

# LAKE SHORE HOSPITAL AUTHORITY

## TRUSTEE WORKSHOP

MARCH 14, 2022

### **WORKSHOP MATERIALS**

- 1.) Purposes and Powers of the Lake Shore Hospital Authority.
- 2.) Mission, Vision, and Goals of the Lake Shore Hospital Authority
- 3.) Strategic Priorities of the Local Community (As per the Columbia County Community Health Improvement Plan)
- 4.) Lake Shore Hospital Campus Building Inventory and Current Condition
- 5.) Historical Lake Shore Hospital Campus Building Operating Expenses
- 6.) Columbia County/Lake City Market Lease Rates
- 7.) Responses Received to the RFP-SOI issued by the Lake Shore Hospital Authority.
- 8.) Analysis: Strengths, Weaknesses, Opportunities, Threats (SWOT)

**\*NOTE\*** Additional information may be added prior to the workshop.

Section 4. Officers.—Immediately after the effective date of this act, the members of the authority shall meet and qualify by taking the oath of office regularly prescribed for state and county officials in the state. They shall maintain a place within Columbia County for the principal office of the authority, where the members shall meet at least once each month for the transaction of business. The members shall annually elect from among their number a chair, one or more vice chairs, and a secretary and treasurer, except that the offices of secretary and treasurer may be combined. The chair, or a vice chair presiding in his or her absence, shall not be entitled to vote upon any matter before the authority except when the votes that have been cast shall be evenly divided. The treasurer shall give a bond by a reputable bonding company authorized to do business in the state, in an amount to be designated by a majority vote of the members, conditioned upon the faithful performance of his or her duties. The members are hereby authorized to pay the secretary and the treasurer salaries and expenses commensurate with the work done and in keeping with the salaries paid from time to time by other businesses for like work.

Section 5. Duties of secretary and treasurer.—It shall be the duty of the secretary to keep full and correct minutes of all proceedings and meetings of the authority and it shall be the duty of the treasurer to keep separate accounts of all receipts and disbursements of the authority.

Section 6. Control of expenditures.—The members shall have exclusive control of all expenditures of and from the moneys, loan proceeds, contributions, receipts, revenues, and collections of the authority, except that persons who shall desire to make contributions for the benefit of any facility or facilities of the authority shall have the right to attach conditions to their gifts, and the authority, upon accepting any such contribution, shall be controlled by the terms of the gift, bequest, or devise.

Section 7. Purposes and powers.—The authority is created and shall have the power generally to acquire, construct, improve, enlarge, repair, equip, operate, and maintain hospitals and hospital facilities in Columbia County. The authority is granted the following rights and powers and shall have and may exercise all powers necessary or appurtenant, convenient, or incidental to the carrying out of the powers enumerated in this act:

(1) To sue and be sued, implead, complain, and defend in all courts.

(2) To adopt, use, and alter at will a corporate seal.

(3) To acquire, own, hold, purchase, construct, improve, maintain, operate, extend, equip, repair, and lease hospitals, clinics, outpatient departments, and other appurtenant facilities, including, without limitation, all lands, buildings, structures, furniture, fixtures, machinery, equipment, books, records, and all other real and personal property of any kind and nature whatsoever presently owned, controlled, maintained, and operated or which was heretofore or may hereafter be acquired, constructed, or improved by the Lake Shore Hospital Authority of Columbia County.

(4) To acquire, purchase, hold, own, operate, and lease and use any franchises, properties, real, personal, or mixed, tangible or intangible, or any

interest therein necessary or desirable for carrying out the purposes of the authority and this act and to sell, lease, transfer, and dispose of any property or interest therein at any time acquired by it.

(5) To provide at one time or from time to time for the issuance of bonds as hereinafter provided.

(6) To enter into and make leases, either as lessee or lessor, for such period or periods of time and under such terms and conditions as the authority shall determine. Such leases may be entered into for buildings, structures, or facilities constructed or acquired or to be constructed or acquired by the authority, or may be entered into for lands owned by the authority when the lessee of said lands agrees as a consideration for said lease to construct or acquire buildings, structures, or facilities on said lands which will become the property of the authority under such terms, rentals, and other conditions as the authority shall deem proper.

(7) To fix, alter, charge, establish, and collect rates, fees, rentals, and other charges for the services and facilities of hospitals, clinics, outpatient departments, and other appurtenant facilities related thereto, or any part thereof, at reasonable and uniform rates to be determined exclusively by the authority for the purposes of carrying out the provisions of this act.

(8)(a) To furnish temporary relief to the indigent of Columbia County and study the cause of their poverty; to seek a plan for their permanent rehabilitation; generally, to assist them to support themselves whenever possible to the end that they may cease to be a charge upon the community and, instead, become useful citizens thereof; and to bury the indigent dead of Columbia County and provide cemeteries for that purpose.

(b) To enter into contracts or other agreements with hospitals, health care providers, and facilities located in Columbia County for the provision of health care services to indigent residents of Columbia County.

(9) To make contracts of every kind and nature and to execute all instruments necessary or convenient for the carrying on of its business.

(10) Without limitation of the foregoing, to borrow money and accept grants, contributions, or loans from, and to enter into contracts, leases, or other transactions with the United States Government or any agency thereof, the state, or any agency thereof, the County of Columbia, the City of Lake City, or with any other public body of any nature whatsoever.

(11) To pledge, hypothecate, or otherwise encumber all or any part of the revenues and other available funds of the authority as security for all or any of the bonds issued by the authority.

(12) To employ an executive director, physicians, surgeons, accountants, attorneys, bacteriologists, chemists, contractors, engineers, architects, superintendents, nurses, technicians, managers, construction and financial experts, radiologists, or any other person or persons skilled in hygiene or medical research, and such other employees and agents as may, in the judgment of the authority, be necessary, and fix their compensation.

(13) To provide for those inhabitants of Columbia County who, by reason of age, infirmity, or misfortune, have claims upon the aid and sympathy of society.

(14) To receive and accept grants, gifts, and donations from any person, firm, or governmental agency.

(15) To do all acts and things necessary or convenient in the carrying out of the powers granted herein.

Section 8. Maintenance and operation.—The Board of County Commissioners of Columbia County is hereby directed and charged with the duty of providing sufficient revenue for the maintenance and operation of the facilities of the authority from year to year, which such revenue, when made available, shall be paid over to the authority to be expended for such purposes.

Section 9. Revenue bonds.—

(1) The authority is authorized to provide by resolution at one time or from time to time for the issuance of bonds of the authority for the purpose of paying all or a part of the cost of acquisition, construction, equipping, repairing, extending, maintaining, and reconstructing any facility or facilities or any combination of facilities of the authority. The bonds of each issue shall be dated, shall bear interest at such rate or rates not exceeding the maximum rate authorized by general law, shall mature at such time or times not exceeding 40 years from their date or dates, as may be determined by the authority, and may be made redeemable before maturity, at the option of the authority, at such price or prices and under such terms and conditions as may be fixed by the authority prior to the issuance of the bonds. The authority shall determine the form of the bonds, including any interest coupons to be attached thereto, and the manner of execution of the bonds and coupons, and shall fix the denomination or denominations of the bonds and the place or places of payment of principal and interest, which may be at any bank or trust company within or without the state. In case any officer whose signature or a facsimile of whose signature shall appear on any bonds or coupons shall cease to be such officer before the delivery of such bonds, such signature or such facsimile shall nevertheless be valid and sufficient for all purposes the same as if he or she had remained in office until such delivery. All bonds issued under the provisions of this act shall have all the qualities and incidents of negotiable instruments under the negotiable instruments laws of the state. The bonds may be issued in coupon or in registered form, or both, as the authority may determine, and provisions may be made for the registration of any coupon bonds as to principal alone and also as to both principal and interest, and for the reconversion into coupon bonds of any bonds registered as to both principal and interest. The issuance of such bonds shall not be subject to any limitations or conditions contained in any other law, and the authority may sell such bonds in such manner and for such price as it may determine to be for the best interest of the authority. Prior to the preparation of definitive bonds, the authority may, under like restrictions, issue interim receipts or temporary bonds with or without coupons, exchangeable for definitive bonds when such bonds have





## **Our Mission**

Is to provide quality healthcare services for Columbia County residents through Shands Lake Shore Regional Medical Center and other providers designated by the Authority.

## **Our Vision**



Shands Lake Shore Regional Medical Center Hospital will be a highly visible and positive component of central Lake City. The hospital will provide a broad array of high quality medical services that address the diverse medical needs of residents of the region. It will be a dynamic institution that grows and evolves to meet the ever-changing medical needs of the community.

Though the hospital will maintain its commitment to meeting the medical needs of the underserved in the community, it will provide a high quality medical experience that appeals to all residents of the region. The hospital will maintain its financial solvency by responsibly managing public funds and supplementing those funds with ancillary financial resources.

The quality of the facilities and medical services will combine to produce a consistently positive medical experience for all patients, making Shands Lake Shore Regional Medical Center Hospital the medical provider of choice in the region.

## **Our Goals**

- To serve as responsible stewards of public funding in providing for medical needs of the region.
- To provide affordable, high quality medical services to residents of the region.
- To be a positive presence in, and contributor to, the downtown area of City.
- To develop and maintain a hospital complex that supports a full array of high quality medical services.
- To meet the medical needs of indigent residents throughout the region.





2020-2023



COLUMBIA COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

PUBLISHED: NOVEMBER 2019







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# Executive Summary of the Columbia County Community Health Improvement Plan 2019-2023

## COLUMBIA COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN STRATEGIC PRIORITIES, GOALS AND STRATEGIES

### Strategic Priority: Access to Care

- Goal I: Increase appropriate use of healthcare services
- Goal II: Increase access to dental care
- Goal III: Increase access to healthcare services

### Strategic Priority: Mental Health Promotion

- Goal I: Increase awareness of services for behavioral health and substance abuse treatment and prevention
- Goal II: Improve access to resources for treatment and recovery

### Strategic Priority: Tobacco Use Prevention and Awareness

- Goal I: Lower rates of tobacco, e-cigarette and smokeless tobacco product use among youth and adults

### Strategic Priority: Physical and Nutritional Wellness

- Goal I: Increase physical activity
- Goal II: Increase access to healthy food
- Goal III: Improve management of chronic diseases and conditions

In September 2018, the Florida Department of Health in Columbia County began a new community health assessment and health improvement planning cycle. Columbia County once again employed the Mobilizing for Action through Planning and Partnerships (MAPP) framework to assure a comprehensive community health assessment would inform the development of the community health improvement plan. Guided by community partners in the Columbia County Community Health Assessment Steering Committee, the MAPP process yielded a wealth of data (see companion documents, [2019 Columbia and Hamilton Community Health Assessment Technical Appendix](#) and [2019 Columbia County Community Health Assessment](#)) that was used to identify strategic priorities for the coming four years of 2020-2023. The strategic priorities include:

- **Access to Care:** Although access to health care does not necessarily prevent illness, early intervention and long-term management resources can help to maintain quality of life and minimize premature death and disability. Assessment findings point to many barriers to healthcare resource access for Columbia County residents. Access to healthcare was rated among the most important factors for a healthy community by survey respondents. Rates of emergency room use by Columbia County residents for avoidable causes continue to rise and the capacity to link people to needed services is assessed as low, pointing to gaps in care coordination and health literacy.
- **Mental Health Promotion:** Concerns about mental health and substance abuse surfaced in all four MAPP assessments. Both the community and healthcare providers identified mental health and substance abuse as the most important health issues. Further, substance and alcohol abuse were among the leading behaviors with the greatest negative on health. Secondary data showed that in 2017 Columbia County residents visited emergency rooms for mental health reasons at rates higher than for the state as a whole. The percentage of Columbia County adults who reported that poor mental or physical health interfered with activities of daily living was considerably higher than the state rate.
- **Tobacco Use Prevention and Awareness:** Tobacco use is the largest preventable cause of death and disease in the United States, according to the Centers for Disease Control and Prevention ([Healthy People 2020, accessed October 18, 2019](#)). The percentage of adults in Columbia County who reported being current smokers was significantly higher than state rates. Community concerns about youth exposure to tobacco and nicotine delivery products surfaced in numerous assessment discussions. Columbia County partners and stakeholders deemed tobacco use reduction and prevention as necessary and wise investments.
- **Physical and Nutritional Wellness:** Much of the chronic disease burden can be attributed to behaviors related to lack of physical activity and poor nutrition. Columbia County adults reported higher than state rates of Diabetes, Coronary Heart Disease, Stroke, Chronic Obstructive Pulmonary Disease and Asthma as well as higher percentages of overweight and obesity, physical inactivity, and tobacco use. Food insufficiency, barriers to accessing healthy foods, and poor nutrition were recurring themes in the community survey findings and Forces of Change assessment.

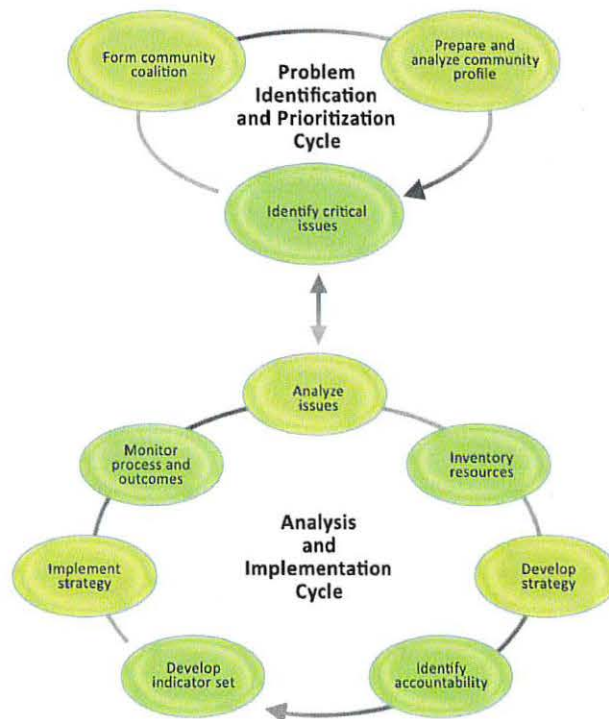


# Overview of Community Health Improvement Planning

## COMMUNITY HEALTH NEEDS ASSESSMENT AND HEALTH IMPROVEMENT PLANNING

In the Institute of Medicine's (IOM) 1997 publication *Improving Health in the Community*, the community health improvement planning process was described as the required framework within which a community takes a comprehensive approach to improving health. That framework includes assessing the community's health status and needs, determining health resources and gaps, identifying health priorities, and developing and implementing strategies for action. Notably, in this comprehensive approach there are two cycles; that is, an assessment or problem identification and prioritization cycle followed by an implementation cycle. By 2000 the National Association of County and City Health Officials (NACCHO) in conjunction with the Centers for Disease Control and Prevention's (CDC) Public Health Practice Office had developed Mobilizing for Action through Planning and Partnerships (MAPP) as a strategic approach to community health improvement.

FIGURE 1: COMMUNITY HEALTH IMPROVEMENT PLANNING FRAMEWORK, IOM, 1997.



Source: J.S. Durch, L.A. Bailey, and M.A. Stoto, eds. (1997) *Improving Health in the Community*, Washington, DC: National Academy Press. Retrieved: October 18, 2019, <https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/chip/main>

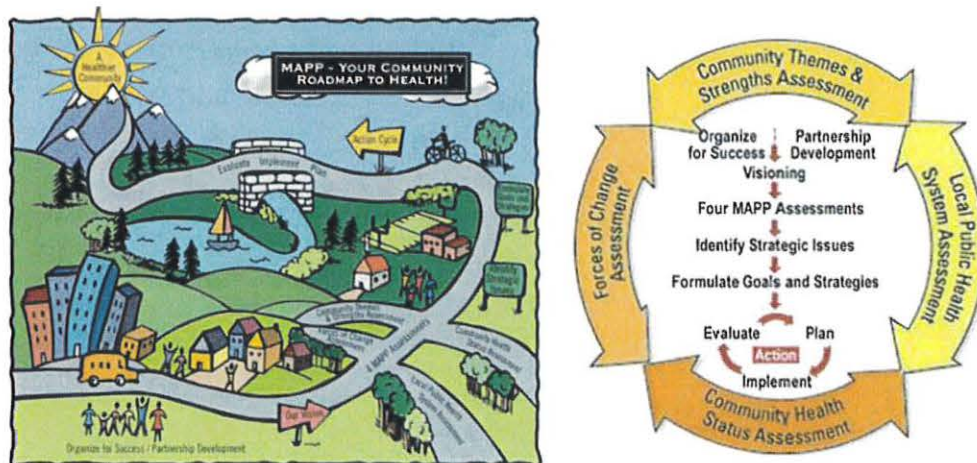
NACCHO and the CDC's vision for implementing MAPP remains today as "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action."

At the heart of the MAPP process are the following core MAPP assessments:

- Community Health Status Assessment
- Community Themes and Strengths Assessment
- Forces of Change Assessment
- Local Public Health System Assessment

The findings from four MAPP assessments inform the detection of common themes and issues in order to identify and prioritize the key community health needs. Prioritized strategic community health issues are documented and addressed in the MAPP action cycle phase to complete the comprehensive health improvement planning cycle.

FIGURE 2: MOBILIZING FOR PLANNING THROUGH PLANNING AND PARTNERSHIPS (MAPP).



Source: National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved October 18, 2019, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment>

The Public Health Accreditation Board (PHAB), the voluntary accrediting body for public health agencies in the United States, deems community health, community health assessment and health improvement planning as foundational functions and core to the mission of public health. Community health assessment is defined in the PHAB Standards and Measures as a tool "to learn about the community: the health of the population, contributing factors to higher health risks or poorer health outcomes of identified populations, and community resources available to improve the health status." The community health improvement plan is described as a "long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process." Further, the community health improvement process "involves an ongoing collaborative, community-wide effort to



identify, analyze and address health problems; assess applicable data; develop measurable health objectives and indicators; inventory community assets and resources; identify community perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate community ownership of the process.” Public Health Accreditation Board (December 2013). *PHAB Standards and Measures*. Retrieved October 18, 2019, <http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf>

## THE ROLE OF SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY IN COMMUNITY HEALTH IMPROVEMENT PLANNING

FIGURE 3: SOCIAL DETERMINANTS OF HEALTH (SDOH).



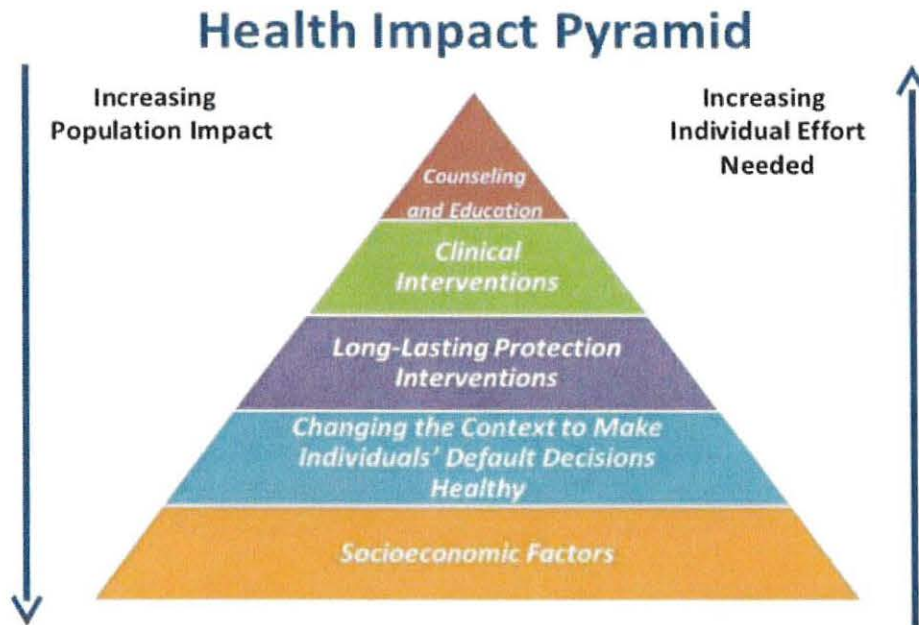
Source: Healthy People 2020: Social Determinants of Health,” Office of Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved October 18, 2019, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

According to the World Health Organization and depicted above by the Centers for Disease Control and Prevention (CDC), the social determinants of health (SDOH) include the “conditions in the environments in which people are born, live, learn, work, play and age that shape and affect a wide range of health, functioning, and quality of life outcomes and risks”. (About Social Determinants of Health,” World Health

Organization, accessed October 18, 2019 [http://www.who.int/social\\_determinants/sdh\\_definition/en/](http://www.who.int/social_determinants/sdh_definition/en/)). The SDOH include factors such as socioeconomic status, education, neighborhood and physical environment, employment and social networks as well as access to health care. Addressing social determinants of health is important for improving health and reducing health disparities. Research suggests that health behaviors such as smoking and diet and exercise, are the most important determinants of premature death. There is growing recognition that social and economic factors shape individuals' ability to engage in healthy behaviors. Evidence shows that stress negatively affects health across the lifespan and that environmental factors may have multi-generational impacts. Addressing social determinants of health is not only important for improving overall health, but also for reducing health disparities that are often rooted in social and economic disadvantages.

The five-tier health impact pyramid depicts the potential impacts of different types of public health interventions. Efforts that address the SDOH are at the base of the pyramid, indicating their higher potential for positive impact. Interventions at the pyramid base tend to be effective because of their broad societal reach. CHIP interventions are targeted at all levels to attain the best and most sustainable health benefits.

FIGURE 4: HEALTH IMPACT PYRAMID.



Source: Frieden, T.R. (2010). A framework for public health action: The health impact pyramid. *American Journal of Public Health*, 100(4):590-595. Retrieved October 18, 2019 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/>





### MAPP PHASE 3: FOUR MAPP ASSESSMENTS

Each of the four MAPP assessments gathered data to form a comprehensive picture of health status, health behaviors, and health resources and capacities in Columbia County. Key findings and highlights from each of the assessments are summarized below.

#### *Local Public Health System Assessment:*

The capacity of the Columbia County local public health system to provide the ten essential public health services was assessed using the Centers for Disease Control and Prevention's (CDC) National Public Health Performance Standard Program instrument. Over the course of two meetings, Columbia County community partners and stakeholders discussed and scored various competencies. Partners also identified strengths to build upon and areas for improvement. Summary scores from the local public health system assessment are as follows:

- One (1) or 10% of essential services was scored at the optimal activity level including
  - Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety
- Eight (8) or 80% of essential services were scored at the significant activity level including
  - Essential Service 1: Monitor Health Status to Identify Community Health Problems
  - Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards
  - Essential Service 3: Inform, Educate and Empower People about Health Issues
  - Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems
  - Essential Service 5: Develop Policies and Plans that Support Individual and Community Health Efforts
  - Essential Service 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable
  - Essential Service 8: Assure a Competent Public and Personal Healthcare Workforce
  - Essential Service 9: Evaluate Effective, Accessibility and Quality of Personal and Population Health Services
- One (1) or 10% of essential services was scored at the minimal activity level including
  - Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems

#### *Forces of Change:*

Columbia County community partners identified forces and related opportunities and threats, either current or in the future, that could affect or influence health and quality of life in the county, region, state and nation. Through a facilitated discussion they identified trends, factors and events along with the opportunities and threats associated with each. Discussions considered social, economic, political, technological, environmental, scientific, legal and ethical factors, trends and events. The forces of change identified are outlined below.



- Factors
  - Environment including lack of walkability and agricultural pesticide use
  - Social factors included lack of opportunities and activities for youth
  - Technological factors impacted by limited Internet access
  - Economic and social factors combined to impact persistent lack of healthcare providers and mental health care and services
- Trends
  - Increasing population diversity
  - Slowly expanding use of telemedicine
  - Social isolation in rural areas and among the senior population
  - Rising rates of substance use and abuse including alcohol, tobacco, and nicotine products
  - Higher costs for healthcare services, health insurance, prescription drugs, and nutritious foods
  - Persistent lack of job opportunities
- Events
  - Weather events including hurricanes, extreme heat and flooding
  - Local and state elections, changes in local leadership in city and county positions
  - Emergency responses to Hurricane Michael and aftermath of Parkland shootings
  - No Medicaid expansion and changes to contracts for dental services

#### *Community Themes and Strengths:*

Through the Community Themes and Strengths assessment, the opinions, perspectives and concerns of Columbia County residents were collected. In addition, input was sought from healthcare and social service providers and other stakeholders. This assessment sought to better understand what is important to the community and barriers and obstacles to obtaining needed services. There were 389 completed community surveys and 22 provider surveys included in the analysis. Results showed that about 90 percent of survey respondents felt very or somewhat safe in their communities and 58 percent rated the overall health of Columbia County residents as somewhat healthy or healthy. Almost half ranked substance/drug abuse as the most important health problem in Columbia County followed very closely by homelessness, obesity and overweight, and mental health problems. Relatedly, drug and alcohol abuse were ranked as the behaviors with the greatest negative impact on health in Columbia County. Other highlights from the analysis are provided below.

The top health concerns of residents and providers included:

- Substance and drug abuse
- Homelessness
- Overweight and obesity
- Mental health problems

Healthcare services that were rated as the most difficult to obtain included:

- Alternative medicine and alternative therapies
- Specialty care
- Mental health care
- Physical and rehabilitative therapy

Barriers to accessing dental, primary and mental health most commonly cited were:

- Cost
- Insurance-related issues
- Lack of providers

#### ***Community Health Status:***

A comprehensive review of secondary data for Columbia County examined demographic and socioeconomic indicators, mortality and morbidity, healthcare access and utilization, and geographic and racial and ethnic disparities. The [2019 Columbia and Hamilton Community Health Assessment Technical Appendix](#) and [2019 Columbia County Community Health Assessment](#) were developed as part of this assessment and serve as community resources for planning and decision making. The key findings that emerged are highlighted below

#### **Social Determinants of Health**

As described above, the SDOH have been shown to have impacts on overall health. In addition, the SDOH can reduce health disparities that are often rooted in social and economic disadvantages. Data show Columbia County has continuing challenges with the following SDOH-related issues:

- Generational poverty
- Limited employment opportunities
- Lack of affordable housing
- Homelessness
- Social isolation of the rural population

#### **Health Status**

Disease and death rates are the most direct measures of health and well-being in a community. In Columbia County, as in Florida and the rest of the United States, premature disease and death are primarily attributable to chronic health issues. That is, medical conditions that develop throughout the life course and typically require careful management for prolonged periods of time. While Columbia County is similar to Florida in many health indicators, some differences exist. In Columbia County, the leading causes of death rates that are higher than state rates include the six causes listed below.

- Cancer
- Heart Disease
- Chronic Lower Respiratory Disease



- Diabetes
- Unintentional Injuries including alcohol-related motor vehicle crash deaths
- Infant Mortality

#### Health Behaviors and Conditions that Contribute to Poor Health Outcomes

Health behavior data pointed to serious challenges facing Columbia County residents. The issues listed below require multi-faceted approaches to improve existing health problems with simultaneous primary prevention strategies to help ensure healthy futures for all segments of the population. The chronic conditions and behaviors that were considered as priority health issues include the following:

- Child health and safety
- Mental health problems
- Substance and drug abuse
- Tobacco use including e-cigarettes and smokeless tobacco products
- Distracted driving
- Violence and domestic violence
- Dental and oral health issues
- Overweight and obesity
- Late entry into prenatal care
- Poor nutrition and food choices

#### Geographic, Racial and Ethnic Disparities

Some disparities were found in the course of Columbia County's community health assessment process and these preventable differences were given serious consideration and importance in CHIP discussions. Areas of particular concern include:

- Differences in poverty rates for children, adults and between Whites, Blacks and Hispanics by geography
- Differences in mortality rates among Whites, Blacks and Hispanics for Diabetes, higher death rates for Blacks for Unintentional Injuries.
- Lagging first trimester care rates for Whites, Blacks and Hispanics when compared to state rates

#### Health Care Resources and Utilization

Although health insurance and access to health care do not necessarily prevent illness, early intervention and long-term management resources can help to maintain quality of life and minimize premature death and disability. Rural communities like Columbia County face many barriers in accessing healthcare services. Utilization and health professional shortage data illuminated the depth of access to care issues in Columbia County. The major issues fall into the three groups as listed below.

- Inappropriate use of Emergency Departments for routine primary, mental health, and dental care
- Lack of healthcare providers and services, specialty care physicians, and dentists

- Rising costs of health care and prescription drugs
- Lack of affordable health insurance with sufficient coverage
- Barriers to linking people to needed health and social services

#### MAPP PHASE 4: IDENTIFYING STRATEGIC ISSUES

An essential component of bridging the community health assessment with the development of a community health improvement plan includes identifying strategic issues, formulating goals and strategies and implementation. These steps are also referred to as MAPP phases four through six. In February 2019, the Columbia County Community Health Assessment Steering Committee identified strategic priorities. The process included the review of the community health status data, local public health system capacity, community themes and strengths findings from the community and healthcare provider surveys, and forces of change issues. The steering committee discussed the characteristics of strategic priorities to assure a common understanding of their scope, scale, and purpose. Prioritization criteria included issue importance, urgency, impact, feasibility and resource availability. Table 1 below lists the characteristics of each criterion. After the review, discussion, and identification of common themes, members participated in a facilitated consensus workshop to identify the final strategic priorities. In August 2019, Columbia County community partners transitioned from the assessment phase to the community health improvement plan development phase of MAPP. Two important actions were taken to bridge the process. The Columbia County Community Health Assessment Steering Committee transitioned back to the long-standing Community Health Advisory Panel (CHAP) and School Health Advisory Council (SHAC) partnership to the assure representative participation of community stakeholders and include important implementation partners. A list of the members of the CHAP/SHAC can be found in the Appendix. Once reconstituted and convened, the CHAP/SHAC members took the second action which was to reconfirm the strategic priority issues.

TABLE 1: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, COLUMBIA COUNTY, 2019.

Importance and Urgency	Impact	Feasibility	Resource Availability
<ul style="list-style-type: none"> <li>• Issue severity</li> <li>• Burden to large or priority populations</li> <li>• Of great community concern</li> <li>• Focus on equity</li> </ul>	<ul style="list-style-type: none"> <li>• Potential effectiveness</li> <li>• Cross cutting or targeted reach</li> <li>• Ability to demonstrate progress</li> </ul>	<ul style="list-style-type: none"> <li>• Community capacity</li> <li>• Political will</li> <li>• Acceptability to the community</li> </ul>	<ul style="list-style-type: none"> <li>• Financial costs</li> <li>• Staffing</li> <li>• Stakeholder support</li> <li>• Time</li> </ul>

Source: Adapted from National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved August 28, 2019, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues>



#### Strategic Priority Issue Areas Identified

- Access to Care including
  - Appropriate use of healthcare services
  - Access to dental care
  - Increased access to healthcare services
- Mental Health Promotion including
  - Awareness of services for behavioral health and substance abuse treatment and prevention
  - Access to resources for treatment and recovery
- Tobacco Use Prevention and Awareness including
  - Lowered rates of tobacco, e-cigarette and smokeless tobacco product use among youth and adults
- Physical and Nutritional Wellness including
  - Physical activity
  - Access to healthy food
  - Management of chronic diseases and conditions

#### MAPP PHASE 5: FORMULATE GOALS AND STRATEGIES

The purpose of this phase is for community partners to develop goals, identify strategies and write measurable objectives for each of the strategic priority areas. At its August 2019<sup>th</sup> meeting, the Columbia County CHAP/SHAC embarked on this work. After reviewing the data and key findings from the four MAPP assessment, the group reconfirmed and refined the strategic priority issue statements, and set a timeline for developing the final CHIP, and organized into workgroups. At a series of in-person meetings and conference calls from August to October, the four CHAP/SHAC workgroups dissected the proposed goal statements, enhanced and added strategies and crafted objectives. Evidence-based and promising practices were researched, considered and included as appropriate. To ensure the ability to monitor and report on progress, all objectives include a timeframe, baseline and target performance measure and data source.

#### MAPP PHASE 6: ACTION CYCLE

The action cycle includes implementation and evaluation as well as opportunities to incorporate continuous quality improvement strategies. The Columbia County CHIP action cycle is not only guided by the goals, strategies and objectives set through the MAPP process but the action plans developed for CHIP objectives. Progress, challenges, and accomplishments of the Columbia County CHIP will be monitored and tracked by semi-annual reporting to the CHAP/SHAC and an annual CHIP review. If appropriate, revisions to the CHIP and/or action plans will be made and documented.

#### COLUMBIA COUNTY COMMUNITY HEALTH ASSESSMENT AND HEALTH IMPROVEMENT TIMELINE

August 2018	Organizational meetings, partner identification, timeline development
September 17, 2018	Community Health Assessment kick-off meeting, visioning

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September-December 2018	Secondary data collection and analysis
October 15, November 19, 2018	Local Public Health System Assessment meetings
November-December 2018	Primary data collection via community and healthcare provider surveys
January 14, 2019	Secondary data review and Forces of Change Assessment meeting
February 18, 2019	Community Health Assessment findings and prioritization meeting
July 2019	CHIP organizational meeting, partner identification, timeline development
August 15, 2019	CHIP kick-off meeting and goal, strategy and objective writing workshop
September 4 and 18, 2019	CHIP goal, strategy and objective writing, action plan development
October 17, 2019	Columbia County CHAP/SHAC meeting for final CHIP review
November 2019	2020-2023 Columbia County Community Health Improvement Plan published

## Columbia County CHIP Goals, Strategies and Objectives

The Columbia County 2020-2023 CHIP focuses on four strategic priority areas. For each priority issue at least one goal has been set and will be addressed by a variety of strategies. Objectives provide the basis for performance and outcome tracking, measuring and reporting. Each goal area has its own action plan with activities, baseline and target data, accountability measures, and progress reporting mechanisms (see Appendix for the action plan template; also see the separate companion action plan document that will be updated regularly).

Strategic Priority: Access to Care
<b>Goal I: Increase appropriate use of healthcare services</b>
<b>Strategies:</b> Education and awareness campaigns, outreach and events focused on use of services
<b>Objectives:</b> <ul style="list-style-type: none"> <li>• Decrease rate of Emergency Room use for avoidable causes by 2% by December 31, 2023 (Baseline: 353.1/1,000 population (2017), Target: 346.0/1,000, Data Source: Florida CHARTS)</li> <li>• Implement a monthly coordinated community awareness campaign by December 31, 2020 (Baseline: no campaigns exist, Target: an awareness campaign is implemented, Data Source: CHAP)</li> </ul>
<b>Goal II: Increase access to dental care</b>
<b>Strategies:</b> Recruit more dental providers that accept Medicaid and indigent care clients
<b>Objectives:</b> <ul style="list-style-type: none"> <li>• By December 31, 2023 increase number of dental providers that accept Medicaid by one provider (Baseline: to be determined, Target: baseline plus 1, Data Source: Agency for Health Care Administration)</li> <li>• By December 31, 2020 conduct at least one community-wide dental health fair (Baseline: no dental health fairs ever held, Target: one event, Data Source: CHAP)</li> <li>• By December 31, 2023 increase the number of children who receive dental screenings in Columbia County public schools by 10% (Baseline: 942, Target: 1,036, Data Source: Florida Department of Health in Columbia County Dental Program)</li> </ul>
<b>Goal III: Increase access to healthcare services</b>
<b>Strategies:</b> Education and awareness campaigns, outreach and events focused on availability of services
<b>Objectives:</b> <ul style="list-style-type: none"> <li>• By December 31, 2023 increase by three the number of providers using telemedicine for primary care and specialty care (Baseline: 1, Target: 4, Data Source: CHAP).</li> </ul>
<b>Resources:</b> Florida Department of Health in Columbia County Community Health and Dental Programs, Palms Medical Group, United Way of Suwannee Valley, Shands Lake Shore Regional Medical Center, Columbia County School District
Strategic Priority: Physical and Nutritional Wellness
<b>Goal I: Increase physical activity</b>
<b>Strategies:</b> Partner with school system to expand physical activities programs with youth; promote accessible physical activity environments are already available; promote more daily movement by providing education
<b>Objectives:</b>



<ul style="list-style-type: none"> <li>• By December 31, 2023, reduce or maintain the percentage of adults who are inactive or insufficiently active (Baseline: 65.3% in 2016, Target: 58.8% (10% reduction), Data Source: BRFSS, Florida CHARTS)</li> <li>• By December 31, 2023, increase the number of residents participating in wellness programs (Baseline: 0, Target: 100, Data Source: CHAP/SHAC)</li> </ul>
<p><b>Goal II: Increase access to healthy food</b></p>
<p><b>Strategies:</b> Promote local farmers markets to residents; program awareness that promote use of leftover food which are safe to redistribute; enhance the school backpack program</p>
<p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• By December 31, 2022, increase number of coupon redemption at the farmers market (Baseline: \$8,292 (2,073 coupons in 2018), Target: \$9,121 (2,280 coupons) Data Source: Florida Department of Agriculture and Consumer Services)</li> <li>• By December 31, 2023, 10% of backpack contributors will adopt the healthy foods donation list as a best practice (Baseline: to be determined, Target: baseline +10%, Data Source: Columbia County School District)</li> </ul>
<p><b>Goal III: Improve management of chronic diseases and conditions</b></p>
<p><b>Strategies:</b> Provide education on prevention of diseases/conditions; provide education on management of diseases/conditions</p>
<p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• By December 31, 2023, offer programs for prevention of chronic diseases/conditions to expand the knowledge of community members. (Baseline: 0, Target: 3 programs, Data Source: DOH-Columbia, sign in sheets from programs)</li> <li>• By December 31, 2023, reduce or maintain the percentage of adults who have ever been told they had pre-diabetes (Baseline: 8.6% in 2016, Target: 8.6% to 7.8% (10% reduction), Data Source: BRFSS, Florida CHARTS)</li> <li>• By December 31, 2023, reduce or maintain the percentage of adults who have ever been told they had diabetes (Baseline: 15.8% in 2016, Target: 15.8% to 14.2% (10% reduction), Data Source: BRFSS, Florida CHARTS)</li> <li>• By December 31, 2023, reduce or maintain the percentage of adults who are at a healthy weight (Baseline: 24.6% in 2016, Target: 24.6% to 22.1% (10% reduction), Data Source: Florida CHARTS)</li> </ul>
<p><b>Resources:</b> University of Florida/Institute of Food and Agricultural Sciences, Florida Department of Health in Columbia County Community Health Program, Columbia County School District, food contributors including Kiwanis, Catholic Charities, Altrusa, Fort White Thrift Store, Project Union grant</p>
<p align="center"><b>Strategic Priority: Mental Health Promotion</b></p>
<p><b>Goal I: Increase awareness of services for behavioral health and substance abuse treatment and prevention</b></p>
<p><b>Strategies:</b> Education and awareness campaigns, outreach and events; partner with faith-based/pastoral ministries, community navigators and community health worker groups; seek funding for grants and other community resources</p>
<p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• By December 31, 2020, launch Talk to Somebody Campaign (Baseline: campaign to be developed, Target: campaign developed and launched as evidenced by website hits, Data Source: Another Way, Inc webmaster)</li> </ul>

<ul style="list-style-type: none"> <li>By December 31, 2021 five Mental Health First Aid Training sessions will be held in Columbia County (Baseline: 0 trainings scheduled, Target: 5 sessions completed, Data Source: host agency or CHAP)</li> </ul>
<p><b>Goal II: Improve access to resources for treatment and recovery</b></p>
<p><b>Strategies:</b> Partner with Columbia County School District on implementing their Mental Health Assistance plan</p>
<p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>Maintain or increase the number of Columbia County School District At-Risk Intervention Specialists and Case Managers for the 2019-2020 school year ending May 29, 2020 (Baseline: 4 at-risk intervention specialists (2 Licensed Mental Health Counselors, 1 Master in Social Work-level Mental Health Counselor, and 1 Certified School Counselor) and 2.5 case managers, Target: 4 and 2.5 or better, Data Source: Columbia County School District)</li> <li>By May 31, 2020 Columbia County School District will provide Tier 3 services (individual services) to 10 percent of students (Baseline: 10 percent or approximately 1000 students in 2018-2019, Target: 10 percent, Data Source: Columbia County School District)</li> </ul>
<p><b>Resources:</b> Columbia County School District, Florida Department of Education Mental Health funding, University of Florida Health, Haile Market Therapy, Corner Drug Store, Meridian Behavioral Healthcare, Resolution Health Alliance, Columbia County Emergency Management, Florida Department of Health in Columbia Public Health Preparedness Program</p>
<p style="text-align: center;"><b>Strategic Priority: Tobacco Use Awareness and Prevention</b></p>
<p><b>Goal I: Lower rates of tobacco, e-cigarettes and smokeless tobacco product use among adults and youth</b></p>
<p><b>Strategies:</b> Education and awareness campaigns, outreach and events; involve stakeholders from school board, Columbia County Sheriff's Office, school resource officers, SWAT reps; policy and environment change; continue AHEC focus on cessation</p>
<p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>By January 31, 2021 establish youth and adult education programs in schools with students, parents and teachers (Baseline: 0, Target: 2, Data Source: Columbia County Tobacco Prevention Program)</li> <li>Increase the number of tobacco-free worksites in Columbia County by 10 percent by December 31, 2021 (Baseline: to be determined, Target: 10% increase, Data Source: Columbia County Tobacco Prevention Program)</li> <li>By December 2021, increase or maintain youth participation in Police Explorers and Columbia County School SWAT (Baseline: 20 members in Police Explorers, Target: 22 (up to 10% increase), Data Source: Columbia County Tobacco Prevention Program)</li> </ul>
<p><b>Resources:</b> Suwannee River Area Health Education Center, Lake City Police Department, Chamber of Commerce, city and county law enforcement partners, Columbia County School District</p>



## Columbia County CHIP Alignment with State and National Priorities

The strategic priorities, goals, strategies and objectives in the Columbia CHIP align with several state and national initiatives. These include the Florida Department of Health’s State Health Improvement Plan for 2017-2021, Healthy People 2020, the U.S. Department of Health and Human Services (HHS) Surgeon General’s Office National Prevention Strategy 2017, and HHS Office of Minority Health National Stakeholder Strategy for Achieving Health Equity. These shared priorities present opportunities for collaboration and collective impact in improving health outcomes and quality of life for Columbia County residents.

<p><b>Columbia County CHIP Objectives</b></p>	<ul style="list-style-type: none"> <li>• <b>HP 2020 = Healthy People 2020</b> (bold = exact match of objectives)</li> <li>• <b>Florida SHIP = Florida State Health Improvement Plan, 2017 – 2021</b></li> <li>• <b>NPS = National Prevention Strategy</b></li> <li>• <b>NSS Health Equity: National Stakeholder Strategy for Achieving Healthy Equity</b></li> </ul>
<p><b>Strategic Priority: Access to Care</b></p>	
<p>Decrease rate of Emergency Room use for avoidable causes by 2% by December 31, 2023 (Baseline: 353.1/1,000 population (2017), Target: 346.0/1,000, Data Source: Florida CHARTS)</p>	<p><b>HP 2020:</b> AHS-9  <b>NSS Health Equity:</b> Goal 3 Health System and Life Experience, Strategy 8: Access to Care</p>
<p>Implement a monthly coordinated community awareness campaign by December 31, 2020 (Baseline: no campaigns exist, Target: an awareness campaign is implemented, Data Source: CHAP)</p>	<p><b>HP 2020:</b> HC/HIT-8  <b>Florida SHIP:</b> HE 1.1, HE1.2  <b>NSS Health Equity:</b> Goal 3 Health System and Life Experience, Strategy 11: Health Communication</p>
<p>By December 31, 2023 increase number of dental providers that accept Medicaid by one provider (Baseline: to be determined, Target: baseline plus 1, Data Source: Agency for Health Care Administration)</p>	<p><b>HP 2020:</b> AHS-4</p>
<p>By December 31, 2020 conduct at least one community-wide dental health fair (Baseline: no dental health fairs ever held, Target: one event, Data Source: CHAP)</p>	<p><b>HP 2020:</b> AHS-6</p>
<p>By December 31, 2023 increase the number of children who receive dental screenings in Columbia County public schools by 10% (Baseline: 942, Target: 1,036, Data Source: Florida Department of Health in Columbia County Dental Program)</p>	<p><b>HP 2020:</b> AHS-5, OH-1, OH-2</p>



By December 31, 2023 increase by three the number of providers using telemedicine for primary care and specialty care (Baseline: 1 Target: 4, Data Source: CHAP).	
<b>Strategic Priority: Mental Health Promotion</b>	
By December 31, 2020, launch Talk to Somebody Campaign (Baseline: campaign to be developed, Target: campaign developed and launched as evidenced by website hits, Data Source: Another Way, Inc. webmaster)	<b>HP 2020:</b> MHMD-4 <b>Florida SHIP:</b> BH 1.2 <b>NPS:</b> Mental and Emotional Well-being
By December 31, 2021 five Mental Health First Aid Training sessions will be held in Columbia County (Baseline: 0 trainings scheduled, Target: 5 sessions completed, Data Source: host agency or CHAP)	<b>HP 2020:</b> MHMD-9, MHMD-10 <b>Florida SHIP:</b> BH 1.2 <b>NPS:</b> Mental and Emotional Well-being
Maintain or increase the number of Columbia County School District At-Risk Intervention Specialists and Case Managers for the 2019-2020 school year ending May 29, 2020 (Baseline: 4 at-risk intervention specialists (2 Licensed Mental Health Counselors, 1 Master in Social Work-level Mental Health Counselor, and 1 Certified School Counselor) and 2.5 case managers, Target: 4 and 2.5 or better, Data Source: Columbia County School District)	<b>HP 2020:</b> MHMD-4, MHMD-6 <b>Florida SHIP:</b> BH 1.2 <b>NPS:</b> Mental and Emotional Well-being
By May 31, 2020 Columbia County School District will provide Tier 3 services (individual services) to 10 percent of students (Baseline: 10 percent or approximately 1000 students in 2018-2019, Target: 10 percent, Data Source: Columbia County School District)	<b>HP 2020:</b> MHMD-3, MHMD-4, MHMD-6 <b>Florida SHIP:</b> BH 1.2 <b>NPS:</b> Mental and Emotional Well-being
<b>Strategic Priority: Tobacco Use Prevention and Awareness</b>	
By January 31, 2021 establish youth and adult education programs in schools with students, parents and teachers (Baseline: 0, Target: 2, Data Source: Columbia County Tobacco Prevention Program)	<b>HP 2020:</b> TU-2, TU-3 <b>NPS:</b> Tobacco Free Living
Increase the number of tobacco-free worksites in Columbia county by 10 percent by December 31, 2021 (Baseline: to be determined, Target: 10% increase, Data Source: Columbia County Tobacco Prevention Program)	<b>HP 2020:</b> TU-11, TU-12 <b>NPS:</b> Tobacco Free Living
By December 2021, increase or maintain youth participation in Police Explorers and Columbia County School SWAT (Baseline: 20 Police Explorers, Target: 22 (up to 10% increase), Data	<b>HP 2020:</b> TU-3 <b>NPS:</b> Tobacco Free Living

Source: Columbia County Tobacco Prevention Program)	
<b>Strategic Priority: Physical and Nutritional Wellness</b>	
By December 31, 2023, reduce or maintain the percentage of adults who are inactive or insufficiently active (Baseline: 65.3% in 2016, Target: 58.8% (10% reduction), Data Source: BRFSS, Florida CHARTS)	<b>HP 2020: PA-1, PA-2 (2.1, 2.2, 2.3, 2.4), PA-3 (3.1, 3.2, 3.3)</b> <b>Florida SHIP: HW 1.1</b> <b>NPS: Active Living</b>
By December 31, 2023, increase the number of residents participating in wellness programs (Baseline: 0, Target: 100, Data Source: CHAP/SHAC)	<b>HP 2020: PA-15</b> <b>NPS: Active Living</b>
By December 31, 2022, increase number of coupon redemption at the farmers market (Baseline: \$8,292 (2,073 coupons in 2018), Target: \$9,121 (2,280 coupons) Data Source: Florida Department of Agriculture and Consumer Services)	<b>HP 2020: NWS-3, NWS-4</b> <b>NPS: Healthy Eating</b>
By December 31, 2023, 10% of backpack contributors will adopt the healthy foods donation list as a best practice (Baseline: to be determined, Target: baseline +10%, Data Source: Columbia County School District)	<b>HP 2020: NWS-3, NWS-4</b> <b>NPS: Healthy Eating</b>

## Appendix

This Appendix includes the following sections:

- Community Health Advisory Panel (CHAP) and School Health Advisory Council (SHAC) Members
- Columbia County Visioning Results
- Columbia County CHIP Implementation Action Plan template

## COMMUNITY HEALTH ADVISORY PANEL (CHAP) AND SCHOOL HEALTH ADVISORY COUNCIL MEMBERS (SHAC) MEMBERS

- Kim Allison, Columbia County School District
- Deborah Babin, North Florida High Intensity Drug Trafficking Area (HIDTA)
- Erica Bass, Lake City Police Department
- Donna Bowen, Columbia County Senior Services
- Wendy Bragdon, Department of Health in Columbia County
- Brenda Brown, Florida Department of Health in Columbia County
- Halie Corbitt, University of Florida Institute of Food and Agricultural Sciences (UF/IFAS) Extension
- Ashley Crews, Lake City Police Department
- Judy Dampier, UF/IFAS Extension, Food and Nutrition Program
- Jeff Feller, WellFlorida Council, Inc. and Meridian Behavioral Healthcare
- Brook Frye, Suwannee River Area Health Education Center (AHEC)
- Jeremy Gifford, Florida Department of Health in Columbia County
- Monique Griffis, Columbia County School District
- Laura Grinstead, Kindred at Home
- Erin Harvey, Florida Department of Health in Columbia County
- Jessica Ivey, Palms Medical Group
- Carolyn Jaeger, UF/IFAS Extension Food and Nutrition Program
- Carly Knowles, Another Way, Inc.
- Anton Kootte, Meridian Behavioral Healthcare
- Mike McKee, Florida Gateway College
- Philip Mobley, Gateway Youth and Family Services
- Tom Moffses, Florida Department of Health in Columbia County
- Candi Morris, Florida Department of Health, Women, Infants and Children (WIC) Program
- Elizabeth Nettles, LSF Health Systems
- Joey O'Hern, QuitDoc Foundation
- Erin Peterson, Healthy Start of North Central Florida Coalition
- Janie Richardson, Early Learning Coalition
- Kathleen Roberts, Community Coalition Alliance
- Philip Shelton, CareerSource Florida Crown



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### CHAP and SHAC Members (continued)

- Stephanie Simmons, Early Learning Coalition
- Lisa Swisher, Florida Department of Health in Columbia County
- Dale Tompkins, Shift Forward
- Clint VanBennekom, Lake City Police Department
- Annie Winnett, Lake City Medical Center



## COLUMBIA COUNTY VISIONING RESULTS

### Characteristics of a Healthy Columbia County

#### Visioning Exercise – September 17, 2018

Health care services that include

- Dental care
- Mental health care
- Substance use treatment

Barriers to health care addressed by having services that are

- Readily available
- Located for easy access
- Served by a transportation system
- Place-based for rural residents and delivered with respect for cultural norms and traditions
- Assessed for quality of care
- Delivered in ways to eliminate stigmas associated with seeking care and/or assistance

Healthy behaviors that support

- Reduced tobacco use including generational tobacco use
- Healthy food choices
  - Affordability of nutritious foods
  - Accessibility of foods, elimination of food deserts
  - Awareness of impacts of choices and behaviors
- Health literacy including knowledge of how and when to use health services and resources

Focus on populations that may experience barriers to health and quality of life, have health challenges

- Homeless
- Homeless children, single mothers
- Veterans
- Grandparents raising grandchildren

Community attributes and resources include

- Great community college to prepare youth and young adults for careers
- Parks and recreation programs for organized youth activities
- Activities for children to promote growth and well-being including after school care and homework help

- Fluoridated water
- Smart land use for the built environment
- Preservation of natural resources, ecosystem, rural way of life
- Incomes that support families and meet materials needs

Community leadership that

- Makes health a priority
- Addresses health equity and disparities
- Continues to support the Health Department
- Ensures people are prepared for disasters/emergencies and promotes resiliency



## COLUMBIA COUNTY CHIP IMPLEMENTATION ACTION PLAN TEMPLATE

### Columbia County Community Health Improvement Planning (CHIP) Action Plan Template

Strategic Priority: \_\_\_\_\_

Goal: \_\_\_\_\_

Objective: \_\_\_\_\_

Policy change included?  Yes  No If yes, what policy? \_\_\_\_\_

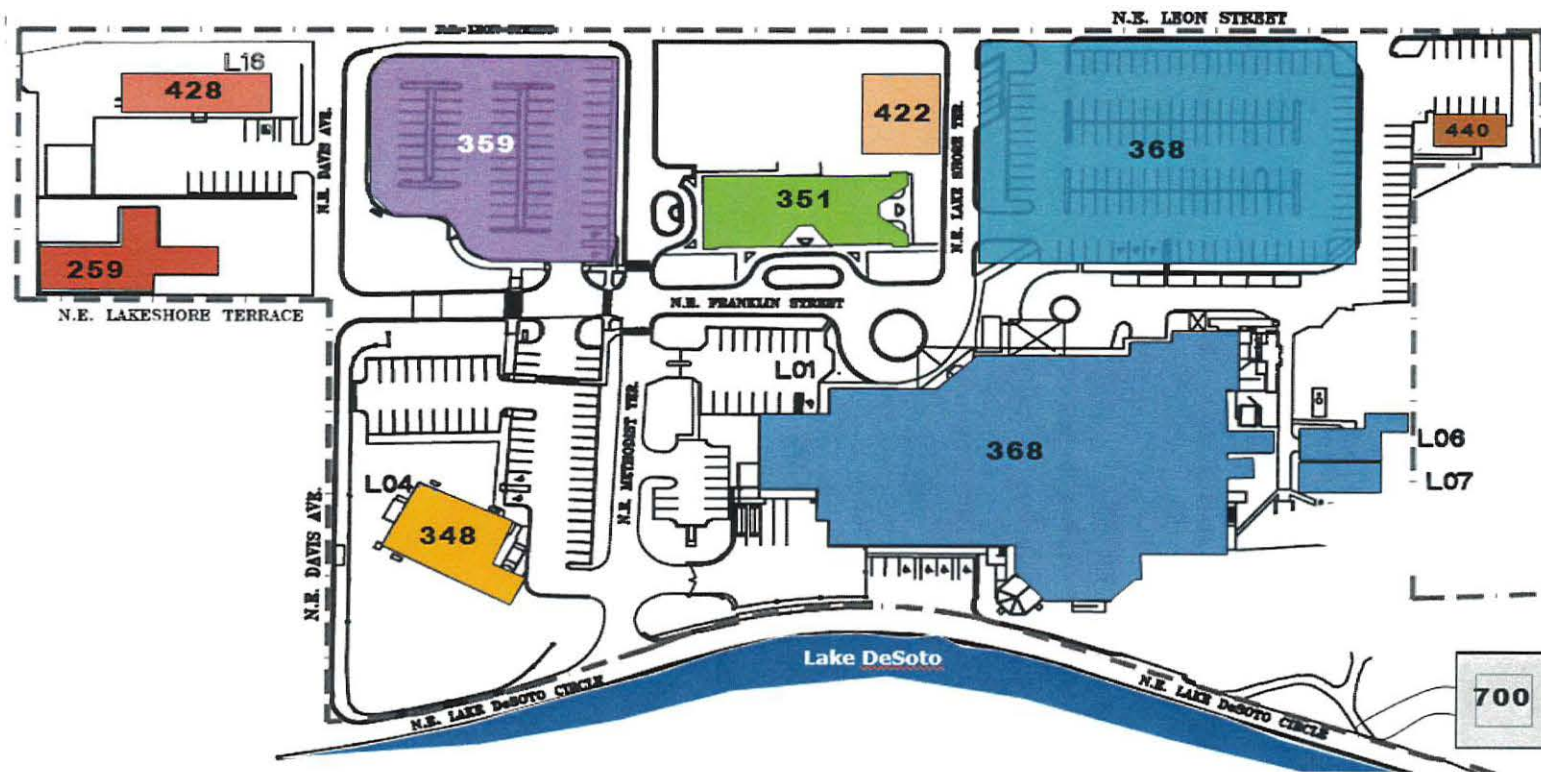
Source or Evidence-base of strategy and/or activities: \_\_\_\_\_

Health equity or health disparity addressed (if applicable): \_\_\_\_\_

Lead/Champion: (person and agency): \_\_\_\_\_

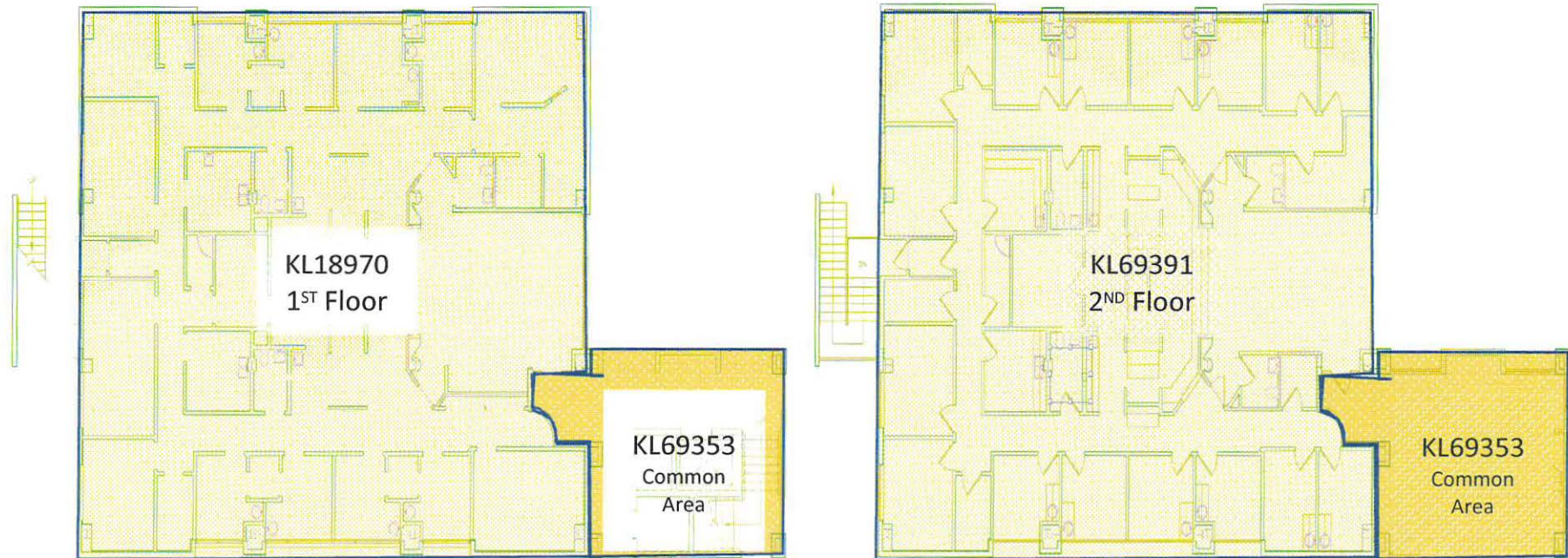
Action or Activity <i>(what needs to be done?)</i>	By Whom? <i>(who will take the action?)</i>	By When? <i>(by what date will action be completed?)</i>	Progress Status <i>(what is the current status?)</i>





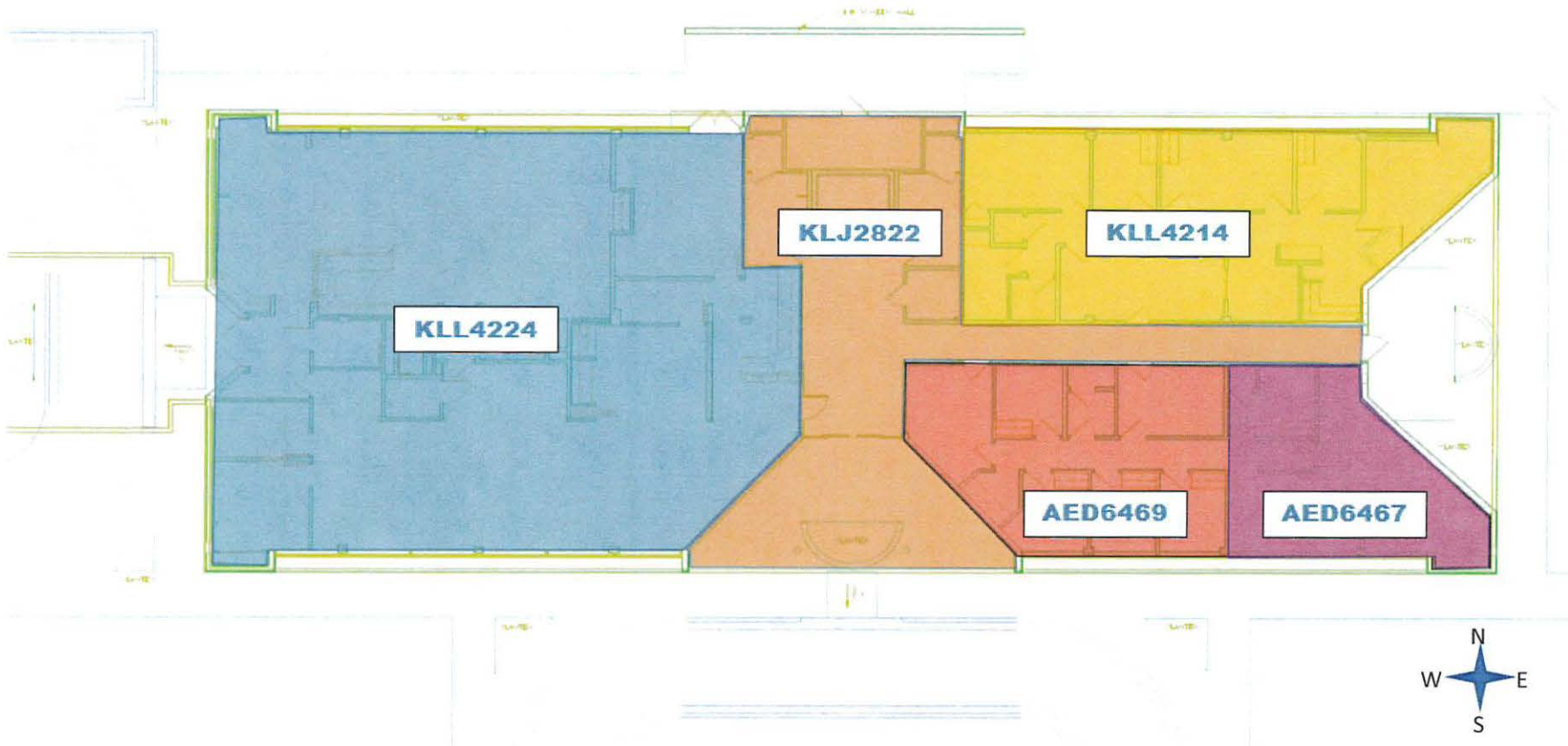
Account Number	Meter No	Service Address	Avg Monthly KWh (2017-2018)	Avg Cost occupied
48158-66191	ACD3511	700 NE LAKE DESOTO CIR # HELIPAD	15	\$13.64
94132-90355	KL18970	348 NE METHODIST TER SUITE 101	4,950	\$544.45
40495-90351	KL69391	348 NE METHODIST TER STE 201	4,247	\$467.22
05119-90350	KL69353	348 NE METHODIST TER # LO4 COMMON AREA	484	\$54.87
37213-40051		368 NE FRANKLIN ST #PRKING LOT LIGHTING	1,806	\$139.81
81448-34515	PU83610/PU83592	368 NE FRANKLIN ST #HOSPITAL	354,300	\$34,367.10
14693-01400	MED2814	368 NE FRANKLIN ST VISITOR LOT PK LOT LTS	2,418	\$175.18
78602-76190	ACD3532	440 NE LEON ST # L05 RADIOLOGY STORAGE	618	\$87.73
29286-12411	KJ30834	422 NE LAKESHORE TER Old accounting (Bedoya)	1,139	\$257.30
50289-74466	KLL4224	351 NE FRANKLIN ST #L02 PT	4,612	\$589.93
45132-55416	KLJ2822	351 NE FRANKLIN ST #L02 LOBBY	1,261	\$160.27
33652-84466	KLL4214	351 NE FRANKLIN ST # L02 CARDIOLOGY1	1,130	\$124.32
34095-45419	AED6469	351 NE FRANKLIN ST # L02 CARDIOLOGY2	377	\$92.69
34159-45413	AED6467	351 NE FRANKLIN ST # L02 CARDIOLOGY3	543	\$110.36
76765-74465	MC78833	359 NE METHODIST TER #EMPLOYEE PRKNG LOT	4,006	\$245.52
32284-66193	ACD3970	428 NE DAVIS AVE	1,136	\$237.15





Elec. Meter Breakdown of: 348 NE METHODIST TER. (2 Story)

Account Number	Meter #	Service Address	Avg Monthly KWh (2017- 2018)	Avg Cost occupied
94132-90355	KL18970	348 NE METHODIST TER SUITE <b>101</b>	4,950	\$544
40495-90351	KL69391	348 NE METHODIST TER STE <b>201</b>	4,247	\$467
05119-90350	KL69353	348 NE METHODIST TER # LO4 COMMON AREA	484	\$55



**Elec. Meter Breakdown of: 351 NE FRANKLIN ST (PT/Reyes/Cardiology)**

Account Number	Meter #	Service Address	Avg Monthly KWh (2017-2018)	Avg Cost occupied
50289-74466	KLL4224	351 NE FRANKLIN ST #L02 PT	4,612	\$590
45132-55416	KLJ2822	351 NE FRANKLIN ST #L02 LOBBY	1,261	\$160
33652-84466	KLL4214	351 NE FRANKLIN ST # L02 CARDIOLOGY1	1,130	\$124
34095-45419	AED6469	351 NE FRANKLIN ST # L02 CARDIOLOGY2	377	\$93
34159-45413	AED6467	351 NE FRANKLIN ST # L02 CARDIOLOGY3	543	\$110



## Average Monthly Hospital Expenditures (Comparative)

Occupied Data sourced from 2017-2018. Un-Occupied from 2021

Vendor	Location	Account number	Monthly Average Cost	
			Occupied	Un-Occupied
Florida Power & Light	Hospital	81448-34515	\$ 34,367.10	\$ 14,251.98
Florida Power & Light	Parking lot (FPL)	37213-40051	\$ 139.81	\$ 137.83
Florida Power & Light	Visitor parking lot	14693-01400	\$ 175.18	\$ 118.22
Florida Power & Light	Employee parking lot	76765-74465	\$ 245.52	\$ 252.46
Florida Power & Light	L02 Physical therapy	50289-74466	\$ 589.93	\$ 212.52
Florida Power & Light	L02 Cardiology 1	33652-84466	\$ 124.32	\$ 68.24
Florida Power & Light	L02 Cardiology 2	34095-45419	\$ 92.69	\$ 18.42
Florida Power & Light	L02 Cardiology 3	34159-45413	\$ 110.36	\$ 22.16
Florida Power & Light	L02 Lobby	45132-55416	\$ 160.27	\$ 34.61
Florida Power & Light	L04 suite 101	94132-90355	\$ 544.45	\$ 106.16
Florida Power & Light	L04 suite 201	40495-90351	\$ 467.22	\$ 330.65
Florida Power & Light	L04 common area	05119-90350	\$ 54.87	\$ 44.58
Florida Power & Light	L16 Medical Records	32284-66193	\$ 237.15	\$ 116.72
Florida Power & Light	Helipad	48158-66191	\$ 13.64	\$ 11.83
Florida Power & Light	L05 radiology storage	78602-76190	\$ 87.73	\$ 41.41
Florida Power & Light	Old accounting	29286-12411	\$ 257.30	\$ 35.97
Florida Power & Light	MRI	2312721406	\$ 1,666.87	\$ -
		Electric Total	\$ 39,334.41	\$ 15,803.76
City of Lake City Water	Hospital	25230-001	\$ 5,507.01	\$ 2,137.69
City of Lake City Water	L02 Cardiology 1	25200-001	\$ 363.67	\$ 318.48
City of Lake City Water	L02 Cardiology 2	25210-001	\$ 367.26	\$ 322.08
City of Lake City Water	Irrigation/cooling towers	25260-001	\$ 2,913.68	\$ 1,278.74
City of Lake City Water	Irrigation	25270-002	\$ 100.11	\$ 102.12
		Water total	\$ 9,251.73	\$ 4,159.11
City of Lake City Gas	Hospital	25220-001	\$ 9,702.10	\$ 8,010.05
City of Lake City Gas	L02 Lobby	25200-001	\$ 42.13	\$ 30.64
		Gas total	\$ 9,744.23	\$ 8,040.70
Waste Management		3801	\$ 2,849.21	\$ -
		Utilities Total	\$ 61,179.58	\$ 28,003.57
DSL Security			\$ 17,904.96	\$ 13,356.38
Landscaping			\$ 2,910.00	\$ 2,910.00
Pest Control			\$ 1,452.91	\$ 649.16
		Grounds Total	\$ 22,267.87	\$ 16,915.54
Elevators			\$ 1,494.50	\$ 774.94
Water Treatment			\$ 536.00	\$ 568.60
fire Sprinkler Inspection			\$ 585.83	\$ -
Fire alarm Inspection			\$ 633.33	\$ -
Fire Alarm Monitoring			\$ 125.00	\$ 567.00
Chiller Inspection			\$ 727.50	\$ 511.44
Boiler Inspection			\$ 655.03	\$ 625.00
Boiler service			\$ 521.00	\$ 305.83
Generator Inspection			\$ 116.88	\$ -
Fire Pump Inspection			\$ 116.88	\$ -
Siemens building controls			N/A	\$ -
		Service total	\$ 5,511.95	\$ 3,352.81
		Monthly Avg. Total	\$ 88,959.40	\$ 48,271.92

## Average Monthly Hospital Expenditures (At Capacity)

Data sourced from 2017-2018 and adjusted where required.

Vendor	Service	Location	Account number	Monthly Average Cost
Florida Power & Light	Electric	Hospital	81448-34515	\$ 34,367.10
Florida Power & Light	Electric	Parking lot (FPL)	37213-40051	\$ 139.81
Florida Power & Light	Electric	Visitor parking lot	14693-01400	\$ 175.18
Florida Power & Light	Electric	Employee parking lot	76765-74465	\$ 245.52
Florida Power & Light	Electric	L02 Physical therapy	50289-74466	\$ 589.93
Florida Power & Light	Electric	L02 Cardiology 1	33652-84466	\$ 124.32
Florida Power & Light	Electric	L02 Cardiology 2	34095-45419	\$ 92.69
Florida Power & Light	Electric	L02 Cardiology 3	34159-45413	\$ 110.36
Florida Power & Light	Electric	L02 Lobby	45132-55416	\$ 160.27
Florida Power & Light	Electric	L04 suite 101	94132-90355	\$ 544.45
Florida Power & Light	Electric	L04 suite 201	40495-90351	\$ 467.22
Florida Power & Light	Electric	L04 common area	05119-90350	\$ 54.87
Florida Power & Light	Electric	L16 Medical Records	32284-66193	\$ 237.15
Florida Power & Light	Electric	Helipad	48158-66191	\$ 13.64
Florida Power & Light	Electric	L05 radiology storage	78602-76190	\$ 87.73
Florida Power & Light	Electric	Old accounting	29286-12411	\$ 257.30
Florida Power & Light	Electric	MRI	2312721406	\$ 1,666.87
			Electric Total	\$ 39,334.41
City of Lake City	Water	Hospital	25230-001	\$ 5,507.01
City of Lake City	Water	L02 Cardiology 1	25200-001	\$ 363.67
City of Lake City	Water	L02 Cardiology 2	25210-001	\$ 367.26
City of Lake City	Water	Irrigation/cooling towers	25260-001	\$ 2,913.68
City of Lake City	Water	Irrigation	25270-002	\$ 100.11
			Water total	\$ 9,251.73
City of Lake City	Gas	Hospital	25220-001	\$ 9,702.10
City of Lake City	Gas	L02 Lobby	25200-001	\$ 42.13
			Gas total	\$ 9,744.23
Waste Pro Lake City	Trash		3801	\$ 2,849.21
			Utilities Total	\$ 61,179.58
DSL Security	Security			\$ 17,904.96
Stonegate Management	Grounds			\$ 2,910.00
Live Oak Pest Control	Pest			\$ 1,452.91
			Grounds Total	\$ 22,267.87
Thyssenkrupp	Elevators			\$ 1,494.50
Premier Water & Energy	Treatment			\$ 536.00
WW Gay fire Sprinkler	Inspection			\$ 585.83
Johnson Controls fire alarm	Inspection			\$ 633.33
Johnson Controls fire alarm	Moitoring			\$ 125.00
Johnson Controls Chiller	Inspection			\$ 727.50
Illingworth Boiler service	Inspection			\$ 655.03
Illingworth Boiler service	Service			\$ 521.00
Generator & fire pump	Inspection			\$ 233.76
Siemens building controls	Service			N/A
			Service total	\$ 5,511.95
			Monthly Avg. Total	\$ 88,959.40

## Average Monthly Water/Gas Expenditure (At Capacity)

(Data sourced from 2017-2018. Water data adjusted for irrigation use.)

Service Address	Account #	water	
		Gal.	Cost
351 NE FRANKLIN ST	025200-001	2,880	\$ 363.67
351 NE FRANKLIN ST	025210-001	4,489	\$ 367.26
368 NE FRANKLIN ST	025230-001	1,129,408	\$ 5,507.01
359 NE METHODIST TER (parking lot irrigation)	025260-001	87,809	\$ 2,913.68
348 NE METHODIST TER	025270-001	7,021	\$ 100.11

Water Total \$ 9,251.73

Service Address	Account #	Gas	
		Therms	Cost
351 NE FRANKLIN ST	025200-001	20	\$ 42.13
368 NE FRANKLIN ST	025230-001	11,529	\$ 9,702.10

Gas Total \$ 9,744.23

## Average Monthly Power Expenditure (At Capacity)

(Data sourced from 2017-2018)

Service Address	Account #	KWh	Cost
Hospital	81448-34515	354300	\$ 34,367.10
Parking lot (FPL)	37213-40051	1806	\$ 139.81
Visitor parking lot	14693-01400	2418	\$ 175.18
Employee parking lot	76765-74465	4006	\$ 245.52
L02 Physical therapy	50289-74466	4612	\$ 589.93
L02 Cardiology 1	33652-84466	1130	\$ 124.32
L02 Cardiology 2	34095-45419	377	\$ 92.69
L02 Cardiology 3	34159-45413	543	\$ 110.36
L02 Lobby	45132-55416	1261	\$ 160.27
L04 suite 101	94132-90355	4950	\$ 544.45
L04 suite 201	40495-90351	4247	\$ 467.22
L04 common area	05119-90350	484	\$ 54.87
L16 Medical Records	32284-66193	1136	\$ 237.15
Helipad	48158-66191	15	\$ 13.64
L05 radiology storage	78602-76190	618	\$ 87.73
Old accounting	29286-12411	1139	\$ 257.30
MRI	2312721406	N/A	\$ 1,666.87

Electric Total \$ 39,334.41



## Average Monthly Service Expenditure

(Data sourced from past annual, and recurring service invoices)

Company	Service	Monthly
Thyssenkrupp	Elevators	\$ 1,494.50
Premier Water & Energy	Treatment	\$ 536.00
WW Gay fire Sprinkler	Inspection	\$ 585.83
Johnson Controls fire alarm	Inspection	\$ 633.33
Johnson Controls fire alarm	Moitoring	\$ 125.00
Johnson Controls Chiller	Inspection	\$ 727.50
Illingworth Boiler service	Inspection	\$ 655.03
Illingworth Boiler service	Service	\$ 521.00
Generator & fire pump	Inspection	\$ 233.76
Siemens building controls	Service	N/A

Service Total \$ 5,511.95

## Average Monthly Grounds Expenditure

(Data sourced from past recurring service invoices)

Company	Service	Monthly
DSL Security	Security	\$ 17,904.96
Stonegate Management	Grounds	\$ 2,910.00
Live Oak Pest Control	Pest	\$ 1,452.91
Waste Pro Lake City	Trash	\$ 2,849.21

Grounds Total \$ 25,117.08

# Average Monthly Expenditure

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Water Total	\$	9,251.73
Gas Total	\$	9,744.23
Electric Total	\$	39,334.41
Service Total	\$	5,511.95
Grounds Total	\$	<u>25,117.08</u>

Monthly Avg. Total        \$        88,959.40

**CARC – ADVOCATES FOR CITIZENS WITH DISABILITIES**



**LAKE SHORE HOSPITAL AUTHORITY**

**REQUEST FOR PROPOSALS REGARDING  
STATEMENTS OF INTEREST RESPONSE FORM**

**TO: Lake Shore Hospital Authority**  
259 N.E. Franklin Street, Suite 102  
Lake City, FL 32055

**RE: Statement of Interest Regarding the Lake Shore Hospital Authority and Lake  
Shore Hospital**

**FR: Company Name:** CARC- Advocates for Citizens with Disabilities  
**Company Address:** 512 SW Sisters Welcome Rd  
Lake City, FL 32055

**Contact Person:** Stephen Bailey  
**Contact Information: Phone:** 386-752-1880  
**E-Mail:** Sbailey@lakecity-carc

**Our entity would like to express an interest in working with Lake Shore Hospital  
Authority in the following capacity(ies): (Check all that apply)**

<b>Affiliation</b>	<u>    </u>
<b>Lease</b>	<u>  X  </u>
<b>Merger</b>	<u>    </u>
<b>Partnership</b>	<u>    </u>
<b>Joint Venture</b>	<u>    </u>

**Please attach a narrative explaining your intended use and the specific  
building(s) you are interested in occupying on the Lake Shore Regional Medical  
Center campus.**



CARC – Advocates for Citizens with Disabilities, Inc. (CARC), is a local nonprofit agency established in 1974 to provide services to individuals with intellectual and developmental disabilities. We are interested in a short-term lease of the building located at 351 NE Franklin Street while our current client services and administration buildings are being renovated. CARC operates an ADT (Adult Day Training) Program for adult individuals with developmental and intellectual disabilities. The facility at 351 NE Franklin Street would be an ideal layout for our consumers' needs since it already contains handicap accessible bathrooms and open spaces for flexible functionality. Being able to utilize this space for their daily ADT programming, would give our consumers some consistent routine during this disruption of their everyday normal. Although the renovations are exciting and greatly needed, for our clients the changes to their daily routine can be overly stressful and sometimes scary. It also quite difficult to find spaces for lease that already have the safety and functionality features that the Franklin Street property already has in place. This site would allow the clients to still have their trainings all within one location that would be a safe and consistent place for them. The building site would also provide ample space for our administrative staff to carry out their daily tasks and be nearby to support or client services as needed. This matches the current layout of our facilities and provides support between the administration team and the client services staff/consumers. Having the whole company together would allow as much normalcy to occur during this exciting yet challenging time of transition for our company.

**COLUMBIA COUNTY**



LAKE SHORE HOSPITAL AUTHORITY

REQUEST FOR PROPOSALS REGARDING  
STATEMENTS OF INTEREST RESPONSE FORM

TO: Lake Shore Hospital Authority  
259 N.E. Franklin Street, Suite 102  
Lake City, FL 32055

RE: Statement of Interest Regarding the Lake Shore Hospital Authority and Lake  
Shore Hospital

FR: Company Name: Columbia County  
Company Address: P.O. Box 1529  
135 N E Hernando  
Lake City, FL 32056-1529  
Contact Person: David Kraus  
Contact Information: Phone: 386-623-6320  
E-Mail: david\_kraus@columbiacountyfla.com

Our entity would like to express an interest in working with Lake Shore Hospital  
Authority in the following capacity(ies): (Check all that apply)

Affiliation	<input checked="" type="checkbox"/>
Lease	<input type="checkbox"/>
Merger	<input type="checkbox"/>
Partnership	<input checked="" type="checkbox"/>
Joint Venture	<input type="checkbox"/>

Please attach a narrative explaining your intended use and the specific  
building(s) you are interested in occupying on the Lake Shore Regional Medical  
Center campus.

## Statement of Interest Response

February 14, 2022

Dear Lake Shore Hospital Authority Board;

Columbia County has an interest in the Professional Services Building located at 351 NE Franklin Street, the adjacent lot at 422 NE Lake Shore Terrace, and the adjacent approved parking lot (between Franklin and Leon Streets).



Columbia County supports the Authority's goal of being "a positive presence in, and contributor to, the downtown area of the City". Our intent would be to transform the Professional Services Building into a "one stop shop" for all development permitting including the Building & Zoning Department and the County Health Department's Environmental Health Division. We have approached the City's Development Department to relocate into this building as well. This would simplify developing in Columbia County by providing a single point of contact/location for developers as well as residents. In addition, this location is more accessible than the current locations.

Secondly, the lot to the North could be redeveloped into a large meeting space for County Commission and Planning and Zoning Board, as well as community and Hospital Authority events. Finally, the County would like to acquire the paved, improved parking area to support our use of the Professional Services Building. It would remain on open public parking lot available to the Authority and would eliminate your need for any maintenance. The County is equipped and staffed to provide the upkeep and landscaping of this parking area. The increase in traffic to the area would generate positive trips and could support your surrounding uses.

In addition, we have received a Memorandum from the Columbia County Health Department expressing interest in other buildings on your campus. Their goal would be to expand health services and support indigent care. Columbia County owns and maintains their facilities next to your office. The age, size and configuration of the existing facilities prohibit the Health Department from providing additional medical and dental services. I have attached a memo from Thomas Mofsses, Administrator, outlining their interest.

Columbia County would like the opportunity to work with the Authority to develop these plans that will compliment your campus. Please contact me with any questions at 386-623-6320.

Sincerely;

David Kraus  
County Manager

**COLUMBIA COUNTY AND THE  
COLUMBIA COUNTY HEALTH DEPARTMENT**



LAKE SHORE HOSPITAL AUTHORITY

REQUEST FOR PROPOSALS REGARDING  
STATEMENTS OF INTEREST RESPONSE FORM

TO: Lake Shore Hospital Authority  
259 N.E. Franklin Street, Suite 102  
Lake City, FL 32055

RE: Statement of Interest Regarding the Lake Shore Hospital Authority and Lake  
Shore Hospital

FR: Company Name: Columbia County and the Columbia County Health Department  
Company Address: P.O. Box 1529  
135 N E Hernando  
Lake City, FL 32056-1529  
Contact Person: David Kraus  
Contact Information: Phone: 386-623-6320  
E-Mail: david\_kraus@columbiacountyfla.com

Our entity would like to express an interest in working with Lake Shore Hospital  
Authority in the following capacity(ies): (Check all that apply)

Affiliation	<u>X</u>
Lease	<u>    </u>
Merger	<u>    </u>
Partnership	<u>X</u>
Joint Venture	<u>    </u>

Please attach a narrative explaining your intended use and the specific  
building(s) you are interested in occupying on the Lake Shore Regional Medical  
Center campus.

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General


**Vision:** To be the Healthiest State in the Nation

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**MEMORANDUM**

**DATE:** February 11, 2022

**TO:** David Kraus, County Manager  
Columbia County Board of County Commissioners

**FROM:** Thomas Moffses, Administrator  
Columbia County Health Department 

**SUBJECT:** Lake Shore Hospital Authority Request

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Lake Shore Hospital Authority (LSHA) has several properties that the Columbia County Health Department (CCHD) would like to use that would expand and enhance public health capabilities for the entire population of Columbia County.

The current CCHD is made up of two standalone buildings connected by an enclosed walkway. In addition, there is a portable (trailer) used by dental, a mobile bus used by dental, and three exterior storage buildings for supplies. While this property has served the department and the public well for several years, the need to expand our facilities to meet the demand for public health services is evident now more than ever.

The standalone buildings have a base square footage of 12,785 sf, the portable has 630 sf. The current health department building was constructed in 1980 and has not had any renovations since initial construction. Renovations to make this building more clinically functional, 42 years after initial construction, are limited due to cinder block walls in place to provide structural integrity for roofing support.

The LSHA and the CCHD have worked in partnership to provide services to those most in need while promoting access to health and public health related services to the citizens within our respective service areas. To provide the highest quality of services and support for the residents of Columbia County, the CCHD is asking the Columbia County Board of County Commissioners (CCBOCC) to work with LSHA to acquire properties under LSHA control for use by the CCHD. The listed properties below are within walking distance from the existing facility allowing for ease of access to the surrounding community as well as providing a familiar location that many clients are accustomed to visiting.

1. Storage Building (Parcel # 00-00-00-12071-002 (40659))
  - This parcel has parking and a brick/mortar climate-controlled storage building/office configuration.
  - Building size is 3,300 sf
  - This location would help provide climate-controlled storage for all CCHD programs and would provide a logistics hub for preparedness equipment that supports and protects public health interests during a public health emergency.
  - Has the capability to store and secure both preparedness response trailers.
  
2. Clinic (Parcel # 00-00-00-11789-001 (40381))
  - This two-story clinical building was built in 1989 and renovated in roughly +/- 2016.
  - Building provides clinical setting with single point of entry/exit on each floor.
  - Allows CCHD to expand the following much needed services for Columbia residents, many of which have been identified as priority through community health assessments:
    - Adding dental services for pediatric and emergent adult services.
    - Expansion of staff support and services for Healthy Start clients.
    - Expansion of staff support and clinical services Ryan White clients.
  - Would require some additional renovations to accommodate dental and modify some clinical rooms to office/clinical support spaces. These renovations can be funded out of CCBOCC Covid support funding.
  - Level 1 would accommodate all clinical services, immunizations, and Ryan White clinic.
  - Level 2 would accommodate Healthy Start, Dental, and Vital Statistics.
  
3. Office Space (00-00-00-12071-000 (40657))
  - Administrative Offices
  - Meeting rooms to provide a facility to house community partnership meetings and training.
  - Expansion of staff support and clinical services for the Woman Infant and Children (WIC) program in the self-contained area located in Suite 101.

Due to logistical needs, we would anticipate a multi-month lead time for occupancy. This would be necessary due to the following:

- A. Inventory and removal of materials currently stored in Item 1.
- B. Work with CCBOCC, LSHA, and local contractors to determine modifications/renovations needed for Item 2. In addition, would need to get quotes and deliverable timelines for completion and occupancy.
- C. Work with all utilities (City, TelCo/Internet, Electrical, State of Florida IT Services) to transfer and/or installation of new services from LSHA to CCBOCC/CCHD.



# Columbia County Property Appraiser

Jeff Hampton

**2022 Working Values**

updated: 2/3/2022

Parcel: << 00-00-00-12071-000 (40657) >>

## Owner & Property Info

Owner	LAKE SHORE HOSPITAL AUTHORITY OF COLUMBIA COUNTY, FLORIDA 259 NE FRANKLIN ST LAKE CITY, FL 32055		
Site	259 NE FRANKLIN St, LAKE CITY		
Description*	N DIV: S1/2 OF BLOCK 94, (LAKE SHORE HOSPITAL OFFICES BUILDING-OLD JAIL).		
Area	0.5 AC	S/T/R	29-3S-17
Use Code**	OFFICE BLD 1STY (1700)	Tax District	1

\*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.  
\*\*The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

## Property & Assessment Values

2021 Certified Values		2022 Working Values	
Mkt Land	\$20,691	Mkt Land	\$20,691
Ag Land	\$0	Ag Land	\$0
Building	\$488,184	Building	\$482,636
XFOB	\$35,428	XFOB	\$35,428
Just	\$544,303	Just	\$538,755
Class	\$0	Class	\$0
Appraised	\$544,303	Appraised	\$538,755
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$544,303	Assessed	\$538,755
Exempt	20 \$544,303	Exempt	20 \$538,755
Total Taxable	county:\$0 city:\$0 other:\$0 school:\$0	Total Taxable	county:\$0 city:\$0 other:\$0 school:\$0

Aerial Viewer Pictometry Google Maps

2019 2016 2013 2010 2007 2005  Sales

00-00-00-12071-000 (20)  
LAKE SHORE HOSPITAL AUTHORITY FLORIDA  
259 NE FRANKLIN St  
29/3S/17 (OFFICE BLD 1STY) 0.5AC  
Txbl:\$0.00

## Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
12/13/2006	\$0	1105/2208	WD	I	U	03

## Building Characteristics

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
<a href="#">Sketch</a>	OFFICE LOW (4900)	1950	9018	12329	\$482,636

\*Bldg\_Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

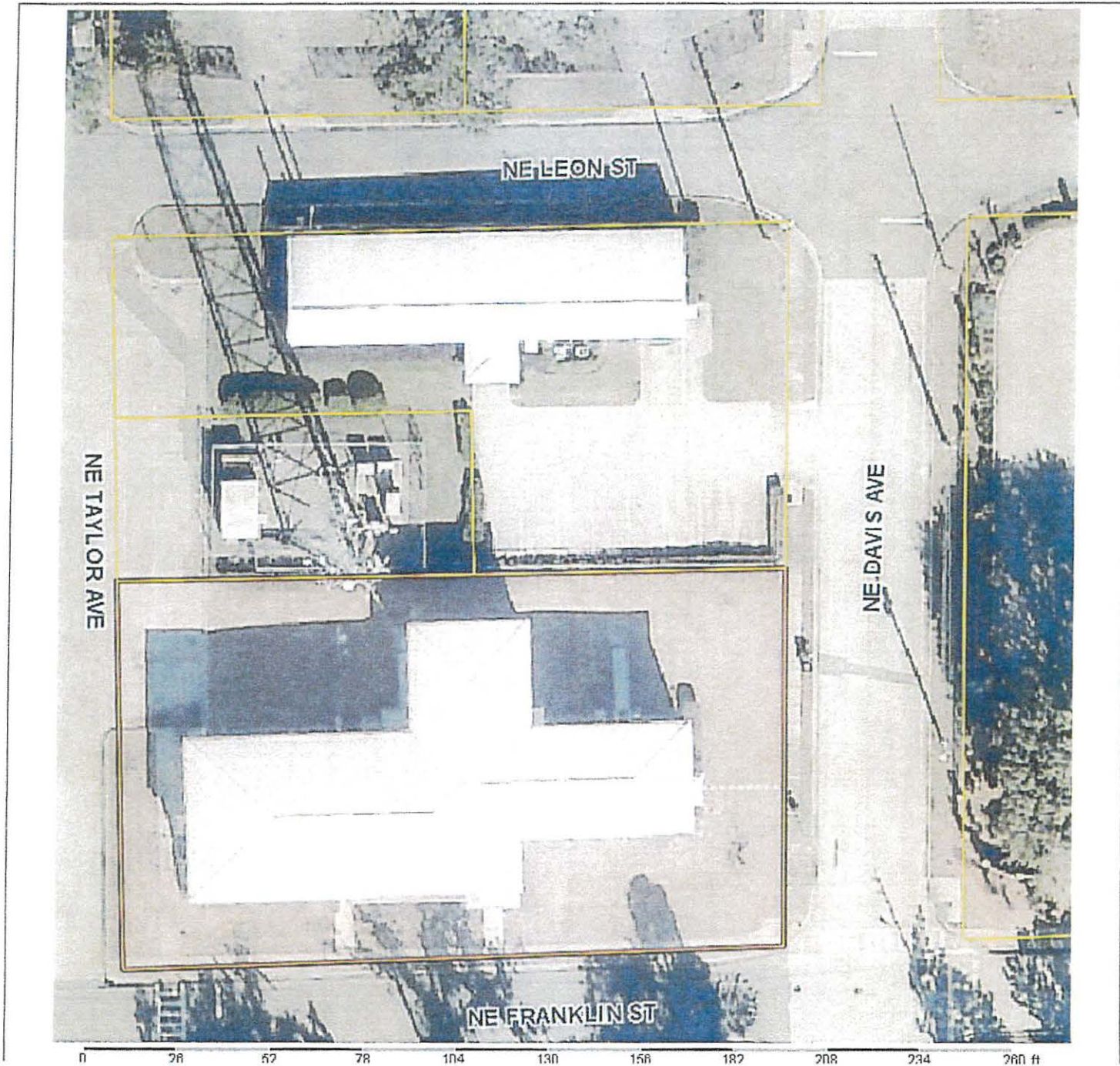
▼ **Extra Features & Out Buildings** (Codes)


Code	Desc	Year Blt	Value	Units	Dims
0260	PAVEMENT-ASPHALT	0	\$500.00	1.00	0 x 0
0166	CONC,PAVMT	2007	\$8,928.00	2976.00	0 x 0
0100	ELEV.PASS	2007	\$26,000.00	1.00	0 x 0

▼ **Land Breakdown**

Code	Desc	Units	Adjustments	Eff Rate	Land Value
1700	1STORY OFF (MKT)	21,780.000 SF (0.500 AC)	1.0000/1.0000 1.0000/ /	\$1 /SF	\$20,691





Columbia County Property Appraiser		Jeff Hampton   Lake City, Florida   386-758-1083	
<b>PARCEL: 00-00-00-12071-000 (40657)   OFFICE BLD 1STY (1700)   0.5 AC</b> N DIV. S1/2 OF BLOCK 94, (LAKE SHORE HOSPITAL OFFICES BUILDING-OLD JAIL), <b>LAKE SHORE HOSPITAL AUTHORITY OF COLUMBIA COUNTY, FLORIDA</b>			<b>NOTES:</b>   Columbia County, FL
Owner: 259 NE FRANKLIN ST LAKE CITY, FL 32055 Site: 259 NE FRANKLIN St, LAKE CITY Sales Info: 12/13/2006 \$0 1 (U)			
		<b>2022 Working Values</b> Mkt Lnd \$20,691 Appraised \$538,755 Ag Lnd \$0 Assessed \$538,755 Bldg \$482,636 Exempt \$538,755 XFOB \$35,428 county:\$0 Just \$538,755 Total city:\$0 Taxable other:\$0 school:\$0	
This information, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.			

GrizzlyLogic.com



### Columbia County Property Appraiser

Jeff Hampton

**2022 Working Values**

updated: 2/3/2022

Parcel: << 00-00-00-11789-001 (40381) >>

Aerial Viewer Pictometry Google Maps

#### Owner & Property Info

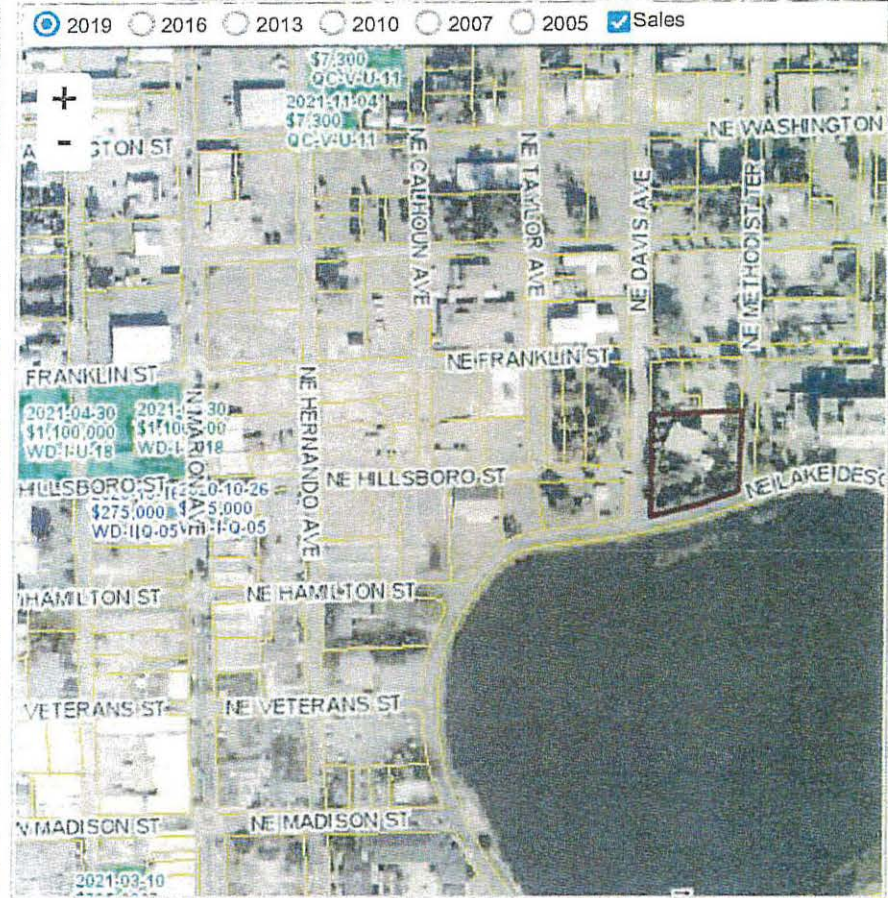
Result: 1 of 0

Owner	LAKE SHORE HOSPITAL AUTHORITY 259 NE FRANKLIN ST LAKE CITY, FL 32055		
Site	348 NE METHODIST Ter, LAKE CITY		
Description*	N DIV: S1/2 BLOCK 102 & THAT PORTION LYING N OF CIRCLE DRIVE & S OF BLOCK 102 & 1197-1009 & 1197-1031		
Area	0.919 AC	S/T/R	29-3S-17
Use Code**	PROFESS SVC/BLD (1900)	Tax District	1

\*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.  
 \*\*The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

#### Property & Assessment Values

2021 Certified Values		2022 Working Values	
Mkt Land	\$120,225	Mkt Land	\$120,225
Ag Land	\$0	Ag Land	\$0
Building	\$340,666	Building	\$324,444
XFOB	\$49,261	XFOB	\$49,261
Just	\$510,152	Just	\$493,930
Class	\$0	Class	\$0
Appraised	\$510,152	Appraised	\$493,930
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$510,152	Assessed	\$493,930
Exempt	20 \$510,152	Exempt	20 \$493,930
Total Taxable	county:\$0 city:\$0 other:\$0 school:\$0	Total Taxable	county:\$0 city:\$0 other:\$0 school:\$0



#### Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
NONE						

#### Building Characteristics

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
<a href="#">Sketch</a>	OFFICE MED (5200)	1989	9696	11006	\$324,444

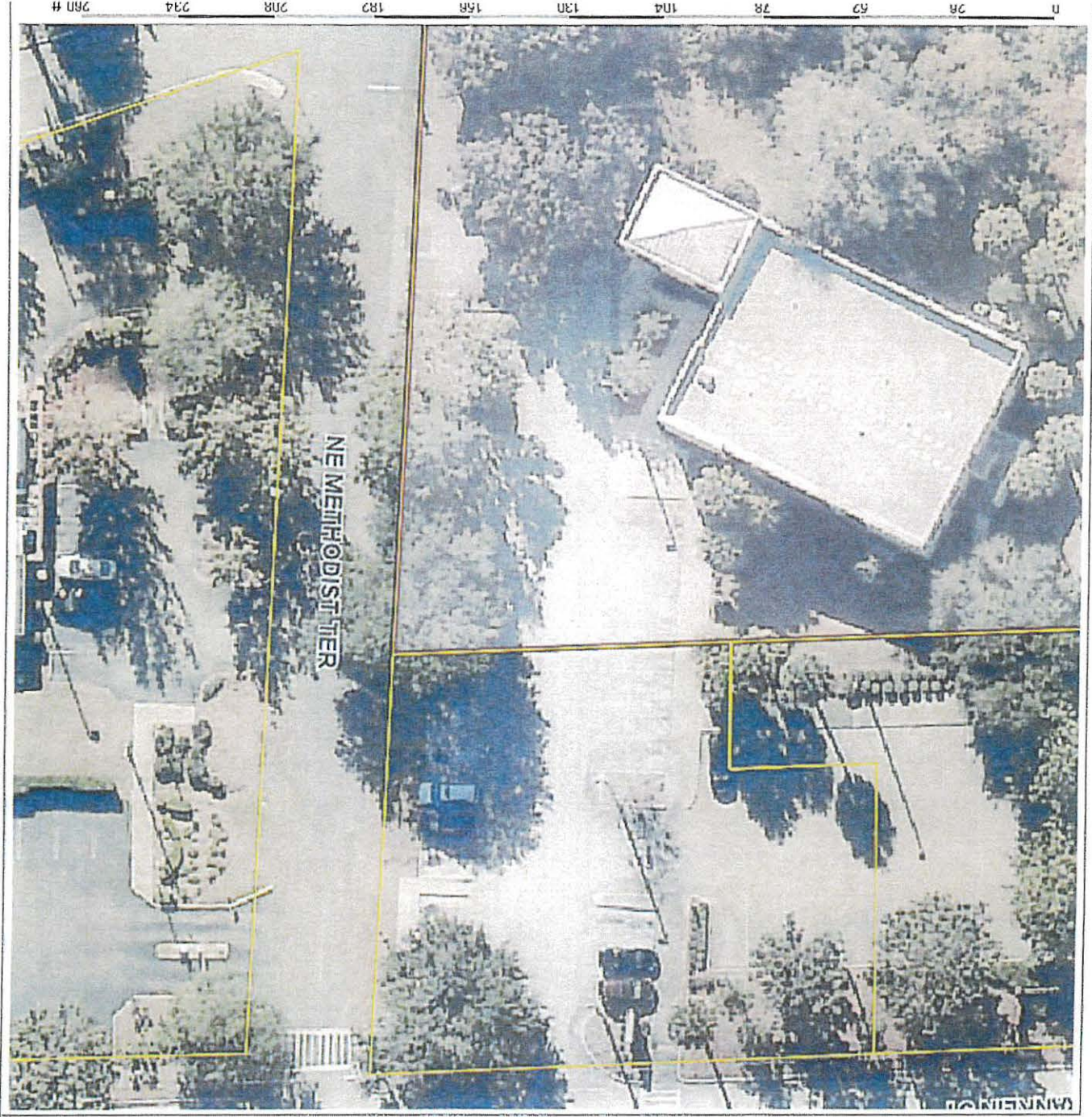
\*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

▼ Extra Features & Out Buildings (Codes)					
Code	Desc	Year Blt	Value	Units	Dims
0100	ELEV.PASS	0	\$10,000.00	1.00	0 x 0
0260	PAVEMENT-ASPHALT	0	\$39,261.00	43623.00	131 x 333


▼ Land Breakdown					
Code	Desc	Units	Adjustments	Eff Rate	Land Value
1900	PROF BLDG (MKT)	40,075.000 SF (0.919 AC)	1.0000/1.0000 1.0000/ /	\$3 /SF	\$120,225

Search Result: 1 of 0







<b>Columbia County Property Appraiser</b> Jeff Hampton   Lake City, Florida   386-758-1083		
<b>PARCEL: 00-00-00-11789-001 (40381)   PROFESS SVC/BLD (1900)   0.919 AC</b> N DIV. S1/2 BLOCK 102 & THAT PORTION LYING N OF CIRCLE DRIVE & S OF BLOCK 102 & 1197-1009 & 1197-1031 <b>LAKE SHORE HOSPITAL AUTHORITY</b> Owner: 259 NE FRANKLIN ST LAKE CITY, FL 32055 Site: 348 NE METHODIST Ter, LAKE CITY Sales Info: NONE		<b>2022 Working Values</b> Mkt Lnd \$120,225    Appraised \$493,930 Ag Lnd \$0            Assessed \$493,930 Bldg \$324,444      Exempt \$493,930 XFOB \$49,261 Just \$493,930 county:\$0 Total city:\$0 Taxable other:\$0 school:\$0
		NOTES:  Columbia County, FL
This information, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. <a href="http://GrizzlyLogic.com">GrizzlyLogic.com</a>		

### Columbia County Property Appraiser

Jeff Hampton

**2022 Working Values**

updated: 2/3/2022

Parcel: << 00-00-00-12071-002 (40659) >>

Aerial Viewer Pictometry Google Maps

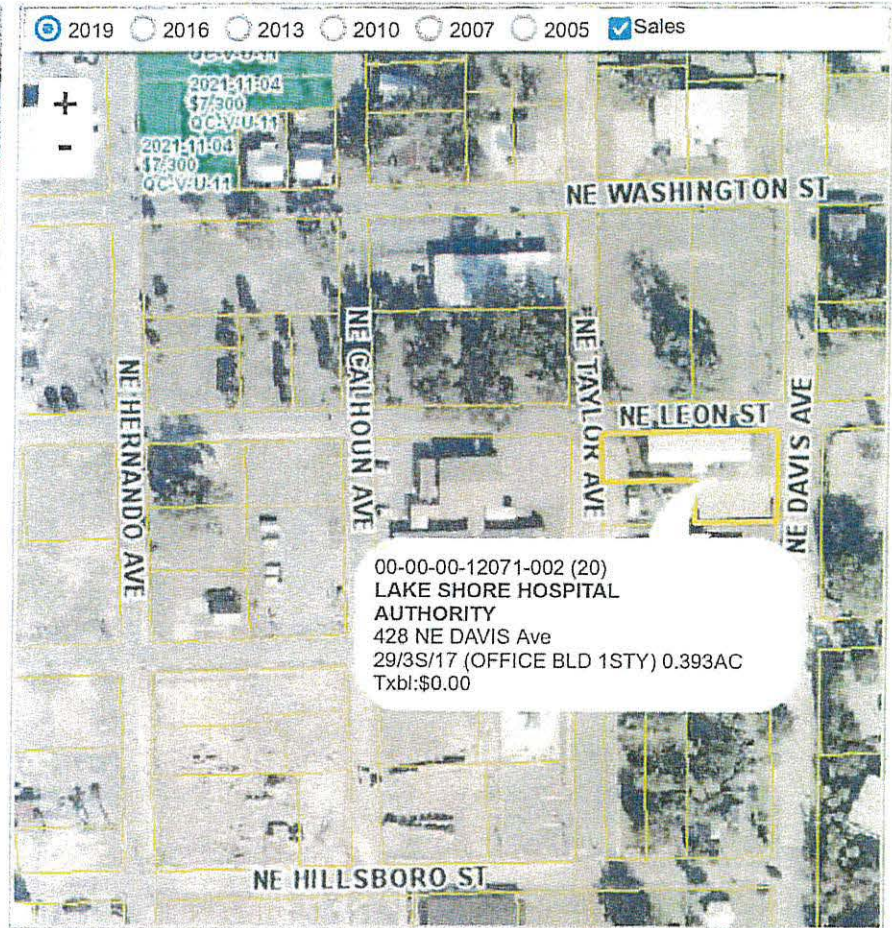
#### Owner & Property Info

Owner	LAKE SHORE HOSPITAL AUTHORITY 259 NE FRANKLIN ST LAKE CITY, FL 32055		
Site	428 NE DAVIS Ave, LAKE CITY		
Description*	N DIV: N1/2 OF BLK 94 EX BEG SW COR OF BLK 94, N 109.95 FT FOR POB, CONT N 46.43 FT, E 99.90 FT, S 46.66 FT, W 99.90 FT TO POB. (PART OF BLOCK 94). COUNTY DEED 1105-2208.		
Area	0.393 AC	S/T/R	29-3S-17
Use Code**	OFFICE BLD 1STY (1700)	Tax District	1

\*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.  
 \*\*The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

#### Property & Assessment Values

2021 Certified Values		2022 Working Values	
Mkt Land	\$16,302	Mkt Land	\$16,302
Ag Land	\$0	Ag Land	\$0
Building	\$163,274	Building	\$161,419
XFOB	\$8,928	XFOB	\$8,928
Just	\$188,504	Just	\$186,649
Class	\$0	Class	\$0
Appraised	\$188,504	Appraised	\$186,649
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$188,504	Assessed	\$186,649
Exempt	20 \$188,504	Exempt	20 \$186,649
Total Taxable	county:\$0 city:\$0 other:\$0 school:\$0	Total Taxable	county:\$0 city:\$0 other:\$0 school:\$0



#### Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
NONE						

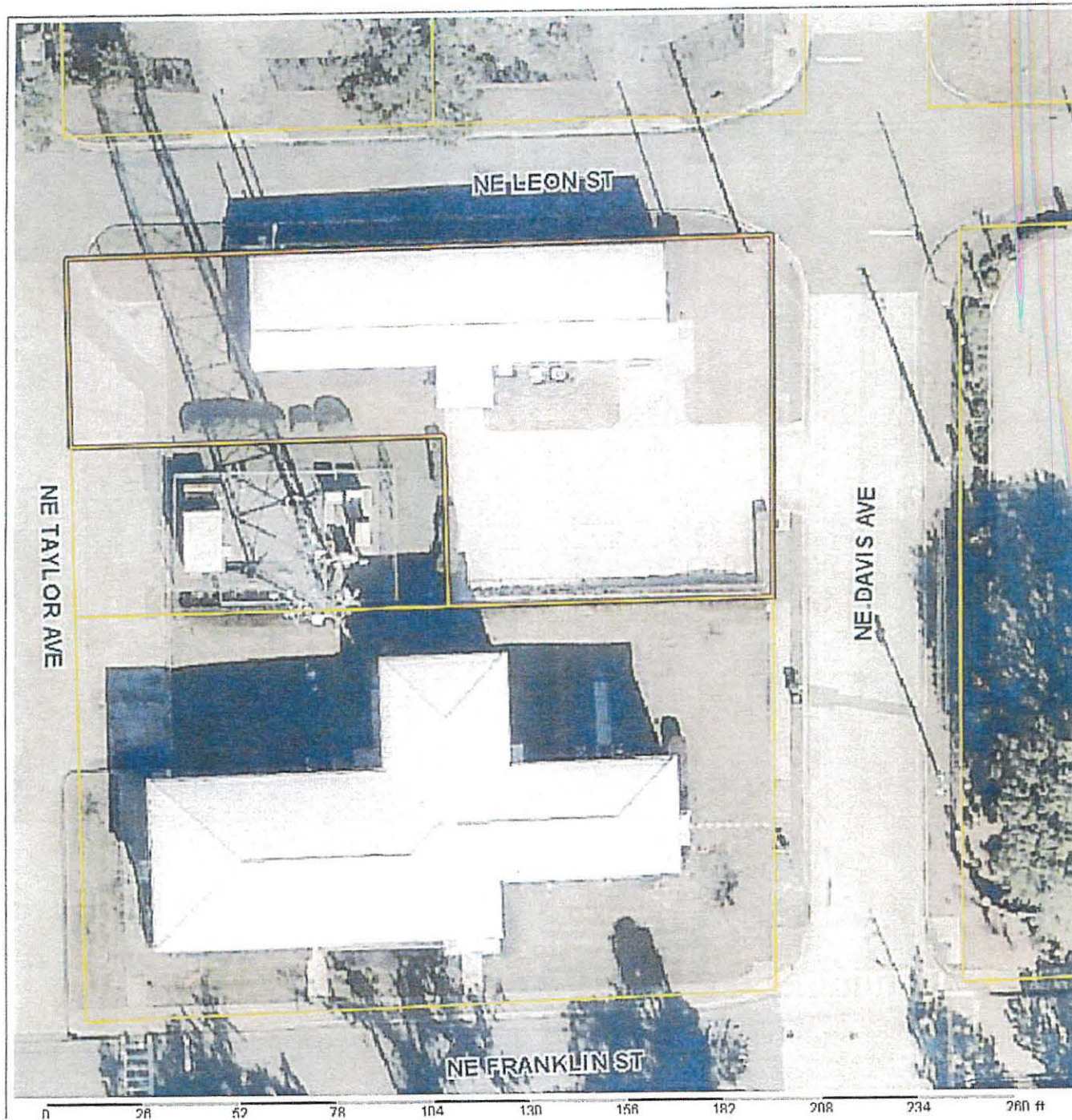


▼ Building Characteristics					
Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
<a href="#">Sketch</a>	OFFICE LOW (4900)	2007	3330	3430	\$161,419


\*Bldg\_Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

▼ Extra Features & Out Buildings (Codes)					
Code	Desc	Year Blt	Value	Units	Dims
0166	CONC,PAVMT	2007	\$8,928.00	2976.00	0 x 0

▼ Land Breakdown					
Code	Desc	Units	Adjustments	Eff Rate	Land Value
1700	1STORY OFF (MKT)	17,160.000 SF (0.393 AC)	1.0000/1.0000 1.0000//	\$1 /SF	\$16,302





<b>Columbia County Property Appraiser</b> Jeff Hampton   Lake City, Florida   386-758-1083																													
<b>PARCEL: 00-00-00-12071-002 (40659)</b>   OFFICE BLD 1STY (1700)   0.393 AC N DIV N1/2 OF BLK 94 EX BEG SW COR OF BLK 94, N 109.95 FT FOR POB, CONT N 46.43 FT, E 99.90 FT, S 46.66 FT, W 99.90 FT TO POB, (PART OF BLOCK 94), CO		<b>NOTES:</b>	 Columbia County, FL																										
<b>LAKE SHORE HOSPITAL AUTHORITY</b> Owner: 259 NE FRANKLIN ST LAKE CITY, FL 32055 Site: 428 NE DAVIS Ave, LAKE CITY Sales Info: NONE	<b>2022 Working Values</b> <table border="0"> <tr> <td>Mkt Lnd</td> <td>\$16,302</td> <td>Appraised</td> <td>\$186,649</td> </tr> <tr> <td>Ag Lnd</td> <td>\$0</td> <td>Assessed</td> <td>\$186,649</td> </tr> <tr> <td>Bldg</td> <td>\$161,419</td> <td>Exempt</td> <td>\$186,649</td> </tr> <tr> <td>XFOB</td> <td>\$8,928</td> <td>county:</td> <td>\$0</td> </tr> <tr> <td>Just</td> <td>\$186,649</td> <td>Total</td> <td>city:\$0</td> </tr> <tr> <td></td> <td></td> <td>Taxable</td> <td>other:\$0</td> </tr> <tr> <td></td> <td></td> <td></td> <td>school:\$0</td> </tr> </table>			Mkt Lnd	\$16,302	Appraised	\$186,649	Ag Lnd	\$0	Assessed	\$186,649	Bldg	\$161,419	Exempt	\$186,649	XFOB	\$8,928	county:	\$0	Just	\$186,649	Total	city:\$0			Taxable	other:\$0		
Mkt Lnd	\$16,302	Appraised	\$186,649																										
Ag Lnd	\$0	Assessed	\$186,649																										
Bldg	\$161,419	Exempt	\$186,649																										
XFOB	\$8,928	county:	\$0																										
Just	\$186,649	Total	city:\$0																										
		Taxable	other:\$0																										
			school:\$0																										
This information, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. <a href="http://GrizzlyLogic.com">GrizzlyLogic.com</a>																													



### Columbia County Property Appraiser

Jeff Hampton

**2022 Working Values**

updated: 2/3/2022

Parcel: << 00-00-00-12063-000 (40649) >>

#### Owner & Property Info

Owner	COLUMBIA COUNTY, FLORIDA PO BOX 1529 LAKE CITY, FL 32056		
Site	217 NE FRANKLIN ST, LAKE CITY		
Description*	N DIV. ALL BLOCK 91.		
Area	1 AC	S/T/R	29-3S-17
Use Code**	COUNTY IMP (8600)	Tax District	1

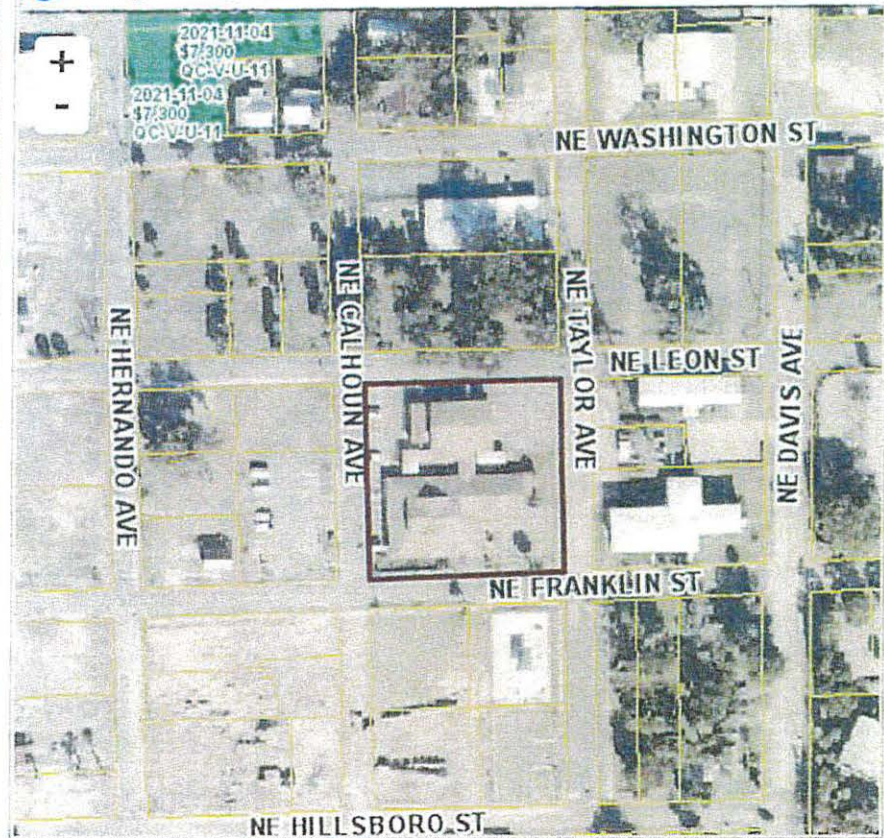
\*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.  
 \*\*The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

#### Property & Assessment Values

2021 Certified Values		2022 Working Values	
Mkt Land	\$41,382	Mkt Land	\$41,382
Ag Land	\$0	Ag Land	\$0
Building	\$313,546	Building	\$312,532
XFOB	\$16,662	XFOB	\$16,662
Just	\$371,590	Just	\$370,576
Class	\$0	Class	\$0
Appraised	\$371,590	Appraised	\$370,576
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$371,590	Assessed	\$370,576
Exempt	03 \$371,590	Exempt	03 \$370,576
Total Taxable	county:\$0 city:\$0 other:\$0 school:\$0	Total Taxable	county:\$0 city:\$0 other:\$0 school:\$0

Aerial Viewer Pictometry Google Maps

2019 2016 2013 2010 2007 2005  Sales



#### Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
NONE						

#### Building Characteristics

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
<a href="#">Sketch</a>	GOVT BLDG (9300)	1980	12785	13195	\$291,914
<a href="#">Sketch</a>	MODULAR 1 (0210)	2008	630	630	\$20,618

\*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.



▼ Extra Features & Out Buildings (Codes)					
Code	Desc	Year Blt	Value	Units	Dims
0260	PAVEMENT-ASPHALT	0	\$14,062.00	1.00	0 x 0
0296	SHED METAL	2011	\$600.00	1.00	0 x 0
0296	SHED METAL	2011	\$1,000.00	1.00	0 x 0
0070	CARPORT UF	2011	\$600.00	1.00	0 x 0
0140	CLFENCE 6	2011	\$400.00	1.00	0 x 0

▼ Land Breakdown					
Code	Desc	Units	Adjustments	Eff Rate	Land Value
8600	COUNTY (MKT)	43,560.000 SF (1.000 AC)	1.0000/1.0000 1.0000/ /	\$1 /SF	\$41,382



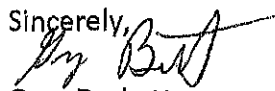
**COMPASS ONE HEALTH CARE**

Mr. Dale Williams  
Executive Director  
Lake Shore Hospital Authority  
259 N.E. Franklin Street, Suite 102  
Lake City, FL 32055

Dear Mr. Williams,

On behalf of Compass One Healthcare the leading provider of support services, we would like to propose an affiliation to provide the following services, Food and Nutrition Services, Environmental Services, Facility Maintenance and Bio-Med Services. Please see attached information outlining our programs.

Sincerely,



Greg Burkett

Director of Business Development

**LAKE SHORE HOSPITAL AUTHORITY**

**REQUEST FOR PROPOSALS REGARDING  
STATEMENTS OF INTEREST RESPONSE FORM**

**TO: Lake Shore Hospital Authority**  
259 N.E. Franklin Street, Suite 102  
Lake City, FL 32055

**RE: Statement of Interest Regarding the Lake Shore Hospital Authority and Lake  
Shore Hospital**

**FR: Company Name:** Compass One Health Care  
**Company Address:** 1500 Liberty Ridge Drive  
Radnor, PA 19087

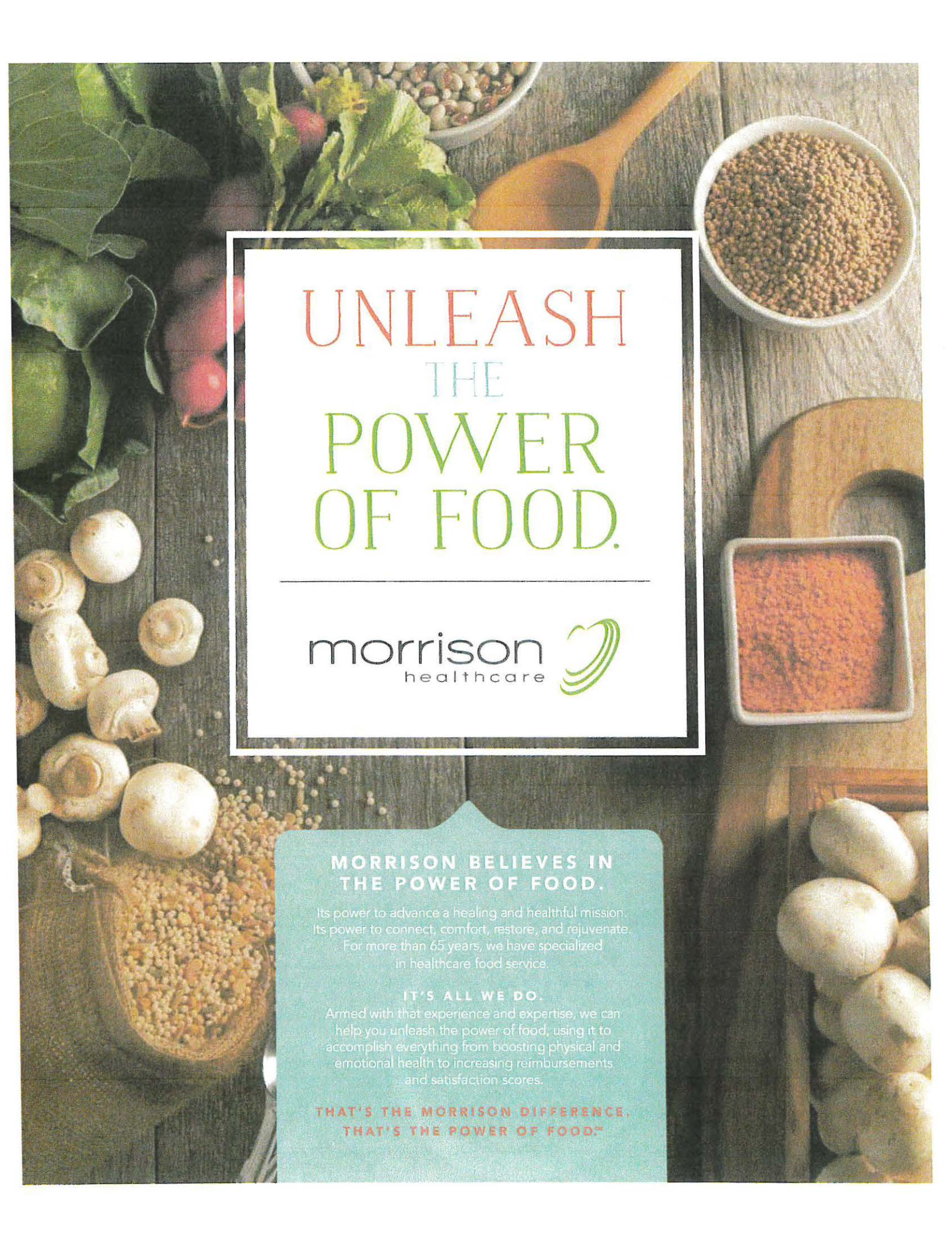
**Contact Person:** Greg Burkett  
**Contact Information: Phone:** 904-347-4708  
**E-Mail:** Greg.Burkett@compass-usa.com

**Our entity would like to express an interest in working with Lake Shore Hospital  
Authority in the following capacity(ies): (Check all that apply)**

<b>Affiliation</b>	<u>X</u>
<b>Lease</b>	<u>    </u>
<b>Merger</b>	<u>    </u>
<b>Partnership</b>	<u>    </u>
<b>Joint Venture</b>	<u>    </u>

**Please attach a narrative explaining your intended use and the specific  
building(s) you are interested in occupying on the Lake Shore Regional Medical  
Center campus.**





# UNLEASH THE POWER OF FOOD.

morrison  
healthcare



## MORRISON BELIEVES IN THE POWER OF FOOD.

Its power to advance a healing and healthful mission.  
Its power to connect, comfort, restore, and rejuvenate.  
For more than 65 years, we have specialized  
in healthcare food service.

### IT'S ALL WE DO.

Armed with that experience and expertise, we can  
help you unleash the power of food, using it to  
accomplish everything from boosting physical and  
emotional health to increasing reimbursements  
and satisfaction scores.

**THAT'S THE MORRISON DIFFERENCE.  
THAT'S THE POWER OF FOOD.™**



# A BETTER HEALTHCARE EXPERIENCE

## THE SPECIALIZED ADVANTAGE

Morrison Healthcare's key distinction is our specialization in healthcare food service. That approach offers a proven platform for driving consistent results, easier implementation, increased savings, and improved outcomes. We are the **only** national contract management company that provides this advantage in the healthcare market.

## A COMMITMENT TO CULINARY EXCELLENCE

With Morrison, you can taste the difference. Our food philosophy is as fresh as the ingredients we use in our culinary creations. We have a passion for life's flavor and prepare dishes that excite the senses and restore the body—all with the goal of enriching lives and enhancing the well-being of your patients, staff, and customers. It shapes our **Great Living Menu**, inspires our chefs, and upholds our standards.

## GUARANTEED PERFORMANCE

Morrison Healthcare is a partner you can feel confident about. We do what we say we're going to do and put it in writing. Our contracts include guarantees that are directly tied to patient satisfaction, quality, and performance.



## BETTER PATIENT EXPERIENCES

The patient experience has never been more important. Healthcare facilities are evaluated, chosen, and recommended based upon perceptions, ratings, and feedback—and that impacts HCAHPS scores and therefore reimbursements. With Morrison, you are partnering with an organization that is committed to providing superior patient experiences.



## PRESS GANEY PARTNERSHIP

Morrison is proud to have a strategic partnership with Press Ganey. This partnership underscores and elevates our commitment to providing a superior patient experience through the use of actionable intelligence and innovative solutions. For more than 30 years, Press Ganey has been using research and analytics to help hospitals analyze, understand, and improve. Through this exclusive partnership, we have the ability to give you insight into what your peers are doing within their hospitals to increase patient satisfaction.

## POSITIVE IMPRESSIONS™

This unique training program ensures that we make the best impression the first time and every time. It begins with hiring the right people—people with a passion for food, a heart for hospitality, and the spirit to serve. We are extremely selective, only hiring 9.5% of the people who apply. We then invest time and resources in the development of our employees and recognize them for their accomplishments. No wonder Morrison has been named one of the "Best Places to Work in Healthcare" for five years. The end result is a patient experience that is not only professional but personal as well.





# THE POWER OF FOOD IN ACTION

Morrison makes meals “a bright spot”—a moment of peace and enjoyment when and where patients, staff members, and guests need it most. Whether it’s in one of our restaurant-style cafeterias or in-room patient dining, everything Morrison does is designed to support your mission of care and wellness while providing an exceptional experience.

## PATIENT DINING

Implementing a patient dining solution that fits the unique needs of the patients, the culture, and nursing staff of each hospital drives patient satisfaction scores. At a time when patients lack a sense of control, they are able to regain some of that by making their own meal selections. It’s a difference they’ll taste and feel throughout their recovery.

### MORRISON’S PATIENT DINING SOLUTIONS INCLUDE:

**Dining on Call** – With a simple phone call, patients get the freshly prepared food they want when they want it. Having this option gives patients more control over their dining experience, which enhances patient satisfaction scores.

**Catering to You** – Dining associates visit patients to take their menu orders and deliver their meals. With the help of our optional MyDining software, dining associates know which foods are appropriate for each patient based on their diet requirements and food allergens. They get to know your patients and their preferences personally, which drives patient satisfaction scores.



## RETAIL EXPERIENCE

With the demanding pace of today’s hospitals, the on-site dining experience is more important and valuable than ever. Delivering food that is bursting with flavor and nutrition is only the beginning. We also use the latest technology to enhance the experience and maximize its value to your hospital.

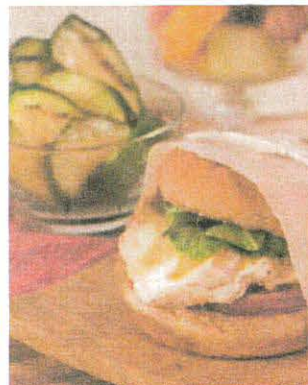
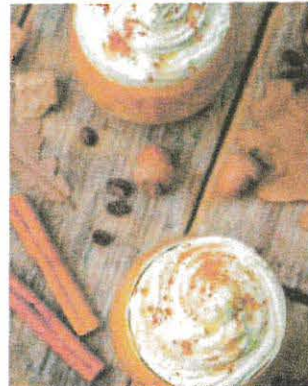
### OUR INNOVATIVE RETAIL SOLUTIONS INCLUDE:

MOBILE ORDERING AND PAYMENT  
DESKTOP ORDERING  
KIOSK ORDERING  
LOYALTY  
CONSUMER ENGAGEMENT  
CONSUMER FEEDBACK  
PUSH MARKETING

### THESE SOLUTIONS HELP:

REDUCE LINES AND WAIT TIME  
INCREASE CUSTOMER ENGAGEMENT  
EXPAND CUSTOMER PAYMENT OPTIONS  
ANALYTICS AND BUSINESS INSIGHTS

**Tapped Into The Community** – We research and get to know your community’s trends, tastes, and preferences, and then put that learning into practice by designing our menu around their wants and needs. That’s clarity with a competitive edge.



## THE MORRISON ADVANTAGE

### ANALYTICS & BUSINESS INSIGHT

Everyone has data, we show how to use it. Our team includes analysts, data scientists, and software developers with backgrounds in computer science, economics, quantitative statistics, cognitive science, market research, and more. This expertise, applied to the massive volumes of data generated by a traditional system, can transform abstract information into valuable business intelligence and predictability.

### REAL PURCHASE POWER

With Morrison and Foodbuy you can control your food spend. Many food purchasing organizations (FPOs) pay too much due to the pressure of providing the dining department with the best possible value. Not so with Morrison. The integrated services of the Morrison Foodbuy system, and especially, partnership with the respected capital goods and purchasing provider Foodbuy, offer value without sacrificing quality and nutrition or requiring unnecessary purchases. Morrison and Foodbuy are valuable partners, providing consistent performance and excellent customer service.

FOODBUY IS ONE OF THE FEW  
GPOS TO FOCUS SOLELY ON FOOD.

250  
EXPERTS  
in food purchasing

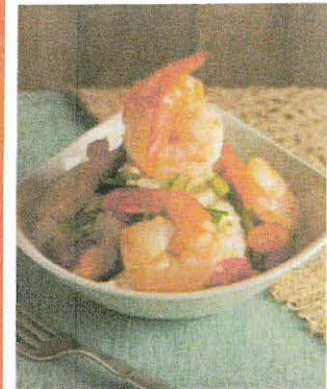
\$13  
BILLION  
in purchases

16  
BILLION  
in transactions

2.7  
MILLION  
SKU's

### REAL SAFETY ENHANCEMENT

In addition to savings, Morrison and Foodbuy also offer increased safety measures. By using WebKey, an intelligent menu management system, Morrison and Foodbuy are able to reduce the risk of food safety and ensure nutritional needs are met for every patient.





## NUTRITION & WELLNESS

### SUPERIOR NUTRITION SERVICES

With more than 1,200 registered dietitians focused on providing safe patient care and exceptional nutrition services, Morrison Healthcare is uniquely qualified to help your hospital reduce readmissions and length of stays while optimizing cost savings and reimbursement opportunities.

THE MORRISON NUTRITION CARE MODEL, CLINICAL LEADERSHIP, NUTRITION THERAPY, AND ENHANCED PROCEDURES YIELD IMPRESSIVE RESULTS:

**50%** REDUCTION  
in readmissions

**25%** REDUCTION  
in length of stay

**56%** REDUCTION  
in overall complications

### NUTRITION & WELLNESS TEAM

Our Nutrition and Wellness team offers proven, innovative clinical programs designed to keep hospitals ahead of today's healthcare changes. Approximately 60% of patients require nutrition intervention by a dietitian. By aggressively treating these patients, we can improve their recovery, shorten their stay, and reduce their chances of re-admittance.

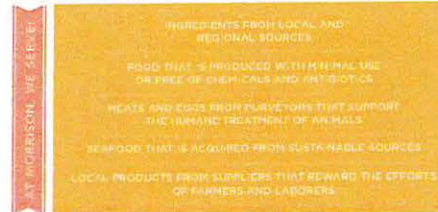
### OUR WELLNESS PHILOSOPHY IS SIMPLE.

We promote delicious, healthy food choices and an active lifestyle for your patients, staff, and guests that create an easy path to wellness that reaches far beyond the hospital walls.



## COMMITTED TO SUSTAINABILITY

Morrison Healthcare is committed to serving food that is not only good for your patients and retail diners but also good for the planet.



Our Carbon Footprint™ Toolkit is a step-by-step strategy that helps our clients and on-site teams mitigate the energy, water, and waste eco-impact of their foodservice operations.

### POWERFUL PARTNERSHIPS

**Partnership for a Healthier America** – Morrison is the first healthcare food service contract company to commit to the Partnership for a Healthier America (PHA) and its Hospital Healthy Food Initiative. Using the latest research on healthful eating and incorporating techniques that influence behavioral change in food consumption, Morrison improves the health profile of the hospitals we serve.

**Practice Greenhealth** – Practice Greenhealth is the nation's leading healthcare membership community that empowers its members to increase their efficiencies and environmental stewardship while improving patient safety and care through tools, best practices, and knowledge.

**Hampton Creek** – Our exclusive partnership with Hampton Creek is an industry-shaping collaboration that provides great tasting, healthier, environmentally friendly, affordable products to the masses. They are revolutionizing the use of plants to make food products better—not only providing delicious food for vegetarian-leaning consumers, but also offering more healthful options for indulgent foods like mayonnaise and cookies.

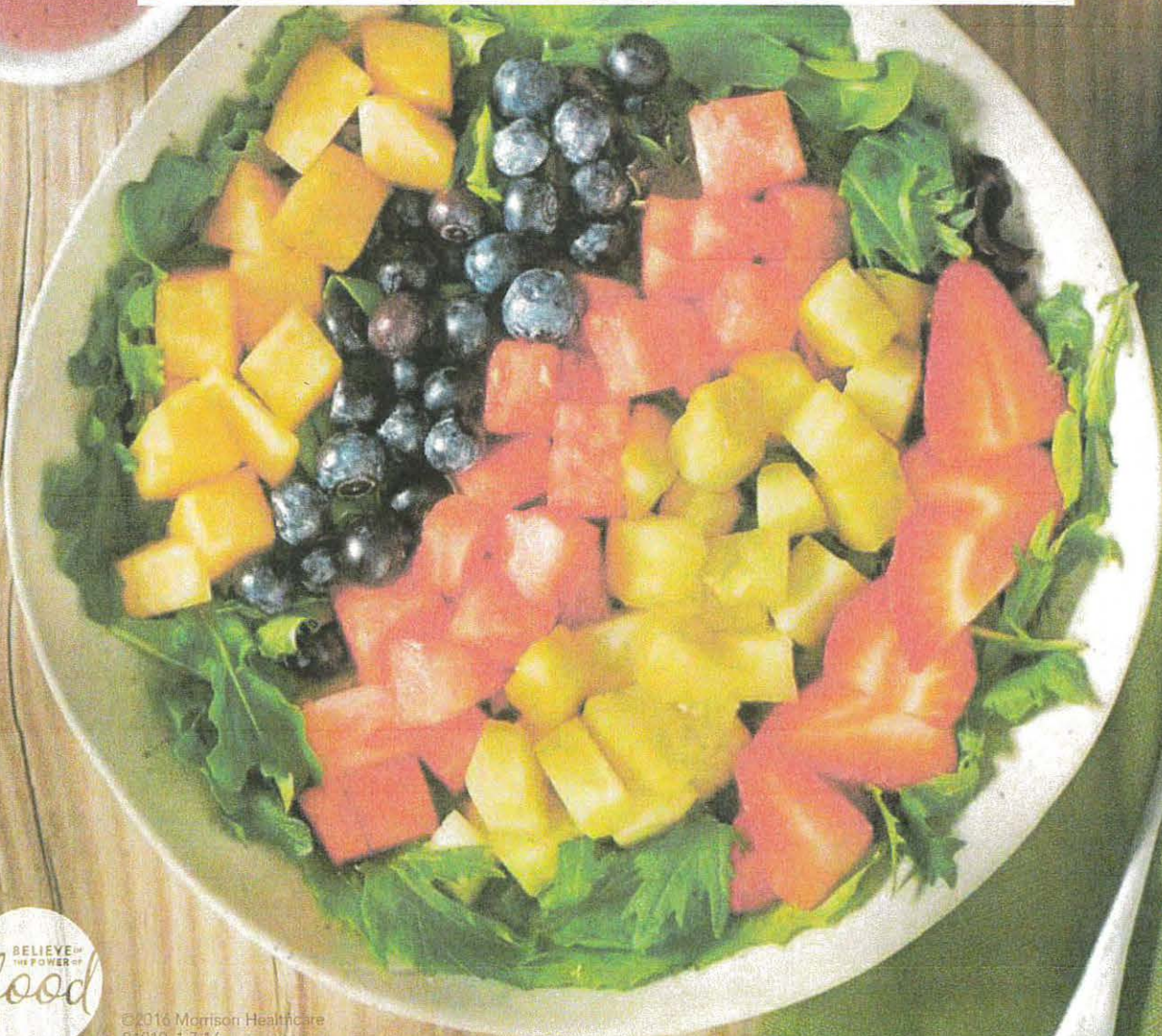
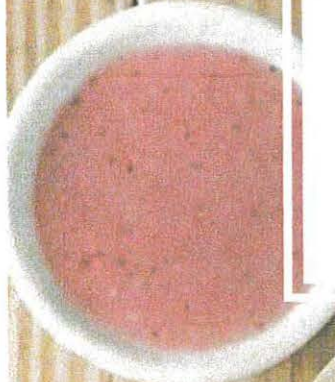




PUT THE  
POWER OF FOOD  
TO WORK FOR YOUR HOSPITAL.

For details, visit  
[morrisonhealthcare.com](http://morrisonhealthcare.com)

morrison  
healthcare 



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# EXPERIENCE THE POWER OF CLEAN

1

## ARE YOU HAVING ISSUES RECRUITING, HIRING AND RETAINING EVS STAFF?

**Most hospitals are not geared to recruit and engage support services staff.** In a market of high employment it requires special skills to attract, hire, train and retain the best Environmental Services associates. Identifying, developing and promoting talent to management requires specialized EVS skills.

2

## DOES YOUR EVS PROGRAM DELIVER EXCELLENT OUTCOMES CONSISTENTLY?

**Most struggle to replicate processes that deliver a safe environment room after room, day after day.** Identifying the exact protocols requires a deep set of analytics and analysis. With the right data, disinfection procedures can be identified and audit disciplines installed to reduce HAI incidence and maintain regulatory compliance. It takes experience in all kinds of situations in many different hospitals.

3

## DOES YOUR EVS PROGRAM ENHANCE THE PATIENT EXPERIENCE?

**Clean is in the eye of the beholder.** As consumerism grows in healthcare perception becomes reality. A disinfected environment can be viewed as "unclean" by simple things such as a trash basket not emptied. Everyone in the hospital expects a clean, safe environment delivered with a smile—Patients, Guests, Clinical Staff and EVS Staff. Every experience eventually impacts the Patient experience.

THE  
POWER  
OF CLEAN



### **CROTHALL EVS UNLEASHES THE POWER OF CLEAN**

Crothall programs are designed to improve both the Perception and Reality of clean. Our programs make your hospital look fresh and clean so Patients, Families and Clinical Staff feel comfortable and safe. And, our proven cleaning processes and the latest technology make your hospital safer.

### **CROTHALL OFFERS ENGAGED ASSOCIATES TO UNLEASH THE POWER OF CLEAN**

92% of our Associates report they are "...motivated to do more than is asked of them." We use demographic data to identify and recruit using Social Media in areas closest to public transportation. 113 hours of annual training for hourly Associates helps us create and retain Craft Masters in Environmental Services.

### **CROTHALL EVS OFFERS PRESCRIPTIVE PROTOCOLS**

Crothall protocols are based on disinfecting 153,000 hospital rooms daily. We depend on deep analytics to identify the most effective processes for the best outcomes in cost control and quality. Consistent processes can be audited to remove variability and delivered room after room, day after day, week after week.

### **CROTHALL OFFERS PRESCRIPTIVE INFECTION PREVENTION**

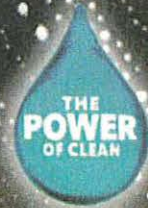
Crothall has identified the 5 Pillars that work together to reduce HAI incidence. Through scientific review and best practice sharing we have created repeatable and trainable processes that create a safe environment for Patients, Families, Clinical Staff and our own EVS Associates. Over our quarter century of EVS we have pioneered innovations in UV technology, ATP testing and passionately search for the next great innovation in safety.

### **CROTHALL CREATES EXPERIENCES THAT PERSONALIZE HEALTHCARE**

We begin and end with the Patient. Always. However, every stakeholder in the hospital has an experience that creates a "brand" for your hospital. Families, Guests, Clinical Staff and our EVS Associates affect the Patient experience—every experience must be nurtured. Crothall has the ONLY specialized national Patient Experience Team of 100 and growing.

### **WE ARE SPECIALISTS**

Specialization in Environmental Services is the foundation of our uniqueness. Our subject matter experts unleash the Power of Clean in every hospital every day—they are not distracted by blended service models. This is a single skill that removes waste and delivers the highest quality. Craft Masters do it best.



To find out how Crothall can help create a Welcome Experience in your hospital, visit [crothall.com](http://crothall.com) or call 1-877-4CROTHALL.

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crothall  
healthcare 

A WELCOME EXPERIENCE



# TRANSPARENCY. CONFIDENCE. PEACE OF MIND.

1

## DOES EVERY KEY STAKEHOLDER HAVE FULL TRANSPARENCY?

**Solutions and access cannot be confined to a small group of people.** When a problem arises in your hospital time is critical—you cannot wait for an individual to respond with personal knowledge or experience. No matter how unique your facility is, you need fully documented process and procedures available at any time for a qualified stakeholder. The safety of Patients, Families and Staff depend on an immediate response. Knowledge cannot be kept to a few.

2

## HOW ENGAGED IS YOUR FM STAFF?

**Everyone needs to share your mission to create a positive Patient experience.** A true sense-of-urgency and passion for creating a safe, welcoming environment is critical. This role is more than turning wrenches and checking dials. Interfacing with Patients, Families and Clinical Staff is not optional - FM technicians need to contribute to a great experience for all. Every touchpoint builds your reputation. Your brand.

3

## HOW DO YOU KNOW IF YOUR BUILDING PERFORMANCE IS ON PAR?

**Your building's performance needs to be compared to similar hospitals.** You need valid benchmarks. Comparison's to your own data is interesting but you will not know where you could be if new protocols were introduced. New ideas. Innovations. Best practice sharing from multiple sources raises standards. You should know how you compare on corrective vs. preventive maintenance activities that can extend asset life cycles.



## YOU ARE IN CONTROL

**We remove the mystery.** Our system is accessible by anyone on your team. It is cloud-based so updates are made in real time and data is audit-ready. Thorough documentation creates a seamless operation. Our processes do not depend on a certain individual or a unique memory.

**You own the documentation.** TeamDOC records, tracks and follows up on all safety and preventative maintenance—all the documents are yours.

**We transform data into predictive analytics.** Analytics identifies opportunities to extend the life of your assets. We turn knowledge into smart programs for your hospital and operationalize it. It's customized to your hospital, patients and staff.

## OUR STAFF IS HIGHLY ENGAGED.

**It's the culture.** Our associates live in a world that encourages, teaches and motivates. In a recent survey, 83% of our FM associates said they work hard to "contribute more than is expected of me in my job." Engaged, passionate people fix things before they break.

**Positive Impressions™** focuses on The Experience for Patients, Families, Clinical Staff and our own Associates. Crothall believes that passionate associates truly make a difference—this training teaches them how to engage patients, families and staff.

## WE DELIVER POWERFUL RESULTS.

**National experience reduces cost.** Best Practices from multiple locations drives a higher level of efficiency and effectiveness. Our total maintenance mean cost is about half the cost in ASHE/IFMA.

**We guide your capital planning.** Based on our life cycle experience, we calculate the cost benefit to identify when it makes sense to replace vs. repair.

**Our energy management includes a tracking and reporting tool.** We employ at-a-glance dashboards as benchmarking against the EPA's Energy Star database.

**We maintain a 92% ratio favoring preventive maintenance over corrective maintenance.** Our schedules include follow-up notifications and escalating reminders to extend asset life.



To find out how Crothall can help create a Welcome Experience in your hospital, visit [crothall.com](http://crothall.com) or call 1-877-4CROTHALL.

crothall  
healthcare 

A WELCOME EXPERIENCE

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# ENHANCING THE CLINICAL EXPERIENCE

1

## IS CLINICAL EQUIPMENT FRUSTRATING YOUR PATIENTS AND STAFF?

Patients and Staff should not be delayed because of clinical equipment failure. Your caring mission is undermined when diagnostic equipment goes down. Searching for sterilized and operating mobile equipment is one of Nursing's greatest frustrations. Significant equipment rental expense is a good indication that Nursing has taken matters into their own hands and may even be hoarding equipment.

2

## ARE REPAIR DELAYS AND DOWNTIME HOLDING YOU BACK?

Time is money...and emotion. Waiting for a repair Technician can be costly both in revenue lost and Patient/Staff frustration. Delays because expensive parts are not available only makes matters worse. You need support for peak times as activity ebbs and flows at your hospital. A Patient's first experience today with your Brand takes place in ambulatory sites today—equipment must be operating and available on demand. Many hospitals do not have an accurate tracking of equipment or its operating status in ambulatory sites.

3

## IS CLINICAL EQUIPMENT SERVICE COSTING YOU TOO MUCH?

Maintenance must be timely, effective, brand agnostic, and within budget. Access to parts must be from multiple sources for speed-to-repair and to control cost. Capital Planning must maximize your asset life and resist pressure to purchase new from OEM Vendors. Technician activity needs to focus on preventive over corrective maintenance to extend asset life cycles.





## ENHANCING SATISFACTION

Crothall HTS provides management of a hospital's entire life cycle of medical devices and clinical technologies. This includes safety, risk management, technical support, financial stewardship and healthcare technologies that are totally integrated and compatible with other systems.

**Your clinical staff has equipment available when and where needed.** We can optimize any RTLS system so devices are tracked, disinfected, repaired and available. Our associates care about every touchpoint. Patients, clinical staff, families—it doesn't matter.

**Clinical Relationships are developed through frequent collaboration with nursing.** We participate in nursing rounds and huddles. This creates an open flow of communication to shorten problem resolution and address issues before they become problems.

## ENHANCING TECHNICAL SERVICE

**On-site Technicians deliver faster problem resolutions.** Diagnostic Imaging Services are available 24/7/365. Our highly trained imaging engineers minimize your downtime and ensure strict compliance with all existing codes, standards and regulatory requirements.

**Our field services team provides additional acute care technical support.** As patient activity ebbs and flows in your hospital, you need support that adjusts to activity—we can help with those demand peaks. Ambulatory support is offered through our field services team to ensure that your assets are operating at Urgent Care and Surgi-Centers.

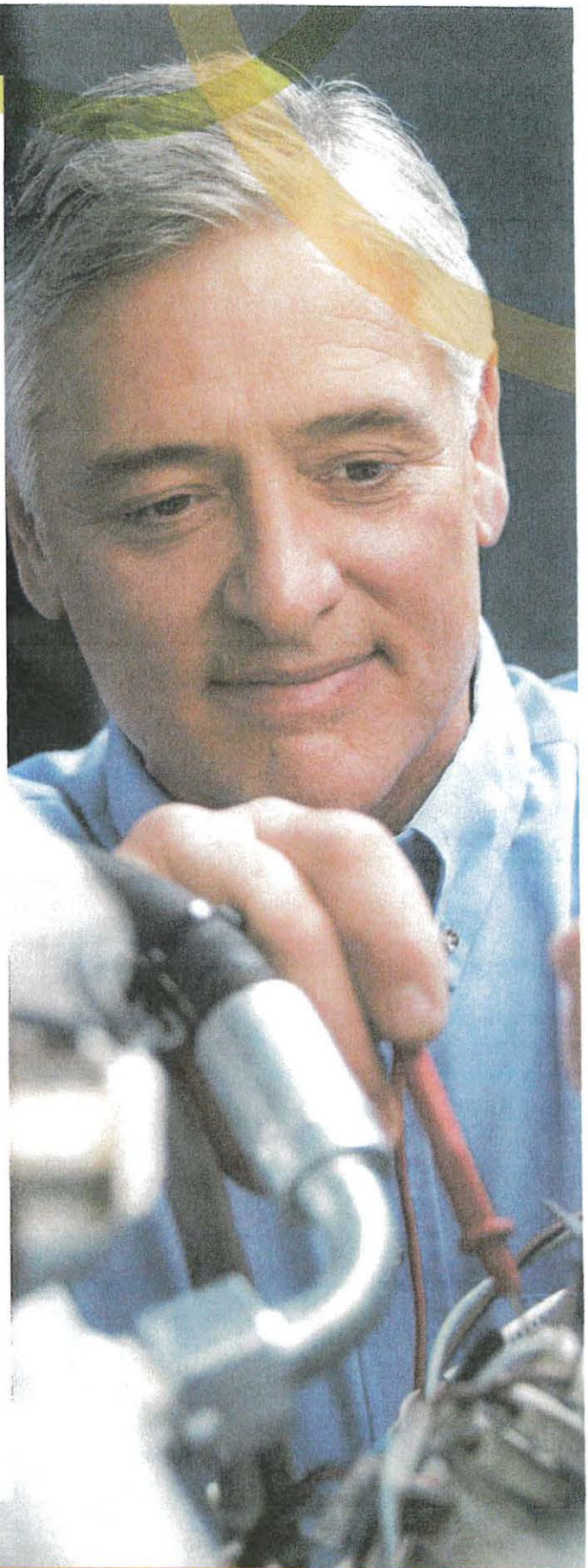
**Our Technical Resource Center (TRC) supports your on-site technicians.** Crothall Intelligent Repair provides access to parts from multiple resources. We drive your cost savings on parts by taking on all the risk. The TRC provides training, problem resolution, part acquisition and more to maintain focus on Patient and clinical staff satisfaction.

## ENHANCING COST SAVINGS

**Capital Planning can reduce your overall capital requirements.** Asset optimization and standardization extends useful life. We are not motivated by equipment sales and are manufacturer agnostic—we recommend the best brand and value for your needs.

**Life Cycle Management reduces capital impact.** We use predictive failure modeling and preventive maintenance to extend equipment life and reduce capital demands.

**Cost Capitation means there are no add-on fees.** And there are no additional charges for replacement parts. Cost transparency reduces cost creep. Single Source solution provides maximized efficiency. We standardize operations by removing competing vendors, contracts and protocols.



To find out how Crothall can help create a Welcome Experience in your hospital, visit [crothall.com](http://crothall.com) or call 1-877-4CROTHALL.

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healthcare 

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**



**STATEMENT OF  
INTEREST RESPONSE  
FORM**

**LAKE SHORE HOSPITAL AUTHORITY**

**REQUEST FOR PROPOSALS REGARDING  
STATEMENTS OF INTEREST RESPONSE FORM**

**TO: Lake Shore Hospital Authority**  
259 N.E. Franklin Street, Suite 102  
Lake City, FL 32055

**RE: Statement of Interest Regarding the Lake Shore Hospital Authority and Lake  
Shore Hospital**

**FR: Company Name:** Meridian Behavioral Healthcare, Inc.  
**Company Address:** 1565 SW Williston Rd.  
Gainesville, FL 32608  
**Contact Person:** Donald Savoie, President/CEO  
**Contact Information: Phone:** (352) 374-5600, ext. 8366  
**E-Mail:** don\_savoie@mbhci.org

**Our entity would like to express an interest in working with Lake Shore Hospital  
Authority in the following capacity(ies): (Check all that apply)**

<b>Affiliation</b>	<u>X</u>
<b>Lease</b>	<u>X</u>
<b>Merger</b>	<u>    </u>
<b>Partnership</b>	<u>    </u>
<b>Joint Venture</b>	<u>    </u>

**Please attach a narrative explaining your intended use and the specific  
building(s) you are interested in occupying on the Lake Shore Regional Medical  
Center campus.**



**STATEMENT OF  
INTEREST NARRATIVE  
FORM**



**Meridian Behavioral Healthcare, Inc.**  
**Statement of Interest Narrative Response**  
**Regarding the Lake Shore Hospital Authority and Lake Shore Hospital**

**Summary of Proposed Model**

Meridian Behavioral Healthcare, Inc. (Meridian) proposes to enter into a lease and affiliation agreement with the Lake Shore Hospital Authority specifically for the use of the Lake Shore Hospital facility. Meridian would like to use this facility as a community-based inpatient behavioral health hospital and integrated health home facility for Columbia County residents (adults and children) experiencing mental health, substance use and co-occurring mental health and substance use disorders. There is currently no psychiatric inpatient hospital or detoxification unit (Addictions Receiving Facility) in the area. Citizens needing these services have to be transported (in many cases by Law Enforcement) to other areas to receive these services. Use of the hospital facility will also allow Meridian to establish an affiliation to provide primary care, an urgent care center and pharmacy services onsite. With the overarching goal of increasing timely access to comprehensive, evidence-based behavioral health treatment and coordinated primary care, the proposed facility will house the following service components:

**Inpatient Services** will provide care for individuals with psychiatric disorders that require stabilization in an acute inpatient environment or psychiatric hospital before they can transition to less intensive, outpatient services. Inpatient Services will incorporate psychiatric care units for both short-term and longer-term care. Meridian will locate its existing **Crisis Stabilization Units (CSUs)** for adults and children (i.e., under age 18) in the proposed facility. CSUs offer short-term inpatient stabilization services for individuals experiencing acute psychiatric illness who are court ordered for psychiatric evaluation (i.e., individuals meeting Florida Baker Act criteria), as well as for those admitted voluntarily if assessed as appropriate. CSUs provide physical and psychiatric evaluations, medication, counseling, therapeutic activities, and discharge planning to include follow-up psychiatric and clinical services in the community. For those who need longer-term psychiatric hospitalization, the facility's **Adult Psychiatric Unit** and separate **Child Psychiatric Unit** will provide a secure, intensive treatment program for individuals with a range of psychiatric disorders (e.g., major depression, schizophrenia, bipolar disorder, serious emotional disturbance in children, personality disorders, etc.). The longer-term environment will allow hospital psychiatrists and a multidisciplinary team of nurses, behavioral technicians, clinicians and other staff to provide coordinated, comprehensive treatment. While the patient is hospitalized, the team will also develop a care plan with the patient and appropriate family members that promotes ongoing wellness and recovery after discharge and ensures a successful transition from inpatient care to less restrictive, community-based services. **Short Term Residential Treatment Program (SRT)** will provide Residential Treatment for those persons who have required acute care for evaluation and stabilization and are no longer in need of intensive stabilization but are not stable enough to live in a community placement or at home with family. This service particularly focuses on an inpatient stay of longer duration for those persons who might otherwise be considered for a state treatment facility if their only alternative was to be discharged from acute care to the community. These services are provided in a manner that enables treatment and discharge planning to include the individual's support system. Services include ongoing psychiatric treatment, medication management, individual, group, family, and/or recreational therapy as indicated by their treatment plan. The person served will be consistently involved in the discharge planning process including placement and referral for appropriate follow-up and ongoing care upon



discharge. The SRT program provides an active, structured environment that promotes the development of individual skills and resources for independent living. Referrals are made from Crisis Stabilization Units or Inpatient Psychiatric Units. A **Geriatric Unit** will specialize in crisis stabilization services and treatment for the senior population. This acute care unit will provide short-term inpatient treatment for seniors with a serious, acute psychiatric illness and includes psychiatric services, medication management, psycho-educational sessions, individual therapy, group and family therapy, nutrition education, as well as activities that are suited for the special needs of the senior population in a safe and relaxing environment. There is also an increased need for substance abuse services for older adults. This population has been under served for many years. Many older adults have shown a proclivity to misuse medications, use alcohol excessively and to use illegal substances without knowledge of the effects of these substances on prescribed medications. **Substance Use Services** will include a secure **Addictions Receiving Facility (ARF)** Unit providing both involuntary (Marchman Act) and voluntary inpatient care for individuals determined by assessment to be significantly substance use impaired. The ARF will provide integrated, medically supervised detoxification and stabilization services for adults (over age 18) with the primary diagnosis of substance use disorder. Unlike a residential treatment or non-secure detox facility, an ARF is staffed to intervene in situations that require more acute medical and behavioral care. Medical and supportive counseling helps clients withdraw from the physiological effects of mood altering substances. The approximate 5-day acute intoxication and withdrawal management program includes educational and motivational group therapy for treatment and maintenance of a substance-free lifestyle. Aftercare and family planning treatment services are available. Continued treatment, employment, housing and referrals to support groups and other programs and agencies are addressed as indicated. Additionally, the proposed model will include an outpatient **Medication Assisted Treatment (MAT) Clinic** for individuals with Opioid Use Disorder (OUD). The MAT Clinic will address the continued need for community-based OUD treatment by offering medically-supervised Buprenorphine and Vivitrol treatment combined with evidence-based counseling. The clinic will also dispense Narcan (Naloxone) and provide training to patients and their families in its use in the event of opioid overdose. The **Mother's Intensive Supportive Treatment Unit** will be available to implement an intensive, long term program for pregnant and post-partum women with substance use and co-occurring disorders. This program reflects a belief that in order to successfully address social and physical problems emanating from substance use disorders for women and their babies, we need to combat the problem on several new and diversified fronts. We believe that this service will assist in reductions to neonatal unit visits and impact the dependency system. Mothers and their infants will live together in this unit to facilitate the crucial bonding that takes place in the early months of the infant's development, while ensuring the mother receives treatment and remains drug-free during nursing. The bonding between the mother and the child is essential for the mother's decision making on whether to choose her baby over substance use. Goals for this service will include the following: ensure infants are born substance free by helping pregnant mothers obtain prenatal care and other necessary supports; provide therapy and other supports to help the mother become substance use free and capable of taking care of and maintaining custody of her child(ren); address issues of substance use, co-occurring disorders, trauma, low self-esteem and coping; empower mothers to become self-sufficient, responsible mothers who are capable of creating a bright future for themselves and their child(ren); assist mothers in developing and following a Safety plan for their child(ren); and establish a relapse prevention and aftercare plan that leads to sustained care for successful living and follow up to remain substance free. **Primary Care Clinic Services** will integrate medical care (e.g., monitoring of key health indicators) with behavioral health

treatment and care coordination to help individuals self-manage their health conditions and overall wellness. Services will include the provision and coordination of medications and treatment, labs and other ancillary services, as well as referrals to specialty medical care. Care coordination will also address social determinants of health, such as housing, nutrition and benefits assistance. The proposed model will also offer onsite **Pharmacy Services** to further facilitate healthcare access for consumers. The benefits of having a pharmacy on-site is to provide greater efficiencies and improved communication with pharmacy staff, better control over patients' medication needs and full compliance with accreditation and regulatory agencies. An **Urgent Care Center** will provide walk-in patient services focused on the delivery of urgent ambulatory care in the hospital facility. The Urgent Care Center will primarily treat injuries or illnesses requiring immediate care but not serious enough to require an ED visit.

### **Narrative Response to the SOI RFP**

#### **1) Plans to increase the availability and accessibility of healthcare to the citizens of Columbia County.**

The proposed model aims to improve service access and healthcare outcomes for Columbia County citizens by providing comprehensive, integrated services based in their own community. Columbia County residents requiring longer-term psychiatric hospitalization or secure Addictions Receiving Facility acute care currently have to travel to Gainesville, Jacksonville or Tallahassee for the closest available services. Providing a continuum of services in the individual's community provides continuity through all levels of care and facilitates linkages to and engagement in local community services that increase an individual's recovery success. Fragmented services and traveling outside the community for services are primary reasons for persons to delay, discontinue, or entirely forgo treatment. For individuals with chronic and serious behavioral health disorders, this can lead to an overreliance on hospital emergency rooms and law enforcement at the point of crisis, often resulting in little or no follow up to address ongoing behavioral health issues and further straining limited resources designed for meeting other community needs.

Meridian also aims to provide an accessible health home for patients by providing onsite primary care services integrated with behavioral care. Research (Walker, McGee, & Druss, 2015) has shown that individuals with serious behavioral health disorders also experience high rates of comorbid physical disorders, including chronic conditions such as cardiovascular disease, diabetes, and respiratory disease. Because of the challenges of their behavioral health disorders and/or a lack of easy access to primary care, many individuals again rely on hospital emergency rooms at the point of a physical health crisis or to address chronic health conditions without the benefit of ongoing follow-up. Evidence has shown that when physical health is coordinated with behavioral health, the patient does exponentially better in managing their conditions.

Additionally, the proposed model will increase Meridian's ability to expand specialized services for priority subpopulations, including intensive treatment options for Columbia County children and their families. The model will also allow Meridian to serve more Medicare patients and provide specialized, longer-term inpatient geriatric services to a population that is significantly underserved.



**2) Meridian's financial capability to compete in the Columbia County, Florida healthcare market.**

Meridian currently manages a budget of over \$55 million for the delivery of comprehensive services, including crisis stabilization, residential, outpatient, primary care, and outreach and prevention services. Our organization operates clinic locations throughout a primary service area of 13-counties in North Central Florida and extends services to residents in additional surrounding counties in the region. Meridian has experience in successfully leveraging funding from multiple public and private funding sources, including Medicaid, Medicare, private insurance and self-pay. We have contracts with most Managed Medicaid Associations (MMAs) throughout our multi-county service area (e.g., Centene, Sunshine, United Healthcare, Blue Cross), and all of our sites, including those in Columbia County, have Medicaid ID numbers and credentialed staff. Additional state funds are also available for some services. Meridian has developed a strong fiscal department that is able to file claims timely, track payments and initiate appeals. See also Meridian's most recent financial audit attached to this response.

**3) Meridian's healthcare experience.**

Meridian has contributed to the healthcare of North Central Florida communities since incorporating as a tax-exempt entity in 1972. Last year Meridian provided services to over 23,000 individuals through over 600,000 direct care visits. This history includes over 30 years of experience operating and growing services in Columbia County. Columbia County represents Meridian's second largest county in numbers of individuals served last year (3,206) through our current available services. Our organization is experienced in hiring local Columbia County residents to fill staff positions and in delivering services in response to Columbia County's specific community healthcare needs. Our long-standing presence in the county has also allowed us to develop a broad base of stakeholder partnerships across local and regional healthcare and related service systems. Meridian is a member of a Rural Health Partnership (RHP), which focuses on forwarding innovative healthcare models and data and information sharing in rural counties, including Columbia County. Overseen by the Florida Department of Health, Office of Rural Health, RHP's membership includes key stakeholders in the delivery of rural healthcare in the region (e.g., federally qualified health centers, county health departments, rural health clinics); the regional community behavioral health center; primary care practices; area hospitals; the regional hospice; and the regional Area Health Education Center (AHEC). Meridian, along with other regional medical providers, including the Veterans Administration, participates in a Health Information Exchange (HIE), an integrated longitudinal medical record with data exchange tools for healthcare professionals, practices, and institutions. Meridian is accredited by the Commission for Accreditation of Rehabilitation Facilities (CARF), and maintains numerous licenses by the Department of Children and Families, Agency for Healthcare Administration, and Drug Enforcement Agency to provide residential and outpatient substance use and mental health treatment services and crisis stabilization. The proposed lease and affiliation will provide the following bed capacity and services in the hospital:

1. Inpatient Psychiatric Hospital (30 + beds)
2. Addictions Receiving Facility (10 + beds)
3. Crisis Stabilization (20 + beds)
4. Geriatric Unit (8+ beds)
5. SRT Unit (5 + beds)
6. With the services above, we will be the Psychiatric and Addictions Central Receiving Center (CRF) for the region. This will assist the community with services in the community and decrease the need for Law Enforcement and Emergency Medical Transport to leave Lake City.

7. Urgent Care Services
8. The potential opportunity to expand with the remaining space for SRT, Civil and ALF beds and supported community reintegration.



# LETTERS OF SUPPORT



HEALTH  
SYSTEMS

February 9<sup>th</sup>, 2022

Meridian Behavioral Healthcare, Inc.  
4300 SW 13th St.  
Gainesville, FL 32608

Dear Board of Trustees,

I am pleased to provide this letter in support of Meridian's Statement of Intent to operate the Lakeshore Hospital facility. As the CEO of LSF Health Systems, I see the demand for critical life affirming services in our community growing exponentially. It is with this in mind and the knowledge that Meridian has the expertise and understanding within the community to expand both breath and range of services to meet the demand now and into the future that we at LSF Health Systems fully support their application to operate the Lakeshore Hospital Facility.

Many residents in this region face multiple obstacles to care including barriers in transportation, insurance, availability of medical providers and facilities and poverty to name just a few. I can personally attest to the high burden of untreated mental health conditions that are further intensified by these challenges. Meridian is uniquely positioned in the community to expand its resources to overcome these barriers and connect our citizens with mental health, addictions, and primary care services.

Meridian Behavioral Healthcare is a non-profit community mental health organization, founded in the 1970s. They are a safety net agency with a large catchment area across north and central Florida. Meridian provides inpatient and outpatient mental health and substance use treatment services for more than 23,000 individuals per year.

LSF Health Systems is committed to assisting with the development and growth of behavioral health services throughout the Northeast Region of Florida. We fully support Meridian with this important opportunity and believe their proposal will improve access to behavioral health care for people in need.

If you should have any questions, please don't hesitate to reach out to me at [christine.cauffield@lsfnet.org](mailto:christine.cauffield@lsfnet.org) or 904.900.1075.

Sincerely,

A handwritten signature in blue ink that reads "Dr. Christine Cauffield".

Dr. Christine Cauffield, CEO







State of Florida  
Department of Children and Families

Ron DeSantis  
Governor

Shevaun L. Harris  
Secretary

February 10, 2022

Mario V. Rubio  
Regional Managing Director

Dear Board of Trustees:

I am pleased to support Meridian Behavioral Healthcare's Statement of Intent to operate the Lakeshore Hospital facility to meet the ever increasing and complex mental health needs in the community. As Northeast Regional Managing Director of the Florida Department of Children and Families I see the growing demand for critical, life affirming services and the results of this unmet need. Meridian has the expertise and understanding of the community needs landscape to expand both breadth and depth of services to meet current and future needs.

Many residents in this region face multiple barriers to accessing care including transportation, insurance, medical provider and facility availability, and poverty. These challenges further intensify the already high burden of untreated mental illness. Meridian is uniquely positioned in the community to aid our citizens in overcoming identified barriers by connecting them to the mental health, addiction treatment, and primary care services and resources they provide.

Meridian Behavioral Healthcare is non-profit community mental health organization, founded in the 1970s. They are a safety net agency with a large catchment area across north and central Florida. Meridian provides inpatient and outpatient mental health and substance use treatment services for more than 23,000 individuals per year.

We, like Meridian Behavioral Healthcare recognize the need to improve access to behavioral healthcare for people in need, quality service provision, and strong partnerships, to ensure client needs are met. Stable and supported individuals and families mean a better quality of life for all our citizens.

I fully support Meridian Behavioral Healthcare in this endeavor and look forward to working alongside them.

Sincerely,

Mario Rubio  
Northeast Regional Managing Director  
Florida Department of Children and Families

NORTHEAST REGION

*Circuit 3 (Madison, Taylor, Dixie, Hamilton, Lafayette, Suwannee & Columbia Counties)*

*Circuit 4 (Clay, Duval & Nassau Counties)*

*Circuit 7 (Flagler, Putnam, St. Johns, & Volusia Counties)*

*Circuit 8 (Alachua, Baker, Bradford, Gilchrist, Levy & Union Counties)*

5920 Arlington Expressway • P. O. Box 2417 • Jacksonville, Florida 32231-0083



February 10, 2022

Dale Williams, Executive Director  
Lake Shore Hospital Authority  
250 NE Franklin Street, Suite 102  
Lake City, Florida 32055

Dear Mr. Williams:

The major focus of WellFlorida Council, as one of Florida's 11 local health planning councils as designated by Florida Statute 408.033, is to foster and support the design, implementation and evaluation of solutions that expand access to healthcare for the nearly 1.8 million residents of the 16 counties we serve. Access, affordability and quality of healthcare for the residents of north central Florida have long been the hallmarks around which we have organized our work, partnerships and advocacy.

As such, I am pleased to write in support of Meridian Behavioral Healthcare's Statement of Intent to operate the Lakeshore Hospital facility to meet the ever complex and increasing needs of our community. In my more than 25 years with WellFlorida, we have conducted numerous community health needs assessments and assisted in the development of community health improvement plans in Columbia County and throughout north central Florida. Behavioral health needs and access to commensurate behavioral healthcare services have consistently and persistently been and continue to be among the greatest community health needs in Columbia County and throughout the region.

Far too many residents in this region face multiple obstacles to care including barriers in transportation, insurance, availability of medical providers and facilities and poverty to name just a few. These issues are further exacerbated in the area of behavioral health. Through my personal involvement in these community health assessments and community health improvement plans, I have an all-too-clear perspective on the high burden of untreated mental health conditions that are further intensified by these challenges, especially in the area of behavioral health. As a current provider of services in Columbia County and a long-term community partner, Meridian is uniquely positioned in the community to expand its resources to overcome these barriers and connect our citizens with mental health, addictions, and primary care services.

Meridian's Statement of Intent and vision to operate the Lakeshore Hospital facility clearly indicates that they will substantially enhance access to a comprehensive array of behavioral health services and address one of the most pressing health issues that has dogged Columbia County and the region for many decades. In closing, we fully support Meridian's Letter of Intent and urge the Authority to move forward in partnership with them.

Please do not hesitate to contact me to further discuss WellFlorida's support or if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "Jeff Feller".

Jeff Feller, MSISE  
Chief Executive Officer



**MERIDIAN AUDITED  
FINANCIAL STATEMENT**

# 2021

Meridian Behavioral Healthcare, Inc.

Combining Financial Statements and  
Independent Auditor's Report

June 30, 2021



**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**

**COMBINING FINANCIAL STATEMENTS  
AND  
INDEPENDENT AUDITOR'S REPORT**

**JUNE 30, 2021**

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## INDEPENDENT AUDITOR'S REPORT

Board of Directors  
Meridian Behavioral Healthcare, Inc.  
Gainesville, Florida

We have audited the accompanying financial statements of Meridian Behavioral Healthcare, Inc. (the Corporation), a non-profit corporation, and affiliates, which comprise the combining statement of financial position as of June 30, 2021, and the related combining statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these combining financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the combining financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these combining financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combining financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatements of the combining financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Corporation's preparation and fair presentation of the combining financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combining financial statements.

### CERTIFIED PUBLIC ACCOUNTANTS

Gainesville | Ocala | Tallahassee | Sarasota | Orlando | Lakeland  
purvisgray.com

Members of American and Florida Institutes of Certified Public Accountants

An Independent Member of the BDO Alliance USA



Board of Directors  
Meridian Behavioral Healthcare, Inc.  
Gainesville, Florida

## INDEPENDENT AUDITOR'S REPORT

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the combining financial statements referred to above present fairly, in all material respects, the financial position of the Corporation and affiliates as of June 30, 2021, and the changes in net assets and cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### **Report on Summarized Comparative Information**

We have previously audited the Corporation's 2020 combining financial statements, and we expressed an unmodified audit opinion on those audited combining financial statements in our report dated December 11, 2020. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2020, is consistent, in all material respects, with the audited combining financial statements from which it was derived.

### **Other Matters**

#### *Other Information*

Our audit was conducted for the purpose of forming an opinion on the combining financial statements as a whole. The accompanying schedules of substance abuse and mental health services program/cost center revenues schedule and actual expenses; state earnings for substance abuse, and mental health services – Circuits 3 and 8; related-party transaction adjustments; and bed-day availability payments are presented for purposes of additional analysis as required by the State of Florida Department of Children and Families and are not a required part of the combining financial statements. The accompanying schedule of expenditures of federal awards and state financial assistance, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance); and Chapter 10.650, *Rules of the Auditor General*, is presented for purposes of additional analysis and is not a required part of the combining financial statements. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the combining financial statements. The information has been subjected to the auditing procedures applied in the audit of the combining financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combining financial statements or to the combining financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the combining financial statements as a whole.

Board of Directors  
Meridian Behavioral Healthcare, Inc.  
Gainesville, Florida

## INDEPENDENT AUDITOR'S REPORT

### **Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated December 27, 2021, on our consideration of the Corporation's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Corporation's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Corporation's internal control over financial reporting and compliance.



December 27, 2021  
Gainesville, Florida

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**COMBINING STATEMENT OF FINANCIAL POSITION**  
**JUNE 30, 2021,**  
**WITH COMBINED TOTALS FOR JUNE 30, 2020**

**ASSETS**

	Meridian Behavioral Healthcare, Inc.	New Horizons Properties	Totals	
			2021 Combined	2020 Combined
<b>Current Assets</b>				
Cash and Cash Equivalents (Note 1 and 3)	\$ 8,993,095	\$ 47,648	\$ 9,040,743	\$ 5,358,629
Investments (Note 3)	2,733,181	-	2,733,181	2,243,923
Accounts Receivable: (Note 5)				
Client Fees (Net of Allowance for Uncollectible Accounts of \$657,787 in 2021 and \$608,461 in 2020)	2,028,624	11,111	2,039,735	2,168,286
Contracts and Grants Receivable	2,609,664	-	2,609,664	5,029,355
Due from HUD	-	1,555	1,555	-
Prepaid Expenses	681,461	-	681,461	566,630
Inventories	320,438	-	320,438	423,227
<b>Total Current Assets</b>	<b>17,366,463</b>	<b>60,314</b>	<b>17,426,777</b>	<b>15,790,050</b>
<b>Restricted Assets</b>				
Funded Reserves (Note 3 and 4)	-	485,801	485,801	482,993
Security Deposits (Note 3 and 4)	13,701	15,750	29,451	29,219
Funds Held in Escrow	-	50,096	50,096	51,117
Client Held Funds (Note 3 and 4)	74,038	-	74,038	45,926
Endowed Investments (Note 3 and 4)	372,047	-	372,047	372,047
<b>Total Restricted Assets</b>	<b>459,786</b>	<b>551,647</b>	<b>1,011,433</b>	<b>981,302</b>
<b>Property, Plant and Equipment - Cost Less Depreciation (Note 8)</b>	<b>9,879,335</b>	<b>1,451,856</b>	<b>11,331,191</b>	<b>12,361,141</b>
<b>Other Assets</b>				
Equity Investments (Note 12)	151,575	-	151,575	151,575
Due from Affiliates (Note 2)	1,068,760	-	1,068,760	968,658
<b>Total Other Assets</b>	<b>1,220,335</b>	<b>-</b>	<b>1,220,335</b>	<b>1,120,233</b>
<b>Total Assets</b>	<b>\$ 28,925,919</b>	<b>\$ 2,063,817</b>	<b>\$ 30,989,736</b>	<b>\$ 30,252,726</b>

See accompanying notes.



**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**COMBINING STATEMENT OF FINANCIAL POSITION**  
**JUNE 30, 2021,**  
**WITH COMBINED TOTALS FOR JUNE 30, 2020**

**LIABILITIES AND NET ASSETS**

	Meridian Behavioral Healthcare, Inc.	New Horizons Properties	Totals	
			2021 Combined	2020 Combined
<b>Current Liabilities</b>				
Accounts Payable	\$ 938,859	\$ 20,819	\$ 959,678	\$ 2,232,952
Accrued Salaries and Payroll Taxes	1,191,001	-	1,191,001	1,134,486
Accrued Vacation and Sick Leave	587,387	-	587,387	629,567
Current Portion of Long-Term Liabilities (Note 9)	839,168	41,258	880,426	850,794
Interest Payable	11,274	4,580	15,854	17,501
Other	176,539	16,449	192,988	226,261
<b>Total Current Liabilities</b>	<u>3,744,228</u>	<u>83,106</u>	<u>3,827,334</u>	<u>5,091,561</u>
<b>Long-Term Liabilities</b>				
Notes, Mortgages, and Bonds Payable (Note 9)	5,158,259	1,999,804	7,158,063	8,035,705
PPP Loan (Note 17)	-	-	-	3,484,601
Due to Affiliate (Note 2)	-	1,068,760	1,068,760	968,658
<b>Total Long-Term Liabilities</b>	<u>5,158,259</u>	<u>3,068,564</u>	<u>8,226,823</u>	<u>12,488,964</u>
<b>Total Liabilities</b>	<u>8,902,487</u>	<u>3,151,670</u>	<u>12,054,157</u>	<u>17,580,525</u>
<b>Net Assets</b>				
Without Donor Restrictions	19,546,906	(1,087,853)	18,459,053	12,195,495
With Donor Restrictions	476,526	-	476,526	476,706
<b>Total Net Assets</b>	<u>20,023,432</u>	<u>(1,087,853)</u>	<u>18,935,579</u>	<u>12,672,201</u>
<b>Total Liabilities and Net Assets</b>	<u>\$ 28,925,919</u>	<u>\$ 2,063,817</u>	<u>\$ 30,989,736</u>	<u>\$ 30,252,726</u>

See accompanying notes.

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**COMBINING STATEMENT OF ACTIVITIES**  
**FOR THE YEAR ENDED JUNE 30, 2021,**  
**WITH COMBINED TOTALS FOR JUNE 30, 2020**

	Meridian Behavioral Healthcare, Inc.	New Horizons Properties	Totals	
			2021 Combined	2020 Combined
<b>CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS</b>				
<b>Operating Revenues</b>				
<b>State and Federal Governmental Revenues</b>				
Lutheran Services				
Mental Health:				
Adult	\$ 7,316,434	\$ -	\$ 7,316,434	\$ 7,196,245
Children	5,415,330	-	5,415,330	6,670,776
Substance Abuse:				
Adult	6,033,468	-	6,033,468	6,194,127
Children	854,041	-	854,041	850,606
Total Lutheran Services Revenue	19,619,273	-	19,619,273	20,911,754
Medicare	394,390	-	394,390	294,722
Medicaid Fees	604,819	-	604,819	452,272
Managed Medicaid	16,504,091	-	16,504,091	15,124,985
Federal Government Contracts	5,705,376	-	5,705,376	3,924,695
Section 8 Housing Grant	-	283,413	283,413	280,868
Other State and Local Government Contracts	2,881,052	-	2,881,052	3,220,740
<b>Total State and Federal Governmental Revenues</b>	<b>45,709,001</b>	<b>283,413</b>	<b>45,992,414</b>	<b>44,210,036</b>
<b>State Match Contracts</b>				
Alachua County	897,206	-	897,206	895,556
Baker County	51,500	-	51,500	51,000
Bradford County	83,018	-	83,018	89,936
Columbia County	244,316	-	244,316	239,291
Dixie County	52,683	-	52,683	51,599
Gilchrist County	58,439	-	58,439	57,237
Hamilton County	27,223	-	27,223	26,663
Lafayette County	17,742	-	17,742	17,377
Levy County	84,038	-	84,038	80,063
Putnam County	50,244	-	50,244	49,297
Suwannee County	60,000	-	60,000	60,000
Union County	15,000	-	15,000	20,000
<b>Total State Match Contracts</b>	<b>1,641,409</b>	<b>-</b>	<b>1,641,409</b>	<b>1,638,019</b>
<b>Other Clinical Revenues</b>				
Client Fees	869,642	-	869,642	1,256,133
Insurance Fees	1,848,971	-	1,848,971	1,503,720
Miscellaneous Clinical Revenue	522,298	-	522,298	767,421
<b>Total Other Clinical Revenues</b>	<b>3,240,911</b>	<b>-</b>	<b>3,240,911</b>	<b>3,527,274</b>
<b>Non-Clinical Revenues</b>				
Rent and Management Fees	329,470	162,811	492,281	470,354
Contributions	121,096	-	121,096	121,764
In-Kind Services and Materials	3,525,600	-	3,525,600	2,687,049
Miscellaneous Non-Clinical Revenues	488,412	942	489,354	595,033
<b>Total Non-Clinical Revenues</b>	<b>4,464,578</b>	<b>163,753</b>	<b>4,628,331</b>	<b>3,874,200</b>
<b>Total Operating Revenues</b>	<b>55,055,899</b>	<b>447,166</b>	<b>55,503,065</b>	<b>53,249,529</b>

See accompanying notes.

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**COMBINING STATEMENT OF ACTIVITIES**  
**FOR THE YEAR ENDED JUNE 30, 2021,**  
**WITH COMBINED TOTALS FOR JUNE 30, 2020**

	Meridian Behavioral Healthcare, Inc.	New Horizons Properties	Totals	
			2021 Combined	2020 Combined
<b>Operating Expenses</b>				
<b>Salaries and Related Expenses</b>				
Salaries	\$ 28,302,721	\$ 56,995	\$ 28,359,716	\$ 29,503,236
Benefits and Taxes	5,757,365	-	5,757,365	5,123,682
<b>Total Salaries and Related Expenses</b>	<b>34,060,086</b>	<b>56,995</b>	<b>34,117,081</b>	<b>34,626,918</b>
<b>Building Occupancy</b>				
Building Rental	115,660	-	115,660	81,756
Repairs and Maintenance	420,329	105,646	525,975	453,586
Utilities	605,263	50,633	655,896	647,480
Depreciation	586,702	99,480	686,182	631,933
<b>Total Building Occupancy</b>	<b>1,727,954</b>	<b>255,759</b>	<b>1,983,713</b>	<b>1,814,755</b>
<b>Professional Services</b>				
Professional Fees	674,884	75,807	750,691	714,579
<b>Travel, Training, and Professional Development</b>				
Travel	296,559	-	296,559	708,808
Training and Professional Development	115,267	-	115,267	281,545
<b>Total Travel, Training, and Professional Development</b>	<b>411,826</b>	<b>-</b>	<b>411,826</b>	<b>990,353</b>
<b>Equipment Costs</b>				
Equipment Purchases	230,863	-	230,863	284,260
Repairs and Maintenance	111,970	-	111,970	114,298
Depreciation	707,122	-	707,122	634,036
<b>Total Equipment Costs</b>	<b>1,049,955</b>	<b>-</b>	<b>1,049,955</b>	<b>1,032,594</b>
<b>Food and Food Services</b>				
Client Meals	578,095	-	578,095	633,126
Program Meeting Food	5,035	-	5,035	3,087
Food Supplies	68,459	-	68,459	49,422
<b>Total Food and Food Services</b>	<b>651,589</b>	<b>-</b>	<b>651,589</b>	<b>685,635</b>
<b>Medical and Pharmacy</b>				
Medical Supplies	291,654	-	291,654	648,918
Indigent Drugs	346,747	-	346,747	552,096
Medicine and Drugs - Regular	817,883	-	817,883	526,008
<b>Total Medical and Pharmacy</b>	<b>1,456,284</b>	<b>-</b>	<b>1,456,284</b>	<b>1,727,022</b>
<b>Subcontracted Services</b>				
Other Subcontracted Services	312,459	-	312,459	449,019
<b>Insurance</b>				
Professional Liability	1,003,087	-	1,003,087	924,895
Property	189,164	74,132	263,296	247,408
Other Insurance	198,192	-	198,192	126,755
<b>Total Insurance</b>	<b>1,390,443</b>	<b>74,132</b>	<b>1,464,575</b>	<b>1,299,058</b>

See accompanying notes.



**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**COMBINING STATEMENT OF ACTIVITIES**  
**FOR THE YEAR ENDED JUNE 30, 2021,**  
**WITH COMBINED TOTALS FOR JUNE 30, 2020**

	Meridian Behavioral Healthcare, Inc.	New Horizons Properties	Totals	
			2021 Combined	2020 Combined
<b>Operating Expenses (Concluded)</b>				
<b>Other Operating Expenses</b>				
Bad Debts	\$ 1,322,978	\$ 4,233	\$ 1,327,211	\$ 2,226,811
In-Kind Services and Materials	3,525,600	-	3,525,600	2,687,049
Client Activity	788,437	-	788,437	1,171,495
Telephone	679,606	-	679,606	531,336
Office Expense	194,356	330	194,686	367,583
Recruiting	71,713	-	71,713	127,578
Janitorial Services	88,100	-	88,100	91,139
Employee Wellness Program	76,564	-	76,564	92,790
Marketing	11,892	-	11,892	340,583
Other Operating Expenses	570,271	24,379	594,650	892,508
<b>Total Other Operating Expenses</b>	<u>7,329,517</u>	<u>28,942</u>	<u>7,358,459</u>	<u>8,528,872</u>
<b>Total Operating Expenses Without Donor Restrictions</b>	<u>(49,064,997)</u>	<u>(491,635)</u>	<u>(49,556,632)</u>	<u>(51,868,805)</u>
<b>Income from Operations</b>	<u>5,990,902</u>	<u>(44,469)</u>	<u>5,946,433</u>	<u>1,380,724</u>
<b>Non-Operating (Expenses) Revenues Without Donor Restrictions</b>				
Gain/(Loss) on Disposal of Capital Assets	-	-	-	39,703
Net Investment Income	601,258	160	601,418	77,898
Interest and Amortization	(219,655)	(64,638)	(284,293)	(313,859)
<b>Total Non-Operating (Expenses) Revenues Without Donor Restrictions</b>	<u>381,603</u>	<u>(64,478)</u>	<u>317,125</u>	<u>(196,258)</u>
<b>Increase (Decrease) in Net Assets Without Donor Restrictions</b>	<u>6,372,505</u>	<u>(108,947)</u>	<u>6,263,558</u>	<u>1,184,466</u>
<b>Net Assets (Deficit) Without Donor Restrictions, Beginning of Year</b>	<u>13,174,401</u>	<u>(978,906)</u>	<u>12,195,495</u>	<u>11,011,029</u>
<b>Net Assets (Deficit) Without Donor Restrictions, End of Year</b>	<u>\$ 19,546,906</u>	<u>\$ (1,087,853)</u>	<u>\$ 18,459,053</u>	<u>\$ 12,195,495</u>
<b>CHANGES IN NET ASSETS WITH DONOR RESTRICTIONS</b>				
Contributions	\$ 9,395	\$ -	\$ 9,395	\$ 56,664
Contributions Released from Restriction	(9,575)	-	(9,575)	(15,335)
<b>Increase (Decrease) in Net Assets With Donor Restrictions</b>	<u>(180)</u>	<u>-</u>	<u>(180)</u>	<u>41,329</u>
<b>Net Assets (Deficit) With Donor Restrictions, Beginning of Year</b>	<u>476,706</u>	<u>-</u>	<u>476,706</u>	<u>435,377</u>
<b>Net Assets (Deficit) With Donor Restrictions, End of Year</b>	<u>\$ 476,526</u>	<u>\$ -</u>	<u>\$ 476,526</u>	<u>\$ 476,706</u>

See accompanying notes.

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**COMBINING STATEMENT OF FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED JUNE 30, 2021**  
**WITH COMBINED TOTALS FOR JUNE 30, 2020**

Expense Categories	2021										2020	
	Program Services						Supporting Services				Total Combined	Total Combined
	Adult Mental Health	Adult Substance Abuse	Children's Mental Health	Children's Substance Abuse	Other Programs	Total Program Services	Management and General	Fundraising	Total Supporting Services	New Horizons Properties		
<b>Functional Expenses</b>												
Salaries	\$ 11,130,045	\$ 5,783,675	\$ 3,643,512	\$ 762,311	\$ 1,249,153	\$ 22,568,696	\$ 5,651,206	\$ 82,819	\$ 5,734,025	\$ 56,995	\$ 28,359,716	\$ 29,503,236
Fringe Benefits	1,935,504	1,059,085	651,704	174,010	305,377	4,125,680	1,615,689	15,996	1,631,685	-	5,757,365	5,123,682
Building Occupancy	119,219	28,524	26,274	9,431	32,502	215,950	1,511,989	15	1,512,004	255,759	1,983,713	1,814,755
Professional Services	16,865	18,752	14,342	706	116	50,781	621,103	3,000	624,103	75,807	750,691	714,579
Travel	111,934	55,121	89,090	9,879	17,077	283,101	128,725	-	128,725	-	411,826	990,353
Equipment	55,755	35,663	120,192	3,600	28,423	243,633	806,288	34	806,322	-	1,049,955	1,032,594
Food Services	50,672	21,542	1,581	6,665	27	80,487	570,999	103	571,102	-	651,589	685,635
Medical and Pharmacy	307,510	1,085,990	17,101	2,159	1,023	1,413,783	14,911	27,590	42,501	-	1,456,284	1,727,022
Subcontracted Services	24,051	11,938	6,425	172	109,638	152,224	160,235	-	160,235	-	312,459	449,019
Insurance	-	1,196	17,935	-	1,196	20,327	1,370,116	-	1,370,116	74,132	1,464,575	1,299,058
Interest	1,849	1,839	12,644	337	1,120	17,789	201,866	-	201,866	64,638	284,293	313,859
Operating Supplies and Expenses	397,162	230,680	344,477	49,478	646,892	1,668,689	2,122,092	13,136	2,135,228	28,942	3,832,859	5,841,823
Donated Items	2,444,523	177,947	101,971	2,187	169,634	2,896,262	628,988	350	629,338	-	3,525,600	2,687,049
<b>Total Functional Expenses</b>	<b>\$ 16,595,089</b>	<b>\$ 8,511,952</b>	<b>\$ 5,047,248</b>	<b>\$ 1,020,935</b>	<b>\$ 2,562,178</b>	<b>\$ 33,737,402</b>	<b>\$ 15,404,207</b>	<b>\$ 143,043</b>	<b>\$ 15,547,250</b>	<b>\$ 556,273</b>	<b>\$ 49,840,925</b>	<b>\$ 52,182,664</b>

See accompanying notes.

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**COMBINING STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED JUNE 30, 2021,**  
**WITH COMBINED TOTALS FOR JUNE 30, 2020**

	Meridian Behavioral Healthcare, Inc.	New Horizons Properties	Totals	
			2021 Combined	2020 Combined
<b>Cash Flows from Operating Activities</b>				
Cash Received from State, Federal, County, Local Contracts, Clients, and Third-Party Billings	\$ 47,813,743	\$ -	\$ 47,813,743	\$ 43,333,049
Rent and Rent Subsidy Received	-	439,148	439,148	426,183
Other Income Received	1,461,276	1,102	1,462,378	1,802,804
Cash Paid to Employees	(31,955,112)	-	(31,955,112)	(32,150,769)
Cash Paid to Suppliers	(10,192,718)	(382,732)	(10,575,450)	(10,342,560)
Payroll Taxes Paid	(2,090,639)	-	(2,090,639)	(2,131,356)
<b>Net Cash Provided by (Used in) Operating Activities</b>	<b>5,036,550</b>	<b>57,518</b>	<b>5,094,068</b>	<b>937,351</b>
<b>Cash Flows from Financing Activities</b>				
Advances from/(to) Affiliate	(100,102)	100,102	-	-
Proceeds from Payroll Protection Program	-	-	-	5,403,600
Acquisition and Construction of Capital Assets	(355,131)	(8,223)	(363,354)	(2,341,006)
Restricted Contributions	9,395	-	9,395	41,329
Repayment of Long-Term Debt	(807,862)	(39,127)	(846,989)	(3,093,575)
Long-Term Debt Proceeds Received	-	-	-	2,961,270
Interest Paid on Long-Term Debt	(221,052)	(64,888)	(285,940)	(315,574)
<b>Net Cash Provided by (Used in) Financing Activities</b>	<b>(1,474,752)</b>	<b>(12,136)</b>	<b>(1,486,888)</b>	<b>2,656,044</b>
<b>Cash Flows from Investing Activities</b>				
(Purchase) Sale of Investments	(526,945)	-	(526,945)	987,946
Earnings on Investments	601,258	621	601,879	77,898
<b>Net Cash Provided by (Used in) Investing Activities</b>	<b>74,313</b>	<b>621</b>	<b>74,934</b>	<b>1,065,844</b>
<b>Net Increase (Decrease) in Cash and Cash Equivalents</b>	<b>3,636,111</b>	<b>46,003</b>	<b>3,682,114</b>	<b>4,659,239</b>
<b>Cash and Cash Equivalents, Beginning of Year</b>	<b>5,356,984</b>	<b>1,645</b>	<b>5,358,629</b>	<b>699,390</b>
<b>Cash and Cash Equivalents, End of Year</b>	<b>\$ 8,993,095</b>	<b>\$ 47,648</b>	<b>\$ 9,040,743</b>	<b>\$ 5,358,629</b>

See accompanying notes.



**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**COMBINING STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED JUNE 30, 2021,**  
**WITH COMBINED TOTALS FOR JUNE 30, 2020**

	Meridian Behavioral Healthcare, Inc.	New Horizons Properties	Totals	
			2021 Combined	2020 Combined
<b><u>Presented in the Accompanying Combining Balance Sheet As</u></b>				
<b>Cash and Cash Equivalents</b>				
Current Assets	\$ 8,993,095	\$ 47,648	\$ 9,040,743	\$ 5,358,629
<b>Total Cash and Cash Equivalents</b>	<u>\$ 8,993,095</u>	<u>\$ 47,648</u>	<u>\$ 9,040,743</u>	<u>\$ 5,358,629</u>
<b><u>Reconciliation to Net Cash Provided by (Used in) Operating Activities</u></b>				
Income/(Loss) from Operations	\$ 5,990,902	\$ (44,469)	\$ 5,946,433	\$ 1,380,724
Reconciling Adjustments:				
Non-Cash PPP Revenue Recognized	(3,484,601)	-	(3,484,601)	(1,918,999)
Depreciation	1,293,824	99,480	1,393,304	1,265,969
Provision for Bad Debts	49,326	4,233	53,559	76,705
(Increase) Decrease in Accounts Receivable	83,282	(4,055)	79,227	925,043
(Increase) Decrease in Contracts and Grants Receivable	2,419,691	-	2,419,691	(1,773,164)
(Increase) Decrease in Prepaid Expenses	(114,831)	1,021	(113,810)	(217,705)
(Increase) Decrease in Inventory	102,789	-	102,789	(140,148)
Increase (Decrease) in Accounts Payable	(1,284,766)	11,492	(1,273,274)	1,108,275
Increase (Decrease) in Accrued Salaries and Payroll Taxes	56,515	-	56,515	328,860
Increase (Decrease) in Accrued Vacation and Sick Leave	(42,180)	-	(42,180)	(38,375)
Increase (Decrease) in Other Payables	(33,401)	(10,184)	(43,585)	(59,834)
<b>Net Cash Provided by (Used in) Operating Activities</b>	<u>\$ 5,036,550</u>	<u>\$ 57,518</u>	<u>\$ 5,094,068</u>	<u>\$ 937,351</u>
<b><u>Non-Cash Activity</u></b>				
Non-Cash In-Kind Service and Materials Revenues	<u>\$ 3,525,600</u>	<u>\$ -</u>	<u>\$ 3,525,600</u>	<u>\$ 2,687,049</u>
Non-Cash In-Kind Service and Materials Expenses	<u>\$ 3,525,600</u>	<u>\$ -</u>	<u>\$ 3,525,600</u>	<u>\$ 2,687,049</u>

See accompanying notes.

**NOTES TO COMBINING FINANCIAL STATEMENTS**

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**NOTES TO COMBINING FINANCIAL STATEMENTS**

**Note 1 - Summary of Significant Accounting Policies**

**Reporting Entity and Basis of Accounting**

The accompanying financial statements include the combining assets, liabilities, revenues, and expenses as determined by use of the accrual basis of accounting of Meridian Behavioral Healthcare, Inc. (the Corporation) and the New Horizons Properties described in Note 2.

The Corporation is a not-for-profit Florida corporation which provides comprehensive behavioral health and limited primary care to the general public of Alachua, Baker, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Suwannee, and Union Counties. The Corporation also provides inpatient services to Putnam County.

The Corporation's combining financial statements have been prepared on the accrual basis and in accordance with the guidance contained in *Accounting Standards Codification (ASC) Section 958, Not-for-Profit Entities*, issued by the Financial Accounting Standards Board (FASB). Accordingly, net assets of the Corporation and changes therein are classified and reported as follows:

- *Without Donor Restrictions* - Net assets that are not subject to donor-imposed stipulations.
- *With Donor Restrictions* - Net assets subject to donor-imposed stipulations that may or will be met either by actions of the Corporation and/or the passage of time. When a restriction expires, assets with donor restrictions are reclassified to assets without donor restrictions, and reported in the statement of activities as net assets released from restrictions.

**Cash and Cash Equivalents**

Cash and cash equivalents are stated at fair market value, and consist of interest-bearing checking and savings accounts, and petty cash.

**Concentration of Credit Risk**

The Corporation maintains deposits in excess of Federal Deposit Insurance Corporation (FDIC) insurance limits and receivables are generally unsecured. Deposits of both the Corporation and New Horizons Properties are held in excess of FDIC limits, the total uninsured exposure risk was \$8,659,452 as of June 30, 2021.

**Accounting Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. The primary management estimates included in the accompanying statements relate to the collectability of service fee receivables including amounts due from Medicare, Medicaid, third-party insurers, and clients and amounts due to these parties as a result of subsequent audits, if any, as discussed in Note 13.

**Prepaid Expenses**

Certain payments to vendors reflect costs applicable to future accounting periods and are recorded as prepaid expenses. These payments consist of prepaid insurance, software maintenance, and other miscellaneous expenses.



**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**NOTES TO COMBINING FINANCIAL STATEMENTS**

**Inventories**

Inventory consists of indigent drugs and other materials, and is valued at cost or estimated fair market value, if donated, using the first-in, first-out (FIFO) method.

**Contributions**

Contributions received are recorded as support without donor restrictions or support with donor restrictions, depending on the existence or nature of any donor restrictions in accordance with the guidance contained in ASC Section 958, *Not-for-Profit Entities*, issued by the FASB.

Contributions are recorded when received. All contributions are considered to be available for use without restriction unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as support with donor restrictions, which increases that net asset class. However, if a restriction is fulfilled in the same accounting period in which the contribution is received, the Corporation reports the support as without donor restrictions. Conditional promises to give are not included as support until the conditions are substantially met.

**Capital Assets**

Property, plant and equipment are recorded at cost with estimated lives of three to ten years for transportation and other equipment, and five to thirty years for various buildings and leasehold improvements. Donated assets are recorded at the fair market value as of the date of the gift. The straight-line method of depreciation is used. Maintenance and repairs are expensed as incurred. The Corporation's policy is to capitalize all property, plant and equipment purchases greater than \$1,000.

**Accounts Receivable**

Accounts receivable are shown at the anticipated realizable value, net of an allowance for uncollectible accounts. The allowance for uncollectible accounts is based on historical data of collectability of revenue types. Accounts older than one year with no activity are written off. Accounts receivable consist primarily of contract and fee amounts due from state and county governments, clients, and third-party payers.

**Income Taxes**

The Corporation is currently exempt from state and federal income taxes under Section 501(c)(3) of the Internal Revenue Code and, accordingly, no provision has been made for income tax liabilities or expenses. Contributions to the Corporation may qualify for the charitable contribution deduction for federal tax purposes.

**Operating Revenues and Expenses**

The Corporation's combining statement of activities distinguishes between operating and non-operating revenues and expenses. Operating revenues result from exchange transactions associated with providing comprehensive behavioral health and limited primary care to the general public. Non-exchange revenues and investment related activity is reported as non-operating revenues. Operating expenses are all expenses incurred to provide the Corporation's primary activities, other than financing costs.

**Revenue Recognition**

Revenues from general sources are recognized at a single point in time when services are provided or when contract and grant funds are earned. Restricted revenues are recognized only to the extent that they are expended in accordance with donor or grantor restrictions. Any restricted revenues which have been received, but not expended, are shown as unearned revenue in the liability section of the accompanying combining statement of financial position. Tenant rents and U.S. Department of Housing and Urban Development (HUD) Section 8 - Housing Assistance payments are recognized as revenue when earned.

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**NOTES TO COMBINING FINANCIAL STATEMENTS**

**In-Kind Revenues and Expenses**

Revenues and expenses from in-kind contributions are recognized when received based upon the estimated fair market value of the contribution, provided there is a clearly measurable basis to value such contributions.

**Matching Requirements**

The Corporation receives grants through the State of Florida Department of Children and Families (DCF) which require local matching funds. All local matching requirements have been met.

**Accounts Payable**

Accounts payable consist of short-term liabilities due to the Corporation's vendors for the provision of goods and services for operations.

**Compensated Absences**

The Corporation pays certain amounts of unused personal time off and short-term disability to employees upon termination in accordance with its compensated absences policy. The accrual presented in the accompanying financial statements is computed using the gross salary at the end of the reporting period.

**Functional Expenses**

The financial statements report certain categories of expenses that are attributable to both program and supporting functions. Therefore, these expenses require allocation on a reasonable basis that is consistently applied.

**Prior Period Information**

The financial statements include certain prior year summarized comparative information in total but not by combining entity. Such information does not include sufficient detail to constitute a presentation in conformity with GAAP. Accordingly, such information should be read in conjunction with the Corporation's financial statements for the year ended June 30, 2020, from which the summarized information was derived.

**Subsequent Events**

The Corporation has evaluated events and transactions for potential recognition or disclosure in the financial statements through December 27, 2021, the date the financial statements were available to be issued.

**Note 2 - New Horizons Properties**

The Corporation, acting as sponsor, established five not-for-profit, single-asset HUD corporations titled New Horizons Properties I, Inc. (NHP I), New Horizons Properties II, Inc. (NHP II), New Horizons Properties III, Inc. (NHP III), New Horizons Properties IV, Inc. (NHP IV), and New Horizons Properties V, Inc. (NHP V). The purpose of these organizations is to construct and operate living facilities for mentally ill individuals, from the proceeds of HUD Section 202 mortgages and Section 8 Housing Assistance. The five single-asset corporations have no employees. Administrative support is provided by the Corporation's employees under a management agreement with each entity.

The New Horizons Properties are entities for which the Corporation is considered to be financially accountable and, accordingly, the data from the New Horizons Properties are combined with the data from the Corporation. However, for further understandability, the entities' operations are presented in separate columns in the accompanying combining financial statements. Separate financial statements for the New Horizons Properties can be obtained from the Corporation's fiscal department.

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**NOTES TO COMBINING FINANCIAL STATEMENTS**

The following is a condensed summary of the affiliated groups' financial position as of June 30, 2021, and the results of their operations for the year then ended:

	Financial Position 2021					Total
	NHPI	NHPII	NHPIII	NHPIV	NHPV	
Current Assets	\$ 3,354	\$ 11,762	\$ 26,634	\$ 18,564	\$ -	\$ 60,314
Property, Plant and Equipment (Accumulated Depreciation)	456,197 (373,234)	1,733,128 (731,058)	453,217 (397,459)	1,104,935 (793,870)	-	3,747,477 (2,295,621)
Restricted Assets	131,290	296,347	67,471	56,539	-	551,647
<b>Total Assets</b>	<b>217,607</b>	<b>1,310,179</b>	<b>149,863</b>	<b>386,168</b>	<b>-</b>	<b>2,063,817</b>
Current Liabilities	24,761	26,685	20,429	11,231	-	83,106
Long-Term Liabilities	355,590	1,096,017	387,692	1,217,919	11,346	3,068,564
<b>Total Liabilities</b>	<b>380,351</b>	<b>1,122,702</b>	<b>408,121</b>	<b>1,229,150</b>	<b>11,346</b>	<b>3,151,670</b>
<b>Net Asset (Deficit) Without Donor Restrictions</b>	<b>(162,744)</b>	<b>187,477</b>	<b>(258,258)</b>	<b>(842,982)</b>	<b>(11,346)</b>	<b>(1,087,853)</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 217,607</b>	<b>\$ 1,310,179</b>	<b>\$ 149,863</b>	<b>\$ 386,168</b>	<b>\$ -</b>	<b>\$ 2,063,817</b>

	Results of Operations 2021					Total
	NHPI	NHPII	NHPIII	NHPIV	NHPV	
Grant Revenue	\$ 44,162	\$ 124,278	\$ 55,267	\$ 59,706	\$ -	\$ 283,413
Rental Income	21,368	49,854	45,537	46,052	-	162,811
Interest and Miscellaneous Income (Expenses)	54 (73,079)	90 (219,479)	27 (93,514)	931 (170,201)	-	1,102 (556,273)
<b>(Deficiency) of Revenues (Under) Expenses</b>	<b>\$ (7,495)</b>	<b>\$ (45,257)</b>	<b>\$ 7,317</b>	<b>\$ (63,512)</b>	<b>\$ -</b>	<b>\$ (108,947)</b>

Affiliate advances from the Corporation to the five New Horizons Properties represent uncollateralized, non-interest-bearing intercompany accounts totaling \$1,068,760. For the year ended June 30, 2021, no payments to the Corporation for affiliate advances were made from the New Horizons Properties.

**Note 3 - Deposits and Investments**

**Deposits**

At year-end, the carrying amount of the Corporation's deposits was \$9,080,834 and the bank balances were \$9,154,406.

The carrying amount of the New Horizons Properties' deposits was \$599,295 and the bank balances were \$605,707. Deposits of the New Horizons Properties are maintained in qualified public depositories.

Deposits are shown on the statement of financial position as:

	Meridian Behavioral Healthcare, Inc.	New Horizons Properties
Cash and Cash Equivalents	\$ 8,993,095	\$ 47,648
Funded Reserves	-	485,801
Funds Held in Escrow	-	50,096
Client Held Funds	74,038	-
Security Deposits	13,701	15,750
<b>Total Deposits</b>	<b>\$ 9,080,834</b>	<b>\$ 599,295</b>



**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**NOTES TO COMBINING FINANCIAL STATEMENTS**

**Money Market Accounts and Other Investments**

Investments are recorded at fair market value. The carrying amounts at June 30, 2021, are as follows:

	<u>Meridian Behavioral Healthcare, Inc.</u>	<u>New Horizons Properties</u>
<b>Money Market Accounts and Other Investments</b>		
Fidelity Investment Portfolio:		
Board Reserve Account	\$ 838,734	\$ -
Self-Insurance Reserve Account	644,920	-
Capital/Operating Reserve Account	757,267	-
Community Foundation of North Central Florida Mutual Funds	864,307	-
<b>Total Money Market Accounts and Other Investments</b>	<u>\$ 3,105,228</u>	<u>\$ -</u>
<b>Shown on the Statement of Financial Position as</b>		
Investments	\$ 2,733,181	\$ -
Endowed Investments	372,047	-
<b>Total Money Market Accounts and Other Investments</b>	<u>\$ 3,105,228</u>	<u>\$ -</u>

The following schedule summarized the investment return in the statement of activities:

	<u>Meridian Behavioral Healthcare, Inc.</u>	<u>New Horizons Properties</u>
Interest and Dividends	\$ 95,332	\$ 160
Realized Gains/(Loss)	25,762	-
Unrealized Gains/(Loss)	507,067	-
Administrative Fees	(26,903)	-
<b>Total</b>	<u>\$ 601,258</u>	<u>\$ 160</u>

**Fair Value Hierarchy**

Investments are measured at fair value on a recurring basis. Recurring fair value measurements are those that GAAP require or permit in the statement of financial position at the end of each reporting period. Fair value measurements are categorized based on the valuation inputs used to measure an asset's fair value: Level 1 inputs are quoted prices in active markets for identical assets; Level 2 inputs are significant other observable inputs; Level 3 inputs are significant unobservable inputs. Investments' fair value measurements are as follows at June 30, 2021:

	<u>Fair Value Measurements at Reporting Date Using</u>			
	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Fidelity Investments				
Fixed Income	\$ 2,240,921	\$ 2,240,921	\$ -	\$ -
Community Foundation of North Central Florida (CFNCF)				
Fixed Income	864,307	864,307	-	-
<b>Total Investments</b>	<u>\$ 3,105,228</u>	<u>\$ 3,105,228</u>	<u>\$ -</u>	<u>\$ -</u>

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.  
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Fixed Income securities categorized as Level 1 are valued based on prices quoted in active markets for those securities. CFNCF acts as an investment custodian for the Meridian Behavioral Health Care Fund and Haynie Trust Fund. Distributions from CFNCF are limited by a spending policy adopted annually by CFNCF's Board of Directors. These investments are categorized as Level 1 and also valued based on prices quoted in active markets for those securities.

**Money Market Accounts and Other Investments**

***Credit Risk***

The Corporation's investment policy requires an overall weighted average credit rating of "A" or better by Moody's Investor Services or Standard and Poor's in fixed income securities. Investments in commercial paper are limited to investments rated A1/P1 by Standard and Poor's or Moody's Investor Services, respectively. Investments in derivative, corporate, or mortgage backed securities are prohibited.

***Concentration of Credit Risk***

The Corporation's investment policy limits equity investments of any one company to no more than 5% of the total portfolio, and commercial paper of any one issuer to 9%. The investment policy also requires a minimum of 20 positions in the portfolio, with no more than 25% in any one economic sector.

**Note 4 - Restricted Assets**

Restricted cash and investments at June 30, 2021, are as follows:

	<b>Meridian Behavioral Healthcare, inc.</b>	<b>New Horizons Properties</b>
<b>Restricted Cash and Investments</b>		
Security Deposits	\$ 13,701	\$ 15,750
Client Held Funds	74,038	-
Endowed Investments	372,047	-
Funds Held in Escrow	-	50,096
Funded Reserves	-	485,801
<b>Total Restricted Cash and Investments</b>	<b>\$ 459,786</b>	<b>\$ 551,647</b>

As an added service, the Corporation holds certain deposits on behalf of its clients. These funds are restricted to be used at the discretion of the client. Endowed investments are gifts made to or for the benefit of the Corporation which are to be held in perpetuity. Income earned from the endowment can be used to support the Corporation's operations. As required by GAAP, net assets associated with the endowment funds and donor designated contributions, are classified and reported based on the existence of donor-imposed restrictions.

Endowment investment activity is detailed in Note 7.

Funded reserves represent cash deposits restricted by HUD for the future replacement of property and equipment.

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**NOTES TO COMBINING FINANCIAL STATEMENTS**

**Note 5 - Contract Balances**

Accounts receivable include earned revenues billed but not yet received, less an allowance for doubtful accounts. Contracts and grants receivable include awards earned but not yet received. Accounts receivable were \$2,039,735 and \$2,168,286 as of June 30, 2021 and 2020, respectively. Contracts and grants receivable were \$2,039,735 and \$2,168,286 as of June 30, 2021 and 2020, respectively. Activity relating to the Corporation's allowance for uncollectible accounts for the year ended June 30, 2021, is summarized as follows:

	<u>Meridian Behavioral Healthcare, Inc.</u>	<u>New Horizons Properties</u>
<b>Beginning Balance</b>	\$ 608,461	\$ 21,021
Provision for Bad Debts	1,322,978	4,233
Write-Offs	(1,273,652)	3,082
<b>Ending Balance</b>	<u>\$ 657,787</u>	<u>\$ 28,336</u>

**Note 6 - Liquidity and Availability of Financial Assets**

The following reflects the Corporation's financial assets as of the statement of financial position date, reduced by amounts not available for general use because of contractual or donor-imposed restrictions:

	<u>Meridian Behavioral Healthcare, Inc.</u>	<u>New Horizons Properties</u>
<b>Financial Assets at Year-End</b>	\$ 16,824,350	\$ 610,406
Less Those Unavailable for General Expenditures		
Within One Year, Due to:		
Funded Reserves	-	(485,801)
Security Deposits	(13,701)	(15,750)
Funds Held in Escrow	-	(50,096)
Client Held Funds	(74,038)	-
Endowed Investments	(372,047)	-
<b>Financial Assets Available to Meet Cash Needs for General Expenditure Within One Year</b>	<u>\$ 16,364,564</u>	<u>\$ 58,759</u>

**Note 7 - Endowments**

The Corporation's endowments consists of both donor-restricted funds and funds designated by the Board of Directors to function as endowments. As required by accounting principles generally accepted in the United States of America, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Directors has interpreted the State of Florida Statute (1010.10) cited as the *Florida Uniform Management of Institutional Funds Act* (FUMIFA) as requiring the Board of Directors to apply reasonable care, skill, and caution as exercised by a prudent investor, in considering the investment management and expenditures of the Corporation's endowment funds. In accordance with FUMIFA, the Board of Directors may expend as much of an endowment fund as the Board of Directors determines to be prudent for the



**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**NOTES TO COMBINING FINANCIAL STATEMENTS**

uses and purposes for which the endowment fund is established, consistent with the goal of conserving the purchasing power of the endowment funds. The factors and circumstances considered by the Board of Directors in making a determination to appropriate or accumulate endowment funds include, but are not limited to, the following:

- 1) The Purpose of the Corporation
- 2) The Intent of the Donor of the Endowment Fund
- 3) The Terms of the Applicable Instrument
- 4) The Long-Term and Short-Term Needs of the Corporation in Carrying out its Purposes
- 5) The General Economic Conditions
- 6) The Possible Effect of Inflation or Deflation
- 7) The Other Resources of the Corporation
- 8) Perpetuation of the Endowments
- 9) The Investment Policies of the Corporation

As a result of this interpretation, the Board of Directors classifies as net assets with donor restrictions: (a) the original value of the gifts donated to the permanent endowment; (b) the original value of subsequent gifts to the permanent endowment; and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the endowment fund that is not classified as net assets with donor restrictions is classified as net assets without donor restrictions.

**Endowment Spending and Investment Policy**

The Corporation has adopted investment policies, approved by the Board of Directors, that attempt to provide a predictable stream of funding to programs supported by its endowments while seeking to maintain the purchasing power of these endowment assets over the long-term and growth of the fund corpus. The Corporation's investment policies were designed to achieve this objective. Endowment assets include those assets of donor-restricted funds that the Corporation must hold in perpetuity or for a donor specified period(s).

The Corporation's investment policy establishes an achievable return objective through diversification of asset classes. The primary investment objective of the Corporation is to produce a favorable investment return as compared against inflation. The current long-term return objective is to return 4% in excess of inflation. Actual returns in any given year may vary from this amount. The Board of Directors recognizes that under various market conditions, the investment policy may be both impractical and to some extent, undesirable; therefore, the asset allocation may vary from time to time without being considered an exception to the investment policy.

To satisfy its long-term rate of return objectives, the Corporation relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Corporation targets a diversified asset allocation that normally is split between equities and fixed income investment options to achieve its long-term return objectives within prudent risk constraints.

From time to time, certain donor-restricted endowment funds may have fair values less than the amount required to be maintained by donors or by law (underwater endowments). The Board of Directors has interpreted FUMIFA to permit spending from underwater endowments in accordance with prudent measures required under law.

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
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Endowment Funds designated by the Board of Directors are comprised principally of certain corporate donations without donor restrictions and other amounts as determined by the Board of Directors. The earnings generated from these investments are used to support the Corporation's operations. The designated principal of the endowment investment account will only be used in extraordinary circumstances, which requires a two-thirds majority vote by the Board of Directors.

Endowment net asset composition by type of fund as of June 30, 2021, is as follows:

2021	Without Donor Restrictions	With Donor Restrictions	Total Net Endowment Assets
<b>Endowment Net Asset Composition by Type of Fund as of June 30, 2021</b>			
Donor-Restricted Endowment Funds	\$ -	\$ 372,047	\$ 372,047
<b>Total Funds as of June 30, 2021</b>	<b>\$ -</b>	<b>\$ 372,047</b>	<b>\$ 372,047</b>
<b>Changes in Endowment Net Assets for the Year Ended June 30, 2021</b>			
Endowment Net Assets, Beginning of Year	\$ -	\$ 372,047	\$ 372,047
Investment Income	-	35,751	35,751
Release from Restrictions	-	(35,751)	(35,751)
<b>Endowment Net Assets, End of Year</b>	<b>\$ -</b>	<b>\$ 372,047</b>	<b>\$ 372,047</b>

At June 30, 2021, endowments with original gift values of \$372,047 are reported with fair values of \$864,306.

**Note 8 - Capital Asset Activity**

	Meridian Behavioral Healthcare, Inc.			Ending Balance
	Beginning Balance	Increases	Decreases	
<b>Capital Assets Not Being Depreciated</b>				
Land	\$ 617,535	\$ -	\$ -	\$ 617,535
Work In Progress	49,176	3,955	-	53,131
<b>Total Capital Assets Not Being Depreciated</b>	<b>666,711</b>	<b>3,955</b>	<b>-</b>	<b>670,666</b>
<b>Capital Assets Being Depreciated</b>				
Land Improvements	287,904	-	-	287,904
Buildings and Improvements	20,285,150	45,494	-	20,330,644
IT Software and Equipment	1,860,491	141,520	-	2,002,011
Furniture and Equipment	2,930,163	164,162	-	3,094,325
<b>Total Capital Assets Being Depreciated</b>	<b>25,363,708</b>	<b>351,176</b>	<b>-</b>	<b>25,714,884</b>
<b>Less Accumulated Depreciation</b>				
Land Improvements	(103,923)	(18,524)	-	(122,447)
Buildings and Improvements	(12,144,425)	(568,178)	-	(12,712,603)
IT Software and Equipment	(1,579,185)	(312,858)	-	(1,892,043)
Furniture and Equipment	(1,384,858)	(394,264)	-	(1,779,122)
<b>Total Accumulated Depreciation</b>	<b>(15,212,391)</b>	<b>(1,293,824)</b>	<b>-</b>	<b>(16,506,215)</b>
<b>Total Capital Assets Being Depreciated, Net</b>	<b>10,151,317</b>	<b>(942,648)</b>	<b>-</b>	<b>9,208,669</b>
<b>Total Capital Assets, Net</b>	<b>\$ 10,818,028</b>	<b>\$ (938,693)</b>	<b>\$ -</b>	<b>\$ 9,879,335</b>

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**NOTES TO COMBINING FINANCIAL STATEMENTS**

	New Horizons Properties			Ending Balance
	Beginning Balance	Increases	Decreases	
<b>Capital Assets Not Being Depreciated</b>				
Land	\$ 288,161	\$ -	\$ -	\$ 288,161
<b>Total Capital Assets Not Being Depreciated</b>	<u>288,161</u>	<u>-</u>	<u>-</u>	<u>288,161</u>
<b>Capital Assets Being Depreciated</b>				
Buildings and Improvements	3,294,250	2,177	-	3,296,427
Furniture and Equipment	206,455	6,046	(49,612)	162,889
<b>Total Capital Assets Being Depreciated</b>	<u>3,500,705</u>	<u>8,223</u>	<u>(49,612)</u>	<u>3,459,316</u>
<b>Less Accumulated Depreciation</b>				
Buildings and Improvements	(2,074,916)	(86,528)	-	(2,161,444)
Furniture and Equipment	(170,837)	(12,952)	49,612	(134,177)
<b>Total Accumulated Depreciation</b>	<u>(2,245,753)</u>	<u>(99,480)</u>	<u>49,612</u>	<u>(2,295,621)</u>
<b>Total Capital Assets Being Depreciated, Net</b>	<u>1,254,952</u>	<u>(91,257)</u>	<u>-</u>	<u>1,163,695</u>
<b>Total Capital Assets, Net</b>	<u>\$ 1,543,113</u>	<u>\$ (91,257)</u>	<u>\$ -</u>	<u>\$ 1,451,856</u>

Depreciation expense for the year ended June 30, 2021, for the Corporation totaled \$1,293,824 and for the New Horizons Properties totaled \$99,480.

Substantially all property and equipment on the Gainesville Campus has been pledged as collateral on long-term debt of the Corporation. See Note 9 for further long-term debt information.

**Note 9 - Long-Term Debt**

A summary of mortgages, bonds, and capital leases payable at June 30, 2021, follows:

	Meridian Behavioral Healthcare, Inc.				Amounts Due Within One Year
	Beginning Balance	Increases	Decreases	Ending Balance	
<b>Bonds and Mortgages Payable - Collateralized by Real Estate</b>					
Compass Bank 2013A, Fixed Interest Rate 2.55%	\$ 2,598,304	\$ -	\$ (292,918)	\$ 2,305,386	\$ 298,810
Compass Bank 2013B, Fixed Interest Rate 2.55%	1,763,554	-	(198,300)	1,565,254	202,811
First Federal-Bank Note Payable, Fixed Interest Rate 4.20%	1,189,292	-	(63,484)	1,125,808	66,274
Compass Bank-Note Payable, Fixed Interest Rate 4.34%	758,102	-	(153,930)	604,172	159,796
Ally Commercial Services Group Lease Payable Interest Rate at 7.64%	340,897	-	(68,072)	272,825	57,891
Dex Imaging Lease Payable Interest Rate at 1.95%	155,140	-	(31,158)	123,982	53,586
<b>Total Long-Term Debt - Meridian Behavioral Healthcare, Inc.</b>	<u>\$ 6,805,289</u>	<u>\$ -</u>	<u>\$ (807,862)</u>	<u>\$ 5,997,427</u>	<u>\$ 839,168</u>



**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**NOTES TO COMBINING FINANCIAL STATEMENTS**

	New Horizons Properties				Amounts Due Within One Year
	Beginning Balance	Increases	Decreases	Ending Balance	
<b>Mortgages Payable - Collateralized by Real Estate</b>					
U.S. Department of HUD, Payable \$2,068 per Month, Including Interest at 9.25% for Forty Years	\$ 101,437	\$ -	\$ (16,089)	\$ 85,348	\$ 17,206
KeyBank National Association, Payable \$4,326 per Month, Including Interest at 4.65% for Thirty Five Years	875,937	-	(11,421)	864,516	11,964
U.S. Department of HUD, Payable \$2,242 per Month, Including Interest at 8.375% for Forty Years	185,801	-	(12,003)	173,798	12,088
U.S. Department of HUD, Capital Advance, not Payable if Facility Is Used for Very Low-Income Residents	917,400	-	-	917,400	-
<b>Total Long-Term Debt - New Horizons Properties</b>	<u>2,080,575</u>	<u>-</u>	<u>(39,513)</u>	<u>2,041,062</u>	<u>41,258</u>
<b>Total Long-Term Debt - Meridian Behavioral Healthcare, Inc. and New Horizons Properties</b>	<u>\$ 8,885,864</u>	<u>\$ -</u>	<u>\$ (847,375)</u>	<u>\$ 8,038,489</u>	<u>\$ 880,426</u>

**Compass Bank Note, 2013A**

In July 2013, the Corporation obtained a \$4,420,000 note payable to Compass Bank with a fixed interest rate of 2.55% for 15 years. The note was to refinance the Regions Bank Note Payable 2008A and B, and is secured by real estate of the Corporation.

**Compass Bank Note, 2013B**

In July 2013, the Corporation obtained a \$3,000,000 note payable with a fixed interest rate of 2.55% for 15 years, which is being used to construct the new administration building. The note is secured by the real estate of the Corporation.

**First Federal Bank**

In June 2019, the Corporation obtained a \$1,250,000 note payable to First Federal Bank with a fixed interest rate of 4.20%. The note was issued to refinance another note and to fund certain capital projects of the Corporation.

**Compass Bank Note Payable**

In February 2018, the Corporation obtained a \$1,102,000 note payable to Compass Bank with a fixed interest rate of 4.34% for 7 years. The note was to refinance the previous note obtained during the year with a fixed interest debt issuance and further fund capital projects of the Corporation.

**Compass Bank Line of Credit**

The Corporation has a revolving, unsecured working capital line of credit priced at LIBOR + 3% with available balance of \$1,000,000 and an outstanding balance of \$0 at June 30, 2021.

**Ally Commercial Services Group**

The Corporation entered into a \$384,780 capital lease for various automobiles with Ally Commercial Services Group with an interest rate of 7.64% for 5 years.

**Dex Imaging**

In February 2019, the Corporation entered into a \$221,355 capital lease for various office equipment with Dex Imaging with an interest rate of 1.95% for 4 years.

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.  
NOTES TO COMBINING FINANCIAL STATEMENTS**

**U.S. Department of HUD**

New Horizons Properties have multiple mortgages payable to HUD, the terms of which are indicated in the table above. Substantially all of New Horizons Properties' property and equipment are pledged as collateral.

The capital advance from HUD in the amount of \$917,400 bears no interest and is not required to be repaid as long as the facility is used for low-income residents over a forty-year period. The facility is currently being used in this capacity and it is anticipated it will continue to be over the forty-year period.

**KeyBank National Association**

In June 2018, NHP II obtained an \$896,400 mortgage payable to KeyBank with a fixed interest rate of 4.65% for 35 years. The note is secured by property and equipment.

Interest costs incurred for the year ended June 30, 2021, on the long-term debt previously described totaled \$193,481 for the Corporation and \$64,638 for the New Horizons Properties (none of which was capitalized).

The following is a summary of future principal payments due on the long-term debt previously described:

<u>Meridian Behavioral Healthcare, Inc.</u>		<u>New Horizons Properties</u>	
Fiscal Year Ending	Principal	Fiscal Year Ending	Principal
2022	\$ 839,168	2022	\$ 41,258
2023	848,868	2023	45,825
2024	839,928	2024	49,462
2025	796,754	2025	53,493
2026	701,658	2026	36,399
Thereafter	1,971,051	Thereafter	1,814,625
<b>Total</b>	<b>\$ 5,997,427</b>	<b>Total</b>	<b>\$ 2,041,062</b>

**Note 10 - Fees**

Fees represent charges for client services. The charges are made to first-party payers (the client) and third-party payers (insurance companies, state, and local agencies). The Corporation operates as an agent for the client in pursuing the collection of third-party payments. A sliding fee schedule is used which discounts the fee based on the client's financial ability to pay.

**Note 11 - Pension Plan**

Prior to January 1, 2017, the Corporation adopted a defined contribution 403(a) plan (Meridian Behavioral Healthcare, Inc. Pension Plan). Employees could elect to have the Corporation contribute to the plan instead of Social Security. The Corporation contributed 7.5% of each employee's gross salary that opted out of Social Security taxes and 1.3% for employees that continued to pay Social Security taxes. Employees vested immediately. Although the Corporation adopted a new plan, as referenced below, this plan will continue to exist as participants in the plan prior to January 1, 2017, were given the option to keep their assets in this plan or roll accumulated assets to the new plan.

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
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Effective January 1, 2017, and resulting from certain bylaw amendments, the Corporation adopted a new defined contribution 403(b) plan (Meridian Behavioral Healthcare, Inc. Tax Sheltered Retirement Plan). All employees are eligible to participate in the plan and are eligible for 1% up to 7% employer matching contribution after 1 year of service based on tenure with the Corporation. Participants are 100% vested in matching contributions after 5 years of credited service.

Pension expense for 2021 was \$354,162.

**Note 12 - Equity Investments**

The Corporation, along with other similar not-for-profit organizations, invested \$15,000 for 15 shares of stock in Florida Premier Health Plan, Inc. (FPH). FPH was formed as a for-profit corporation by the Florida Council for Community Mental Health, Inc. to organize a provider service network.

The Corporation invested \$75,000 for 150 Class C stock shares and \$1,575 for 3 Class D stock shares in Mental Health Risk Retention Group, Inc. (MHRRG). MHRRG was formed as a for-profit organization by the Mental Health Corporations of America and National Council for Behavioral Health to create alternative liability insurance options for community behavioral health organizations.

Additionally, the Corporation invested \$50,000 for 25 shares of stock in Behavioral Health Partners of Florida, LLC (BHPF). BHPF was formed as the Integrated Care Network of Florida, a statewide, provider-led independent practice association that represents Florida behavioral health providers in securing value-based managed care contracts.

As further described in Note 16, the Corporation invested \$10,000 in Progress Health System, Inc.

**Note 13 - Grants and Service Fees**

The Corporation and the New Horizons Properties receive federal and state grants, Medicare, Medicaid, Medicaid capitation, and service fees funds. These funds are subject to compliance audits by the providers or their representatives. The audits of these programs have not yet been accepted/approved by the providers and their representatives. Accordingly, the final determination of compliance with applicable grant requirements and other federal and state programs will be established at a future date. The amount, if any, of billings and expenditures which may be disallowed cannot be determined and, accordingly, no provision for these amounts have been made in the accompanying financial statements.

**Note 14 - Risk Management**

The Corporation is exposed to various risk of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; and natural disasters for which the Corporation carries insurance. Insurance against losses are provided through various commercial insurers for the following types of risk:

- |  |  |
|--|--|
| ■ Workers' Compensation and Employer's Liability | ■ Automobile Physical Damage and Liability |
| ■ General and Professional Liability             | ■ Fiduciary Liability                      |
| ■ Real and Personal Property Damage              | ■ Cyber Liability                          |
| ■ Automobile Physical Damage and Liability       |  |

The Corporation's coverage for workers' compensation is under a retrospectively rated policy. Premiums are accrued based on the ultimate cost-to-date of the Corporation's experience for this type of risk.



**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
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The Corporation has established a limited risk management program to help contain rising health insurance costs. The program consists of purchasing an aggregate stop loss and individual maximum claims reinsurance policy with the Corporation being responsible for the claims not covered by the policy.

The Corporation reports a liability when it is probable that a loss has occurred and the amount of the loss can be reasonably estimated. Liabilities include an amount for claims that have been incurred but not reported (IBNRs) based on the estimated claims incurred as of June 30, 2021. The result of the process to estimate the claims liability is not an exact amount as it is dependent on timing of claims being reported and processed through the system. Unpaid claims are included with accrued salaries and payroll taxes on the combining statement of financial position.

	<b>June 30, 2021</b>
<b>Unpaid Claims, Beginning of Fiscal Year</b>	\$ 114,668
Incurred Claims (including IBNRs)	2,711,813
Claims Payments	(2,632,939)
<b>Unpaid Claims, End of Fiscal Year</b>	\$ 193,542

**Note 15 - Commitments and Contingencies**

In 2013, the Corporation received five properties from Alachua County, Florida, as part of the Neighborhood Stabilization Grant. Each property is secured with a zero percent interest deferred mortgage loan with a maturity date of 15 years. The principal portion of the mortgages are forgiven evenly over 15 years on the anniversary date of each mortgage. As of June 30, 2021, the contingent liability for these mortgages is \$197,774.

As of June 30, 2021, the Corporation was the defendant to various ongoing litigations. The outcomes and a reasonable estimation of any losses were not determinable.

**Note 16 - Affiliation with Other Organizations**

Effective January 1, 2015, the Corporation entered into an affiliation agreement with Lifestream Behavioral Center, Inc. Both entities are Florida non-profit corporations and together have formed Progress Health System, Inc. (Progress Health). The Corporation invested \$10,000 in Progress Health and is being reported as an equity investment. The Board of Directors of Progress Health consists of an equal number of representatives from each of the affiliate corporation's Boards. Progress Health was formed for the purpose of enhancing the level and quality of services to clients in their respective communities in a cost-effective manner through the sharing of certain administrative functions, while also providing a platform for providing a broader range of services on a regional basis. Since its creation, Progress Health has predominately focused on the marketing and sales of Health AI, a data analytics system purchased from the Corporation. Health AI was developed internally by the Corporation and all support services continue to be performed by the Corporation. In return, Progress Health pays the Corporation a sales royalty and a monthly service fee.

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**NOTES TO COMBINING FINANCIAL STATEMENTS**

**Note 17 - Paycheck Protection Program Loan**

In May of 2020, the Corporation was granted a loan in the amount of \$5,403,600, pursuant to the Paycheck Protection Program (PPP). This unsecured loan is payable in 18 payments of \$304,156 beginning in December 2020 with an interest rate of 1.0%. Under the terms of the PPP, certain amounts of the loan may be forgiven if they are used for qualifying expenses described in the CARES Act. The Corporation used the entire loan amount for qualifying expenses and has elected to record the funds as a conditional contribution in accordance with FASB ASC 958-605 by recording an initial liability for the loan proceeds, and subsequently recognizing revenue as qualifying expenses are incurred. During the year ended June 30, 2021, \$3,484,601 was recognized as revenue. Effective June of 2021, the entire loan was forgiven.

**Note 18 - Adoption of New Accounting Standard**

In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers* (Topic 606), which is effective for fiscal years beginning after December 15, 2019. This ASU and all subsequently issued clarifying ASUs replaced most existing revenue recognition guidance in U.S. GAAP. The ASU also required expanded disclosures relating to the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. The Corporation adopted the new standard effective July 1, 2020. Since all revenues contain a single delivery element and are recognized at a single point in time when the service is provided, the new standard does not cause any changes in the timing of revenue recognition. Because of this, no prior period adjustments are necessary for the adoption of this standard.

**ADDITIONAL INFORMATION**



**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES**  
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Mental Health

FUNDING SOURCES & REVENUES	Assessment	Case Management	Crisis Stabilization	Crisis Support/ Emergency	Day Care	Intervention (Indiv.)	Medical Services	Outpatient (Indiv.)	Outreach
<b>IA. STATE SAMH FUNDING</b>									
Current Year Funding									
<b>TOTAL STATE SAMH FUNDING =</b>	\$ 125,229	\$ 247,009	\$ 3,586,267	\$ 1,111,577	\$ 5,477	\$ 131,430	\$ 666,591	\$ 389,525	\$ 309,253
<b>IB. OTHER GOVERNMENT FUNDING</b>									
(1) Other State Agency Funding	17,980	-	947,018	54,189	-	3,574	105,905	6,730	90,967
(2) Medicaid	363,716	330,479	7,045,776	1,058,100	-	45,769	1,381,825	789,742	1,066,185
(3) Local Government	55,226	8,215	53,564	168,671	-	-	52,086	3,310	177,958
(4) Federal Grants and Contracts	1,138	-	-	3,486	-	-	-	-	15,120
(5) In-kind from local govt. only	-	-	-	-	-	-	-	-	-
<b>TOTAL OTHER GOVERNMENT FUNDING =</b>	<b>438,060</b>	<b>338,694</b>	<b>8,046,358</b>	<b>1,284,446</b>	<b>-</b>	<b>49,343</b>	<b>1,539,816</b>	<b>799,782</b>	<b>1,350,230</b>
<b>IC. ALL OTHER REVENUES</b>									
(1) 1st & 2nd Party Payments	-	-	-	-	-	-	-	-	-
(2) 3rd Party Payments (except Medicare)	71,718	(107)	646,589	173,949	-	253	255,948	58,254	169,613
(3) Medicare	3,407	-	-	12,963	-	(234)	30,591	7,175	8,985
(4) Contributions and Donations	13,508	-	29,039	-	-	-	-	-	-
(5) Other	114,743	(215)	34,430	20,057	-	543	62,299	287,424	28,753
(6) In-kind	6,381	-	-	-	-	-	2,400,606	152,546	-
<b>TOTAL ALL OTHER REVENUES =</b>	<b>209,757</b>	<b>(322)</b>	<b>710,058</b>	<b>206,969</b>	<b>-</b>	<b>562</b>	<b>2,749,444</b>	<b>505,399</b>	<b>207,351</b>
<b>TOTAL FUNDING =</b>	<b>\$ 773,046</b>	<b>\$ 585,381</b>	<b>\$ 12,342,683</b>	<b>\$ 2,602,992</b>	<b>\$ 5,477</b>	<b>\$ 181,335</b>	<b>\$ 4,955,851</b>	<b>\$ 1,694,706</b>	<b>\$ 1,866,834</b>

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
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Mental Health									
FUNDING SOURCES & REVENUES	Residential II	Supported Employment	Incidental Expenses	Outpatient Group	R&B with Sup. II	Intervention (Group)	Recovery Support (Indiv.)	Recovery Support (Group)	Transition Voucher
<b>IA. STATE SAMH FUNDING</b>									
Current Year Funding									
<b>TOTAL STATE SAMH FUNDING =</b>	<b>\$ 629,828</b>	<b>\$ 4,823</b>	<b>\$ 61,192</b>	<b>\$ 58,762</b>	<b>\$ 543,662</b>	<b>\$ 864</b>	<b>\$ 14,339</b>	<b>\$ 4,415</b>	<b>\$ 104,924</b>
<b>IB. OTHER GOVERNMENT FUNDING</b>									
(1) Other State Agency Funding	-	-	-	-	32,826	24	390	121	-
(2) Medicaid	413,774	175,816	-	1,044,289	-	294	4,883	1,504	-
(3) Local Government	-	-	-	-	-	7	111	34	-
(4) Federal Grants and Contracts	38,749	-	-	-	17,307	-	-	-	-
(5) In-kind from local govt. only	4,500	-	-	-	-	-	-	-	-
<b>TOTAL OTHER GOVERNMENT FUNDING =</b>	<b>457,023</b>	<b>175,816</b>	<b>-</b>	<b>1,044,289</b>	<b>50,133</b>	<b>325</b>	<b>5,384</b>	<b>1,659</b>	<b>-</b>
<b>IC. ALL OTHER REVENUES</b>									
(1) 1st & 2nd Party Payments	-	-	-	-	-	-	-	-	-
(2) 3rd Party Payments (except Medicare)	(14,583)	82	-	4,082	-	2	28	9	-
(3) Medicare	-	-	-	452	-	(2)	(26)	(8)	-
(4) Contributions and Donations	-	-	-	-	-	4	59	18	-
(5) Other	107,600	(3)	-	24,439	110,244	-	-	-	241,822
(6) In-kind	-	-	-	-	-	-	-	-	-
<b>TOTAL ALL OTHER REVENUES =</b>	<b>93,017</b>	<b>79</b>	<b>-</b>	<b>28,973</b>	<b>110,244</b>	<b>4</b>	<b>61</b>	<b>19</b>	<b>241,822</b>
<b>TOTAL FUNDING =</b>	<b>\$ 1,179,868</b>	<b>\$ 180,718</b>	<b>\$ 61,192</b>	<b>\$ 1,132,024</b>	<b>\$ 704,039</b>	<b>\$ 1,193</b>	<b>\$ 19,784</b>	<b>\$ 6,093</b>	<b>\$ 346,746</b>

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES**  
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FUNDING SOURCES & REVENUES	Mental Health				Substance Abuse				
	CAT Team	Other Bundled Projects	Mental Health Total	Assessment	Crisis Support/ Emergency	Day Care	Intervention (Indiv.)	Medical Services	Medication-Assisted Tx
<b>IA. STATE SAMH FUNDING</b>									
Current Year Funding									
<b>TOTAL STATE SAMH FUNDING =</b>	\$ 2,138,710	\$ 2,773,454	\$ 12,907,331	\$ 87,535	\$ 1,368,917	\$ 13,820	\$ 104,329	\$ 381,648	\$ 39,266
<b>IB. OTHER GOVERNMENT FUNDING</b>									
(1) Other State Agency Funding	-	-	1,259,724	-	-	-	-	-	-
(2) Medicaid	-	-	13,722,152	317,944	117,045	-	12,427	458,113	332,782
(3) Local Government	-	-	519,182	-	-	-	-	-	-
(4) Federal Grants and Contracts	-	-	75,800	-	-	-	-	-	-
(5) In-kind from local govt. only	-	-	4,500	-	-	-	-	-	-
<b>TOTAL OTHER GOVERNMENT FUNDING =</b>	-	-	15,581,358	317,944	117,045	-	12,427	458,113	332,782
<b>IC. ALL OTHER REVENUES</b>									
(1) 1st & 2nd Party Payments	-	-	-	-	-	-	-	-	-
(2) 3rd Party Payments (except Medicare)	-	-	1,365,837	-	7,171	-	303	41,877	435
(3) Medicare	-	-	63,303	-	2,667	-	-	5,230	-
(4) Contributions and Donations	-	-	42,628	-	-	-	-	-	-
(5) Other	-	-	1,032,136	-	7,637	-	(8)	283,281	112,606
(6) In-kind	-	-	2,559,533	-	-	-	8,764	-	-
<b>TOTAL ALL OTHER REVENUES =</b>	-	-	5,063,437	-	17,475	-	9,059	330,388	113,041
<b>TOTAL FUNDING =</b>	\$ 2,138,710	\$ 2,773,454	\$ 33,552,126	\$ 405,479	\$ 1,503,437	\$ 13,820	\$ 125,815	\$ 1,170,149	\$ 485,089



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Substance Abuse									
FUNDING SOURCES & REVENUES	Outpatient (Indiv.)	Outreach	Residential II	Inpatient Detoxification	Incidental Expenses	Aftercare (Indiv.)	Outpatient Group	R&B with Sup. I	Intervention (Group)
<b>IA. STATE SAMH FUNDING</b>									
Current Year Funding									
<b>TOTAL STATE SAMH FUNDING =</b>	\$ 390,564	\$ 13,919	\$ 1,676,212	\$ 843,471	\$ 3,767	\$ -	\$ 129,745	\$ -	\$ -
<b>IB. OTHER GOVERNMENT FUNDING</b>									
(1) Other State Agency Funding	-	27,757	164,908	225,758	-	-	-	-	-
(2) Medicaid	1,045,068	396,330	309,260	291,708	-	-	190,330	-	-
(3) Local Government	-	54,302	-	-	-	-	-	-	-
(4) Federal Grants and Contracts	-	4,614	35,055	-	-	-	-	-	-
(5) In-kind from local govt. only	-	-	-	-	-	-	-	-	-
<b>TOTAL OTHER GOVERNMENT FUNDING =</b>	<b>1,045,068</b>	<b>483,003</b>	<b>509,223</b>	<b>517,466</b>	<b>-</b>	<b>-</b>	<b>190,330</b>	<b>-</b>	<b>-</b>
<b>IC. ALL OTHER REVENUES</b>									
(1) 1st & 2nd Party Payments	-	-	-	-	-	-	-	-	-
(2) 3rd Party Payments (except Medicare)	1,366	51,755	23,024	18,362	-	-	249	-	-
(3) Medicare	-	2,742	-	-	-	-	-	-	-
(4) Contributions and Donations	-	-	-	-	-	-	-	-	-
(5) Other	353,627	8,751	482,932	15,077	-	-	64,403	-	-
(6) In-kind	-	-	898	-	-	-	-	-	-
<b>TOTAL ALL OTHER REVENUES =</b>	<b>354,993</b>	<b>63,248</b>	<b>506,854</b>	<b>33,439</b>	<b>-</b>	<b>-</b>	<b>64,652</b>	<b>-</b>	<b>-</b>
<b>TOTAL FUNDING =</b>	<b>\$ 1,790,625</b>	<b>\$ 560,170</b>	<b>\$ 2,692,289</b>	<b>\$ 1,394,376</b>	<b>\$ 3,767</b>	<b>\$ -</b>	<b>\$ 384,727</b>	<b>\$ -</b>	<b>\$ -</b>

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
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Substance Abuse										
FUNDING SOURCES & REVENUES	Aftercare (Group)	Recovery Support (Indiv.)	Recovery Support (Group)	Prevention - Selective	Prevention - Universal Direct	Prevention - Universal Indirect	FIT Team	Federal Project Grant	Network Eval. & Dvlpmt.	Substance Abuse Total
<b>IA. STATE SAMH FUNDING</b>										
Current Year Funding										
<b>TOTAL STATE SAMH FUNDING =</b>	\$ -	\$ 86	\$ 113	\$ 2,345	\$ 29,480	\$ 41,072	\$ 338,051	\$ 1,328,829	\$ -	\$ 6,793,169
<b>IB. OTHER GOVERNMENT FUNDING</b>										
(1) Other State Agency Funding	-	-	-	66	831	1,157	-	-	-	420,477
(2) Medicaid	-	-	-	-	-	-	-	26,401	-	3,497,408
(3) Local Government	-	-	-	140	1,762	2,454	-	-	-	58,658
(4) Federal Grants and Contracts	-	-	-	-	-	-	-	-	-	39,669
(5) In-kind from local govt. only	-	-	-	-	-	-	-	-	-	-
<b>TOTAL OTHER GOVERNMENT FUNDING =</b>	-	-	-	206	2,593	3,611	-	26,401	-	4,016,212
<b>IC. ALL OTHER REVENUES</b>										
(1) 1st & 2nd Party Payments	-	-	-	-	-	-	-	-	-	-
(2) 3rd Party Payments (except Medicare)	-	-	-	-	-	-	-	778	-	145,320
(3) Medicare	-	-	-	-	-	-	-	-	-	10,639
(4) Contributions and Donations	-	-	-	-	-	-	-	-	-	-
(5) Other	-	-	-	4,615	58,020	80,834	-	(1,116)	-	1,470,659
(6) In-kind	-	-	-	-	-	-	-	-	-	9,662
<b>TOTAL ALL OTHER REVENUES =</b>	-	-	-	4,615	58,020	80,834	-	(338)	-	1,636,280
<b>TOTAL FUNDING =</b>	\$ -	\$ 86	\$ 113	\$ 7,166	\$ 90,093	\$ 125,517	\$ 338,051	\$ 1,354,892	\$ -	\$ 12,445,661

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
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FUNDING SOURCES & REVENUES	Total for State SAMH-Funded Covered Services or Projects	Total for Non- State-Funded Covered Services or Projects	Total for All Covered Services or Projects	Non-SAMH Covered Services or Projects	Total Funding
<b>IA. STATE SAMH FUNDING</b>					
Current Year Funding					
<b>TOTAL STATE SAMH FUNDING =</b>	\$ 19,700,500	\$ -	\$ 19,700,500	\$ -	\$ 19,700,500
<b>IB. OTHER GOVERNMENT FUNDING</b>					
(1) Other State Agency Funding	1,680,201	-	1,680,201	-	1,680,201
(2) Medicaid	17,219,560	-	17,219,560	207,799	17,427,359
(3) Local Government	577,840	-	577,840	-	577,840
(4) Federal Grants and Contracts	115,469	1,627,630	1,743,099	5,207,429	6,950,528
(5) In-kind from local govt. only	4,500	-	4,500	114,126	118,626
<b>TOTAL OTHER GOVERNMENT FUNDING =</b>	<b>19,597,570</b>	<b>1,627,630</b>	<b>21,225,200</b>	<b>5,529,354</b>	<b>26,754,554</b>
<b>IC. ALL OTHER REVENUES</b>					
(1) 1st & 2nd Party Payments	-	-	-	-	-
(2) 3rd Party Payments (except Medicare)	1,511,157	-	1,511,157	-	1,511,157
(3) Medicare	73,942	-	73,942	-	73,942
(4) Contributions and Donations	42,628	-	42,628	-	42,628
(5) Other	2,502,795	-	2,502,795	1,206,954	3,709,749
(6) In-kind	2,569,195	-	2,569,195	694,174	3,263,369
<b>TOTAL ALL OTHER REVENUES =</b>	<b>6,699,717</b>	<b>-</b>	<b>6,699,717</b>	<b>1,901,128</b>	<b>8,600,845</b>
<b>TOTAL FUNDING =</b>	<b>\$ 45,997,787</b>	<b>\$ 1,627,630</b>	<b>\$ 47,625,417</b>	<b>\$ 7,430,482</b>	<b>\$ 55,055,899</b>



**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
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Mental Health

EXPENSE CATEGORIES	Assessment	Case Management	Crisis Stabilization	Crisis Support/ Emergency	Day Care	Intervention (Indiv.)	Medical Services	Outpatient (Indiv.)	Outreach
<b>IIA. PERSONNEL EXPENSES</b>									
(1) Salaries	\$ 322,865	\$ 507,011	\$ 5,396,832	\$ 1,556,843	\$ 6,083	\$ 272,202	\$ 1,828,521	\$ 322,052	\$ 1,019,253
(2) Fringe Benefits	61,665	119,552	848,971	295,550	903	60,223	247,038	60,232	190,740
<b>TOTAL PERSONNEL EXPENSES =</b>	<b>384,530</b>	<b>626,563</b>	<b>6,245,803</b>	<b>1,852,393</b>	<b>6,986</b>	<b>332,425</b>	<b>2,075,559</b>	<b>382,284</b>	<b>1,209,993</b>
<b>IIB. OTHER EXPENSES</b>									
(1) Building Occupancy	11,528	5,168	29,618	35,610	-	2,857	8,230	952	1,398
(2) Professional Services	403	136	7,281	2,771	-	-	-	230	2,873
(3) Travel	5,323	18,572	43,274	20,637	-	6,799	17,646	10,611	9,339
(4) Equipment	1,196	1,375	91,659	4,689	-	836	263	1,113	2,467
(5) Food Services	16	-	28,434	396	-	-	3,251	237	-
(6) Medical and Pharmacy	1,027	-	236,147	8,745	-	735	55,474	5,155	4,345
(7) Subcontracted Services	1,503	88	178	2	-	77	291	26	27,066
(8) Insurance	-	-	-	-	-	-	-	-	-
(9) Interest Paid	-	-	91	1	-	-	-	-	-
(10) Operating Supplies & Expenses	8,690	31,468	179,671	36,472	-	11,218	18,449	9,379	31,528
(11) Other-Bad Debt	9,849	19,950	41,375	37,060	-	(2,228)	8,052	85	6,835
(12) Donated Items	13,158	8,215	1,724	40,314	-	3,574	12,323	-	-
<b>TOTAL OTHER EXPENSES =</b>	<b>52,693</b>	<b>84,972</b>	<b>659,452</b>	<b>186,697</b>	<b>-</b>	<b>23,868</b>	<b>123,979</b>	<b>27,788</b>	<b>85,851</b>
<b>TOT. PERSONNEL &amp; OTH. EXP. =</b>	<b>437,223</b>	<b>711,535</b>	<b>6,905,255</b>	<b>2,039,090</b>	<b>6,986</b>	<b>356,293</b>	<b>2,199,538</b>	<b>410,072</b>	<b>1,295,844</b>
<b>IIC. DISTRIBUTED INDIRECT COSTS</b>									
(a) Other Support Costs (Optional)	178,654	135,284	2,852,441	601,561	1,266	41,907	1,145,316	391,653	431,433
(b) Administration	133,065	100,762	2,124,545	448,053	943	31,213	853,050	291,710	321,338
<b>TOT. DISTR'D INDIRECT COSTS =</b>	<b>311,719</b>	<b>236,046</b>	<b>4,976,986</b>	<b>1,049,614</b>	<b>2,209</b>	<b>73,120</b>	<b>1,998,366</b>	<b>683,363</b>	<b>752,771</b>
<b>TOTAL ACTUAL OPER. EXPENSES =</b>	<b>748,942</b>	<b>947,581</b>	<b>11,882,241</b>	<b>3,088,704</b>	<b>9,195</b>	<b>429,413</b>	<b>4,197,904</b>	<b>1,093,435</b>	<b>2,048,615</b>
<b>IID. UNALLOWABLE COSTS</b>	-	-	-	-	-	-	-	-	-
<b>TOT. ALLOWABLE OPER. EXP. =</b>	<b>748,942</b>	<b>947,581</b>	<b>11,882,241</b>	<b>3,088,704</b>	<b>9,195</b>	<b>429,413</b>	<b>4,197,904</b>	<b>1,093,435</b>	<b>2,048,615</b>
<b>III. UNEARNED FUNDS, FUNDING ALLOCATIONS, AND EXCESS FUNDS</b>									
<b>IIIA. UNEARNED FUNDS</b>	\$ (623,713)	\$ (700,572)	\$ (8,295,974)	\$ (1,977,127)	\$ (3,718)	\$ (297,983)	\$ (3,531,313)	\$ (703,910)	\$ (1,739,362)

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES**  
**PROGRAM/COST CENTER**  
**REVENUES SCHEDULE AND ACTUAL EXPENSES**  
**FOR THE YEAR ENDED JUNE 30, 2021**

EXPENSE CATEGORIES	Mental Health								
	Residential II	Supported Employment	Incidental Expenses	Outpatient Group	R&B with Sup. II	Intervention (Group)	Recovery Support (Indiv.)	Recovery Support (Group)	Transition Voucher
<b>IIA. PERSONNEL EXPENSES</b>									
(1) Salaries	\$ 483,903	\$ 24,821	\$ 24,571	\$ 141,845	\$ 309,057	\$ 1,790	\$ 29,698	\$ 9,144	\$ 140,878
(2) Fringe Benefits	102,195	6,683	3,868	38,194	91,148	396	6,571	2,023	36,444
<b>TOTAL PERSONNEL EXPENSES =</b>	<b>586,098</b>	<b>31,504</b>	<b>28,439</b>	<b>180,039</b>	<b>400,205</b>	<b>2,186</b>	<b>36,269</b>	<b>11,167</b>	<b>177,322</b>
<b>IIB. OTHER EXPENSES</b>									
(1) Building Occupancy	340	275	135	1,571	30	19	312	96	26,106
(2) Professional Services	340	1	33	4	1,129	-	-	-	12
(3) Travel	1,170	40	197	227	123	5	742	228	94
(4) Equipment	-	803	418	4,588	1,336	6	80	25	1,746
(5) Food Services	8,722	171	130	977	11,603	-	-	-	-
(6) Medical and Pharmacy	3,976	-	1,076	-	529	5	-	-	1,123
(7) Subcontracted Services	89	5	1	31	44	1	8	3	390
(8) Insurance	-	-	-	-	-	-	-	-	-
(9) Interest Paid	-	-	-	-	-	-	-	-	-
(10) Operating Supplies & Expenses	28,688	858	60,247	4,905	13,136	96	1,594	491	8,207
(11) Other-Bad Debt	(173,820)	(308)	(189)	(1,759)	-	(15)	(243)	(75)	3,139
(12) Donated Items	-	-	8	-	-	24	390	120	-
<b>TOTAL OTHER EXPENSES =</b>	<b>(130,495)</b>	<b>1,845</b>	<b>62,056</b>	<b>10,544</b>	<b>27,930</b>	<b>141</b>	<b>2,883</b>	<b>888</b>	<b>40,817</b>
<b>TOT. PERSONNEL &amp; OTH. EXP. =</b>	<b>455,603</b>	<b>33,349</b>	<b>90,495</b>	<b>190,583</b>	<b>428,135</b>	<b>2,327</b>	<b>39,152</b>	<b>12,055</b>	<b>218,139</b>
<b>IIC. DISTRIBUTED INDIRECT COSTS</b>									
(a) Other Support Costs (Optional)	272,672	41,765	14,142	261,615	162,706	276	4,572	1,408	80,134
(b) Administration	203,091	31,107	10,533	194,855	121,186	205	3,405	1,049	59,685
<b>TOT. DISTR'D INDIRECT COSTS =</b>	<b>475,763</b>	<b>72,872</b>	<b>24,675</b>	<b>456,470</b>	<b>283,892</b>	<b>481</b>	<b>7,977</b>	<b>2,457</b>	<b>139,819</b>
<b>TOTAL ACTUAL OPER. EXPENSES =</b>	<b>931,366</b>	<b>106,221</b>	<b>115,170</b>	<b>647,053</b>	<b>712,027</b>	<b>2,808</b>	<b>47,129</b>	<b>14,512</b>	<b>357,958</b>
<b>IID. UNALLOWABLE COSTS</b>	-	-	-	-	-	-	-	-	-
<b>TOT. ALLOWABLE OPER. EXP. =</b>	<b>931,366</b>	<b>106,221</b>	<b>115,170</b>	<b>647,053</b>	<b>712,027</b>	<b>2,808</b>	<b>47,129</b>	<b>14,512</b>	<b>357,958</b>
<b>III. UNEARNED FUNDS, FUNDING ALLOCATIONS, AND EXCESS FUNDS</b>									
<b>IIIA. UNEARNED FUNDS</b>	\$ (301,538)	\$ (101,398)	\$ (53,978)	\$ (588,291)	\$ (168,365)	\$ (1,944)	\$ (32,790)	\$ (10,097)	\$ (253,034)

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**REVENUES SCHEDULE AND ACTUAL EXPENSES**  
**FOR THE YEAR ENDED JUNE 30, 2021**

EXPENSE CATEGORIES	Mental Health				Substance Abuse				
	CAT Team	Other Bundled Projects	Mental Health Total	Assessment	Crisis Support/ Emergency	Day Care	Intervention (Indiv.)	Medical Services	Medication-Assisted Tx
<b>IIA. PERSONNEL EXPENSES</b>									
(1) Salaries	\$ 1,142,808	\$ 1,717,122	\$ 15,257,299	\$ 118,898	\$ 801,136	\$ 13,819	\$ 153,307	\$ 309,971	\$ 301,170
(2) Fringe Benefits	225,213	290,111	2,687,720	24,450	165,417	1,057	33,500	63,742	52,489
<b>TOTAL PERSONNEL EXPENSES =</b>	<b>1,368,021</b>	<b>2,007,233</b>	<b>17,945,019</b>	<b>143,348</b>	<b>966,553</b>	<b>14,876</b>	<b>186,807</b>	<b>373,713</b>	<b>353,659</b>
<b>IIB. OTHER EXPENSES</b>									
(1) Building Occupancy	5,912	13,000	143,157	703	-	-	272	1,833	870
(2) Professional Services	35,702	18,970	69,885	621	2,436	-	310	1,621	1,360
(3) Travel	77,932	23,846	236,805	202	4,568	-	1,995	527	2,838
(4) Equipment	2,722	78,055	193,377	341	1,173	-	-	889	5,571
(5) Food Services	-	-	53,937	-	-	-	-	-	-
(6) Medical and Pharmacy	-	50	318,387	58,155	86,932	-	11,319	151,614	26,507
(7) Subcontracted Services	1,196	2,216	33,215	-	5	-	-	-	47
(8) Insurance	10,761	7,174	17,935	-	-	-	-	-	-
(9) Interest Paid	-	6	98	-	-	-	-	-	-
(10) Operating Supplies & Expenses	192,236	155,674	793,007	1,816	14,909	-	4,705	4,735	7,936
(11) Other-Bad Debt	-	-	(52,292)	(5,073)	4,387	-	(463)	(13,225)	(66,360)
(12) Donated Items	-	-	79,850	11,273	-	-	8,164	-	11,273
<b>TOTAL OTHER EXPENSES =</b>	<b>326,461</b>	<b>298,991</b>	<b>1,887,361</b>	<b>68,038</b>	<b>114,410</b>	<b>-</b>	<b>26,302</b>	<b>147,994</b>	<b>(9,958)</b>
<b>TOT. PERSONNEL &amp; OTH. EXP. =</b>	<b>1,694,482</b>	<b>2,306,224</b>	<b>19,832,380</b>	<b>211,386</b>	<b>1,080,963</b>	<b>14,876</b>	<b>213,109</b>	<b>521,707</b>	<b>343,701</b>
<b>IIC. DISTRIBUTED INDIRECT COSTS</b>									
(a) Other Support Costs (Optional)	494,264	640,955	7,754,024	93,708	347,450	3,194	29,076	270,426	112,106
(b) Administration	368,136	477,393	5,775,324	69,795	258,787	2,379	21,657	201,418	83,498
<b>TOT. DISTR'D INDIRECT COSTS =</b>	<b>862,400</b>	<b>1,118,348</b>	<b>13,529,348</b>	<b>163,503</b>	<b>606,237</b>	<b>5,573</b>	<b>50,733</b>	<b>471,844</b>	<b>195,604</b>
<b>TOTAL ACTUAL OPER. EXPENSES =</b>	<b>2,556,882</b>	<b>3,424,572</b>	<b>33,361,728</b>	<b>374,889</b>	<b>1,687,200</b>	<b>20,449</b>	<b>263,842</b>	<b>993,551</b>	<b>539,305</b>
<b>IID. UNALLOWABLE COSTS</b>	-	-	-	-	-	-	-	-	-
<b>TOT. ALLOWABLE OPER. EXP. =</b>	<b>2,556,882</b>	<b>3,424,572</b>	<b>33,361,728</b>	<b>374,889</b>	<b>1,687,200</b>	<b>20,449</b>	<b>263,842</b>	<b>993,551</b>	<b>539,305</b>
<b>III. UNEARNED FUNDS, FUNDING ALLOCATIONS, AND EXCESS FUNDS</b>									
<b>IIIA. UNEARNED FUNDS</b>	<b>\$ (418,172)</b>	<b>\$ (651,118)</b>	<b>\$ (20,454,397)</b>	<b>\$ (287,354)</b>	<b>\$ (318,283)</b>	<b>\$ (6,629)</b>	<b>\$ (159,513)</b>	<b>\$ (611,903)</b>	<b>\$ (500,039)</b>



**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES**  
**PROGRAM/COST CENTER**  
**REVENUES SCHEDULE AND ACTUAL EXPENSES**  
**FOR THE YEAR ENDED JUNE 30, 2021**

Substance Abuse									
EXPENSE CATEGORIES	Outpatient (Indiv.)	Outreach	Residential II	Inpatient Detoxification	Incidental Expenses	Aftercare (Indiv.)	Outpatient Group	R&B with Sup. I	Intervention (Group)
<b>IIA. PERSONNEL EXPENSES</b>									
(1) Salaries	\$ 945,794	\$ 311,010	\$ 1,124,283	\$ 988,312	\$ -	\$ -	\$ 199,008	\$ -	\$ -
(2) Fringe Benefits	164,836	58,202	238,444	148,584	-	-	35,523	-	-
<b>TOTAL PERSONNEL EXPENSES =</b>	<b>1,110,630</b>	<b>369,212</b>	<b>1,362,727</b>	<b>1,136,896</b>	<b>-</b>	<b>-</b>	<b>234,531</b>	<b>-</b>	<b>-</b>
<b>IIB. OTHER EXPENSES</b>									
(1) Building Occupancy	2,891	427	27,742	888	-	-	656	-	-
(2) Professional Services	4,270	877	1,883	867	-	-	918	-	-
(3) Travel	9,441	2,850	6,397	1,583	-	-	1,746	-	-
(4) Equipment	17,495	753	50,772	-	-	-	3,186	-	-
(5) Food Services	-	-	21,482	6,096	-	-	-	-	-
(6) Medical and Pharmacy	83,243	1,326	32,473	34,797	-	-	28,248	-	-
(7) Subcontracted Services	148	8,259	467	-	-	-	27	-	-
(8) Insurance	-	-	-	-	-	-	-	-	-
(9) Interest Paid	-	-	-	-	-	-	-	-	-
(10) Operating Supplies & Expenses	25,087	9,620	72,455	21,643	5,218	-	4,978	-	-
(11) Other-Bad Debt	(208,397)	2,086	(15,631)	(22,873)	-	-	(39,095)	-	-
(12) Donated Items	51,331	-	-	-	-	-	9,349	-	-
<b>TOTAL OTHER EXPENSES =</b>	<b>(14,491)</b>	<b>26,198</b>	<b>198,040</b>	<b>43,001</b>	<b>5,218</b>	<b>-</b>	<b>10,013</b>	<b>-</b>	<b>-</b>
<b>TOT. PERSONNEL &amp; OTH. EXP. =</b>	<b>1,096,139</b>	<b>395,410</b>	<b>1,560,767</b>	<b>1,179,897</b>	<b>5,218</b>	<b>-</b>	<b>244,544</b>	<b>-</b>	<b>-</b>
<b>IIC. DISTRIBUTED INDIRECT COSTS</b>									
(a) Other Support Costs (Optional)	413,820	129,457	622,198	322,246	870	-	88,912	-	-
(b) Administration	308,220	96,422	463,424	240,014	648	-	66,223	-	-
<b>TOT. DISTR'D INDIRECT COSTS =</b>	<b>722,040</b>	<b>225,879</b>	<b>1,085,622</b>	<b>562,260</b>	<b>1,518</b>	<b>-</b>	<b>155,135</b>	<b>-</b>	<b>-</b>
<b>TOTAL ACTUAL OPER. EXPENSES =</b>	<b>1,818,179</b>	<b>621,289</b>	<b>2,646,389</b>	<b>1,742,157</b>	<b>6,736</b>	<b>-</b>	<b>399,679</b>	<b>-</b>	<b>-</b>
<b>IID. UNALLOWABLE COSTS</b>									
<b>TOT. ALLOWABLE OPER. EXP. =</b>	<b>1,818,179</b>	<b>621,289</b>	<b>2,646,389</b>	<b>1,742,157</b>	<b>6,736</b>	<b>-</b>	<b>399,679</b>	<b>-</b>	<b>-</b>
<b>III. UNEARNED FUNDS, FUNDING ALLOCATIONS, AND EXCESS FUNDS</b>									
<b>IIIA. UNEARNED FUNDS</b>	<b>\$ (1,427,615)</b>	<b>\$ (607,370)</b>	<b>\$ (970,177)</b>	<b>\$ (898,686)</b>	<b>\$ (2,969)</b>	<b>\$ -</b>	<b>\$ (269,934)</b>	<b>\$ -</b>	<b>\$ -</b>

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
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**REVENUES SCHEDULE AND ACTUAL EXPENSES**  
**FOR THE YEAR ENDED JUNE 30, 2021**

EXPENSE CATEGORIES	Substance Abuse									
	Aftercare (Group)	Recovery Support (Indiv.)	Recovery Support (Group)	Prevention - Selective	Prevention - Universal Direct	Prevention - Universal Indirect	FIT Team	Federal Project Grant	Network Eval. & Dvl/pmt.	Substance Abuse Total
<b>IIA. PERSONNEL EXPENSES</b>										
(1) Salaries	\$ -	\$ -	\$ -	\$ 5,966	\$ 75,004	\$ 104,496	\$ 130,653	\$ 477,322	\$ -	\$ 6,060,149
(2) Fringe Benefits	-	-	-	1,415	17,794	24,790	30,067	76,391	-	1,136,701
<b>TOTAL PERSONNEL EXPENSES =</b>	-	-	-	<b>7,381</b>	<b>92,798</b>	<b>129,286</b>	<b>160,720</b>	<b>553,713</b>	-	<b>7,196,850</b>
<b>IIB. OTHER EXPENSES</b>										
(1) Building Occupancy	-	-	-	108	1,352	1,884	-	963	-	40,589
(2) Professional Services	-	-	-	-	-	-	23	3,044	-	18,230
(3) Travel	-	-	-	171	2,153	3,000	6,748	5,666	-	49,885
(4) Equipment	-	-	-	-	-	-	239	693	-	81,112
(5) Food Services	-	-	-	-	-	-	-	-	-	27,578
(6) Medical and Pharmacy	-	-	-	-	-	-	-	580,920	-	1,095,534
(7) Subcontracted Services	-	-	-	3	36	50	44	59	-	9,145
(8) Insurance	-	-	-	-	-	-	1,196	-	-	1,196
(9) Interest Paid	-	-	-	-	-	-	-	-	-	-
(10) Operating Supplies & Expenses	-	129	115	807	10,152	14,143	59,817	9,597	-	267,862
(11) Other-Bad Debt	-	-	-	-	-	-	-	4,666	-	(359,978)
(12) Donated Items	-	-	-	66	831	1,157	-	-	-	93,444
<b>TOTAL OTHER EXPENSES =</b>	-	<b>129</b>	<b>115</b>	<b>1,155</b>	<b>14,524</b>	<b>20,234</b>	<b>68,067</b>	<b>605,608</b>	-	<b>1,324,597</b>
<b>TOT. PERSONNEL &amp; OTH. EXP. =</b>	-	<b>129</b>	<b>115</b>	<b>8,536</b>	<b>107,322</b>	<b>149,520</b>	<b>228,787</b>	<b>1,159,321</b>	-	<b>8,521,447</b>
<b>IIC. DISTRIBUTED INDIRECT COSTS</b>										
(a) Other Support Costs (Optional)	-	20	26	1,656	2,101	29,008	78,125	313,120	-	2,857,519
(b) Administration	-	15	19	1,233	1,565	21,605	58,189	233,217	-	2,128,328
<b>TOT. DISTR'D INDIRECT COSTS =</b>	-	<b>35</b>	<b>45</b>	<b>2,889</b>	<b>3,666</b>	<b>50,613</b>	<b>136,314</b>	<b>546,337</b>	-	<b>4,985,847</b>
<b>TOTAL ACTUAL OPER. EXPENSES =</b>	-	<b>164</b>	<b>160</b>	<b>11,425</b>	<b>110,988</b>	<b>200,133</b>	<b>365,101</b>	<b>1,705,658</b>	-	<b>13,507,294</b>
<b>IID. UNALLOWABLE COSTS</b>	-	-	-	-	-	-	-	-	-	-
<b>TOT. ALLOWABLE OPER. EXP. =</b>	-	<b>164</b>	<b>160</b>	<b>11,425</b>	<b>110,988</b>	<b>200,133</b>	<b>365,101</b>	<b>1,705,658</b>	-	<b>13,507,294</b>
<b>III. UNEARNED FUNDS, FUNDING ALLOCATIONS, AND EXCESS FUNDS</b>										
<b>IIIA. UNEARNED FUNDS</b>	\$ -	\$ (78)	\$ (47)	\$ (9,080)	\$ (81,508)	\$ (159,061)	\$ (27,050)	\$ (376,829)	\$ -	\$ (6,714,125)

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
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**PROGRAM/COST CENTER**  
**REVENUES SCHEDULE AND ACTUAL EXPENSES**  
**FOR THE YEAR ENDED JUNE 30, 2021**

EXPENSE CATEGORIES	Total for State SAMH-Funded Covered Services	Total for Non- State-Funded Covered Services	Total for All Covered Services	Non-SAMH Covered Services	Other Support Costs (optional)	Administration	Total Expenses
<b>IIA. PERSONNEL EXPENSES</b>							
(1) Salaries	\$ 21,317,448	\$ 598,218	\$ 21,915,666	\$ 617,849	\$ 4,092,851	\$ 1,772,277	\$ 28,398,643
(2) Fringe Benefits	3,824,421	138,790	3,963,211	161,221	1,060,549	572,384	5,757,365
<b>TOTAL PERSONNEL EXPENSES =</b>	<b>25,141,869</b>	<b>737,008</b>	<b>25,878,877</b>	<b>779,070</b>	<b>5,153,400</b>	<b>2,344,661</b>	<b>34,156,008</b>
<b>IIB. OTHER EXPENSES</b>							
(1) Building Occupancy	183,746	32,362	216,108	-	1,370,365	40,607	1,627,080
(2) Professional Services	88,115	-	88,115	4,208	142,315	143,541	378,179
(3) Travel	286,690	19,076	305,766	13,777	60,670	8,675	388,888
(4) Equipment	274,489	22,146	296,635	132	833,336	39,539	1,169,642
(5) Food Services	81,515	-	81,515	27	574,351	2,570	658,463
(6) Medical and Pharmacy	1,413,921	-	1,413,921	1,166	21,338	559,757	1,996,182
(7) Subcontracted Services	42,360	57,206	99,566	52,433	360,512	74,897	587,408
(8) Insurance	19,131	1,196	20,327	-	1,336,680	101,875	1,458,882
(9) Interest Paid	98	-	98	-	-	-	98
(10) Operating Supplies & Expenses	1,060,869	517,755	1,578,624	178,068	757,178	366,415	2,880,285
(11) Other-Bad Debt	(412,270)	-	(412,270)	-	1,398	-	(410,872)
(12) Donated Items	173,294	-	173,294	-	-	4,221,115	4,394,409
<b>TOTAL OTHER EXPENSES =</b>	<b>3,211,958</b>	<b>649,741</b>	<b>3,861,699</b>	<b>249,811</b>	<b>5,458,143</b>	<b>5,558,991</b>	<b>15,128,644</b>
<b>TOT. PERSONNEL &amp; OTH. EXP. =</b>	<b>28,353,827</b>	<b>1,386,749</b>	<b>29,740,576</b>	<b>1,028,881</b>	<b>10,611,543</b>	<b>7,903,652</b>	<b>49,284,652</b>
<b>IIC. DISTRIBUTED INDIRECT COSTS</b>							
(a) Other Support Costs (Optional)	10,611,543	-	10,611,543	-	(10,611,543)	-	-
(b) Administration	7,903,652	-	7,903,652	-	-	(7,903,652)	-
<b>TOT. DISTR'D INDIRECT COSTS =</b>	<b>18,515,195</b>	<b>-</b>	<b>18,515,195</b>	<b>-</b>	<b>XXXXXXXXXX</b>	<b>XXXXXXXXXX</b>	<b>-</b>
<b>TOTAL ACTUAL OPER. EXPENSES =</b>	<b>46,869,022</b>	<b>1,386,749</b>	<b>48,255,771</b>	<b>1,028,881</b>	<b>-</b>	<b>-</b>	<b>49,284,652</b>
<b>IID. UNALLOWABLE COSTS</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOT. ALLOWABLE OPER. EXP. =</b>	<b>46,869,022</b>	<b>\$ 1,386,749</b>	<b>\$ 48,255,771</b>	<b>\$ 1,028,881</b>	<b>XXXXXXXXXX</b>	<b>XXXXXXXXXX</b>	<b>\$ 49,284,652</b>
<b>III. UNEARNED FUNDS, FUNDING ALLOCATIONS, AND EXCESS FUNDS</b>							
<b>IIIA. UNEARNED FUNDS</b>			<b>\$ (27,168,522)</b>				



**SCHEDULE OF STATE EARNINGS**

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**SCHEDULE OF STATE EARNINGS**  
**FOR THE YEAR ENDED JUNE 30, 2021**

<b>1</b>	<b>Total Expenditures</b>		\$ 49,284,652
<b>2</b>	Less Other State and Federal Funds		(21,225,200)
<b>3</b>	Less Non-Match SAMH Funds		(8,298,648)
<b>4</b>	Less Unallowable Costs (per 65E-14, F.A.C.)		<u>-</u>
<b>5</b>	<b>Net Allowable Expenditures</b> (Sum of lines 1, 2, 3, and 4)		<u>19,760,804</u>
<b>6</b>	<b>Maximum Available Earnings</b> (Line 5 times 75%)		14,820,603
<b>7</b>	<b>Amount of State Funds Requiring Match</b>		<u>2,135,751</u>
<b>8</b>	<b>Excess Match (If negative, money due to Department)</b> (Subtract line 7 from line 6)		<u>\$ 12,684,852</u>

**SCHEDULE OF RELATED-PARTY TRANSACTION ADJUSTMENTS**



**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**SCHEDULE OF RELATED-PARTY TRANSACTION ADJUSTMENTS**  
**FOR THE YEAR ENDED JUNE 30, 2021**

	<u>Related-Party</u>	<u>Allocation of Related-Party Transactions Adjustment</u>	
		<u>State-Designated Cost Centers</u>	<u>Total</u>
Revenues from Grantee	_____		
Total Revenues from Grantee	_____	Related-Party Transaction Adjustments Not Applicable	
Expenses Associated with Grantee Transactions	_____		
Total Associated Expenses	_____		
Related-Party Transaction Adjustment	=====	=====	=====

**SCHEDULE OF BED-DAY AVAILABILITY PAYMENTS**

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**SCHEDULE OF BED-DAY AVAILABILITY PAYMENTS**  
**FOR THE YEAR ENDED JUNE 30, 2021**

<u>Program</u>	<u>Cost Center</u>	<u>State Contracted Rate</u>	<u>Total Units of Service Provided</u>	<u>Total Units of Service Paid for by Third-Party Contracts, Local Government, or Other State Agencies</u>	<u>Maximum Number of Units Eligible for Payment By Department</u>	<u>Amount Paid for Services By Department</u>	<u>Maximum Dollar Value of Units</u>	<u>Amount Owed to Department</u>
Children's MH	Crisis Stabilization Unit	\$ 410	365	-	365	\$ -	\$ 149,650	\$ -
Adult MH	Crisis Stabilization Unit	410	10,074	-	10,074	-	4,130,340	-
Adult SA	Substance Abuse Detox	404	2,088	-	2,088	-	843,552	-
<b>Total Amount Owed to Department</b>								<b>\$ -</b>

**ADDITIONAL ELEMENTS OF REPORT PREPARED IN  
ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*;  
THE UNIFORM GUIDANCE, *SINGLE AUDIT REQUIREMENTS*;  
AND CHAPTER 10.650, *RULES OF THE AUDITOR GENERAL***



**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**AND STATE FINANCIAL ASSISTANCE**  
**FOR THE YEAR ENDED JUNE 30, 2021**

	<u>CFDA/ CSFA Number</u>	<u>Grant/ Contract Number</u>	<u>Expenditures</u>
<b>Federal Awards</b>			
<b>U.S. Department of Agriculture Food and Nutrition Service</b>			
Indirect Programs:			
Passed Through Florida Department of Elder Affairs:			
Child and Adult Care Food Program			
	10.558	Y6109	\$ 5,107
<b>Total U.S. Department of Agriculture Food and Nutrition Service</b>			<u>5,107</u>
<b>U.S. Department of Housing and Urban Development</b>			
Indirect Programs:			
Passed Through Another Way, Inc.			
Continuum of Care			
	N/A	FL0628L4H081802	17,307
<b>Total U.S. Department of Housing and Urban Development</b>			<u>17,307</u>
<b>U.S. Probation Office</b>			
Direct Programs:			
U.S. Probation Office (FFS)			
	N/A	1129-17-MBRT-CPO	16,718
<b>Total U.S. Probation Office</b>			<u>16,718</u>
<b>U.S. Department of the Treasury</b>			
Indirect Programs:			
Passed Through Florida Department of Children and Families:			
Coronavirus Relief Fund			
	21.019 *	LS021	40,080
<b>Total U.S. Department of Housing and Urban Development</b>			<u>40,080</u>
<b>U.S. Department of Veteran Affairs</b>			
Direct Programs:			
Supportive Services for Veteran Families			
	64.033	14-FL-184	1,237,828
VA-Vetbridge			
	N/A	VA248-14-P-0316	7,065
<b>Total U.S. Department of Veteran Affairs</b>			<u>1,244,893</u>
<b>U.S. Department of Health and Human Services</b>			
Direct Programs:			
Mental Health Awareness Training Grants			
	93.243	1H79SM081364-01	97,258
Grants for the Benefit of Homeless Individuals			
	93.243	1H79TI0418-01	389,802
Indirect Programs:			
Passed Through Florida Department of Children and Families:			
Projects for Assistance In Transition from Homelessness (PATH)			
	93.150 *	LS021	132,524
Temporary Assistance for Needy Families (TANF)			
	93.558 *	LS021	470,774
Block Grant for Community Mental Health Services			
	93.958 *	LS021	1,091,180
Block Grant for Prevention and Treatment of Substance Abuse			
	93.959 *	LS021	1,975,084
Targeted Response to the Opioid Crisis			
	93.788 *	LS021	2,230,280
Emergency COVID-19 SAMH			
	93.665 *	LS021	150,000
<b>Total U.S. Department of Health and Human Services</b>			<u>6,536,902</u>
<b>Total Expenditures of Federal Awards</b>			<u>\$ 7,861,007</u>

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**AND STATE FINANCIAL ASSISTANCE**  
**FOR THE YEAR ENDED JUNE 30, 2021**

	<u>CFDA/ CSFA Number</u>	<u>Grant/ Contract Number</u>	<u>Expenditures</u>
<b>State Financial Assistance</b>			
<b>Florida Department of Children and Families</b>			
Direct Programs:			
Criminal Justice Mental Health and Substance Abuse Reinvestment	60.115	LHZ48	\$ 927,040
Centralized Receiving Systems	60.163 *		74,999
Indirect Programs:			
Passed Through the Partnership for Strong Families - FFS	60.074	PNP929	19,918
Passed Through the Partnership for Strong Families - Respite	N/A	PCM746	457,200
Passed Through the Florida Alcohol and Drug Abuse Association Vivitrol Grant Agreement	N/A	N/A	527,355
<b>Total Florida Department of Children and Families</b>			<u>2,006,512</u>
<b>Total Expenditures of State Financial Assistance</b>			<u>\$ 2,006,512</u>

\* These programs are part of Meridian Behavior Healthcare, Inc.'s primary funding contract.

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**  
**NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**AND STATE FINANCIAL ASSISTANCE FOR THE YEAR ENDED JUNE 30, 2021**

**Note 1 - Basis of Presentation**

The accompanying Schedule of Expenditures of Federal Awards and State Financial Assistance includes federal award and state financial assistance activity of Meridian Behavioral Healthcare, Inc. (the Corporation). The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and Section 215.97, Florida Statutes. Because the Schedule presents only a selected portion of the operations of the Corporation, it is not intended to, and does not present the financial position, changes in net assets, or cash flows of the Corporation.

**Note 2 - Summary of Significant Accounting Policies**

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Pass-through entity identifying numbers are presented where available. No amounts were passed through to sub-recipients during the fiscal year ended June 30, 2021.

**Note 3 - De Minimis Indirect Cost Rate Election**

The Corporation did not elect to use the 10% de minimis indirect cost rate as covered in §200.414, *Indirect (F&A) Costs*, of the Uniform Guidance.

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS -  
FEDERAL PROGRAMS AND STATE PROJECTS  
FOR THE YEAR ENDED JUNE 30, 2021**

**Summary of Audit Results**

**Financial Statements**

Type of Auditor's Report Issued:	Unmodified	
Internal Control Over Financial Reporting:	Material Weakness(es) Identified?	Yes
	Significant Deficiency(ies) Identified?	No
Non-Compliance Material to Financial Statements Noted?		No

**Federal Awards and State Projects**

Internal Control Over Major Programs and Projects:	Material Weakness(es) Identified?	No
	Significant Deficiency(ies) Identified?	No
Type of Auditor's Report Issued on Compliance for Major Programs and Projects:	Unmodified	

Any Audit Findings Disclosed that are Required to be Reported in Accordance with CFR 200.516(a)? No

Identification of Major Federal Programs and Major State Projects:

Federal Programs:

- U.S. Department of Health and Human Services:  
Block Grant for Prevention and Treatment of Substance Abuse (93.959)

State Projects:

- State of Florida Department of Children and Families:
  - Vivitrol Grant Agreement (N/A)
  - Criminal Justice Mental Health and Substance Abuse Reinvestment Grant (60.115)

Dollar Threshold Used to Distinguish Between Type A and Type B Federal Programs: \$750,000

Dollar Threshold Used to Distinguish Between Type A and Type B State Projects: \$601,954

Auditee Qualified as a Low-Risk Auditee Pursuant to the Uniform Guidance? Yes

**Findings and Questioned Costs for Major Federal Programs and State Financial Assistance Projects Required to be Reported Under Section .516(a) of the Uniform Guidance and Chapter 10.650, Rules of the Auditor General**

The audit did not disclose any finding which is required to be reported under Section .516(a) of the Uniform Guidance and Chapter 10.650, *Rules of the Auditor General*.

**Prior Audit Findings**

No prior year audit findings.



**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

Board of Directors  
Meridian Behavioral Healthcare, Inc.  
Gainesville, Florida

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the combining financial statements of Meridian Behavioral Healthcare, Inc. (the Corporation) and affiliates, which comprise the statement of financial position as of June 30, 2021, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated December 27, 2021.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the Corporation's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control. Accordingly, we do not express an opinion on the effectiveness of the Corporation's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of the internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. We did identify a deficiency in internal control, described below as 2021-01, that we consider to be a material weakness.

**2021-01 – Financial Close and Reporting**

**Condition**—During the year the Corporation experienced unexpected turnover at the CFO, Controller, and Senior Accountant positions. When unexpected turnover of key personnel in an organization occurs, there is significant loss of institutional knowledge as well as a lack of familiarity with the activity being

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Board of Directors  
Meridian Behavioral Healthcare, Inc.  
Gainesville, Florida

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

audited. As a result, the start of final audit fieldwork had to be delayed by three weeks because the trial balance was not complete. After the trial balance was received for the audit, significant adjustments were identified by Corporation staff or auditors to complete the financial close for the year. During final fieldwork, we identified several areas that required audit adjustments to correct the Corporation's accounting records, including one material audit adjustment that was made to correct an overstatement of payroll expenses of approximately \$323,000.

**Effects**—As a result, completion of the audit was significantly delayed, and the Corporation's financial statements would have been materially misstated if the adjustments noted above had not been identified during the audit process.

**Recommendation**—Although unexpected turnover of key personnel will create disruption, we recommend a review of the sufficiency of documentation of job roles, responsibilities, and key financial closing processes within the finance department. Additional documentation of these items may assist with transition when unexpected turnover occurs.

**Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Corporation's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

**Response to Findings**

The Corporation's response to findings identified in our audit is described in its accompanying letter. The Corporation's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

**Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Corporation's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Corporation's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



December 27, 2021  
Gainesville, Florida



**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR  
FEDERAL PROGRAM AND STATE PROJECT AND REPORT ON INTERNAL  
CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE  
AND CHAPTER 10.650, RULES OF THE AUDITOR GENERAL**

Board of Directors  
Meridian Behavioral Healthcare, Inc.  
Gainesville, Florida

**Report on Compliance for Each Major Federal Program and State Project**

We have audited Meridian Behavioral Healthcare, Inc.'s (the Corporation) compliance with the types of compliance requirements described in the OMB *Compliance Supplement*, and the requirements described in the Department of Financial Services' *State Projects Compliance Supplement*, that could have a direct and material effect on each of the Corporation's major federal programs and state projects for the year ended June 30, 2021. The Corporation's major federal programs and state projects are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

The Corporation's basic financial statements include the operations of the New Horizons Properties, which received federal awards that are not included in the schedule of federal awards and state financial assistance during the year ended June 30, 2021.

**Management's Responsibility**

Management is responsible for compliance with federal and state statutes, regulations, and the terms and conditions of its federal awards and state projects applicable to its federal programs and state projects.

**Auditor's Responsibility**

Our responsibility is to express an opinion on compliance for each of the Corporation's major federal programs and state projects based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the audit requirements of Title 2 U.S. *Code of Federal Regulations*, Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance); and Chapter 10.650, *Rules of the Auditor General*. Those standards, the Uniform Guidance, and Chapter 10.650, *Rules of the Auditor General*, require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program or state project occurred. An audit includes examining, on a test basis, evidence about the Corporation's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

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Meridian Behavioral Healthcare, Inc.  
Gainesville, Florida

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR  
FEDERAL PROGRAM AND STATE PROJECT AND REPORT ON INTERNAL  
CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE  
AND CHAPTER 10.650, RULES OF THE AUDITOR GENERAL**

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program and state project. However, our audit does not provide a legal determination of the Corporation's compliance.

**Opinion on Each Major Federal Program and State Project**

In our opinion, the Corporation complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs and state projects for the year ended June 30, 2021.

**Report on Internal Control Over Compliance**

Management of the Corporation is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Corporation's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program and state project to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and state project and to test and report on internal control over compliance in accordance with the Uniform Guidance and Chapter 10.650, *Rules of the Auditor General*, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Corporation's internal control over compliance.

*A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a major federal program or state project on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that a material noncompliance with a type of compliance requirement of a major federal program or state project that will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program or state project that is less severe than a material weakness in internal control over compliance, yet important enough to merit the attention by those charged with governance.*

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.



Board of Directors  
Meridian Behavioral Healthcare, Inc.  
Gainesville, Florida

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR  
FEDERAL PROGRAM AND STATE PROJECT AND REPORT ON INTERNAL  
CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE  
AND CHAPTER 10.650, RULES OF THE AUDITOR GENERAL**

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance and Chapter 10.650, *Rules of the Auditor General*. Accordingly, this report is not suitable for any other purpose.



December 27, 2021  
Gainesville, Florida



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Bob Milner  
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Union

Sinoma Brown  
Emeritus

December 27, 2021

Purvis Gray  
Certified Public Accountants  
Gainesville, Florida

RE: Response to Audit Finding

Starting with December 2021 close, balance sheet reconciliations will begin on all balance sheet accounts and they will be reviewed by the new CFO. The reconciliations will be done at a minimum quarterly and more specifically for the year ended 6/30/2022.

The new CFO will work closely with the auditors to determine the required work papers to be prepared by Meridian Behavioral Health fiscal staff to allow the auditors to start their field work for the next audit. The fiscal staff will be assigned work papers with deadlines for completion to meet the needs of the auditors' timelines.

Sincerely,

Teresa Jenkinson  
Chief Financial Officer, Meridian Behavioral Healthcare, Inc.



**MERIDIAN'S ANNUAL  
REPORT**





MERIDIAN HOPE, RECOVERY, WELLNESS

# ANNUAL REPORT

TO OUR COMMUNITIES

# 2021

READY WHEN YOU ARE

SERVICES PROVIDED DURING FISCAL YEAR: JULY 1, 2020 - JUNE 30, 2021



Meridian Behavioral Healthcare  
Awarded Three-Year CARF  
Accreditation

**carf** INTERNATIONAL

A Three-Year Accreditation is issued to  
**Meridian Behavioral  
Healthcare, Inc.**

for the following program(s)/service(s):

Assessment and Referral: Integrated: SUD/Mental Health (Adults, Children and Adolescents)  
Case Management/Service Coordination: Integrated: SUD/Mental Health (Adults, Children and Adolescents)  
Community Housing: Mental Health (Adults)  
Community Integration: Psychosocial Rehabilitation (Adults)  
Crisis Intervention: Integrated: SUD/Mental Health (Adults, Children and Adolescents)  
Crisis Stabilization: Integrated: SUD/Mental Health (Adults, Children and Adolescents)  
Detoxification/Withdrawal Management - Inpatient: Integrated: SUD/Mental Health (Adults)  
Detoxification/Withdrawal Management - Outpatient: Substance Use Disorders/Addictions (Adults)  
Diversion/Intervention: Integrated: SUD/Mental Health (Adults)  
Outpatient Treatment: Integrated: SUD/Mental Health (Adults, Children and Adolescents)  
Prevention: Substance Use Disorders/Addictions (Adults, Children and Adolescents)  
Residential Treatment: Integrated: SUD/Mental Health (Adults, Children and Adolescents)  
Rapid Rehousing and Homelessness Prevention Program  
Governance Standards Applied

This accreditation is valid through  
**June 30, 2024**

The accreditation seals in place below signify that the organization has met annual  
conformance requirements for quality standards that enhance the lives of persons served.



This accreditation certificate is granted by authority of:

*Richard Foskink*

Richard Foskink  
Chair  
CARF International Board of Directors

*Bryan J. Boon, Ph.D.*

Bryan J. Boon, Ph.D.  
President/CEO  
CARF International

CARF is the Commission on Accreditation of Rehabilitation Facilities located in Tucson, Arizona. Established in 1966, CARF International is an independent, nonprofit accreditor of health and human services providers in the areas of Behavioral Health, Child and Youth Services, Opioid Treatment Programs, Aging Services, Durable Medical Equipment, Employment and Community Services, Medical Rehabilitation, and Vision Rehabilitation Services. CARF assists providers in improving the quality of their services by applying sets of quality standards during a consultative on-site survey.

Meridian received a **THREE-YEAR Accreditation**, which is the best possible outcome.



# OUR HISTORY

Established as a tax-exempt entity in 1971, Meridian has been a part of the lives of many thousands; providing essential specialized healthcare, a source of effective treatment, and contributing to the health of the community.

# OUR MISSION

To promote the health, recovery, and well-being of those affected by mental illnesses and substance use disorders through prevention, coordinated treatment, and supportive services.

# OUR VISION

Hope, Recovery, and Wellness are within everyone's reach.



# Executive Team

JULY 1, 2020 - JUNE 30, 2021



**DON SAVOIE**  
PRESIDENT/CHIEF EXECUTIVE  
OFFICER



**LAUREN COHN**  
EXECUTIVE VICE PRESIDENT/CHIEF  
OPERATING OFFICER



**KIM ABBOTT**  
**PHD, MPA, MA, PHR**  
SENIOR VICE PRESIDENT/CHIEF HUMAN  
RESOURCE OFFICER



**RICHARD ANDERSON**  
**MHS, CAP**  
SENIOR VICE PRESIDENT/CHIEF  
CLINICAL OFFICER



**LAWRENCE FRANK**  
SENIOR VICE PRESIDENT/CHIEF  
FINANCIAL OFFICER



**ALAN PAULIN LCSW**  
SENIOR VICE PRESIDENT/CLINICAL  
& COMMUNITY PROGRAMS



**JOY RIDDLE MA, CFRE**  
SENIOR VICE PRESIDENT/CHIEF  
DEVELOPMENT OFFICER

# Our Board of Directors





# MESSAGE FROM OUR CEO



While 2021 was not really anything any of us would have expected or planned for, we have done our best to meet the challenges of the past year. It is with an overwhelming sense of optimism that Meridian has accepted and embraced the role of an actively engaged, essential community partner.

We have seen major strides taken in the way communities discuss and think of mental illness and substance use disorders. This past year, as we have fought through the pandemic, much has changed with the discussion regarding behavioral health. I see each day, a reduction in stigma, a better understanding that behavioral health is a critical component of living a full and healthy life, and that behavioral healthcare is essential healthcare for everyone.

The Meridian team has focused on the positives, knowing that for the work we do, access to care is the most critical component to improving and saving lives.

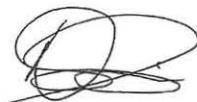
Throughout this year, we have not only improved access, we have also enhanced our model of quality and strived to improve lives through careful attention to whole person care. Because of our focus and work, Meridian was awarded, one of only eleven in the state, Certified Community Behavioral Healthcare Center (CCBHC) grants, which will further our mission of providing quality and essential healthcare for those most in need.

While as an organization Meridian continues to grow and innovate, we can't help but remain acutely aware that the need and demand is far greater than our funding and resources can reach.

Through ever strengthening partnerships, we continue our mission to provide a healthier community for all those who seek our care. The employees of Meridian, are who Meridian is; they are my inspiration. Their tireless dedication and commitment to serving all who are in need, serves as an inspiration that our community is strong and getting better each and every day.

It is, and will remain, Meridian's commitment that we are all in this together and that we will always be here when you need us!

**We are Ready When You Are!**



DON SAVOIE  
PRESIDENT/CEO



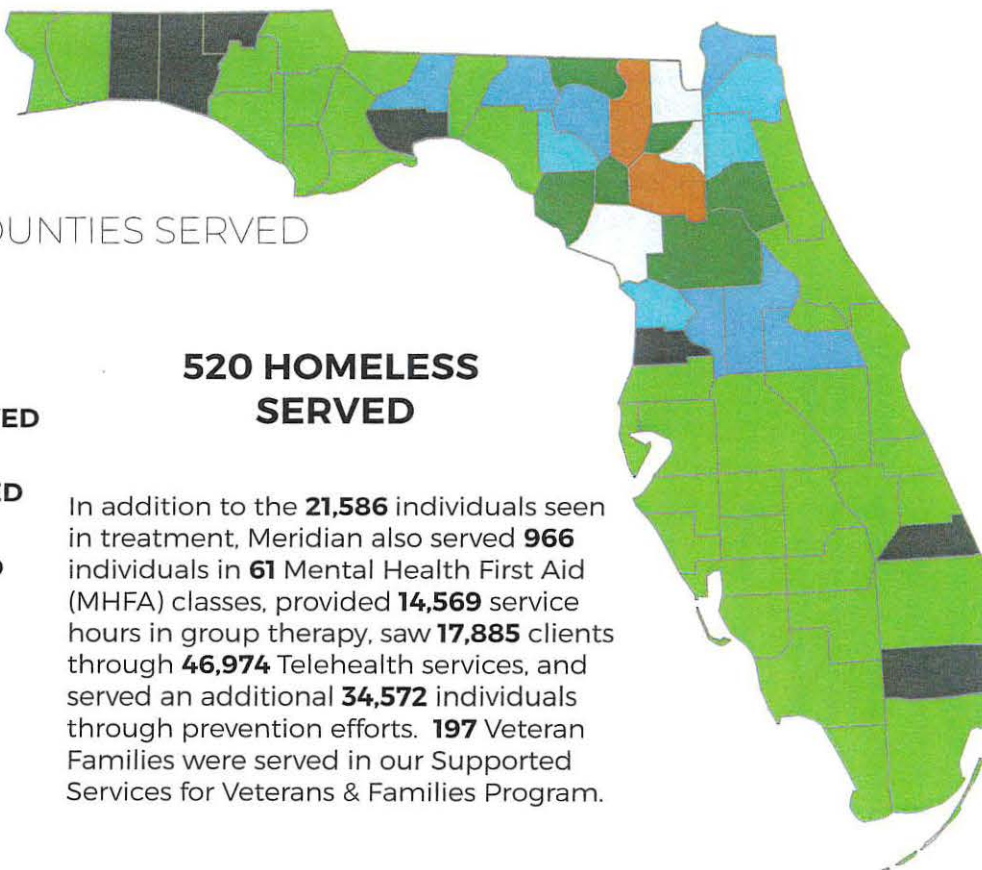
# Client Reach

60 OF 67 FLORIDA COUNTIES SERVED

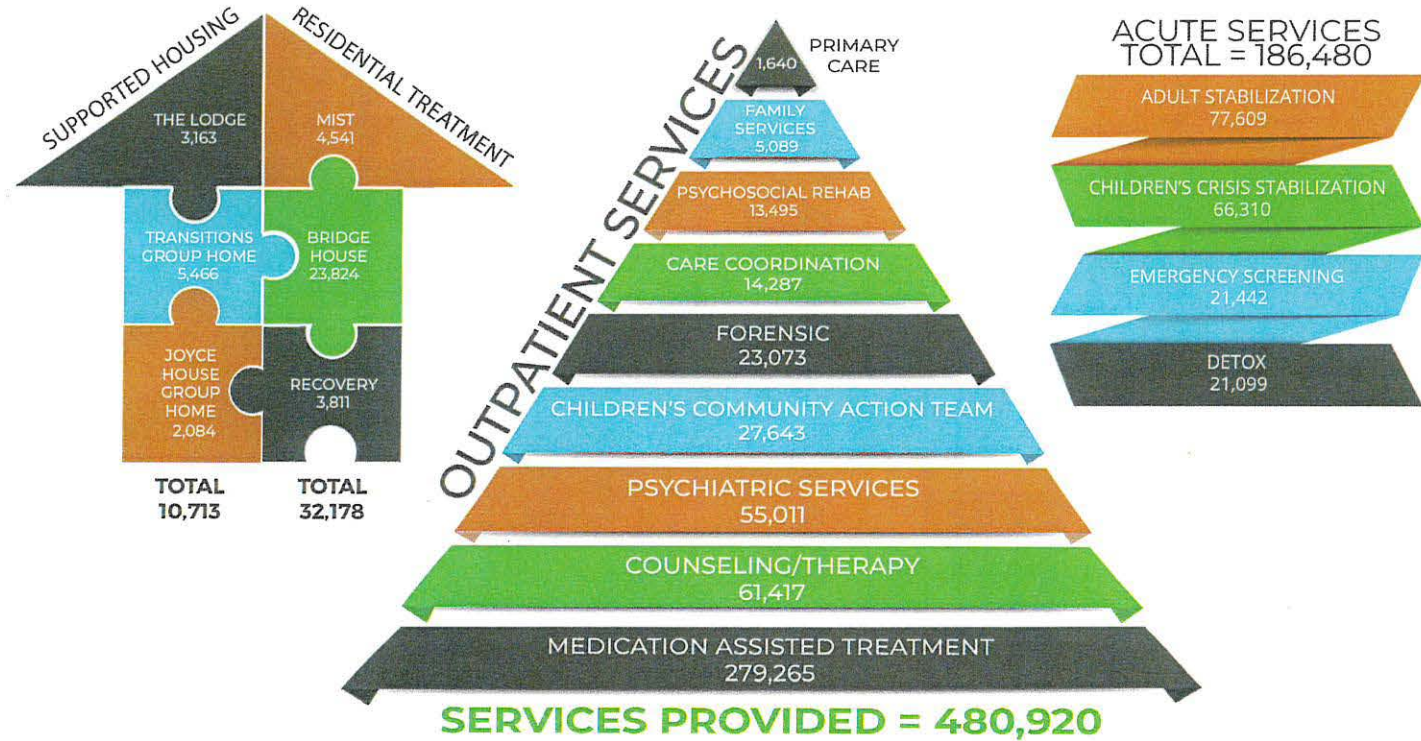
-  2501+ CLIENTS SERVED
-  1001-2500 CLIENTS SERVED
-  501-1000 CLIENTS SERVED
-  101-500 CLIENTS SERVED
-  21-100 CLIENTS SERVED
-  1-20 CLIENTS SERVED
-  0 CLIENTS SERVED

**520 HOMELESS SERVED**

In addition to the **21,586** individuals seen in treatment, Meridian also served **966** individuals in **61** Mental Health First Aid (MHFA) classes, provided **14,569** service hours in group therapy, saw **17,885** clients through **46,974** Telehealth services, and served an additional **34,572** individuals through prevention efforts. **197** Veteran Families were served in our Supported Services for Veterans & Families Program.

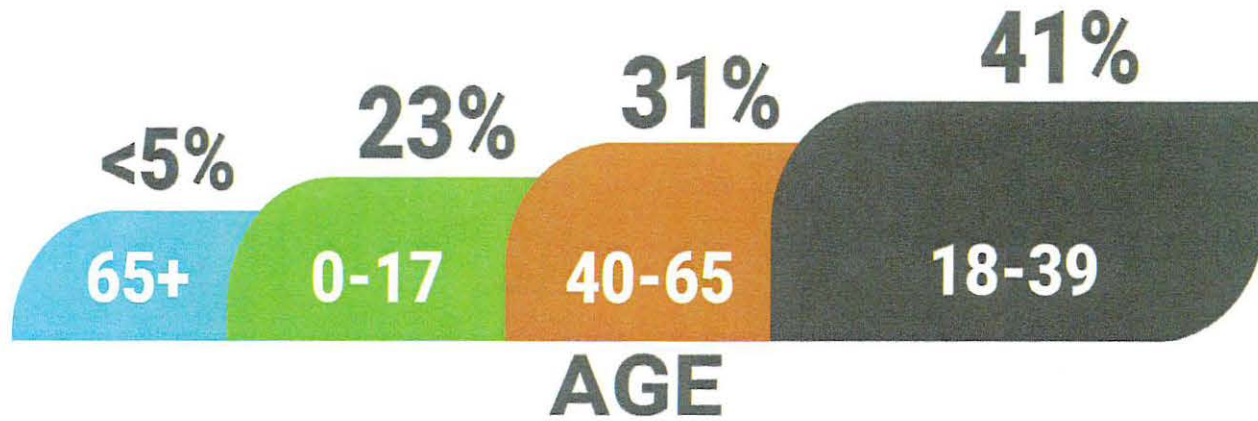


**M**eridian continues to serve clients throughout the entire state of Florida and beyond. Overall, Meridian has seen a 14% increase in services provided.

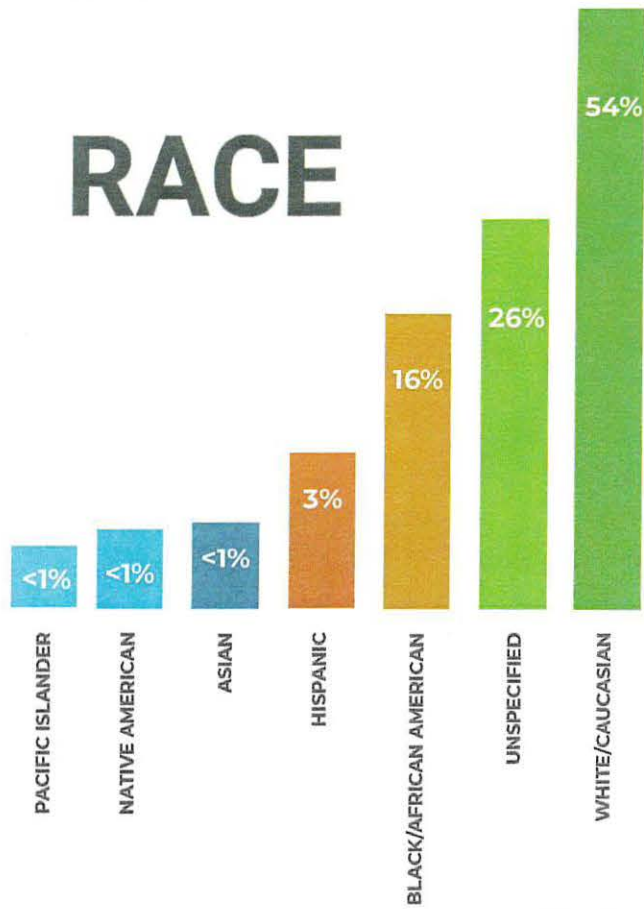




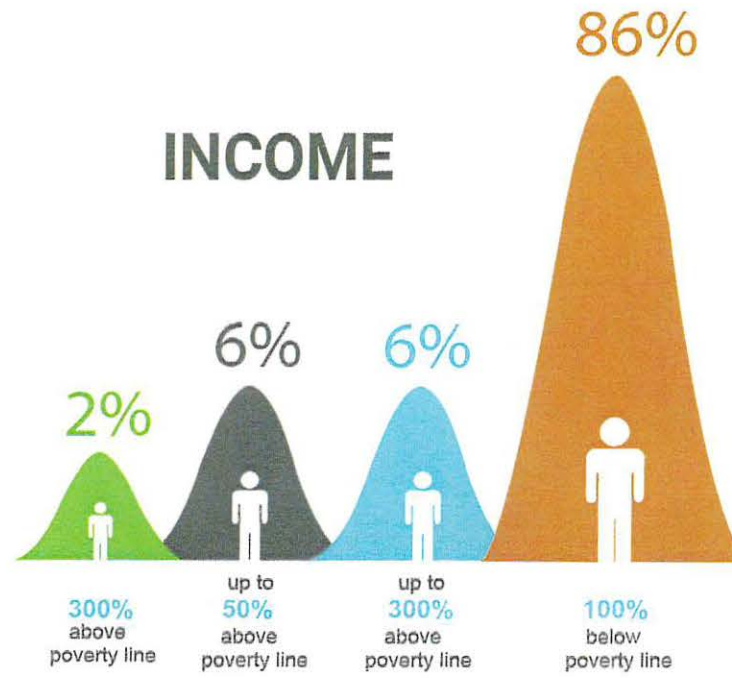
## GENDER



# RACE



# INCOME



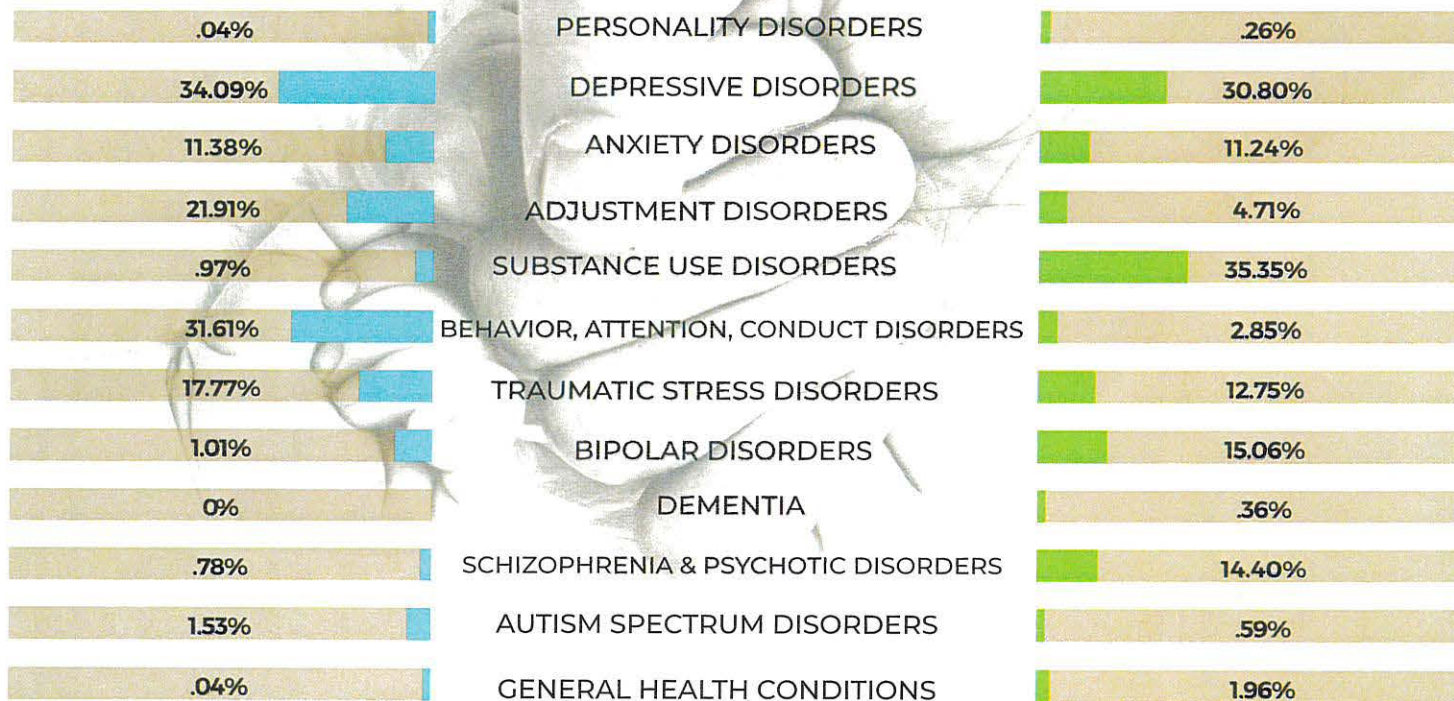
With continued support from our community partners, Meridan remains North Central Florida's trusted behavioral healthcare center.



# Diagnoses Treated

## CHILDREN

## ADULTS





**1,184,973**  
STAFF HOURS WORKED

OUR BUILDINGS CONSIST OF  
**198,963**  
SQUARE FEET

**1,428,700**  
SERVICE HOURS

**50**

NUMBER OF YEARS  
MERIDIAN HAS BEEN  
HELPING INDIVIDUALS

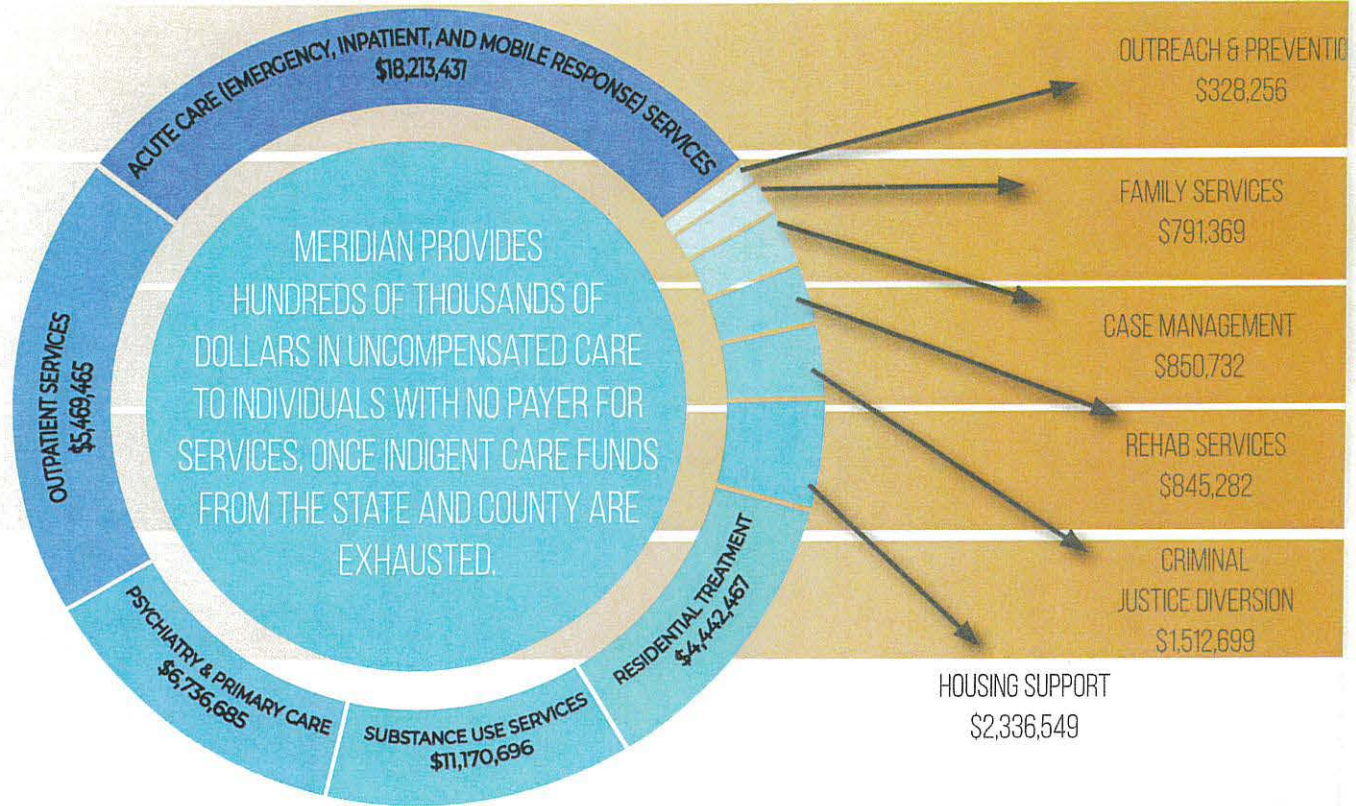
**1,428,877**  
SERVICES PROVIDED

**43,287**  
CLIENT SERVICE HOURS  
SPENT ON MINDFULNESS

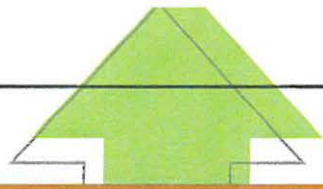
SERVED CLIENTS  
FOR  
**144**  
DIFFERENT PAYORS



# COMMUNITY INVESTMENT



# FINANCIAL SUMMARY



REVENUE	\$52.69M
EXPENDITURES	\$48.03M
ASSETS	\$28.88M
LIABILITIES	\$9.40M
NET ASSETS	\$13.67M



# WORKPLACE OF CHOICE

Meridian has opened the door to many exciting opportunities. Making a difference in the lives of those we serve is fulfilling. Plus, having an employer who recognizes your value and rewards you with continued opportunities makes it a great place to build longevity. - Sara



## PERKS

Cell phone plan discounts, travel and entertainment discount programs, pet insurance, and more!



## TIME-OFF

Generous PTO accrual for vacation, sick leave, and holidays.



## WELLNESS

Participating in the Vitality program can significantly reduce the cost of your healthcare insurance and offers valuable incentives to stay healthy.



## COMPENSATION

Competitive salaries and 403(b) retirement savings with company match.



## HEALTHCARE

Several health insurance plan options available including tax-sheltered health savings account. Vision, dental, retirement, life insurance, and AD&D are also available.



Opportunities for growth and career advancement. Tuition Reimbursement, Public Service Loan Forgiveness, and Free Clinical Supervision.



# OUR STAFF



NURSING /  
\*DIRECT  
CARE

**234**

CLINICAL/  
PROGRAM  
STAFF

**168**

CLINICAL/  
LICENSED  
STAFF

**47**

PHYSICIANS  
APRNS

**21**

ADMIN  
STAFF

**139**

## BY LOCATION

- Alachua = 406
- Baker = 16
- Bradford = 15
- Columbia = 130
- Dixie = 3
- Gilchrist = 15
- Hamilton = 1
- Lafayette = 1
- Levy = 12
- Suwannee = 8
- Union = 2

**TOTAL STAFF MEMBERS = 609**

\*TEAM MEMBERS THAT PROVIDE DIRECT PATIENT CARE DURING TREATMENT



# MANY THANKS TO OUR DONORS

DONORS WHO MADE GIFTS DURING THE 2020-2021 FISCAL YEAR

## \$10,000 AND ABOVE

Denise Gildard Bennett and Kenneth  
...Bennett  
The Gildard Bennett Charitable Fund

## \$5,000 TO \$9,999

Community Foundation of North  
...Central Florida  
John Kaplan\*  
Maggie Labarta and Jon Cherry  
Queen of Peace Catholic Church

## \$3,000 TO \$4,999

Anonymous  
Eric and Nicholle Parker  
Assured Partners  
Richard and Patricia Berne  
Genoa Healthcare  
Quinn Family Charitable Foundation  
Satch2 LLC

## \$1,000 TO \$2,999

John H. Abernethy, III  
Davis Automotive Group  
First Federal Bank  
Liquid Creative Suite  
Rick and Shannon Davis  
Facebook Fundraisers  
Florida Food Service  
Florida Insurance Trust  
Jim and Cathy Ipser  
... In Memory of Danny Ipser  
Richard and Sharon Jones  
Don and Karen Savoie  
Scott and April Schroeder  
Kara Shey  
Shey Charitable Foundation Inc.  
United Way of North Central Florida  
University of Florida Campaign for  
...Charities  
WellFlorida Council  
Tonia Werner

## \$500 TO \$999

Anonymous  
BBVA Compass Bank  
Wanda Bergman  
Campbell Spellicy Engineering  
John Corneilson  
Melissa Fort  
Diane and Michael Hogan  
Jewish Council of North Central Florida  
...Mitvah Makers  
Lowry Financial  
Palms Medical Group

# THANK

Purvis Gray & Company  
Hutson Rapier  
Solar Impact  
South State Bank

## \$100 TO \$499

Anonymous  
Maddie Adkins  
Natasha and Patrick Allen  
Amazon Smile Program

Alphabetized by last name or organization name \*is or includes a gift-in-kind ...continuation of name



Richard and Gloria Anderson  
 Logan Anglin  
 Amy and Adam Azoulay  
 Christine Baker  
 Edward Bender  
 Mary Benedict and George Sarosi  
 Ulla Benny  
 Nancy and Gabriel Bitton  
 Derral L. Bomar  
 Amanda Bondie  
 Bosshardt Realty Services, Inc.  
 Kathi Bracewell  
 Aurora Brink\*

Gail Childs  
 Lauren and Shane Cohn  
 Elizabeth A. Corr  
 Keytionada L. Covington  
 Vanessa Lu A. Cumber  
 Sadie Darnell  
 Pamela Demers  
 Marie Dennis  
 Drummond Community Bank  
 Joanne Edde  
 Jeff Feller  
 Sarah Frazier  
 Laurel and Howard Freeman  
 Tanaka Gates  
 Deborah Gaw  
 Harvey Goldstein  
 Charles Gomer  
 Valeria Gorden  
 Deborah Gordon  
 William Graham  
 Christy Green  
 Margaret Green  
 Tina Harkness-Poirier  
 Tammy Harris  
 Raheem Herbert  
 Katherine Holland  
 Tracey and Kevin Hollen

Laura Holley  
 Lynne Holt  
 Donna Ingersoll-Rowland  
 Betty Jackson  
 Ashley Johnson  
 David Johnson  
 Katherine Jordan  
 Suzanne Katz  
 Irene and Ken Kellner  
 Barbara Kerxton  
 Patricia Knight  
 Alison Law  
 Lead Fitness  
 Marcia Lee  
 Vonceil Levine  
 Maurice and Nicole Levy  
 Joyce Luther  
 Debra Main and Marty  
 Liquori  
 Kevin Marshall  
 Ronald D. Mathis, Jr  
 Christy Mcbee  
 Bethany McKee-Alexander  
 Paul and Stephanie Metts  
 Belinda Meyn  
 Sara Mihlfeld  
 Robert Milner  
 Corinthia Mims  
 Paul Mitchel

Elizabeth Morgante  
 Michaela Morris  
 Teresa Mullin and Kerry  
 Narcissus Gainesville  
 Robert Norberg  
 Dana O'Keefe  
 Alan and Shannon Paulin  
 Stephen Pennypacker and  
 ...Teresa Drake  
 Stephen and Anita Pittman  
 Joy Riddle and Rudy  
 ...Stankowitz  
 Tom and Mary Rossow  
 Rotary Club of Downtown  
 ...Gainesville  
 Carey and Stephanie Ryan  
 Tina Seifert  
 Jeff Shamis  
 Ann and Kevin Sortelle  
 Ilene Silverman-Budd  
 Sarah Singleton  
 Sonya and Marvin Slott  
 ...In Memory of Ira M. Salkin  
 Alesha Smith  
 Whitney and Kevin Spellicy  
 Bob and Connie Stern  
 Joan Stevens  
 Brenda Stewart  
 Susan and Gordon Summers

# YOU

Marcia and Lenny Brod  
 Charmaine Brooks  
 Glenn Brooks  
 Tracy Burger  
 Regina and Thomas Bussing  
 Stacy Camiel  
 LaVeta Carroll  
 Vickie and Stuart Carver  
 Lillian and Franklin Cason  
 Jose L. Cevallos



Kimberly Stratton  
 Kenetta Sutton-Wilson  
 Billy Tatum  
 Sarah Temple  
 United Way Tampa  
 Melisa and Dax Urrutia  
 Kara Van Malssen  
 Jacqueline Vanterpool  
 Victoria Vaughn  
 Susanne and Greg Walker  
 ...Wilson  
 Dewey and Mary Weaver

### UP TO \$99

Anonymous  
 Kim Abbott  
 Beth Alexander  
 Elsie Alex-Tanner  
 Erin Andres  
 Thea Baglino  
 Ashanti Baker  
 Brittini Balch  
 Cheryl Barry  
 Angie Beckham  
 Heather Beese  
 Amelia Bell  
 Tammy Bellamy  
 Conner Bennett  
 Lourdes Berlanga  
 Jaanel Berrick  
 Kathleen Blair  
 Roy Blinder

Arabella Blizzard  
 Alberta Blocker  
 Jennifer Blue  
 Aaron and Kim Bosshardt  
 Novena Bowie  
 Makenzie Boyer  
 Genae Brady  
 Richard Bray  
 Sheena Brewer  
 Dawn Brown  
 Karen Brown  
 Alecia Brown  
 Lisa Bruce  
 Rodney Brumby  
 Reda Buchanan  
 Thomas Bunce  
 Matthew Butler  
 Shira Callahan  
 Myia Campbell  
 Bea Cantres  
 Pamela Carlisle  
 Christian Long and Sarah  
 Carlson  
 Jayne Carroll  
 Grady Carthon  
 Tiffany Centers  
 Mary Chance  
 Manette Cheshareck  
 Susan Coleman  
 Nancy Collins  
 Adrienne Cology  
 Terrence Commons  
 Michael Cook

Kristen Copenhaver  
 Josey Corbett  
 Heather Cox  
 Amanda Craig  
 Mary Cross  
 Kindall Crummey  
 James Daly  
 Tammy Davis  
 Lisa Deacon  
 Margot and Nick DeConna  
 Catalina Delgado  
 Genora Dennis  
 Sara Desmartin and  
 ...David Greene  
 Elisabeth Diamond  
 Genevieve Dickens  
 Meagan Dickey  
 Sharonda Dixon  
 Kylie Doherty  
 Sarah Dooley  
 Laurie Doose  
 Allison Downey  
 Leslie Dugger  
 Kimberly Duncan  
 Ryan and Caroline Earls  
 Joyce Earnest  
 Fred Edelson  
 Jeff Edelson  
 Markina Edwards  
 Stacha Eichelberger  
 Randy Ellis  
 Stephanie and Michael  
 ...Esposito

Lynda Evans  
 Stephanie Fire-Smith  
 Auburny Folston  
 Osvaldo Font  
 Carolyne Freeman  
 Qurandus Gaines  
 Ahmad George  
 Joanne Gibson  
 Dedrie Godbolt  
 Ausheria Green  
 Robert and Naomi  
 Greenberg  
 Stacey Greger  
 Beth Groff  
 Sonya Guest  
 Shirley Haberman and  
 ...Stanley Rakofsky  
 Melinda Hall  
 Mary Hall  
 Lakedra Nakia Hall  
 Heather Handy  
 Elizabeth Harvey  
 Kelly Harvey  
 Connie Hawkins  
 Christina Hill  
 Harriet Hogsette  
 Latoya Holcy  
 Lauren Honeycutt  
 Kimberly Hunter  
 Pretina Hutchinson  
 Roshika Irving  
 Joel Islam  
 Dorothy Jackson

Rebekah Jackson  
 Latonia Jackson  
 Chip Johnson  
 Deidre Johnson  
 Brianna Johnson  
 Pamela Jones  
 Julie Jones-Herrington  
 Margaret Kaus  
 Patricia Ann Kearney  
 Nancy Keefe  
 Susan Kennedy  
 Kerra Knight  
 Melody and Norman  
 LaFlam  
 Leah Lanham  
 Kimberly Lester  
 Ashley Lightner  
 David Liu  
 Amy Mainous  
 John and Irene Malaty  
 Linda Martin  
 Terry Martin-Back  
 Martin Martinez  
 Sam Matez  
 Jovante Mattox  
 Irma Maxwell  
 Sara Maxwell  
 Stephanie McClendon  
 Letitia McCrary  
 Judy McGee  
 Lisa McLeod  
 Jennifer McNamara  
 Stephanie Miller

Laci Minter  
 Jazmine Moreno  
 Cassandra Morrison  
 Stephanie Mosieur  
 Janie Munson  
 Julia Murchison  
 Shawntavious Murphy  
 Marie Myrick  
 Jennifer Nalli  
 Lauren Naranjo  
 Joni Nattiel  
 Nicole Nichols  
 Damian Niolet  
 Katlyn Nolan  
 Abigail Oakes  
 Michael Ogburn  
 Kendra Oliver  
 Lynn Osickey  
 Kris and Virginia  
 ...Pagenkopf  
 Kristina  
 ...Panagiotopoulos  
 Chad Paris  
 Megan Parker  
 Olivia Peek  
 Rose Pena  
 Carolyn Percell  
 Manuel Peruga  
 Blake Pfeifer  
 Joselyn Pittman  
 Kathy Powers  
 Laura Predny  
 Cindy Prins  
 Amy Prodan

Jennifer Price  
 Lourdes  
 ...Ptschelinzew  
 Alexia Queen  
 Julie Rada  
 Edward Rada  
 Latifa Ranganadan  
 Cindy Prins  
 Amy Prodan  
 Lourdes  
 Ptschelinzew  
 Alexia Queen  
 Julie Rada  
 Edward Rada  
 Latifa Ranganadan  
 Maisey Ratcliffe  
 Janet Ray  
 Kirston Redman  
 Tonya Rezmer  
 Suzanne Richardson  
 Chris Riopel  
 Candy Ritch  
 Karen Rivera  
 Ariel Roldan-  
 Martinez  
 Gina Romblad  
 David Rountree  
 Victoria Ruise  
 Jamie Saley  
 Shelley Salter  
 Terina Sandstrom  
 Denise Sanfilippo  
 Sammi Schappucci

LaNitra Sapp  
 Shasta Schoellhorn  
 Rebecca Sharpe  
 Monica Signer  
 Kendra Siler-  
 Marsiglio  
 Alison Smith  
 Martin Smith  
 Richard Smith  
 Jessica Sobieski  
 Eileen and Stuart  
 ...Solin  
 Dawn Solomon  
 Kendra Southward  
 Marjorie Speer  
 Carla Stokes  
 Kristen tone  
 Lisa Strickland  
 Joshua Stull  
 Randy Tate  
 Denise Thomas  
 April Thompson  
 Tammy Thompson  
 Nancy Thorlakson  
 Marilyn Tubb  
 Kiambe Tunsil  
 Sharon Turner  
 Lonna Turner  
 Marlene and Russell  
 ...Tuttle  
 Naomi Ulysse  
 Monique Upchurch

Johanna and Henri  
 ...Van Rinsvelt  
 Angelina Vascimini  
 Kathleen Waite  
 Debbie Wallen  
 Helen Warren  
 Sarah Warren  
 Brooke Watson  
 Jennifer Weaver  
 Deirdre Webb  
 Amy Weber  
 Nathan and Amy  
 ...Whitiker  
 Pamela Whitehead  
 Marissa Whitter  
 Edward Wickens  
 Stefan Wickli  
 David Wilcox Jr  
 Patricia Williams  
 Leanne Williams  
 Brian Wilson  
 Carol Wilson  
 Warren Wiscombe  
 Traci Wooden  
 Amy Yeldell  
 Jennifer Yount  
 Cynthia Yturriaga  
 Awais Zaka



# BOARD OF ASSOCIATES

**DENISE  
BENNETT**

**MARY  
BENEDICT**

**TARA  
BLYTHE**

**HEATHER  
DAMRON**

**STEVE  
DATKULIAK**

**JOANNE  
EDDE**

**SAM  
GUESS**

**CATHY  
IPSER**

**JIM  
IPSER**

**JOEL  
ISLAM**

**KEVIN  
MARSHALL**

**CHAD  
PARIS**

**ERIC C.  
PARKER**



**Hope, Recovery, and Wellness Awards** are presented to community organizations or individuals that continually support Meridian's commitment to enhancing Hope, Recovery, and Wellness in the lives of those we serve.



Sergeant Paul Pardue takes an active role in the community to promote positive law enforcement interactions with citizens and at-risk groups in his community outreach role. With this added experience

and insight, Sergeant Pardue was well versed on actions needed to promote community relationship building. Sergeant Pardue promoted the value and effectiveness of the therapist ride along with law enforcement co-responder model and sought funding and collaboration for a co-responder team. When funding became available, Sergeant Pardue's involvement enabled Alachua County Sheriff's Office to expeditiously stand up the model with Meridian. Sergeant Pardue actively participated in the vetting model to hire the deputy with the 'best fit' for the program and as a match with a Meridian therapist. Sergeant Pardue has also stepped in as a co-responder with true dedication and enthusiasm when he was needed. His team has expanded coverage to the rural areas of Alachua County, serving residents who likely would have become involved in the legal system to otherwise be linked mental health and substance use treatment; he has gone above and beyond in every way to promote positive change in their life situation. For Sergeant Pardue's ongoing commitment to positive enforcement, we honor him with the Hope, Recovery, and Wellness Community Award.



Chad Paris carefully considered Meridian before joining the Board of Associates. He and his wife Alison strategically plan how they invest their resources, and Meridian was honored that they

decided that Meridian was a priority in their plan. Just as the pandemic hit us, Chad came onboard and has been a driving force, alongside the associates' chair, Denise Bennett. He has worked tirelessly to clarify the work of the associates. Chad spearheaded leading the associates to establishing measurable goals and is always willing to give a helping hand. He is at the ready to assist with strategic brainstorming, coming up with new and creative ideas, providing support; both financial and moral, appearing in Meridian video productions, and practically anything else that is asked of him. He often makes introductions to Meridian's team in the hopes of garnering advocates and resources for the work of Meridian. Chad is truly invested in Meridian's mission and extremely passionate about the value of those that struggle with substance use disorders and mental illnesses. For his passion and commitment, we are honoring Chad Paris with the Hope, Recovery, and Wellness Award.



David Snyder is a great sport and jumps in to assist Meridian with events without hesitation. He speaks freely about his

personal mental wellness and challenges and is game for almost anything that we throw at him. Even when he is provided with a script, he goes out of his way to personalize it and highlight mental health in a highly valued way. His deep support of the treatment of mental illness and substance use disorder is apparent each time he volunteers to work on a project with Meridian. For David's support in raising the awareness of the importance of mental illness and substance use disorder, Meridian is honoring David Snyder with the Hope, Recovery, and Wellness Award.

## EMPLOYEE OF THE YEAR

**Genora Dennis**

Custodian

**Nomination Criteria: Initiative**

Genora is always ready and willing to help out any Meridian staff. She will jump on board to lend a helping hand and ensure the job gets done. It doesn't matter how big or small the job may seem - you can count on her. While making rounds on campus, Genora noticed that another team was having a difficult time with a beloved teammate's office. She cleaned and boxed up the personal belongings, organized paperwork, and separated the equipment. Genora was not asked by anyone, but took the initiative to help out her co-workers during a difficult time. Genora goes the extra mile when it comes to her job. Whether it's taking an extra few minutes in someone's office or helping to carry items for someone, she lends the helping hand. Not a day goes by that you don't hear her telling someone "good morning, beautiful", "how are you doing?", or "I'm praying for you". She genuinely has a heart of gold and makes everyone feel welcome.

**Nomination Criteria: Excellence, Integrity, Initiative**

Jennifer has dedicated herself to service delivery, teamwork, and providing great client care. Her dedication to meet her clients where they are and provide therapy in the most effective, ethical, and convenient manner is just one of her selfless qualities.

She has demonstrated herself to be an extremely ethical and conscientious provider. Jennifer ensures that clients can participate in the most proper treatment by seeking additional services and referral sources. She does not hesitate to seek supervision when needed to make sure all clients remain safe. When new clinicians are onboarded, Jennifer is the first to volunteer to have them shadow her at the schools. She explains the referral and follow-up process and assists them in learning the procedures and documentation necessary. Jennifer does this for the Children's Outpatient - Alachua team, as well as for clinicians in other departments that need assistance. She's willing to be flexible with her schedule to meet training needs while maintaining her own productivity and documentation concurrency.

## EMPLOYEE OF THE YEAR

**Jennifer McNamara**

Clinician - Children's Outpatient





LEADERSHIP AWARD

**Latifa Ranganadan**

VP, Outpatient Services, North



**Nomination Criteria: Excellence**

Handling multiple roles due to staff vacancies, Latifa leads her programs to high performance while exceeding benchmarks and quality measures. She continuously manages relationships with community partners and demonstrates standards daily through her dedication every day at Meridian. This has been demonstrated by keeping the northern counties running smoothly even with unexpected staff shortages.

Latifa's high regard for client care is evident. She ensures anyone who needs help will be linked to a therapist in the shortest amount of time possible. When staff is not available, she does not hesitate to assist the client herself by completing an intake or assisting the client through a crisis. Latifa does this all while carrying on with her duties as Vice

President of Clinical Services, North. Latifa and her team strive for great client care experiences!

**Nomination Criteria: Initiative**

Amanda consistently goes the extra mile from her day-to-day duties to resolve difficult challenges. Whether it is wading in ankle-deep water with staff and contractors or by filling in for unplanned maintenance, kitchen, or housekeeping staff, Amanda regularly rolls up her sleeves and demonstrates a "can-do-attitude." She does not hesitate to act and adapt to any situation. After all, she's been adapting to change for 11 years at Meridian.

Her initiative and attention to detail is known by her co-workers, making her a true asset to the Meridian family. Amanda demonstrates leadership through her words and actions. For example, recently, she managed an uncontrolled weather situation that resulted in water surrounding and closing off one of Meridian's facilities. Amanda managed the situation from beginning to end, ensuring the structure and equipment were in working order so that clients and visitors would be safe. Amanda keeps management and Meridian staff informed about when a facility will be ready and open for services.

Perhaps, the most notable thing about Amanda is that her team cannot say enough positive things about her as their supervisor. Her team articulates that she is fair, consistent, and caring.

SUPERVISOR OF THE YEAR

**Amanda Craig**  
Facilities Director







The designation of Certified Community Behavioral Healthcare Center (CCBHC) honors Meridian as a healthcare organization that offers an all-inclusive range of substance use and mental health disorder services, especially for individuals who have a multitude of needs.

The certification process includes stringent quality measures to ensure quality care.

Additionally, it enables Meridian to expand a care coordination focused on the whole health of every person being served.

Certified Community Behavioral Healthcare Center - \$4,000,000 (\$2 mil for two years)



In March of 2020, 24/7/365 on-demand Telehealth access for new patients and current patients experiencing a crisis became available at [mbhci.org/telehealth](https://mbhci.org/telehealth). This type of on-demand care provides vital, life-saving services when individuals need it the most. Trained professionals are available around the clock to speak with clients during their time of crisis without having to leave their home.

## READY WHEN YOU ARE

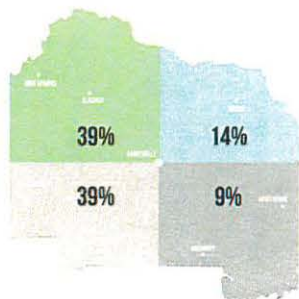
“During the COVID-19 pandemic, I was able to access treatment with Meridian using Telehealth.” She experienced a personal crisis and immediately contacted Meridian. “The moment my crisis happened, I was able to video chat with my therapist instantaneously, and she helped me de-escalate the situation. Now I am stabilized and can’t thank Meridian enough.” -Alyson



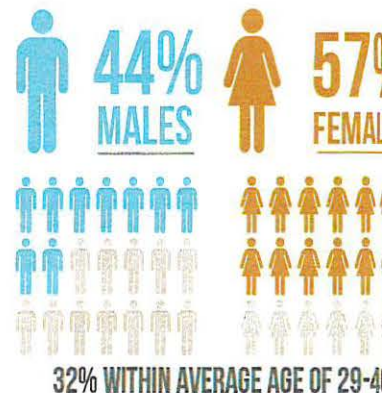
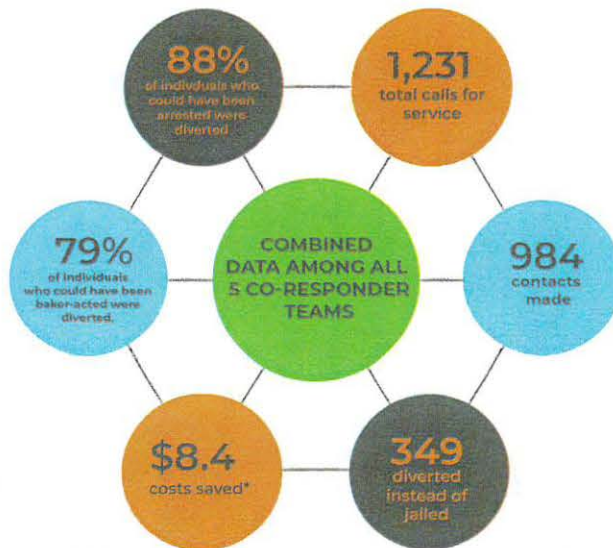
# CO-RESPONDER TEAM EXPANDS

The Co-Responder concept involves partnering law enforcement officers with mental health professionals to act as first responders to calls for service involving persons with a mental illness so that we can provide them the services they need and potentially keep them out of the criminal justice system. This evidence-based approach provides a positive form of outreach, community education, and de-escalation of crisis within our community.

The Co-Responder program, in its third year, is a vital aspect of advancing community-based solutions for citizens suffering with mental illness and substance use disorders.



### SPECIAL POPULATIONS



\* Cost calculation based on data from Miami - Dade County's average daily psychiatric inmate cost (est \$262/day) with an average of 205 days for a psychiatric inmate bed stay (per CMHISAG annual reports) and average daily cost and length of stay for Meridian CSU (est \$750/day with an average of 3.5 days for an adult bed stay)





**WE DON'T JUST PROVIDE CARE. WE PARTICIPATE IN RAISING THE LEVEL OF EXCELLENCE**

Meridian's Chief Nursing Officer, Linda Skalsky, DNP, APRN, PMHNP-BC contributed to a randomized clinical trial designed to evaluate whether encouraging the use of a long-acting injectable compared with usual care, delays the time to first hospitalization for patients with early-phase illness. In the published article, "Effect of Long-Acting Injectable Antipsychotics vs Usual Care on Time to First Hospitalization in Early-Phase Schizophrenia" from the randomized clinical trial noted the conclusion and relevance as; long-acting injectable antipsychotic use by patients with early-phase schizophrenia can significantly delay time to hospitalization, a personally and economically important outcome. The clinical trial urged clinicians to broadly consider long-acting injectable antipsychotic treatment for patients with early-phase illness.

(JAMA Psychiatry. 2020;77(12):1217-1224. Doi:10.1001/jamapsychiatry.2020.2076)

The Institute for Justice Research & Development (IJRD) has partnered with Meridian to identify effective practices for connecting individuals with mental health disorders to treatment once they have come into contact with law enforcement. In this project, research staff tracked a range of variables, including psycho-social well-being of individuals that initially entered crisis stabilization (CSU) by law enforcement. Ultimately, this study aims to provide a better understanding of barriers and facilitators that effect implementation, in addition to the retention of persons in services after their releasement from a CSU.



**INSTITUTE FOR JUSTICE  
RESEARCH AND DEVELOPMENT**

FLORIDA STATE UNIVERSITY • COLLEGE OF SOCIAL WORK

## TESTIMONIALS

After 15 years of drug and alcohol addiction, I knew that I needed to go to detox. My husband took my daughter on a trip as she had been in isolation with me at home her whole life and I was worried about her having separation anxiety. But, I wanted to finally take a step towards repairing the damage I had done.

I was treated at detox for nine days and it changed the entire course of my life. Before that point, I had no hope for my future and I was convinced that I would have to continue to live that way until it killed me. I was terrified of continuing to not be able to provide a stable home for my daughter or be the mom that she needed me to be.

I am sure that I couldn't get sober without help from Meridian, but what really made the biggest difference for me was being introduced to 12-step recovery while I was there. There were meetings being held every day and I started to believe that recovery could really work for me the way it was working for other people. When I left, I immediately started going to meetings on the outside and working the steps with a sponsor. I couldn't believe it when it worked for me exactly as promised and I didn't want to drink or use anymore.

I recently celebrated seven years sober. I used to be unemployable and now I have a flourishing career and the ability to be a Meridian supporter. My daughter has been treated at Meridian to aid in her own recovery and she is doing amazingly well. I have real joy and peace of mind because of sobriety.

I truly feel like I owe it all to Meridian and Dr. Abernathy for helping me through the detox process and introducing me to this new way of life. -Elisa

"I had a terrible outlook on life. I'm positive now. Working with my counselor and in groups has helped tremendously. If I had never come to Meridian, I have no clue how my life would have ended up. I can't change my past, but I can change my future."

- Christopher

"Without their direction and support, our family would have suffered more than it already has. Meridian brought forth growth, clear perception, self-awareness and a greater understanding of our circumstances. They have also encouraged us to pursue further therapies for our family to continue to improve."

- Yvette



# WORKING TO ENSURE THAT WE ARE READY WHEN YOU ARE

## FOCUSING ON QUALITY CARE:

CARF Accreditation - Three-Year Designation

## BRINGING TREATMENT CLOSER TO YOU:

Awarded Methadone Licenses in Suwannee and Putnam Counties

Dixie County Opiate Response Grant Award

Co-Responder Program Expanded





**MULTI-SPECIALTY RESEARCH ASSOCIATES, INC.**

**LAKE SHORE HOSPITAL AUTHORITY**

**REQUEST FOR PROPOSALS REGARDING  
STATEMENTS OF INTEREST RESPONSE FORM**

**TO:** Lake Shore Hospital Authority  
259 N.E. Franklin Street, Suite 102  
Lake City, FL 32055

**RE:** Statement of Interest Regarding the Lake Shore Hospital Authority and Lake Shore Hospital

**FR: Company Name:** Multi-Specialty Research Associates, Inc.

**Company Address:** 4601 West US 90

Lake City, FL 32055

**Contact Person:** Lauri Adams

**Contact Information: Phone:** (386) 438-8977

**E-Mail:** lauri@msrainc.com

Our entity would like to express an interest in working with Lake Shore Hospital Authority in the following capacity(ies): (Check all that apply)

Affiliation	<input type="checkbox"/>
Lease	<input checked="" type="checkbox"/>
Merger	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Joint Venture	<input type="checkbox"/>

Please attach a narrative explaining your intended use and the specific building(s) you are interested in occupying on the Lake Shore Regional Medical Center campus.



# MULTI-SPECIALTY RESEARCH ASSOCIATES

14 February 2022

Mr. Dale Williams, Executive Director  
Lake Shore Hospital Authority  
259 NE Franklin Street, Suite 102  
Lake City, FL 32055

Dear Mr. Williams,

I am writing to express my interest in leasing commercial space in the Lake Shore Hospital for our clinical research company.

We are a growing Phase I-IV clinical trial research site, and the first of its kind in with a 100-mile radius of Columbia County. Our company is currently comprised of 18 team members including myself, 3 nurses, 4 coordinators, 1 lab technician, a business development team, administrative and support staff including our current Medical Director is Dr. Guy O. Strauss, D.O.. I have more than 30 years of experience as the Managing Director for Clinical Research sites and together with my Clinical Research team, we possess more than 85 years of experience.

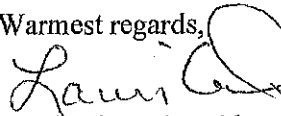
We are rapidly outgrowing our current location and currently looking for a larger, more accommodating space. We believe that our team has the potential to grow from our current number of 15 to more than 30 team members in the immediate future. As part of our growth, we would be seeking space for an inpatient unit within the Lake Shore Hospital. I feel it would be advantageous in providing our community with excellent & collaborative healthcare. I strongly believe that having this combined space and business plan would bring Columbia County to the forefront of progress in medical care & clinical research.

We are currently looking for a space that would be approximately 10-12,000sf and possess the ability to accommodate approximately 20 in-patient beds. We are in a financially secure position and can provide financial references, if required.

Multi-Specialty Research, Inc. has had the pleasure of serving our community and providing its residents with healthcare & the ability to participate in clinical trials at no cost to them that provide additional healthcare alternatives that might not be received without this opportunity.

We look forward to continuing this honor and invite you to review our website [www.msrainc.com](http://www.msrainc.com) for additional insight into our mission.

I look forward to hearing from you soon.

Warmest regards,  
  
Lauri Adams, President

Tel: (386) 438-8977 • Fax: (386) 438-8972  
4601 West US 90 • Lake City, FL • 32055

Acne  
Allergic Rhinitis  
Allergy  
Alzheimer's  
Angina  
Anxiety  
Asthma  
Atopic Dermatitis  
Back Pain  
BPH  
Bronchitis  
Cardiovascular  
Chronic Pain  
Colitis  
COPD  
Depression  
Diabetes  
Dyslipidemia  
Fibromyalgia  
Food Reaction  
Gastrointestinal Disorders  
Glaucoma  
Gout  
Hypertension  
Infectious Disease  
Lupus  
Migraine  
Neutraceuticals  
Obesity  
Osteoarthritis  
Osteoporosis  
OTC switch  
Peripheral Vascular Disease  
Pneumonia  
Postmenopausal  
Post Operative Pain  
Psoriasis  
Psychiatric Disorders  
Rheumatoid Arthritis  
Sexual Dysfunction  
Sinusitis  
Skin Infection  
Sleep Disorders  
Smoking Cessation  
Urticaria  
Women's Health



## **REMNANT MINISTRIES**

LAKE SHORE HOSPITAL AUTHORITY

REQUEST FOR PROPOSALS REGARDING  
STATEMENTS OF INTEREST RESPONSE FORM

TO: Lake Shore Hospital Authority  
259 N.E. Franklin Street, Suite 102  
Lake City, FL 32055

RE: Statement of Interest Regarding the Lake Shore Hospital Authority and Lake  
Shore Hospital

FR: Company Name: Bennant Ministries  
Company Address: 1226 Yorktown Glen  
Lake City FL 32025

Contact Person: Garrett Morrison  
Contact Information: Phone: 386-365-5683  
E-Mail: trippy1492@live.com

Our entity would like to express an interest in working with Lake Shore Hospital  
Authority in the following capacity(ies): (Check all that apply)

Affiliation \_\_\_\_\_  
Lease  \_\_\_\_\_  
Merger \_\_\_\_\_  
Partnership \_\_\_\_\_  
Joint Venture \_\_\_\_\_

Please attach a narrative explaining your intended use and the specific  
building(s) you are interested in occupying on the Lake Shore Regional Medical  
Center campus.

Remnant Ministries is a growing group of individuals striving to see growth in our community. Garrett Morrison is a pastor, basketball coach and small business owner of Everlasting Effect. Destiny Evans is a mental health counselor with a bachelors in elementary education, master's degree in professional counseling, targeted case manager, and working to obtain MCAP. Austin Evans works in finances as well as running a small online company.

### The Why:

Lake City, Florida is in real need of revival and we believe the area of Lake Desoto and Lake Shore Hospital is a prime candidate to bring about such change. This area is a hotspot with tons of potential that offers many activities for a wide range of individuals from different age groups, racial backgrounds, and different social classes. We, Remnant Ministries, have committed ourselves to dedicated prayer at the Darby pavilion every Tuesday since the very beginning of January of 2021 and have not missed a week. We have chosen this place due to it having a special place in our heart and during this process we have developed a passionate connection with it. We have had the privilege to reach people through our consistent efforts. During this time, we've seen the darkness that plagues our community through the brokenness of drugs, homelessness, and violence on full display. We are seeing many people, especially young people, perishing due to the lack of knowledge and due to their hopelessness turning to many outcomes that are crippling their future. Throughout it all, we have been moved with compassion on behalf of our community and have been privileged to witness mighty moves of God all year long. There is hope for our community and we believe that begins with a generation who will not simply stand aside but will become forerunners that are willing to get in the trenches and serve on the frontlines.

### Mission statement:

God has given us a vision for lake city and Lake shore hospital will serve as a lighthouse who will pierce through the darkness and permeate throughout all of Lake City. Remnant ministries want to work with the community to



### Hospital 1 level 2:

Substance abuse and Recovering area, AA meeting area, individual counseling services, and providing for their needs.

### Hospital 1 level 3:

Homeless care area, providing a place to get clean, new set of clothes, employment opportunities, place to sleep for a night, housing opportunities, and connections to health care opportunities.

### Hospital 1 level 4:

Mothers and their Children area, providing a place for abused or struggling mothers and their children to get clean, new set of clothes, employment opportunities, place to sleep for a time, setting up with case management, health care, and housing opportunities.

### PT building front side:

Adult's Mental Health care using insurance or additional resources. Providing case management, employment opportunities, group counseling, individual counseling, and smoke cessation program.

### PT building back side:

Children's Mental Health care, Parenting assistance program for children with mental health struggles, signing up for youth programs, life skills classes, summer programs, jobs opportunities (16-18), Teacher assistance program for children with mental health struggles (working with local schools), and wraparound program.

### Large 2 story building level 1:

Youth floor, after school care, tutoring/homework help, anti-bullying program working with local schools, Big brother/sister program, sports programs, Art program, Gardening and life skills program and youth services for church.

Large 2 story building level 2:

Teen level, after school care, tutoring/homework help, anti-bullying program working with local schools, Big brother/sister program, sports programs, Art program, Gardening and life skills program and teen services for church.

Back small building:

Providing a week's worth of food for those that apply and clothing twice a month to those who apply (working with the worship room business).

Storage building:

Everlasting Effect business building, screen print, office area, shipping area for merch sales. (working with the Everlasting Effect business)

Additional request of Helipad area and additional land space:

We visualize the creation of a basketball court for the youth and rec center as an addition to our after school programs for children and teens providing a space for the youth to occupy their time to keep them out of trouble. We will offer public access to different activities where people can share their same interests and hobbies such as cornhole, pickleball, volleyball etc. All while providing a central hub of basketball operations for youth and adult leagues, training facility, and use by the local schools as needed. We plan to work with already established resources and enlist the assistance of like minded individuals like Mario Coppick to work towards the vision for the youth.

The how:

To accomplish the mission, we plan to work to create a unified mission by recruiting like minded individuals to come alongside to accomplish this overall goal. Some of these individual/facilities Pastor Clyde Douglas Community Revival Center, Crystal Hair at Camp Anderson, The Worship Room, Lake City Humane Society, Christian Service Center, Lutheran Services, Pastor Michael Childs Saturate Lake City, Pastor Keith McDuffie Higher Heights, deeper depths, Pastor Travis Buchanan City Church, Pastor Mark Cady Christian Fellowship Church, Ramona Park Church, Pastor Terry Shiver Christ Community, Pastor Chad and Erin Rogers Wellspring Church, Brian Dicks Hopeful Baptist, and Jon Dugger Kingdom House. Nonetheless we hope that you too can believe in the vision for our communities future and overall well being.



**SCP HEALTH**

**LAKE SHORE HOSPITAL AUTHORITY**  
**REQUEST FOR PROPOSALS REGARDING**  
**STATEMENTS OF INTEREST RESPONSE FORM**

**TO: Lake Shore Hospital Authority**  
259 N.E. Franklin Street, Suite 102  
Lake City, FL 32055

**RE: Statement of Interest Regarding the Lake Shore Hospital Authority and Lake Shore Hospital**

**FR: Company Name:** SCP Health  
**Company Address:** 3100 Cumberland Boulevard  
Suite 1000  
Atlanta, GA 30339  
**Contact Person:** Ryan Brady, Vice President Business Development  
**Contact Information: Phone:** 337-609-5126  
**E-Mail:** ryan\_brady@scp-health.com

**Our entity would like to express an interest in working with Lake Shore Hospital Authority in the following capacity(ies): (Check all that apply)**

**Affiliation**   
**Lease**   
**Merger**   
**Partnership**   
**Joint Venture**

**Please attach a narrative explaining your intended use and the specific building(s) you are interested in occupying on the Lake Shore Regional Medical Center campus.**

*As with SCP Health's previous proposal, SCP is interested in partnering with Lake Shore Hospital Authority to provide for full Emergency and/or Hospital Medicine staffing and management services provided by SCP, to also include the billing, collection, and retention of the professional revenue for said programs.*

**JAMES M. SWISHER JR. –  
COLUMBIA COUNTY CLERK OF COURTS**





**JAMES M. SWISHER, JR.**  
COLUMBIA COUNTY CLERK OF COURTS & COMPTROLLER



February 22, 2022

To: Lake Shore Hospital Authority  
259 NE Franklin Street, Suite 102  
Lake City, Florida 32055

From: James M. Swisher Jr – Columbia Co. Clerk of Courts  
173 NE Hernando Ave  
Lake City, Florida 32055

Ref: Statement of Interest

The Columbia County Clerk of Courts has an interest in possibly utilizing record storage space in the building directly north of the Lake Shore Hospital Authority office (NE Leon St and NE Davis Ave). For a number of years, the Clerk's Office has been utilizing storage at the County owned Watertown Storage Facility and paid storage at the Mini-Storage of Lake City. The Lake Shore Hospital Authority storage building would not only provide a centralized storage location, but it could also save taxpayer dollars which are currently being allocated on storage fees at the Mini-Storage of Lake City. The proximity of this building to the Courthouse would make for an efficient Clerk's storage facility. Thank you for your consideration.

Should you have any questions, or wish further clarification, please do not hesitate to contact me at (386)365-4317 or [jswisher@columbiaclerk.com](mailto:jswisher@columbiaclerk.com).

Sincerely,

James M. Swisher Jr.  
Columbia County  
Clerk of Circuit Court & Comptroller

LAKE SHORE HOSPITAL AUTHORITY

REQUEST FOR PROPOSALS REGARDING  
STATEMENTS OF INTEREST RESPONSE FORM

TO: Lake Shore Hospital Authority  
259 N.E. Franklin Street, Suite 102  
Lake City, FL 32055

RE: Statement of Interest Regarding the Lake Shore Hospital Authority and Lake  
Shore Hospital

FR: Company Name: Columbia Co. Clerk of Courts  
Company Address: 173 NE Hernando Ave  
Lake City, FL 32055

Contact Person: Jay Swisher  
Contact Information: Phone: (386) 365-4317  
E-Mail: jswisher@columbiaclerk.com

Our entity would like to express an interest in working with Lake Shore Hospital  
Authority in the following capacity(ies): (Check all that apply)

Affiliation	<input checked="" type="checkbox"/>
Lease	<input checked="" type="checkbox"/>
Merger	<input checked="" type="checkbox"/>
Partnership	<input checked="" type="checkbox"/>
Joint Venture	<input checked="" type="checkbox"/>

Please attach a narrative explaining your intended use and the specific  
building(s) you are interested in occupying on the Lake Shore Regional Medical  
Center campus.

## **THE WORSHIP ROOM**



**LAKE SHORE HOSPITAL AUTHORITY**

**REQUEST FOR PROPOSALS REGARDING  
STATEMENTS OF INTEREST RESPONSE FORM**

**TO: Lake Shore Hospital Authority**  
259 N.E. Franklin Street, Suite 102  
Lake City, FL 32055

**RE: Statement of Interest Regarding the Lake Shore Hospital Authority and Lake  
Shore Hospital**

**FR: Company Name:** The Workshop Room  
**Company Address:** 162 NW Ridge Wood Avenue  
Lake City FL 32055

**Contact Person:** Matthew Ganskop  
**Contact Information: Phone:** (386)867-0292  
**E-Mail:** mattganskop@gmail.com

**Our entity would like to express an interest in working with Lake Shore Hospital  
Authority in the following capacity(ies): (Check all that apply)**

**Affiliation**         
**Lease**   ✓    
**Merger**         
**Partnership**   ✓    
**Joint Venture**   ✓  

**Please attach a narrative explaining your intended use and the specific  
building(s) you are interested in occupying on the Lake Shore Regional Medical  
Center campus.**



The Worship Room  
162 NW Ridgewood Ave  
Lake City, FL 32055

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February 21, 2022

Lake Shore Hospital Authority  
259 N.E. Franklin Street, Suite 102  
Lake City, FL 32055

Dear Dale Williams and the Lake Shore Hospital Authority Board of Trustees,

Thanks for extending an invitation for a statement of interest. We're excited to share our vision for community service, partnership, and contribution in hopes for your consideration of providing facility(ies) for our purpose.

In 2019, we began with a mission of engaging the needs of the community, especially our local indigent population. Whether the needs were physical, emotional, or spiritual, we sought to identify goals, solve problems, and bring restoration in a way that confirms dignity and self-respect. Less than a year later, during the COVID pandemic, we successfully organized delivery of over a million pounds of food to families in need.

Since then, we've set up a clothing closet and created a space for weekly worship and monthly community engagement events among a list of other projects. During this time, we've helped many people experiencing homelessness and food insecurity and have had first-hand experience with the plight of these individuals. Also, we've connected and partnered with people having a wide range of experience including various degrees in counseling, mentorship, advocacy, and case management.

We've also worked with and created relationships with organizations providing food pantries, shelters, detox facilities, and various rehabilitation programs in Florida, Georgia, Texas, and Arkansas. One of our goals is not to re-create programs that other local organizations are already doing well, but to come alongside them for greater impact and effective, positive outcomes.

We are currently in the process of securing grants and corporate funding to expand and sustain the vision for our resource center. This will employ a staff including family support advocates, office assistants, supervisors, and intake specialists. Here's a condensed description for some of the services and roles:

**Intake Specialists:** To assist with immediate needs and help determine the best path towards self-sufficiency and successful community living.

**Advocates and Case Management / Counselors:** To provide regular appointments with help in the following areas:

- Apply for food, medical, and financial assistance
- Apply for housing
- Apply for Social Security benefits
- Help with homelessness
- Help with food insecurity
- Life skills

- Financial Literacy
- Medical Health assistance
- Substance abuse issues
- Employment
- Training
- Veteran Care
- Re-Entry institutions

**Community Engagement and Networking:** Consistently networking with agencies, resources, and community programs. Keeping updated accounts of partnerships and services for the agency as well as the families we serve.

**Transitional Housing and “Steps” Program:** A hands-up instead of hands-out approach providing shelter and mentorship to individuals in a recovery stage, especially recovering from substance abuse. This would require demonstration of commitment to betterment through taking “steps”, completing curriculums, attending counseling and mentorship meetings to award housing and basic necessities for weeks or possibly months. This would be a major cornerstone of our program. Too often, individuals well on their way to recovery, hold a job for a short time only to end up finding no housing away from their prior substance abuse life. Sadly, this type of situation causes many to slip back into the life they were trying to break free from.

**Mental Health:** Proactive mental health improvement is one of the overarching goals in most of our programs and functions. Education and access to care are key elements.

- Support groups
- Healing activities
- Worship events / Spiritual guidance
- Community social meetings
- Exercise
- The arts

**Youth Activity and After School Program:** We are currently collaborating with multiple local organizations in planning a youth activity center.

**Long-term care:** Many people are living in a cycle of crisis and this is all that they’ve known. We are creating a team of counselors, mentors and life coaches that will walk with each client long-term, even after they have completed a program.

We are asking to lease the Bedoya building for the Transitional Housing program. We are also interested in more detailed discussions for possible use of other buildings.

Matthew Ganskop  
President, The Worship Room Inc.



**YOUR ER SOLUTION LLC**

LAKE SHORE HOSPITAL AUTHORITY

REQUEST FOR PROPOSALS REGARDING  
STATEMENTS OF INTEREST RESPONSE FORM

TO: Lake Shore Hospital Authority  
259 N.E. Franklin Street, Suite 102  
Lake City, FL 32055

RE: Statement of Interest Regarding the Lake Shore Hospital Authority and Lake  
Shore Hospital

FR: Company Name: Your ER solution LLC  
Company Address: 4474 NW 159th Drive  
Newberry FL 32669  
Contact Person: Michael White MD  
Contact Information: Phone: 352 214 3114  
E-Mail: mjw22@hotmail.com

Our entity would like to express an interest in working with Lake Shore Hospital  
Authority in the following capacity(ies): (Check all that apply)

- Affiliation
- Lease
- Merger
- Partnership
- Joint Venture

Please attach a narrative explaining your intended use and the specific  
building(s) you are interested in occupying on the Lake Shore Regional Medical  
Center campus.

Friday, February 16, 2022

Lake Shore Hospital Authority  
259 N.E. Franklin Street, Suite 102  
Lake City, FL 32055

Lake Shore hospital was a pillar of our community for decades.

During my nearly twenty years in Columbia County, I have had the privilege of working several years at the Lake Shore both as an ER medical director as well as practicing physician. The community lost an incredible resource when the hospital closed.

I would like to partner with the Lake Shore Authority Board to create an acute care facility focused on authority board patients. While the Lake Shore hospital will not reopen, I envision using existing space across the street to deliver hospital grade emergency medicine care.

In collaboration with the authority board, I would like to offer on-site radiology (CT scan, Xray, C-arm, ultrasound), the ability to administer IV fluids and medications (excluding narcotics) and perform standard ER procedures including but not limited to fracture care and splinting, laceration repair, abscess drainage and other typical ER procedures. For conditions exceeding the facilities capabilities we would initiate stabilizing treatment and work with receiving facilities and specialists to smoothly transition the patient's care. All providers would have previous ER experience and nurses and techs would likewise have ER backgrounds and training.



Prior to closure Lake Shore emergency room delivered care to thousands of patients annually. I would work hand in hand with the board to reconnect and reestablish a relationship with our community and our patients.

Given the large potential patient population served I would request use of both buildings across the street from Lake Shore hospital. I have personally walked both buildings multiple times and I believe, with minor revisions, the building previously used for physical therapy would serve well for diagnostic and laboratory services as well as ongoing treatments and infusions. The two-story building is well designed for private patient evaluation and consultation. My plan does not involve use of Lake Shore Medical Center hospital building.

Professionally and personally, I have deep roots in our community and am excited to once again align my efforts with those of the Lake Shore Hospital authority board as we once again deliver the very best care medical care to our community.

Thank you very much for your time and consideration.

A handwritten signature in black ink, appearing to read "Michael White", with a long horizontal flourish extending to the right.

Michael White MD

YOUR ER Solution LLC