

DRAFT

**LAKE SHORE HOSPITAL AUTHORITY
BOARD OF TRUSTEES**

Regular Meeting – January 13, 5:15 p.m.

This meeting was conducted as a public meeting and a virtual meeting.

Present: Stephen Douglas, Chair
Brandon Beil, Vice-Chair
Jerry Bullard, Trustee

Don Kennedy/ Secretary/Treasurer

Absent: Lory Chancy – Trustee

Also

Present: Dale Williams, Executive Director
Todd Kennon, Attorney
Anita Rembert, Palms Medical
Jamie Wachter, Reporter
Robbie Hollingsworth, Cty Comm.
Lauren Cohn, Meridian Behavioral Healthcare
Ashley Tozier, Meridian Behavioral Healthcare

Sonja Markham, LSHA Staff
Karl Plenge, NOC
Susan Phillips
Barbara Lemley
Tim Atkinson

7 participants participated in the LSHA Virtual Regular Board Meeting.

CALL TO ORDER

Chairman Douglas called the in person/virtual January 13, 2025, Regular Meeting to order at 5:15 P.M. Chairman Douglas called for additions/deletions to the agenda. Todd Kennon, LSHA Attorney had one addition, Proposed Resolution 2025-001, “Discussion and possible action regarding the initiation of Conflict Resolution Procedures pursuant to Chapter 164, Florida Statutes regarding the City of Lake City, Florida.” **Motion** by Mr. Brandon Beil to approve adoption of the Agenda with the addition. **Second** by Mr. Jerry Bullard. All in favor. **Motion carried.**

INDIVIDUAL APPEARANCES

Public Comments by Ms. Barbara Lemley, and Mr. Tim Atkinson.

CONSENT AGENDA

Chairman Douglas called for a motion to approve the Consent Agenda. **Motion** by Mr. Brandon Beil to approve adoption of the Consent Agenda. **Second** by Mr. Don Kennedy. All in favor. **Motion carried.**

NEW BUSINESS

Proposed Resolution 2025-001, “Discussion and possible action regarding the initiation of Conflict Resolution Procedures pursuant to Chapter 164, Florida Statutes regarding the City of Lake City, Florida

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Mr. Todd Kennon explained Resolution 2025-001 “Initiation of Conflict Resolution Procedures pursuant to Chapter 164, Florida Statutes regarding the City of Lake City, Florida.” Mr. Todd Kennon recommended approval by the Trustees. Vice-Chair Brandon Beil declared a conflict of interest. Due to the conflict of interest the Board will not have a quorum to vote. Discussion. Recess for Sonja Markham to telephone Mrs. Chancy regarding her availability for a Special Meeting for this item to be voted on. Mrs. Chancy will be available Monday, January 27th, 28th or the 30th. This item will be tabled, and there will be a Special Meeting on Monday, January 27, 2025, at 5:15 pm.

UNFINISHED BUSINESS – Mr. Dale Williams

Discussion and approval – BA2025-1 – quarterly amendment (Building Administration Fund January 2025 – March 2025)

Mr. Dale Williams explained the quarterly budget amendment that will take the Authority through March of 2025. The budget amendment is in the amount of \$160,000.00. **Motion** by Mr. Brandon Beil to approve BA2025-1. **Second** by Mr. Jerry Bullard. All in favor. **Motion carried.**

Discussion and Possible Action – Change to General Liability and Property Insurance Policy

Mr. Dale Williams explained there could be monies owed to the insurance company due to errors made on their part. This will be placed on the February 10th meeting agenda for further updates, discussion and possible action.

Update – 2025 Legislative Delegation Hearing (January 8, 2025)

Mr. Dale Williams provided a written update to the Trustees regarding the Delegation Hearing that was held on January 8th. Mr. Williams does not think at this time the Legislative Delegation will entertain the special bill proposed by Columbia County to dissolve the Lake Shore Hospital Authority in the 2025 Legislative Session. Discussion and comments by the Trustees.

UNFINISHED BUSINESS – Todd Kennon – LSHA attorney

Discussion and Possible Action –Palms Medical Group – Operation and Construction Agreement for Third-Party Operated Primary Care Center Owned by LSHA

Mr. Todd Kennon reported this project will be contingent on the outcome of the City of Lake City Non-Conforming issue. There will be a red-line copy of the agreement presented at the January 27, 2025 Board meeting. Public comments by Ms. Barbara Lemley. Discussion by the Trustees.

Discussion and Possible Action – City of Lake City Non-Conforming Zoning Determination Re: Lake Shore Hospital Campus

After discussion, Vice-Chair Brandon Beil rescinded his earlier conflict after having determined the proposed Resolution did not initiate litigation.

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Discussion and possible action – Agreement with Meridian Behavioral Healthcare.

Mr. Todd Kennon reported on a conference call held with Meridian’s Legal Counsel regarding the Non-Conforming Zoning Issue with the City of Lake City. Meridian continues to work on title insurance and funding. Public comments by Ms. Barbara Lemley and Ms. Susan Phillips. Mr. Todd Kennon will continue to edit the contract with Meridian to bring back to the Special Meeting scheduled for January 27, 2025.

Mr. Todd Kennon and the Trustees re-visited Resolution 2025-001 “Initiation of Conflict Resolution Procedures pursuant to Chapter 164, Florida Statutes regarding the City of Lake City, Florida.”. There was no additional discussion by the Trustees. **Motion** by Mr. Don Kennedy to approve proposed Resolution 2025-001 regarding Initiation of Conflict Resolution Procedures pursuant to Chapter 164, Florida Statutes. **Second** by Mr. Jerry Bullard. All in favor. **Motion carried.**

Mr. Dale Williams confirmed the items for the upcoming Special Meeting to be held on Monday, January 27th.

Mr. Don Kennedy requested a Special Meeting on Monday, February 24th.

STAFF REPORT

The staff report is in the Trustee packets.

BOARD MEMBER COMMENTS

There were none.

Meeting adjourned.

Respectfully submitted,

Donald R. Kennedy, Secretary/Treasurer

Date of Approval

17:11:37 From Lake Shore Hospital Authority,
Lake City, FL to Everyone:

Please be advised that all chat
comments become part of the public record.

18:27:08 From joy stevens to Lake Shore
Hospital Authority, Lake City, FL(direct
message):

I didn't get to mention this so I
don't know if it'll be direct but you do know
that Palms Medical and Meridian work together
hand-to-hand already so hope that everyone
knows that

DRAFT

**LAKE SHORE HOSPITAL AUTHORITY
BOARD OF TRUSTEES**

Special Meeting – January 27, 5:15 p.m.

This meeting was conducted as a public meeting and a virtual meeting.

Present: Stephen Douglas, Chair
Brandon Beil, Vice-Chair
Jerry Bullard, Trustee
Don Kennedy/ Secretary/Treasurer

Absent: Lory Chancy – Trustee

Also

Present: Dale Williams, Executive Director
Todd Kennon, LSHA Attorney
Anita Rembert, Palms Medical
Morgan McMullen, Reporter
Rocky Ford, County Commissioner
Philip Fowler
Nicholas Albrecht
Garrett Morrison
Sonja Markham, LSHA Staff
Karl Plenge, NOC
Joel Foreman, Columbia County Attorney
Barbara Lemley
David Kraus, County Manager
Richard Powell, LSHA Consultant
Mr. Terrell Arline, Special Counsel, LSHA
Ms. Anita Rembert, Palms Medical Group
Dr. Lawrence Barrett, Florida Gateway College
Stew Lilker, Columbia Cty. Observer
Lauren Cohn, Meridian Behavioral Healthcare
Ashley Brooks, Meridian Behavioral Healthcare

9 participants participated in the LSHA Virtual Regular Board Meeting.

CALL TO ORDER

Chairman Douglas called the in person/virtual January 27, 2025, Special Meeting to order at 5:15 P.M. Chairman Douglas called for additions/deletions to the agenda. There were none. **Motion** by Mr. Don Kennedy to approve adoption of the agenda. **Second** by Mr. Brandon Beil. All in favor. **Motion carried.**

INDIVIDUAL APPEARANCES

Public Comments by Ms. Barbara Lemley.

UNFINISHED BUSINESS – Todd Kennon, LSHA Attorney

Discussion and Possible Action – Approve activities performed and recommendations made, if any, regarding conflict resolution procedures initiated with the City of Lake City under Chapter 164, Florida Statutes and authorized by Lake Shore Hospital Authority Resolution No. 2025-001.

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Mr. Todd Kennon introduced Mr. Terrell Arline, a Real Estate and Land Use Attorney with Ansbacher Law in Tallahassee, who is representing LSHA in matters pertaining to zoning issues with the City of Lake City

Mr. Arline gave an update of the events to date regarding resolving zoning issues with the City of Lake City including the status of the Chapter 164 meeting requested with the City of Lake City, Florida. Mr. Terrell Arline provided handouts to the Trustees and stated in his opinion there was no intent of the Authority to abandon the hospital. Mr. Todd Kennon advised that a member of the Trustees, Mr. Dale Williams, Mr. Terrell Arline, and himself need to be appointed to attend the Chapter 164 meeting and negotiate on behalf of the Authority.

Public Comments by Mr. Stew Lilker.

Discussion by the Board. **Motion** by Mr. Brandon Beil to appoint Trustee Kennedy, Mr. Dale Williams, Mr. Terrell Arline and Mr. Todd Kennon to meet with the City of Lake City. **Second** by Mr. Don Kennedy. All in favor. **Motion carried.** After the Motion there was additional discussion by the Trustees regarding the benefit of preparing a written settlement for presentation to the City of Lake City prior to the Chapter 164 meeting. LSHA Attorneys will consider this request.

Discussion and Possible Action – Approve the requirement that all costs necessary to transfer property from the Authority, by gift or sale, will be the responsibility of the receiving party. Mr. Todd Kennon recommends the Authority adopt uniform language to be included in all contracts entered by the Authority for the conveyance of property, by gift or sale, from the Authority to a third party.

Public comments by Mr. Joel Foreman.

Discussion by the Board. **Motion** by Mr. Brandon Beil to approve a requirement that all costs to transfer property from the Authority will be the responsibility of the receiving party. **Second** by Mr. Don Kennedy. All in favor. **Motion carried.**

UNFINISHED BUSINESS – Mr. Dale Williams

Declare the following parcels of land owned by Lake Shore Hospital Authority as surplus property: (32-3S-17-13124-000), (32-3S-17-13123-000), and (32-3S-17-13122-000). *NOTE* Parcel No. 00-00-00-11789-000 (which includes the Hospital and Block 111) has previously been declared surplus property. *NOTE* The following areas are included in the parcel under consideration for transfer to Meridian Behavioral Healthcare.

- 1.) East ½ of the parking lot north of the 2-Story Women’s Center (south of Franklin Street).
- 2.) The parking lot north of Franklin Street, south of Leon Street, and east of the LSHA Administration Building.

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- 3.) The Maintenance Building located on the NE corner of the LSHA Campus (proposed for lease to Columbia EMS).

Mr. Dale Williams explained the properties being transferred with the Meridian agreement and the reasons 1-3 above should be excluded from the transfer.

Public comments by Dr. Lawrence Barrett.

Discussion by the Board. **Motion** by Mr. Brandon Beil to declare parcel no's: 32-3S-17-13124-000, 32-3S-17-13123-000, and 32-3S-17-13122-000 as surplus property. **Second** by Mr. Don Kennedy. All in favor. **Motion carried.**

Motion by Mr. Brandon Beil that the following areas be excluded from parcel No. 00-00-00-11789-000:

- 1.) East ½ of the parking lot north of the 2-Story Women's Center (south of Franklin Street).
- 2.) The parking lot north of Franklin Street, south of Leon Street, and east of the LSHA Administration Building.
- 3.) The Maintenance Building located on the NE corner of the LSHA Campus (proposed for lease to Columbia EMS)

Second by Mr. Don Kennedy. All in favor. **Motion carried.**

Discussion and Possible Action – Approval of the “Agreement for the Purchase and Sale of Real Property (Lake Shore Hospital Building) from Lake Shore Hospital Authority to Meridian Behavioral Healthcare.

Mr. Dale Williams and Mr. Todd Kennon reviewed final changes to and explained the Meridian Agreement.

Public comments by Mr. Stew Lilker. Discussion.

Motion by Mr. Don Kennedy to approve the Agreement for the Conveyance of Real Property (Lake Shore Hospital Building) from Lake Shore Hospital Authority to Meridian Behavioral Healthcare subject to a resolution of the zoning issues with the City of Lake City and authorizing attorneys to make minor amendments, if needed, to this agreement. **Second** by Mr. Brandon Beil. Roll call vote: Mr. Don Kennedy – yes, Mr. Jerry Bullard – yes, Mr. Brandon Beil – yes. All in favor. **Motion carried.**

Physical Therapy Building (Medical Plaza North) – Todd Kennon, LSHA Attorney- Review of proposed contract with Palms Medical Group.

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Mr. Todd Kennon reviewed the red line version of the agreement with the Trustees.

Approval of the Construction and Operation Agreement with Palms Medical Group.

Ms. Anita Rembert, CEO, Palms Medical Group was at the meeting to answer any questions and to inform the Trustees she is good with the Agreement aside from the renewal period. Ms. Rembert advised that a six-month renewal period was needed due to staff and contractual obligations.

Public comments by Ms. Barbara Lemley and Mr. Stew Lilker. Discussion by the Board.

Mr. Brandon Beil questioned if future “profits” could be reinvested into the Authority’s Primary Care Clinic either through increased maintenance responsibility or reductions in the Authority’s Medical Assistance Plan contributions. In addition, Trustee Beil would like for the Attorney’s to clarify the contractual language regarding liability coverage.

Mr. Todd Kennon will bring a revised version back to the Board at the February 10th regular meeting. Ms. Anita Rembert stated she could not be in attendance at this meeting due to a prior obligation; however, she would try to send a representative.

Discussion and Possible Action – Approve an offer for Mayo Pharmacy and Wellness Center to “lease” Suite 101 (LSHA Administrative Building) subject to term negotiations.

Mr. Dale Williams explained Mayo Pharmacy negotiations were never resolved. As the Authority continues to make decisions regarding buildings on the Lake Shore Hospital Campus, they may wish to consider an offer to Mayo Pharmacy and Wellness Center if an opportunity arises.

Public comments by Mr. Stew Lilker, Ms. Barbara Lemley and Mr. Garrett Morrison.
Discussion by the Board.

2-Story Women’s Center (Medical Plaza South)- Discussion and Possible Action-Declare the following parcels of land owned by the Lake Shore Hospital Authority as surplus property: (00-00-00-11789-001) and (00-00-00 -12104-00).

Mr. Dale Williams reported to the Trustees that 2 parties have expressed interest in the 2-Story Women’s Center. The 2 parties are Columbia County (on behalf of 3rd Circuit Court Administration) and Florida Gateway College.

Public comments by Ms. Barbara Lemley.

Motion by Mr. Don Kennedy to declare the 2-Story Women’s Center as surplus property. Mr. Brandon Beil said he would be willing to Second this Motion, if Mr. Kennedy would include the 2 other parcels numbers listed on the agenda as well. **Motion** by Mr. Don Kennedy to declare the 2-Story Women’s Center as surplus property including parcel no’s: 00-00-00 -12104-00 and 00-00-00-11789-001. **Second** by Mr. Brandon Beil. All in favor. **Motion carried.**

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Discussion and Possible Action – Approve one of two options pertaining to the 2-Story Women’s Center: 1.) Transfer ownership to Columbia County (3rd Circuit Court Administration) or 2.) Transfer ownership to Florida Gateway College (to be used for medical education).

Mr. Dale Williams informed the Trustees they would have to make a decision who would best suit the 2-Story Women’s Center between Court Administration and Florida Gateway College. The Lake Shore Hospital Authority Administration building is a consideration for both interested parties as well.

Public comments by Ms. Barbara Lemley, Mr. Stew Lilker, Mr. Joel Foreman, Mr. Philip Fowler, Mr. David Kraus and Dr. Lawrence Barrett. Discussion by the Board.

Dr. Lawrence Barrett suggested a meeting between Mr. David Kraus and himself to discuss each of their needs regarding the campus and see if they can come to an agreement prior to the February 10th meeting. They both agreed to meet. This item will be placed on the February 10th meeting Agenda.

LSHA Administrative Building - Discussion and Possible Action – Approval (if necessary) to declare the Lake Shore Hospital Administrative Building (00-00-00-12071-000) as surplus property.

Public comments by Ms. Barbara Lemley and Mr. David Kraus.

Motion by Mr. Brandon Beil to declare the LSHA Administrative Building, parcel no. 00-00-00-12071-000, as surplus property. **Second** by Mr. Don Kennedy. All in favor. **Motion carried.**

Discussion and Possible Action – Approval (if necessary) to request “Toys for Tots” and Partnership for Strong Families (requires 30 days written notice) to vacate Suite 101 of the LSHA Administrative Building.

Mr. Dale Williams explained to the Trustees once the Administrative Building was declared surplus, instructions were given as to Suite 101. Notice will be given to the entities utilizing Suite 101 and to The Tobacco Partnership Group.

LSHA Records Storage Building - Discussion and Possible Action – Approve one of two options: 1.) Approve an extension of the current lease with Columbia County (the current lease is for 12 months from the date of occupation, September 2024.) or 2.) Transfer ownership of the property to Columbia County.

Mr. Dale Williams clarified that after the previous discussion, the Record Storage Building will be included for discussion with Court Administration and Florida Gateway College when they meet to discuss LSH campus space opportunities.

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Discussion and Possible Action – Approve (if necessary) to declare parcel No. 00-00-00-12071-002 as surplus property. Please note the parking lot north of the Administrative Office Building and east of the tower site is included in this parcel.

Motion by Mr. Brandon Beil to declare parcel No. 00-00-00-12071-002, including the parking lot as surplus property. **Second** by Mr. Jerry Bullard. All in favor. **Motion carried.**

LSHA Maintenance Building (NE Corner of Campus)-Discussion and Possible Action- Approve a specific time frame for Columbia EMS to execute the proposed lease or forfeit the lease opportunity.

Mr. Dale Williams reminded the Board this was the building EMS was going to lease. He attempted to contact Mr. Toby Witt for an update; however, they have not had the opportunity to speak.

Public comments by Ms. Barbara Lemley.

The Trustees have requested an answer on Columbia EMS's intent to lease this building by February 10th. The item will be placed on the February 10th agenda.

LSHA Vacant Lots - Discussion and Possible Action – Approval (if necessary) to declare any of the following lots as surplus property:

- 1.) Parcels (00-00-00-12016-000), (00-00-00-12017-000), and (00-00-00-12018-000). It consists of 1 city block located between Marion Street and Hernando Street and north of Franklin Street.
- 2.) Parcel (00-00-00-12019-000). It consists of a partial city block located between Marion Street and Hernando Street and south of Franklin Street.
- 3.) Parcels (00-00-00-12032-000), (00-00-00-12033-000), (00-00-00-12034-000), (00-00-00-12035-000), and (00-00-00-12037-000). Consists of 1 city block located between Hernando Street and Calhoun Street and south of Washington Street.
- 4.) Parcels (00-00-00-12027-000), (00-00-00-12028-000), and (00-00-00-12029-000). It consists of a partial city block located between Hernando Street and Calhoun Street and north of Franklin Street.
- 5.) Parcel (00-00-00-12061-000). Consists of ½ of a city block located between Calhoun Street and Taylor Street and north of Leon.
- 6.) Parcels (00-00-00-12072-000) and (00-00-00-12073-000). It consists of 1 city block located between Taylor Street and Davis Street and north of Leon Street.

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- 7.) Parcel (00-00-00-12069-000). It consists of 1/3 of a city block. The parcel is located south of Franklin Street and east of Wilson Park. The parcel is currently marked for parking.
- 8.) Parcel (32-3S-17-13120-001). It consists of 11.2 acres located east of the parcels included in the proposed Meridian lease. The parcel is accessed by NE Lake Drive.

Mr. Dale Williams advised these parcels will be discussed as part of the Chapter 164 process with the City of Lake City. Mr. Dale Williams also stated Item 8, consisting of 11.2 acres, has received no interest. Discussion by the Board.

Community Health Needs Assistance (CHNA) - Update – Responses to the “Request for Proposals” regarding a Community Health Needs Assessment will be discussed at the February 10, 2025, LSHA Regular Trustee Meeting.

Mr. Dale Williams reported we received six (6) responses to the CHNA RFP. Two (2) responses appear to be proposal compliant. This item will be placed on the February 10th meeting agenda.

Public comments by Ms. Barbara Lemley and Mr. Stew Lilker.

BOARD MEMBER COMMENTS

Comments by Mr. Stephen Douglas.

Meeting adjourned.

Respectfully submitted,

Donald R. Kennedy, Secretary/Treasurer

Date of Approval

17:17:25 From Lake Shore Hospital Authority, Lake City, FL to Everyone:

Please be advised that all chat comments become part of the public record.

18:21:05 From joy stevens to Lake Shore Hospital Authority, Lake City, FL (direct message):

wish lauren cohen would speak up and defend the compan she runs. palms works with meridian already

18:38:03 From joy stevens to Lake Shore Hospital Authority, Lake City, FL (direct message):

palms is also not hippa compliant

18:44:48 From joy stevens to Lake Shore Hospital Authority, Lake City, FL (direct message):

ruind my life

18:44:55 From joy stevens to Lake Shore Hospital Authority, Lake City, FL (direct message):

both of them

19:14:55 From joy stevens to Lake Shore
Hospital Authority, Lake City, FL (direct
message):

no homeless shelter?



Lake Shore Hospital Authority: Account update as of January 31, 2025

Current Holdings	Mature Date	Interest Rate	Amount Invested
US Treasury Note	2/15/2025	2%	\$1,975,074.48
US Treasury Note	5/15/2025	2.75%	\$1,488,581.32
US Treasury Note	7/31/2025	2.875%	\$1,996,704.76
US Treasury Note	7/31/2026	1.875%	\$4,517,966.75

The above are all stated coupon rates. Each of these notes were bought at a discount which will result in a higher return at maturity.

Interest Paid and set to be deposited on 2/20/25

US TREASURY NOTES 2.875% 07/31/2025 2.875% DUE 07/31/2025 (\$29,109.38)

US TREASURY NOTES 2.75% 05/15/2025 2.75% DUE 05/15/2025 (\$20,735.00)

US TREASURY NOTES 1.875% 07/31/2026 1.875% DUE 07/31/2026 (\$43,828.13)

Current Rates on New Treasury Notes*

6 month – 4.093% (coupon is 3.125%, selling at a discount for a yield to maturity of 4.093%)

12 month – 4.087% (coupon is 3.875%, selling at a discount for a yield to maturity of 4.087%)

18 month – 4.106% (coupon is 3.75%, selling at a discount for yield to maturity of 4.106%)

24 month – 4.112% (coupon is 2.25%, selling at a discount for yield to maturity of 4.118%)

*Rates are quoted as of January 31, 2025 and fluctuate daily. Exact quotes will be given at time of purchase and could change prior to the next purchase date in February.

Please let me know if you have any questions.

Jay Poole, CFP®, MSFP, AAMS®

Vice President, PWM/Financial Advisor, RJFS

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A-1

February 3, 2025

TO: LSHA Trustees

FR: Dale Williams

RE: General Liability Insurance Premium Adjustment

I advised the Trustees at the January 13, 2025, LSHA Trustee Meeting that the Florida League of Cities had identified an "error" in calculating the General Liability Insurance premium for the Lake Shore Hospital Authority. The LSHA was notified that a "back" premium of \$29,081 (missed premium for 2.5 years) was to be billed. In conversation with our account executive, I determined that at least some of the back premium was in error; therefore, I advised the Trustees that I would have additional conversation and review regarding this matter and place this item on the February 10, 2025, agenda for further discussion.

Since the January 13, 2025, LSHA Meeting, the Trustees have made additional significant decisions regarding LSHA properties that will impact General Liability Insurance premiums. Due to this, I am trying to hold off on completing a final review of the General Liability Insurance properties. Unless the Florida League of Cities objects, I do not intend to address this issue until final decisions have been made regarding insured LSHA assets.

B-1

February 3, 2025

TO: LSHA Trustees

FR: Dale Williams

RE: Ranking Recommendation – RFP Responses
Community Health Needs Assessment

Six (6) responses to the Lake Shore Hospital Authority Request for Proposals (RFP) to perform a Community Health Needs Assessment (CHNA) were received. Of the 6 responses, 2 have been found to be fully responsive (see attached response tabulation). The 2 responses deemed to be responsive were from HMA and HealthTech.

The 2 qualified responses have been reviewed. The recommendation is that the LSHA Trustees authorize contract negotiations with Health Management Associates, Inc. (HMA). HMA is recommended for the following reasons:

- 1.) The response appeared to demonstrate more rural experience.
- 2.) The “Process” to be utilized was easier to follow and understand.
- 3.) The “Data Collection Process” included more sources and tools.

It should be noted that the HMA proposal is more expensive than HealthTech; however, the HMA proposal provides for some expenses. A final cost cannot be provided until contract negotiations are complete.

C-1

**Community Health Needs Assessments
Response Tabulation
January 17, 2025**

Proposals were opened on Friday, January 17th – approximately 11:05 am. In attendance were:

Mr. Dale Williams
Sonja Markham
Ms. Barbara Lemley

Proposal Submission Instructions

Completed proposals must be submitted by January 17, 2025, at 11:00 am.

Please email the completed document in PDF format as an attachment to sonja@lakeshoreha.org

Include the name of the applicant/organization in the subject line.

*Proposals shall consist of one flash drive with a PDF copy submitted in a sealed envelope clearly marked “**Request for Proposals – Community Health Needs Assessment (CHNA)**” and mailed to: Lake Shore Hospital Authority, 259 NE Franklin Street, Lake City, FL 32055. The Lake Shore Hospital Authority is not responsible for proposals received late.*

Ovation Healthcare – Emailed document as instructions stated. Envelope was improperly marked.

VMG Health – Emailed document as instructions stated. Did not mail in response.

Berry Dunn - Emailed document as instructions stated. Envelope was improperly marked.

****HMA** – Emailed document as instructions stated. The proposal was mailed in correctly, followed all instructions.

****HealthTech** - Emailed document as instructions stated. The proposal was mailed in correctly, followed all instructions.

Ascendient Healthcare Advisors - Emailed document as instructions stated. Did not mail in response.

**LAKE SHORE HOSPITAL AUTHORITY (LSHA)
Request for Proposals**

**Community Health Needs Assessment (CHNA)
November 2024**

LSHA is seeking a consultant to perform a Community Health Needs Assessment (CHNA) survey and report for the LSHA Service area.

I. LSHA Background

Lake Shore Hospital Authority (LSHA) is a special purpose, independent special district of the State of Florida. The Authority was established on July 10, 1963, by a special act of Florida Legislature, Chapter 63-1247 of the *Laws of Florida*. Accordingly, it is controlled by the Florida Constitution and various *Florida Statutes* as well as its enacting legislation and Authority policies. Is it governed by a seven member board who are appointed by the Governor.

The goal of our CHNA is to gain a better understanding of the most pressing needs impacting our community including health gaps, assets, disparities and trends.

II. Goals and Objectives

The overall goal for the LSHA community health needs assessment is to provide detailed insight into the health status of the community we serve, including health assets, gaps, disparities and trends. This will allow LSHA to respond with the optimal mix of health and preventive services. Specific objectives of this needs assessment are to:

- a. Provide final reports with detailed data.
- b. Utilize previous data from all sources to compare with new data.
- c. Understand the health status of the LSHA service area using available public and proprietary data sources. This should include identification of health disparities among populations.
- d. Identify and understand the scope and severity of the social determinants of health of the LSHA service area.
- e. Obtain a "snapshot" of residents in the neighboring counties that comprise the hospitals' secondary and tertiary service areas.
- f. Evaluate the accessibility of health and preventive services.
- g. Identify target populations in the service area who have unfulfilled health and preventive service needs and identify services that these groups would optimally utilize.

III. Scope of Work

The LSHA serves Columbia County, Florida. Columbia County has a population of 73,063 (2023). Approximately 18% of the total population lives in 2 municipalities. The City of Lake City, Florida (12,602) and the Town of Fort White (648).

IV. Project Deliverables

The selected consultant must ensure, at a minimum, completion of the following deliverables as part of their contract and scope of work:

- i. Provide a final individual report with detailed data.
- ii. Provide one executive report at the network level, which shares a “snapshot” of the network’s service area and identifies common themes in the data.

V. Methodology/Strategic Overview

a. Strategies:

- i. Integrate a community-based, participatory approach involving key stakeholders representative of multiple sectors in the community and citizens in all the steps leading to the community health needs assessment, dissemination and implementation.
- ii. Use of Geographic Information Systems (GIS) methodologies are encouraged to map specific health variables; look for clustering with concentration of risks; examine patterns of health care utilization and/or access to care; and as a resource to facilitate data acquisition for multi-level modeling and contextual analysis.
- iii. Oversample population subgroups experiencing worse health outcomes and limited access to preventive services in an effort to address health equity.

b. Methodology:

- i. **Primary Research:** Describe the data sets, survey design and methods, and sampling techniques used to assess or survey community health status information through primary research, including how you would ensure minority populations are appropriately represented.
 - Consideration in conducting 4-6 focus groups for hard-to-reach populations.
- ii. **Secondary Research:** Describe in detail the approach and specific methods, your firm would use to collect, interpret and analyze secondary data that allows for trending and comparison to benchmark at the county, state, and national levels. Include information on racial/ethnic breakdowns of data whenever available.

VI. Proposal Submission Requirements

Interested consultants are invited to submit a proposal to LSHA. Proposals must be no longer than 10 pages (not including attachments) and must provide the following information:

a. Bidder Qualifications:

- i. In order to be selected for this assignment, the Bidder must demonstrate that it can meet the required scope of work and project deliverables.
- ii. Proposer must hold proficient knowledge in the Community Health Needs Assessment requirements.
- iii. Proposer must experience conducting Community Health Needs Assessment or similar projects and provide at least three references.

Bidder will identify Project Team and qualifications of the individuals serving LSHA.

- b. Work Plan and Deliverables:** Describe your proposed process and methodologies to complete the CHNA reports, including collection, interpretation, and analysis of primary and secondary data and identification and prioritization of community health needs.
- c. Timeline:** Propose a deadline and a detailed timetable for meeting this deadline.
- d. Budget Proposal:** Provide an understandable and clearly delineated fee structure.
- e. Expected LSHA Deliverables:** Describe the support, information, and any other resources you will need from LSHA in order to fulfill your contract.

Proposal Submission Instructions

Completed proposals must be submitted by January 17, 2025 at 11:00 am.

Please email the completed document in PDF format as an attachment to sonja@lakeshoreha.org
Include the name of the applicant/organization in the subject line.

Proposals shall consist of one flash drive with a PDF copy submitted in a sealed envelope clearly marked “**Request for Proposals – Community Health Needs Assessment (CHNA)**” and mailed to: Lake Shore Hospital Authority, 259 NE Franklin Street, Lake City, FL 32055. The Lake Shore Hospital Authority is not responsible for proposals received late.

Sonja Markham
Administrative Assistant
Lake Shore Hospital Authority
259 NE Franklin Street, Suite 102
Lake City, Florida 32055
386-344-6033

C-5



Health Management Associates, Inc.
2501 Woodlake Circle
Suite 100
Okemos, MI 48864

Telephone: (517) 482-9236
HealthManagement.com

Proposal to Provide a
Community Health Needs Assessment

Presented to
Lake Shore Hospital Authority

January 17, 2025

C-6

HEALTH MANAGEMENT ASSOCIATES

January 17, 2025

Sonja Markham, Administrative Assistant
Lake Shore Hospital Authority
259 NE Franklin Street, Suite 102
Lake City, Florida 32055

Dear Ms. Markham:

Health Management Associates, Inc. (HMA) is pleased to submit our proposal to Lake Shore Hospital Authority (LSHA) to provide a **Community Health Needs Assessment** in response to your RFP.

Founded in 1985, HMA is a leading independent, national research and consulting firm that provides technical assistance and training, facilitation and strategic planning, research and evaluation, policy development and recommendations, technical report writing, and analytical services, with a focus on improving the administration and delivery of public health, healthcare, and social services programs.

HMA's team offers extensive experience in all the areas outlined in the RFP. We respectfully submit a proposal that offers the following unique combination of capabilities that will not only meet and exceed your expectations for this scope of work, but also lay the groundwork to implement and track real changes in the health landscape of your communities. HMA has:

- Extensive experience in community engagement in health initiatives, including designing and implementing health assessments in more than 20 states, including Alabama, Florida, Georgia, Louisiana, and Mississippi
- Lived experience in the connection between social conditions and disparities in healthcare access and outcomes
- A clear understanding of the barriers to health experienced by Columbia County and outlying communities
- Web-based resources to enable LSHA to implement and track targeted solutions to improve access to care, social risk factors, and health disparities in your communities
- Expertise in community-centered survey design and analysis, develop key performance measures, and tracking dashboards

Please contact our proposals director, Ann Filiault, at proposals@healthmanagement.com or 518-801-0003 if you have any questions regarding this response. For contracting matters, please contact our contracts director, Jeff DeVries, at contracts@healthmanagement.com or 517-482-9236. As chief administrative officer, I am authorized to bind HMA contractually with this bid.

We are excited about the prospect of working with LSHA and are confident HMA will provide exemplary service on this project. Thank you for the opportunity to bid on this important work. We look forward to your decision.

Sincerely,



Kelly Johnson
Chief Administrative Officer

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a. Bidder Qualifications

Ability to Meet the Required Scope of Work and Deliverables

The Health Management Associates, Inc. (HMA) team includes approximately 800 consulting colleagues and more than 950 total employees across all HMA companies, who have provided services in all 50 states, the District of Columbia, and several US territories. Our offices are headquartered in Lansing, MI, and we maintain offices in more than 20 states including Florida.

HMA's team has broad expertise in planning and conducting health assessments with state and local health departments, hospital systems, federally qualified health centers, and community-based organizations. We help clients stay ahead of the curve by providing strategic guidance, technical assistance, analysis, research and evaluation, policy development, decision support, organizational design, workforce development and capacity building, and implementation and project management services to ensure each client's goals are met.

Our team brings hands-on experience with leading needs assessments, environmental scans, and gap analyses in healthcare settings with significant data analysis components. We combine national expertise with Florida-specific resources, offering valuable insights into local policy and community challenges. We connect data, community lived experiences, and root causes of community challenges to create mutually beneficial goals and recommendations to improve community health.

Our team is accustomed to setting milestones, meeting deadlines, and communicating and problem-solving with clients for project success or timeline concerns. At HMA, every project has a dedicated project director and project manager who work closely with clients to ensure our service delivery aligns with the agreed-upon scope, budget, and schedule. Our team is flexible and will work with LSHA to realign strategies and timelines as required.

Our Knowledge in the CHNA Requirements

Conducting a Community Health Needs Assessment (CHNA) is a vital process for health officials, hospitals, and health facilities to understand and address the health needs of their communities. To understand and address community needs, HMA acknowledges that answers to these challenges and health issues reside in communities. Therefore, we place a strong emphasis on community engagement. The community engagement journey begins with defining the community, which involves identifying the geographic area and target populations served. It is crucial to ensure that this definition does not exclude medically underserved, lower income, or racially and ethnically diverse populations. Once the community is defined, the next assessment phase commences with data collection and analysis.

Collecting and analyzing data to gain insights into the community's health needs may include soliciting input from individuals who represent the broad interests of the community, particularly those with expertise in public health. The gathered information forms the foundation of the CHNA. Once collected, the data findings are documented in a comprehensive written report. This report must be adopted by the authorized entity, ensuring that the assessment is officially recognized and endorsed. Additionally, transparency is key in the CHNA process. Therefore, the completed report must be widely available to the public. This openness allows community members to access and understand the health needs identified through the CHNA process. To ensure the CHNA maintains relevance and accuracy, health officials, hospitals, and health systems must update the CHNA every three years. This regular update ensures that the assessment remains current and continues to reflect the evolving health needs of the community. Following the assessment, it is critical the hospital or health facility develop an implementation strategy. This strategy outlines the plan to address the significant health needs identified in the CHNA. Like the assessment report, the implementation strategy must be adopted by an authorized body and made publicly available.

HMA has significant experience in conducting CHNAs. We are experienced in identifying and engaging diverse community members through focus groups, individual and group interviews, surveys, town halls, and community meetings. Our researchers are efficient and skilled at collecting, analyzing, and synthesizing complex quantitative and qualitative data into actionable and easy-to-read deliverables, such as written reports, infographics, visualizations, or briefs for executive leaders, community leaders, and the public.

Our Experience Conducting CHNAs

Our HMA team members are experts in healthcare, public health, and community health frameworks with extensive experience in mixed-method research methods, engaging diverse communities who experience health inequities, and identifying practical and innovative approaches to addressing health disparities. This combination of experience with local relationships will provide LSHA with a comprehensive, community-driven, and data-informed CHNA.

Examples of HMA's relevant project experiences that are like the types of services required by LSHA in the RFP are described below, as well as our references. Through these projects—and the many others—HMA has gained extensive experience working with healthcare organizations to identify and understand the challenges and constraints that the healthcare system and communities have been facing in recent years.

Colorado, Douglas County Board of Health

HMA partnered with the Douglas County Board of Health to conduct its community health assessment (CHA). HMA used a modified Mobilizing for Action through Planning and Partnerships (MAPP) framework for the CHA. The data included quantitative and qualitative data from primary sources (i.e., data collected first-hand through surveys, focus groups, and interviews) and secondary sources (i.e., data collected by another entity or for another purpose). We derived quantitative data used in the CHA from high-quality, population-based sources. Data came from local, state, and national sources, such as vital statistics and records from the Colorado Department of Public Health & Environment, the US Census Bureau, the Behavioral Risk Factor Surveillance System, the Healthy Kids Colorado Survey, and the Colorado Health Access Survey. Douglas County used the CHA to develop recommendations for the health concerns prioritized in its public health improvement plan. HMA identified health concerns in the CHA through the triangulation of data, which included community input, the magnitude of the problem, practicality/feasibility of addressing the problem, and how Douglas County compared with Colorado in terms of quantitative data. This project demonstrates HMA's ability to use quantitative and qualitative data collection, analysis, and reporting to inform a CHA and public health improvement plan for a local public health department.

Washington, Grays Harbor County

HMA partnered with Grays Harbor County to conduct a behavioral health gap analysis, as the county needed insight into behavioral healthcare accessibility gaps within the Medicaid population, especially in densely populated Hispanic neighborhoods. HMA developed bivariate mapping, highlighting areas with high Medicaid concentration and high Hispanic population concentration, displayed in an interactive dashboard. This mapping identified gaps in behavioral healthcare access based on provider category proximity. This analysis gave the client insight into the gaps in behavioral healthcare accessibility within the Medicaid population, including an understanding of the care disparity within densely populated Hispanic neighborhoods. This knowledge helped Grays Harbor County expand and improve access to needed behavioral healthcare in communities with a high concentration of both Medicaid and Hispanic populations.

References

Health Foundation of South Florida (HFSF)	
Contact Name	Loreen Chant
Contact Telephone	305-374-7200
Contact Email	lchant@hfsf
Contract Start and End Dates	July 2022–April 2023
Detailed Description of Services Provided	
<p>HMA worked with the HFSF to develop community-driven solutions through a set of pilot programs to address the needs of South Florida residents and help them achieve their highest levels of health. Work included project management, environmental scans that included a review of recent CHNAs and existing initiatives in South Florida, a robust community partner engagement plan and technical assistance strategy, and in-person and virtual workshops that focused on project design and development, evaluation design, performance indicators, partnership negotiations, and ongoing engagement of community members.</p>	

Children’s Hospital of Orange County, California	
Contact Name	Jena Jensen
Contact Telephone	714-509-5206
Contact Email	jjensen@choc.org
Contract Start and End Dates	April 2022–September 2022
Detailed Description of Services Provided	
<p>HMA conducted a comprehensive, actionable, and customized CHNA, including collection of data through a community survey, town hall, focus groups, and key informant interviews. HMA also analyzed secondary data, including public health and socioeconomic data. The HMA team members used their expertise in mixed-method data approaches, data visualization, stakeholder engagement, community collaboration and partnership, and communications for the CHNA. HMA provided project management for this large and complex project and submitted deliverables promptly and effectively.</p>	

San Bernardino County Department of Public Health	
Contact Name	Dori Baeza
Contact Telephone	951-288-2731
Contact Email	dbaeza@dph.sbcounty.gov
Contract Start and End Dates	February 2022–May 2024
Detailed Description of Services Provided	
<p>HMA provided support in updating the county’s CHA and their community transformation plan (referred to as the community health improvement plan in many counties). Work included project management, steering committee and implementation committee engagement and presentations; stakeholder engagement; survey development, dissemination, and analysis; secondary research; facilitation of the MAPP process; and report development for both the CHA and the community transformation plan.</p>	

Project Team and Qualifications

Our proposed team brings decades of experience meaningfully engaging diverse communities and partners, particularly people who live and work in geographical settings that may put them at risk of health inequities. HMA uses community-centered approaches to ensure their voices and experiences are integrated into decision-making. Below you will find an overview of the qualifications and experience of the team in **Exhibit 1**. Biographies are included in **Appendix A**.

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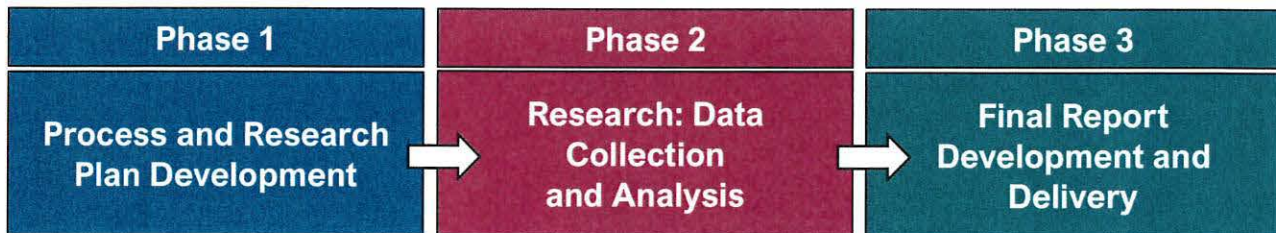
Zipatly Mendoza brings more than 15 years of public health experience at the state, local, territorial, and regional levels with extensive public health administration, including team leadership, management, evaluation, policy analysis, community engagement, and health disparities initiatives. Ms. Mendoza will serve as the project director. **Marilyn Johnson** is a public health leader with over 15 years of experience advancing public health initiatives across local, state, and national levels, focused in the south. She will serve as our project manager and social determinants of health research strategist to support the identification of health priorities to improve healthcare access and outcomes. **Karis Burnett** will serve as the data analyst lead on this project. She will leverage her expertise in integrating various data sources to create comprehensive dynamic dashboards and geographic information system (GIS) maps, with extensive knowledge and experience in presenting data in an easily understandable and visually appealing manner to help identify trends and actionable insights. **Kelli Stannard** will serve as our community engagement lead to provide Florida-specific expertise, community knowledge, and public health and health systems expertise. **Leslie Ramirez** brings extensive experience in qualitative and quantitative data analysis. Ms. Ramirez is a proficient bilingual speaker (English/Spanish) with Florida-specific community knowledge. She will serve as our research and data analyst support.

EXHIBIT 1. PROPOSED TEAM MEMBERS' RELEVANT EXPERIENCE

Team Member	CHNA	Community Engagement	Community Participatory Research	Mixed-Methods	Data Analysis	GIS Experience	Health & Human Service Experience	Hospital & Health Systems Experience
Zipatly Mendoza, MPH	■	■	■	■	■		■	■
Marilyn Johnson, MBA	■	■	■	■	■		■	■
Karis Burnett	■	■			■	■	■	
Kelli Stannard, BSN, RN	■	■			■		■	■
Leslie Ramirez	■	■			■		■	

b. Work Plan and Deliverables

HMA seeks to partner with LSHA to conduct a CHNA to obtain an in-depth understanding of the most pressing needs impacting the community LSHA serves, including health assets, gaps, disparities, and trends. HMA will use community-based participatory research principles to guide the entire CHNA process. The following illustration outlines our approach. We anticipate completing the CHNA in three phases between March 1, 2025, and September 30, 2025:



Phase 1 – Process and Research Plan Development

1.1 Project Planning Meeting

Our team will facilitate an initial virtual project planning meeting with LSHA CHNA leadership team within two weeks of project initiation to provide an overview of the HMA team and our approach.

We will provide ongoing and regular updates to LSHA CHNA leadership team throughout the project's duration, including, but not limited to, virtual monthly leadership status update meetings and weekly project update status emails.

1.2 Research Plan

Within 30 days of the initial project planning meeting, we will submit the research plan to LSHA CHNA leadership team for approval. We will work with LSHA CHNA leadership team to identify the appropriate indicators to analyze, along with the source and year(s). The research plan will include:

- Primary research data collection tools including community survey, focus group guide, and key informant guide
- Secondary research indicators to benchmark at the county, state, and national levels. The following are proposed indicators by race/ethnicity whenever available for each of the following for Columbia County and neighboring counties (Union, Suwannee, and Hamilton):
 - » Countywide:
 - Demographics and socioeconomic status
 - Mortality rates and chronic disease prevalence
 - Maternal and infant health indicators
 - Access to mental healthcare, primary care, specialty care, and dental care
 - Health behaviors
 - Environmental risk factors
 - » Locations where high concentrations of:
 - Pregnant women and families with infants reside
 - People who are high utilizers of communicable disease screenings and treatment services
 - Drug overdoses are occurring
 - Uninsured or underinsured people reside
 - » Locations that have limited healthcare access (e.g., maternal health deserts) or limited health-related social needs access (e.g., food deserts)
- Our methodology and steps for data collection
- An anticipated timeline (in alignment with the overall project timeline)

Phase 2 – Research: Data Collection and Analysis

2.1 Primary Research

2.1.1 Community Surveys

HMA will design a survey to gather data regarding Columbia County residents' perspectives on pressing health issues, gaps in care, and the impact of these challenges on the community. The survey will also assess social determinants of health, such as housing, food security, and transportation, to identify barriers and disparities affecting health outcomes. Key demographic data, including race, ethnicity, income, educational attainment, and residence zip code, will ensure a representative sample aligned with census data. The survey will be anonymous, preserving respondent privacy, and oversampling techniques will capture the experiences of underserved and marginalized populations.

We will collaborate closely with LSHA to determine data collection and analysis methods, ensuring the survey design reflects community priorities and values. This collaboration will help formulate effective research questions, establish a robust framework for the CHNA, and ensure that data analysis promotes equal access to quality care and aligns with shared community goals. The survey will be conducted online via Qualtrics, ensuring accessibility and ease of participation for residents across Columbia County. To enhance inclusivity, the survey will be translated into Spanish and other languages as needed, allowing non-English speaking residents to participate fully. Outreach will focus on engaging populations throughout the county, including Lake City, Fort White, and rural areas with limited healthcare access.

To maximize participation, HMA will partner with LSHA and key stakeholders, such as the Florida Department of Health in Columbia County, Palms Medical Group, and community-based organizations, to distribute the survey link widely through digital platforms, email campaigns, and community networks. To incentivize responses, HMA will offer a raffle for five \$100 gift cards. Participants who wish to enter the raffle will provide their contact information after completing the survey, ensuring survey responses remain anonymous.

Survey responses will provide critical insights into health disparities and clusters of need across Columbia County. These findings will inform follow-up activities, including focus group recruitment and GIS mapping, to further explore and address identified gaps. Results will be benchmarked against state and national health indicators, providing context for actionable recommendations. These insights will shape LSHA's final CHNA report and executive summary, equipping the organization with a comprehensive and strategic foundation for future planning.

2.1.2 Focus Groups

HMA has extensive experience facilitating focus groups that are interactive, accessible, and designed to uncover actionable insights. In collaboration with community partners, HMA will host six focus groups of 8–10 participants each. The focus groups will explore critical topics such as access to healthcare, transportation challenges, housing stability, and other social determinants of health affecting specific populations within Columbia County. Focus groups will be segmented into cohorts, if preferred, to capture perspectives from targeted populations such as seniors, young adults, families with children, and individuals who identify as aged, blind, or disabled. This method will allow for an exchange of ideas while addressing the unique needs and challenges of each group. Insights from these discussions will inform GIS mapping and the CHNA report, helping to identify areas of need and barriers to accessing care.

We will use several methods to recruit a representative sample, such as the following:

- Including a question in the community survey that allows respondents to indicate interest in participating in a focus group
- Hosting six in-person focus groups at varying times of day and at different locations across the county, considering how accessible those locations are for people with limited transportation options and people with mobility issues
- Hosting at least one focus group completely in Spanish
- Offering light refreshments
- Providing a \$50 Visa gift card for every participant
- Welcoming children to be present if childcare is a barrier to attending (HMA recognizes the importance of single-family household representation and acknowledges the challenge of securing childcare in any situation)

Additionally, HMA will incorporate the core tenets of effective community engagement, including fostering trust, ensuring diverse perspectives, and evaluating the process to ensure it remains meaningful and impactful. Focus group findings will provide valuable insights into community health needs, directly informing the CHNA report and actionable recommendations for LSHA.

2.1.3 Key Informant Interviews

In collaboration with LSHA, HMA will identify eight community leaders who are well-versed in the health challenges and opportunities within Columbia County to participate in 45-minute key informant interviews. These leaders will represent various sectors, such as the local health department, school systems, hospitals, emergency departments, and community-based organizations (e.g., public health directors, school nurses, hospital administrators, EMS directors, and social service providers).

Selection will be guided by LSHA's input to ensure representation from stakeholders who have direct knowledge of health disparities, social determinants of health, and access issues impacting underserved populations.

The interviews will be conducted via videoconference, with recording and transcription available to ensure accurate documentation and analysis. These sessions will focus on collecting in-depth insights into key health topics, including housing, substance use, diabetes, tobacco use, and mental health. Additionally, we will prioritize leaders who can provide perspectives on the unique needs of diverse populations, including racial, ethnic, sexual, and gender minorities within Columbia County. Key informants will also serve as valuable resources for identifying additional community members for focus group participation. This dual role will help ensure that the broader community engagement efforts are representative of the county's demographics and health needs.

These one-on-one interviews will enable us to delve deeper into the lived experiences and challenges faced by different populations, providing insights that complement findings from surveys and other data collection methods. The feedback will directly inform LSHA's CHNA by highlighting critical gaps, actionable opportunities, and strategies to address disparities and improve access to care across the county.

2.2 Secondary Research

2.2.1 GIS Mapping

Our experienced team includes a data analyst with extensive GIS knowledge and expertise. Our data analyst has extensive experience in integrating various data sources to create comprehensive and dynamic dashboards using various tools, such as Power BI, Smartsheet, and Tableau, to present data in an easily understandable and visually appealing manner that helps in identifying trends and actionable insights quickly. HMA's capabilities include using advanced mapping tools to identify potential barriers to care, such as bodies of water, terrain, and bridges, as well as road-based time and distance calculations from a service area's furthest point to the nearest provider. HMA's expert analyst is uniquely positioned to develop highly complex, analytical maps that are actionable and understandable for end users. HMA proposes to create six geo-maps that provide an in-depth view of the assets, needs, and gaps for the health system broken down by zip code. Where data are available, these ecosystem maps will break down measures across race, ethnicity, gender, age, and insurance status.

2.2.2 Secondary Data Sources and Analysis

Once LSHA CHNA leadership team approves the research plan, we will begin our quantitative research approach by identifying and obtaining indicators from various data sources. We will collect all data in Excel workbook format. As available, we will capture data at the census tract level and crosswalk it to the zip code for Columbia County and neighboring counties (Union, Suwannee, and Hamilton).

As part of our data collection process, we may utilize the following data sources and tools:

- US Census Bureau
- US Census Bureau American Community Survey
- Health Resources and Services Administration
- Centers for Medicare & Medicaid Services
- FloridaHealthFinder.gov
- Local and regional hospital-level data and dashboards
- FLHealthCHARTS
- County health rankings
- March of Dimes
- Metopio
- Esri ArcGIS Business Analyst
- Other data sources as needed

Understanding that the LSHA serves a region of the state with a growing population and a dynamic economy, our research approach will include working with LSHA to identify any additional facilities and community-based services sites accessed by the populations we are analyzing, as needed (e.g., FQHCs, OB-GYNs, behavioral health services, etc.).

Using Tableau Desktop, we will create interactive dashboards with the gathered data. This software offers a dynamic and interactive space to visualize the data in map and graph formats. It allows users to zoom in or out and isolate data by geographic location (e.g., city, zip code) or variable. This software also allows the user to look at bivariate relationships and clusters and compare them against variables such as race/ethnicity. Our team will also build benchmarking into the dashboard so users can view data at the county and state levels, as applicable and available. We can also make five-year projections based on age, race/ethnicity, and some income variables, which further enhances the usefulness of the data.

Phase 3 – Development and Delivery of Final Report

HMA will conduct a comprehensive CHNA using primary and secondary data. To create a compelling and effective final report, we will begin by organizing our findings into clear sections, such as executive summary, methodology, community demographics, health status indicators, needs assessment results, and priority health issues. We will use visuals such as charts, graphs, and maps to illustrate key data points.

By harnessing the collective power of three key engagement strategies—online surveys, focus groups, and key informant interviews—we intend to create feedback mechanisms that are not only systematic and thorough but also flexible and responsive. This approach will provide a robust foundation for informed feedback and the culturally competent analysis required for the final report and an executive summary report, ensuring the findings are impactful and relevant to the overall analysis.

The final report will include:

- Introduction with executive summary
- Methodology, including software used for analysis
- Data findings
- Themes identified from the community survey
- Top five themes that emerged from focus groups and interviews
- Recommendations of strategies to address top priority community health needs
- References and acknowledgements, as necessary

c. Timeline

The **Option 1 work plan** is a comprehensive premier set of activities including analysis of 300 online surveys, six focus groups, eight virtual key informant interviews, six GIS maps, an interactive dashboard, a final individual report, and an executive summary report, see **Exhibit 2**.

EXHIBIT 2. OPTION 1 PROPOSED WORK PLAN AND TIMELINE

Proposed Timeline/Activities	2025						
	M	A	M	J	J	A	S
Project Management							
Regular status updates and coordination with LSHA	■	■	■	■	■	■	■
Phase 1 – Process and Research Plan Development							
Project Planning Meeting	■						
Development and Approval of Research Plan	■	■					
Phase 2 – Research: Data Collection and Analysis							
Disseminate and Analyze Survey (300 surveys)		■	■	■			
Conduct and Analyze Six Focus Groups (in-person)				■	■		
Conduct and Analyze Eight Key Informant Interviews (virtual)			■	■	■		
Quantitative Analysis of Secondary Data		■	■	■	■		
Develop Six GIS Maps					■		
Develop an Interactive Dashboard					■	■	
Phase 3 – Final Report Development and Delivery							
Final Individual Report					■	■	■
Final Executive Summary Report							■
Submission of Reports							■

Option 2 is a baseline work plan to complete a CHNA but with limited set of activities. Work plan activities including analysis of 150 online surveys, four in-person focus groups, four GIS maps, and a final individual report with an executive summary section, see **Exhibit 3**.

EXHIBIT 3. OPTION 2 PROPOSED WORK PLAN AND TIMELINE

Proposed Timeline/Activities	2025						
	M	A	M	J	J	A	S
Project Management							
Regular status updates and coordination with LSHA	■	■	■	■	■	■	■
Phase 1 – Process and Research Plan Development							
Project Planning Meeting	■						
Development and Approval of Research Plan	■	■					
Phase 2 – Research: Data Collection and Analysis							
Disseminate and Analyze Survey (150 surveys)		■	■	■			
Conduct and Analyze Four Focus Groups (in-person)				■	■		
Quantitative Analysis of Secondary Data		■	■	■	■		
Develop Four GIS Maps					■		
Phase 3 – Final Report Development and Delivery							
Final Individual Report with Executive Summary Section					■	■	■
Submission of Reports							■

d. Budget Proposal

Option 1

For Option 1, HMA proposes a total cost of **\$88,960** which includes \$83,510 in labor costs and \$5,450 in expenses. Included within this amount is the complete cost of doing business with HMA, including indirect costs such as overhead, general, and administrative costs. HMA expects to conduct most of this project virtually, but we have included labor and expenses for two consultants to travel to conduct focus groups. Should you request additional on-site travel, we will work with you to adjust pricing accordingly.

Option 2

For Option 2, which contains a reduced scope, HMA proposes a total cost of **\$75,915** which includes \$70,465 in labor costs and \$5,450 in expenses. Included within this amount is the complete cost of doing business with HMA, including indirect costs such as overhead, general, and administrative costs. HMA expects to conduct most of this project virtually, but we have included labor and expenses for two consultants to travel to conduct focus groups. Should you request additional on-site travel, we will work with you to adjust pricing accordingly.

e. Expected LSHA Deliverables

In this proposal and associated budget, we assume the following assumptions, support, information, and resources are for the completion of a CHNA and associated report which is not inclusive of the development of an implementation plan or assistance with the implementation of any activities to address the findings from the CHNA to fulfill the project deliverables:

- Monthly progress calls with the LSHA project decision-maker to ensure project management and performance meet expectations, with no more than five one-hour meetings
- HMA will use its own Zoom and SharePoint platforms and will not require additional login credentials or access to LSHA systems
- LSHA will respond to messages within two business days and provide timely information necessary for project execution
- A list of key stakeholders will be provided, along with introductions to assist in survey, focus group, and key informant interview recruitment
- Support for recruiting survey and focus group participants will include access to patient lists, clinic waiting rooms, and preventive programs
- Focus groups will be conducted in free public spaces, including facilities provided at Shands Lake Shore Regional Medical Center
- Timely access will be provided to all necessary nonidentifiable datasets, previous reports, and resources required for secondary data analysis
- Surveys will be analyzed using basic descriptive statistics (mean, median, mode) and selected cross tabulations, with analysis performed in Microsoft Excel
- Deliverables will be prepared in Microsoft Word and delivered electronically in Word and PDF formats. No printing will be required
- No more than one revision of any deliverable, and LSHA will handle all internal clearances or approvals of documents
- On-site travel limited to conducting focus groups; all other work will be conducted virtually
- Translated survey materials, if applicable, will be reviewed and approved by LSHA before distribution
- The project will be promoted within the community through LSHA's existing communication channels, such as newsletters, social media, and outreach efforts

Appendix A – Staff Biographies



Zipatly V. Mendoza, MPH, Senior Consultant

Zipatly V. Mendoza is a results-driven public health professional with over 15 years of program management experience and a demonstrated ability in administering public health and health policy initiatives at the local, state, regional, and territorial levels. She has extensive experience in management, policy analysis, strategic planning, community outreach, and partnership development.

Ms. Mendoza previously served as director of the Health Assessment and Promotion department at DeKalb County Board of Health (DCBOH) in Georgia. In this role, she developed and implemented population health strategies utilizing community-centered approaches to prevent chronic and infectious diseases, childhood injuries, and youth violence. She monitored and assessed the status of health in DeKalb County and managed the offices of Chronic Disease Prevention, Epidemiology & Statistics, Health Promotion and Prevention, and Grants & Research Development.

Prior to joining DCBOH, she was office chief for the Arizona Health Disparities Center where she served as the state minority health director. She developed, coordinated the statewide health equity agenda, and implemented innovative strategies to decrease health disparities and address social determinants of health through Arizona's Health in All policy initiative. Ms. Mendoza earned a master of public health in maternal and child health from the University of North Carolina at Chapel Hill and a bachelor of science degree in health sciences with an emphasis in community health education from the University of Arizona.



Marilyn Johnson, MBA, Senior Consultant

Marilyn Johnson is a public health administrator with over 15 years of experience advancing maternal and child health, reproductive health, and initiatives to improve healthcare access and outcomes. Her expertise includes strategic planning, program development, operational efficiency, and quality improvement. She has led efforts to address disparities in care, creating solutions that expand access for underserved communities.

At HMA, Ms. Johnson supports clients in designing programs, enhancing operations, and aligning initiatives with measurable outcomes. Her approach emphasizes collaboration with community stakeholders and leveraging data insights to drive equitable and impactful healthcare solutions.

Previously, Ms. Johnson worked as an independent consultant, providing technical assistance, strategic guidance, and operational solutions that strengthened organizational capacity and sustainability. She has successfully guided the launch and expansion of behavioral health programs, integrating financial viability with service excellence. Earlier in her career, she served as director of operations at CityMatCH, where she optimized organizational performance through financial stewardship, grant administration, and alignment with federal and state regulations.

While at the Mississippi State Department of Health, Ms. Johnson led statewide maternal and child health programs, implemented care standards, and conducted extensive needs assessments. She spearheaded financial recovery efforts that transformed reproductive health programs into sustainable and effective service delivery models, demonstrating her ability to address complex challenges with pragmatic solutions.

Ms. Johnson's leadership reflects her commitment to equity, data-informed strategies, and fostering meaningful partnerships. She has extensive experience managing multidisciplinary teams, engaging community organizations, and designing educational programs that align with public health priorities. Her ability to balance innovation with operational rigor has resulted in measurable improvements across a range of healthcare initiatives.



Karis Burnett, Consultant

Karis Burnett is a proactive, talented, and self-motivated data analyst dedicated to using her skills to alleviate inequities within the healthcare system.

Ms. Burnett is a consultant with HMA, where she built dynamic and interactive dashboards in Power BI to analyze community needs using qualitative and quantitative data. She gained experience analyzing Medicare Advantage supplemental benefits data, various types of survey response data, and claims data.

Prior to her current role, Ms. Burnett served as a data analyst at Wakely Consulting Group, an HMA Company, developing her expertise in creating effective data visualizations and analyzing claims and cost-share reconciliation data. She managed 42 publicly available healthcare focused databases across three different servers and effectively communicated the contents of these datasets as needed. She curated public data into useful tables for consultants and analysts using Python, Structured Query Language, and parsed data from different file formats.

Ms. Burnett previously worked as an assistant manager with Offbeat, LLC, and as wellness advocate and brand partner with doTerra where She cultivated her customer service, leadership, and public speaking skills. She managed more than 20 employees; interviewed, hired, and trained new staff; ensured licensing, health, and safety compliance standards were met; and developed successful marketing and advertising campaigns.

Ms. Burnett earned her bachelor's degree in business management from Colorado State University and a data analysis certificate from the University of Denver.



Kelli Stannard, BSN, RN, Associate Principal

Kelli Stannard is a seasoned nurse and proven public health leader with more than 13 years of experience working at the Florida Department of Health's (DOH's) State Health Office. While with the department, Ms. Stannard held roles as a newborn screening nurse coordinator, nurse consultant, executive community health nursing director, and bureau chief. In each of these positions, she was involved in the department's strategic, long-range, and health improvement planning cycles. She is passionate about seeking ways to create better access to care, driving change through quality improvement, and using data to drive decision-making.

Before joining HMA, Ms. Stannard spent three years as a nurse consultant at the Florida DOH's, leading strategic planning and special projects for Children's Medical Services, including participation in the Long-Range Program Planning, State Health Needs Assessment, and State Health Improvement Plan processes. She also led the implementation of a statewide learning and action network for pediatric specialists.

Ms. Stannard began her nursing career as a neonatal intensive care unit (NICU) nurse. Working in various Level III NICUs across the country, she gained first-hand experience caring for medically fragile infants, as well as supporting families and caregivers navigating the health system.

She transitioned to Florida's Children's Medical Services Program at the DOH's and began working as a nurse coordinator for the Florida Newborn Screening Program where she provided follow-up education and assistance to families, hospitals, pediatric specialists, and community providers. Ms. Stannard was promoted to direct the Specialty Programs Unit, which had contract and programmatic oversight for contracts with hospitals and academic centers serving children with special healthcare needs (e.g., asthma, cancer, cleft lip and palate, diabetes, HIV, kidney failure, and sickle cell disease).

After leading the Specialty Programs Unit, Ms. Stannard was promoted to chief of clinical operations, a bureau with responsibility over the specialty programs, Florida's Medical Foster Care Program, and the clinical management for Children's Medical Services clinic and care coordination services in 20 area offices throughout the state.

C-20

During her tenure as bureau chief, she led the clinical operations efforts to transition to a managed care specialty plan option for Medicaid and CHIP eligible children and youth with special healthcare needs.

Ms. Stannard earned her bachelor's of science degree in nursing from Florida State University. She has completed the Institute for Healthcare Improvement's Open School courses in quality improvement and the Triple Aim.



Leslie Ramirez, Consultant

Leslie Ramirez provides research and project support for clients, including project management. Her skills include stakeholder engagement, data analysis, managed care contract analysis, and quantitative and qualitative research.

Ms. Ramirez has applied these skills to support various projects, including community and behavioral needs assessments, strategic planning, market assessments, policy model development, grant writing, and competitive procurements. Her subject interests include health equity, social determinants of health, and maternal and child health.

She began her tenure at HMA as a Health Career Connections intern, a highly selective internship program focused on professional development, health equity, racial justice, and other health-related workshops. As part of her internship, she supported project work for a foundation client, including developing materials for an interactive convening for up to 50 community health workers.

Ms. Ramirez previously worked as a research assistant for Boston Medical Center's All of Us Research Program. In this role, she helped participants navigate the process of joining a national research program with more than 270,000 participants. Ms. Ramirez also coordinated with other research assistants to keep track of patients and communicate their status. While attending Boston University, she served as an international peer mentor and senior peer health educator.

Ms. Ramirez earned her bachelor of science degree in health science from Boston University's Sargent College of Health & Rehabilitation and is Collaborative Institutional Training Initiative and Good Clinical Practice certified. She is fluent in Spanish.

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Sustainable Healthcare Performance Improvement



—2025

Community Health Needs Assessment Proposal for Lake Shore Hospital Authority

C-22

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January 16, 2025

Sonja Markham, Administrative Assistant
Lake Shore Hospital Authority
259 NE Franklin Street, Suite 102
Lake City, Florida 32055
Via email: sonja@lakeshoreha.org

Dear Ms. Markham:

Please accept for consideration this proposal from HealthTech in response to Lake Shore Hospital Authority's request for proposals for Community Health Needs Assessment (CHNA) services.

HealthTech's depth of resources and experience can help Lake Shore Hospital Authority (LSHA) plan and implement a CHNA process. The resulting CHNA follows federal guidelines and, more importantly, helps meet LSHA's goals to include identifying and addressing community health needs.

We have outlined the specifics of our proposal on the following pages including scope of services and methodology, proposed timeline, deliverables, qualifications, fees for the engagement, qualifications, and client references. If the proposal is accepted, we will review the proposed scope of work with you and work with you to plan and coordinate the CHNA engagement. We are prepared to begin the engagement with preliminary planning following acceptance of our proposal and execution of an agreement.

If you have any specific questions about HealthTech's CHNA services, or items covered in this proposal, please contact me via phone (615.426.3771) or email (julie.haynes@health-tech.us).

Best regards,



Julie Haynes
Strategic Planning Consultant
HealthTech
615.426.3771 cell
julie.haynes@health-tech.us

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CHNA Scope of Services and Methodology

The following information outlines a multi-phase approach for facilitating a CHNA that follows IRC Section 501(r)(3) guidelines. Although each phase is described as distinct, the phases may occur concurrently.

Phase 1: Strategy and Planning

During the strategy and planning phase of the CHNA, a kick-off meeting with the CHNA Core Group will be facilitated by HealthTech's Lead Consultant for the project. Phase 1 will include the following.

- Educating key organizational leaders about the CHNA process.
- Identifying a CHNA Core Group. (A Core group includes the two to three people who regularly support and lead the CHNA process and ensure that it moves forward.)
- Orienting the CHNA Core Group about the CHNA process.
- Establishing a CHNA timeline.
- Determining the process for gathering and reviewing community information and other hospital and/or public health department data to maximize both primary and secondary research methods.
- Defining the CHNA service area (it is currently understood the primary service area is Columbia County with Union, Suwannee and Hamilton Counties in the secondary and tertiary service areas).

Phase 2: Secondary Data – Research & Analysis of Community

Once the strategy and planning phase has been completed, the research and analysis phase will begin.

Secondary data collection will include, but not be limited to, the following and would reflect racial/ethnic breakdowns where available:

- Population demographics and socioeconomic characteristics
- Social determinants of health
- Health risk behavioral factors
- Community safety
- Mortality and morbidity
- Communicable disease
- Access to healthcare
- Health outcomes
- Mental health

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- Clinical care and prevention
- Chronic disease

Data sources considered with the CHNA Core Group to pursue acquiring include:

- Social determinants of health data via both County Health Rankings & Roadmaps and providers with GIS capabilities such as Conduent HCI and SparkMap that capture data from a multitude of sources,
- The CHNAs of area hospitals,
- The Community Need Assessment(s) of pertinent public health departments,
- Hospital and/or clinic data, and
- WellFlorida Council Community Health Publications

As indicated above, data can be viewed via the use of Geographic Information System (GIS) methodologies. HealthTech is open to partnering with various GIS providers including Conduent HCI and SparkMap. HealthTech welcomes input from the LSHA CHNA Core Group about GIS capability preferences and options such as dashboards, GIS maps, or infographics. HealthTech has recently partnered with SparkMap. SparkMap provides various methods to view the data to include still, printed images of maps to include in the CHNA report as exemplified below and seen in both Cobre Valley Regional Medical Center's 2023 CHNA report and Spooner Health's 2022 CHNA report. Since Upson Regional Medical Center is listed as a reference, be aware the GIS map images were removed in the 2024 CHNA report to meet the request of a shorter report. The GIS map images are anticipated to be included in the final and current working draft of Spooner Health's 2025 CHNA report.

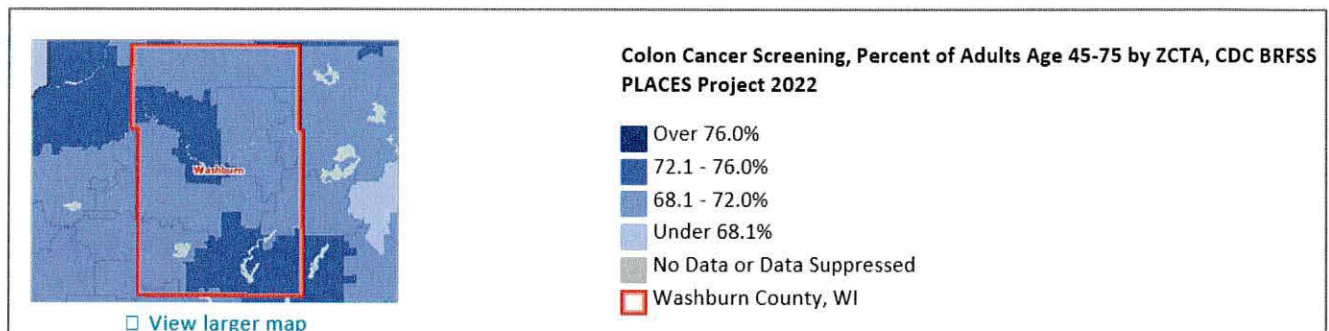


Figure: Sample of printed GIS map

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Phase 3: Primary Research Data Collection and Analysis

HealthTech's project team will work with the CHNA Core Group to identify stakeholder groups and specific stakeholders to participate in the health survey, focus groups and/or interviews.

Primary research is conducted to follow regulatory requirements to solicit input from those who represent the broad interests of the community, those with special knowledge or expertise in public health, and representatives from or serving vulnerable populations. It is important to attain input from representatives from state, local, tribal, or regional governmental health departments and organizations serving the needs of vulnerable populations including the medically underserved, low income, and minority populations. Special emphasis will be placed on identifying individuals with expertise related to healthcare access, chronic disease, and social determinants of health.

The final 501(r) regulations do not require statistically valid health surveys as part of the CHNA process. Still, health survey, interviews, and/or focus groups can be an important tool to solicit the thoughts and perceptions of the community regarding priority health needs.

The publication, "Assessing & Addressing Community Health Needs," 2015 Edition II, published by the Catholic Health Association of the United States in cooperation with VHA and the Healthy Communities Institute states,

"The best sources for reliable, statistically valid, and comparable health data are federal and other public health agencies. Whenever possible, use this data as the basis of your assessment efforts."

"Hospitals should be good data finders and users, not data generators. Hospitals and those working with them on community health needs assessment should focus their time and resources on validating and supplementing public health data findings through targeted surveys and interviews, and forums with community members and other key informants."

Health Survey

A Health Survey will be developed if requested by the CHNA Core Group. The survey can be submitted to key stakeholders and/or community members.

The survey is based on a series of standard questions to gather information about priority community health needs that can be customized to fit the needs of Lake Shore Hospital Authority.

The survey can be conducted through a paper format and/or online utilizing third-party software, such as Survey Monkey. The format of the questionnaire is highly dependent upon the anticipated audience. The HealthTech team will provide Lake Shore Hospital

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Authority with a link to the survey to incorporate the web-based questionnaire on its websites, Facebook pages, Twitter accounts and/or send via email. The survey can also be advertised through a variety of avenues such as the hospital newsletter, billing statements, and local newspapers. Since the Meals on Wheels programs assists some of our nation's most at-risk individuals, distributing paper versions of the survey is one method to capture a wider population of survey respondents. Similar and other tactics can be applied in the Lake Shore Hospital Authority marketplace to ensure minority and at-risk populations are represented by more than community members who serve them.

Survey results acquired will be considered when prioritizing the health needs and the written CHNA report will include the survey results as an appendix.

Focus Groups – Optional

Focus groups will be facilitated by HealthTech, if requested by the CHNA Core Group.

Focus groups can be configured to gather input around a specific topic such as behavioral health or migrant health or can be used to gather input from a specific constituency such as physicians, business leaders, or schools. Each desired focus group meeting would be for up to 1.5 hours. Up to six (6) focus group meetings are included in the optional pricing.

Focus groups feedback acquired will be considered when prioritizing the health needs and the written CHNA report will include the focus group results as an appendix.

Key Informant Interviews – Optional

Key informant interviews will be facilitated by HealthTech if requested by the CHNA Core Group. These interviews have a standard one-hour interview format for up to 35 individuals.

HealthTech has recommended interview questions to gather information about priority community health needs that can be customized to fit the needs of Lake Shore Hospital Authority.

Conference or video call interviews instead of face-to-face interviews with key informants can be conducted, depending on the preference of the CHNA Core Group.

Interview feedback acquired will be considered when prioritizing the health needs and the written report will include the interview feedback as an appendix.

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Phase 4: Identification & Prioritizing of Community Health Needs at Community Partners Meeting

The HealthTech team will work with Lake Shore Hospital Authority to identify community health needs and gaps in information based on the primary and secondary data collected.

The HealthTech team will assist Lake Shore Hospital Authority with prioritizing the identified needs based on a mutually agreed upon prioritization matrix that is established by the CHNA Core Group prior to the Community Partners Meeting.

The CHNA Core Group determines who to invite to the Community Partners Meeting, with the guidance of HealthTech. Typically, between 20-50 people are in attendance of the Community Partners Meeting from a wide range of community sectors to help ensure the entire population in the service area is represented, especially the disadvantaged and at-risk.

The purpose of the 5 (five) hour Community Partners Meeting includes the following:

- Review the CHNA primary and secondary data collected,
- Identify and prioritize significant health needs using the established prioritization criteria, and
- Brainstorm how to address the prioritized needs.

By brainstorming potential partners, strategies, tactics, needed resources, and success measures to address the identified priorities, the CHNA implementation plan content is efficiently acquired.

Be aware that the feedback found on prior Community Partners Meeting evaluations have been extremely favorable. For example, the majority of the responses indicate that the meeting was useful, interesting and worthwhile. Also, most of the answers to the question about the length of the 5 (five) hour meeting is “about right” and not “too long” or “too short.”

Phase 5: Multi-Year Implementation Plan - Optional

IRC Section 501(r) allows four-and-a-half months after the completion of the CHNA and approval by the governing board to develop an implementation plan. This additional time was intended to allow hospitals to work collaboratively with community partners.

The HealthTech Team will assist Lake Shore Hospital Authority with the development of a multi-year action plan based on priority community health needs, including a process to monitor compliance with the plan, if requested. The process focuses on building synergy between various community resources and organizations to improve community health.

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Proposed Timeline

Although each timeline component is described as distinct, they may occur concurrently. The speed of the timeline is primarily at the discretion of the CHNA Core Group and dependent on factors such as the length of time desired to keep a survey open or time of year and availability of CHNA participants regarding hosting interviews, focus groups and/or the Community Partners Meeting.

Begin logistical planning discussions	30 days off-site
Facilitate communication and collection of secondary data	30-90 days off-site
Facilitate communication and collection of primary data (survey, interviews and/or focus groups)	30-120 days on and/or off-site
Facilitate communication and planning of Community Partners Meeting	30 days off-site
Create Community Partners Meeting material including agenda, presentation, primary and secondary data, workgroup instructions, and meeting evaluation	30 days off-site
Facilitate Community Partners Meeting	1 day on-site
Craft Community Partners Meeting Summary	14 days off-site
Draft CHNA for review	30 days off-site
Target final CHNA report	4-7 months from project initiation

Expected LSHA Deliverables:

Below is a list of the support, information and resources needed from LSHA to fulfill a CHNA agreement.

- Availability of appropriate engaged and reliable stakeholders to participate as CHNA Core Group members to guide the CHNA process with their knowledgeable input. A CHNA Core Group is comprised of two to three people who regularly support and lead the CHNA process and ensure that it moves forward. This typically involves 5-10 conference calls during the months long process, each generally an hour in length.

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- Provide input and approval of the draft survey questions, then establish and execute a plan to communicate the CHNA survey opportunity.
- Identify the purpose and invitees of the focus group(s) with the guidance of HealthTech, as well as coordinate the logistics of the focus group meeting(s).
- Identify the interviewees with the guidance of HealthTech, approve the proposed questions, and coordinate the logistics if opt to conduct interviews.
- Determine the stakeholders to invite to the Community Partners Meeting with the guidance of HealthTech and coordinate the logistics.
- Provide input about possible additional secondary data available to collect and appropriately assist as needed in acquiring the data.
- Disseminate information appropriately as determined by the CHNA Core Group members regarding the survey, focus group(s), interviews and/or the Community Partners Meeting.
- Create a list of community resources available to meet the prioritized needs, with the guidance of HealthTech.

Deliverables from HealthTech

Besides documents to assist and guide the process such as a draft survey and draft Community Partners Meeting agenda, deliverables from HealthTech include the following.

- An agenda for each CHNA Core Group video call that also includes an updated list of the outstanding tasks and key dates.
- A PowerPoint presentation to educate and guide the CHNA Core Group about the CHNA process.
- Secondary data from a multitude of sources.
- A CHNA Survey in both PDF and electronic link format for stakeholders to submit their responses.
- A PDF file prior to the Community Partners Meeting to distribute to meeting invitees that includes a table of contents, meeting agenda, PowerPoint presentation about the CHNA process, primary and secondary data, workgroup instructions, meeting evaluation.
- A written report of the Community Partners Meeting that captures the agenda, attendees, strategies, tactics, and success measures to address the identified priorities will be submitted for consideration when crafting a CHNA implementation plan.
- At the conclusion of the assessment, a written report based on the requirements as outlined in the Final Regulations will be provided and include the detailed data considered during the process. The report will address the detailed documentation requirements for a CHNA.

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- Additionally, an executive report will be provided that contains high level “snapshot” information about the service area and the identified common themes in the data.
- Also, if requested, HealthTech will work with Lake Shore Hospital Authority to develop a written implementation plan based on the prioritized health needs within 4 ½ months of the completion of the CHNA.

Qualifications

HealthTech is an award-winning healthcare firm that has conducted CHNAs across the United States during its more than 50 years of serving in the healthcare industry. HealthTech consultants are knowledgeable of CHNA requirements and have repeatedly met them in the past. More information about HealthTech and the bios of some of our highly qualified consultant who have worked at HealthTech for extended periods of time are in the appendix.

Fees

Community Health Needs Assessment	
Phase 1: Strategy and Planning	Included
Phase 2: Secondary Data Research and Analysis of Community	Included
Phase 3: Primary Research Data Collection (Health Survey) and Analysis	Included
Phase 4: Identification and Prioritization of Community Health Needs	Included
Total Community Health Needs Assessment	\$62,000
Phase 3: Focus Groups (Optional)	\$14,000
Phase 3: Key Informant Interviews (Optional)	\$15,000
Phase 5: Multi-Year Implementation Plan (Optional)	\$12,000

Reimbursable Expenses

In addition to the fees listed above, Lake Shore Hospital Authority will reimburse HealthTech for any expenses incurred by HealthTech while performing any on-site services related to the CHNA, including without limitation travel, lodging, meals, local transportation, and out-of-pocket costs and expenses and any CHNA expenses incurred by HealthTech on behalf of Lake Shore Hospital Authority. Lake Shore Hospital Authority will be responsible for any CHNA related expenses including without limitation postage, copying, advertising, converting paper surveys to electronic entry, and community meetings.

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Client References

- Neal Jensen, CEO
Cobre Valley Regional Medical Center
5880 Hospital Drive
Globe, AZ 85501
njensen@cvrmc.org
- Mike Schafer, CEO
Spooner Health
1280 Chandler Drive
Spooner, WI 54801
mschafer@spoonerhealth.com
- Jeffrey Tarrant, CEO
Upson Regional Medical Center
801 W Gordon Street
Thomaston, GA 30286
jeffrey.tarrant@urmc.org or after Jan 31, 2025 retirement,
jeffreystarrant@gmail.com

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Appendix

About HealthTech

HealthTech is an award-winning healthcare consulting and hospital management firm that has been in business for more than 50 years. We provide a full scope of financial and management support services.

We focus on rural, community, and governmental hospitals with their associated clinics, providers, and community services. HealthTech provides hospital management, consulting, turnaround, supply chain, and professional and physician recruitment services to more than 100 hospitals and health systems nationwide.

CHNA Consultants

We anticipate Julie Haynes to serve as project lead and tap additional HealthTech consultants as appropriate for completion of the CHNA, not including support staff. The bios for CHNA consultants follow.

Julie Haynes: Senior Consultant, Strategic Planning

Julie Haynes leads HealthTech's strategic planning practice. Julie works with community hospitals and health systems to identify strategic priorities, improve financial and market performance, and meet the many challenges of the changing health care market landscape. Working with system, market, and national data sources, she assists in defining hospital service areas; prepares market research; evaluates the market data and forecasts figures; conducts physician supply and demand analysis; creates medical staff development plans; and performs community health needs assessments. Julie speaks nationally from her 20+ years of healthcare experience at multiple board meetings and strategic planning retreats each year. Her experience in both marketing and strategic planning has given her a depth of industry knowledge and a strong voice in communicating current trends in both healthcare business and healthcare delivery. In previous roles, Julie was the Regional Marketing Director for Community Health Systems and the Marketing Director for HCA's Skyline Medical Center in Nashville, Tennessee. She is a member of Society for Healthcare Strategy & Market Development (SHSMD) and earned her bachelor's degree in Business Administration from Texas A&M University.

Cheri Benander, RN, MSN, CHC, C-NHCE, HACP-CMS: Director of Clinical Services

Cheri has over 30 years' experience in various healthcare roles, including clinical, management, administration, compliance, consulting, and education. Her leadership experience has extended to multiple healthcare settings, including acute care, home health, hospice, assisted living, and long-term care.

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As a consultant, Ms. Benander has worked collaboratively with leaders and clinical staff to improve productivity, time management, and leadership skills, formulate survey responses, and implement various programs including compliance.

She received her basic nursing education from Fort Scott Community College and her bachelor's and master's degrees in nursing from the University of Phoenix. She received a graduate Nursing and Healthcare Education certification from the University of Phoenix. Ms. Benander is a Certified Healthcare Compliance (CHC) professional through the Health Care Compliance Association (HCCA) and a Healthcare Accreditation Certified Professional -CMS through the Center for Improvement in Healthcare Quality (CIHQ).

Ms. Benander is a registered nurse and has been a member of Sigma Theta Tau International Honor Society for Nursing, the American Nurses Association (ANA), the American Organization of Nurse Executives (AONE), and the Health Care Compliance Association (HCCA).

Carolyn St. Charles, RN, MBA: Chief Clinical Officer

Carolyn St. Charles, RN, MBA, brings over 30 years experience to her role at HealthTech Management Services. As Regional Chief Clinical Officer, St. Charles provides consultation and resources that promote evidence-based care, quality and patient safety, and operating efficiencies.

Previously, she held progressively more responsible positions at Overlake Hospital in Bellevue, Washington, including Director of Medical-Surgical Nursing, Senior Vice President of Patient Care and Vice President of Strategic Services.

St. Charles earned her Master's degree in Business Administration from the University of Washington and a Bachelor's degree in Nursing from Northern Arizona University. She is also a member of the American Organization of Nurse Executives and The Case Management Society of America.

Marcella A Wright, DNP, MS, RN: Assistant Director Care Coordination & LEAN Consulting

Marcella's nursing career has spanned over 30 years and includes consulting, acute care, home health, mental health, renal health, and academia. Marcella has a lifelong passion to provide whole person care, and the coordination of chronic illness. Her leadership roles have included clinical director, lead positions, and executive teams. Her knowledge and experience span various settings including nursing school classroom, clinical instructor, outpatient care, outpatient hemodialysis, hospitals, and home care. She has been a certified mental health nurse and a certified hemodialysis nurse, has been member of the American Nurses Association, American Nephrology Nurses Association, and the American Academy of Ambulatory Care Nurses. Marcella has a passion for community and population involvement and has dedicated hours to youth sports, agriculture, leadership, and church youth groups.

January 31, 2025

TO: LSHA Trustees

FR: Dale Williams

RE: Columbia County/Florida Gateway College LSHA Campus Discussion

As requested by the LSHA Trustees during their January 27, 2025, Special Meeting, representatives from the Columbia County Board of County Commissioners and Florida Gateway College met on Wednesday January 28, 2025, to discuss a joint recommendation for allocating certain physical assets of the Lake Shore Hospital Authority between the two entities.

The attached parcel map reflects the joint recommendation of the two entities. Please note that the conveyance of property as recommended cannot be accomplished by current property appraiser parcel numbers as some parcels consist of portions of multiple city blocks.

D-1



KEY

ORANGE – FLORIDA GATEWAY COLLEGE

PINK – COLUMBIA COUNTY

YELLOW – LSHA REMAINING VACANT LOTS

D-2

February 3, 2025

TO: LSHA Trustees

FR: Dale Williams

RE: Columbia EMS – Proposed Rental – LSHA Building

As requested by the Trustees, I have spoken to Toby Witt, Columbia EMS, Co-owner, regarding interest in the former EMS Station/Warehouse on the Lake Shore Hospital Campus. Toby advises that Columbia EMS is no longer interested in this site.

E-1

Staff Report
February 10, 2025 Regular Meeting

NEW	1
RENEW	2
INELIGIBLE (INCOME OR OTHER)	0
TOTAL CLIENTS SEEN IN OFFICE IN JANUARY	3
ACTIVE MEMBERS	20
PUBLIC VISITS	7
PRIMARY CARE VISITS – 2 LOCATIONS	
December, 2024	4
YTD (Fiscal year October – Sept)	18
PHARMACY USAGE	
December 2024	
PATIENTS SERVED	7
RX'S FILLED	19