza) requested by Lake Shore Hospital.

In 2015, Sightlines joined the Gordian family of companies. This gives Sightlines access to even greater technical resources and construction knowledge than in the past. To complete this assessment, we will draw on expertise from RS Means – the country's leading name in construction cost data.

The Sightlines/RS Means team will review the existing facilities assessment and pre-existing facilities data, including drawings and previously obtained reports. All existing deficiency data will be categorized with respect to system category and package. Existing emergency power infrastructure and the ability to operate the facility without interruption will also be reviewed. Engineering professionals will complete data collection with a visual inspection of all components to assess condition and remaining useful life. Costs estimations for each project will be assigned. Finally, Sightlines will conduct interviews to validate and qualify information, as deemed necessary by the Hospital Authority Director.

Systems for Evaluation

Sightlines will evaluate the following systems and components to determine maintenance and current conditions of the following:

Electrical:

- Electrical equipment and physical plant operations,
- Power distribution,
- Lighting,
- Conduit,
- Panels,
- Equipment connections,
- Fire alarms,
- Communications,
- Low voltage lighting,
- Emergency electrical distribution,
- ATS capabilities,
- Patient care systems (nurse call and code blue),
- Code compliance,
- Existing fire alarm systems.

Mechanical:

- Heating,
- Ventilation,
- Air Conditioning,
- Chillers,
- Cooling towers,
- Boilers,
- Panels,
- Equipment connections,
- Air handling systems,
- Fire protection,
- Plumbing domestic water and sanitary,
- Medical gases,
- Outlets and alarms,
- Bulk oxygen,
- Manifold medical gases,
- Medical air,
- Storm water systems,
- Fuel oil systems,
- Patient care systems,
- Code compliance,
- Existing roof conditions.

Process

To accomplish Lake Shore Hospital's facilities assessment needs, Sightlines will meet with selected representatives as deemed necessary by the Hospital Authority Director to review progress.

Sightlines will write and submit brief summaries discussing the work accomplished during the reporting period specified, future work to be accomplished, and real or anticipated problems, and will provide notifications of any significant deviate from previously agreed upon work plans.

Within 10 working days of the award of this project, Sightlines will submit a complete work plan which will include:

- The names and titles of personnel assigned to the project
- Time-phased plan for completion of the project
- Comprehensive evaluation action plan.

Relevant Projects

We have completed similar projects to what Lake Shore Hospital is requesting at more than 100 institutions. Institutions featuring medical facilities are indicated in bold.

American University
Amherst College
Armstrong Atlantic University
Art Center College of Design
Bethel University
Bowdoin College
Brandeis University
Brown University
Bryant University
California Institute of the Arts
California State University
Northridge
Capital University
Carleton College
Claremont McKenna College
Claremont University
Consortium
Clemson University
Cleveland State University
Colgate University
College of the Holy Cross
Connecticut College
Drew University
Emerson College
Fitchburg State
Framingham State University
Franklin & Marshall College
Gonzaga University
Goucher College
Hamline University
Harvey Mudd College
Husson University
Illinois Institute of Technology
Immaculata University
Indiana University of
Pennsylvania
Ithaca College
LeMoyne College
Lock Haven University
Long Island University
Loyola Marymount University
Louisiana State University
Mass. College of Art &
Design

**Medical University of South
Carolina**
Meredith College
Mount Holyoke College
New York University
Oglethorpe University
Point Loma Nazarene
University
Polytechnic Institute of NYU
Pomona College
Potomac State College
Princeton University
Rensselaer Polytechnic
Institute
Rutgers University
Saint Louis University
San Diego State University
Sarah Lawrence College
Seattle University
Smith College
St. Edwards University
St. John's University
St. Lawrence University
St. Mary's College -
California
Stevens Institute of
Technology
Texas A&M University
Texas State University
The Sage Colleges
Trinity College
**Tufts University Cummings
School**
University of Alaska
Anchorage
University of Arizona
**University of California SF
Medical Center**
University of Dayton
University of Denver
University of Hartford
University of Maine – Orono
University of Maryland

University of Massachusetts
Amherst
University of Massachusetts
Boston
University of Massachusetts
Dartmouth
University of Massachusetts
Lowell
**University of
Massachusetts Medical
School**
University of Minnesota
University of Minnesota East
Bank Campus
**University of Minnesota
Health Science Campus**
University of Minnesota –
Morris
University of Minnesota West
Bank Campus
University of New Haven
University of Portland
University of Redlands
University of San Diego
University of San Francisco
University of Scranton
University of St. Thomas
University of Toledo
University of Utah
University of Vermont
Wake Forest University
Wellesley College
West Virginia Institute of
Technology
**West Virginia Univ. Health
System**
West Virginia University
Wheaton College
Widener University
Williams College
Yeshiva University
Youngstown University

Professional Fees

The professional fees for Sightlines' facilities assessment for the mechanical and electrical systems and components at the Main Hospital, Medical Plaza North, and Lake Shore Medical Plaza.

Year 1 Tasks	Fee
Base Data Assembly & Building Inspections	
Data Qualification & Inventory Assembly	\$23,000
Presentation & Deliverables	
Travel and Expenses	\$3,000 (estimated, and not to exceed \$4,000)
Total	\$26,000