

# STRATEGIC PLANNING

March 24, 2022



**DEDICATED TO THE HEALTH OF OUR COMMUNITY**



**“Plans are of little importance,  
but planning is essential.”**

**Winston Churchill**

March 24, 2022

Board Members, Committee Members and Team Members:

This year we began to normalize COVID-19 and get back to regular operations. Many of the initiatives that we had been working on prior to the height of the COVID crisis, were resumed without missing a beat. The virtual implementation of EPIC Connect, our electronic health record for Lakeside and the Clinics, went live on July 1<sup>st</sup> as planned. We were granted the COPCN to start a Ground Transportation division, which should be operational by April 1<sup>st</sup>. The new helicopters were completed in Italy and shipped to Philadelphia where the medical interiors will be installed and approved by the FAA prior to delivery to us this year.

COVID-19 has become a regular part of our business as we continue to respond with vaccinations and testing within our clinics and at Lakeside. We were also challenged this year by the imposition of the CMS mandate for all healthcare employees. We provided regular communications to our staff about expectations, and fortunately to date, we have not terminated any staff as a result of their vaccination status. We have also played a significant role with the School District as students returned to classes. We have worked closely with School Administration to assist in ensuring the safest possible environments for our children.

Our own programs have continued to excel in quality accolades despite the disruptions of COVID. The Healey Center was recognized as a “Best Nursing Home” by US News and World Reports for the third year in a row. Our CL Brumback Primary Care Clinics were awarded Gold status from HRSA as a quality leader. Lakeside successfully navigated a number of regulatory surveys while also receiving Gold level recognition from the Association of Perioperative Nurses. We attribute much of this success to the compassion and commitment of our staff, but also to the maturity of our data reporting. I firmly believe “you can’t fix what you can’t measure.” Thus, we have rolled out numerous data dashboards that help drive fact-based decision making.

We have begun in earnest to move forward with HCD’s expansion into the Behavioral Health space. Community need for substance use disorder and mental health services has increased significantly since the COVID shut down. Additionally, after several years of talks with the County, they are ready to move forward with transfer of their funding dollars to us. We would envision a multi-year transition of financial responsibility as HCD builds a stronger foundation in Behavioral Health and has a clear plan to move forward. We are actively engaged in talks with community partners to provide expanded resources within our District Cares network.

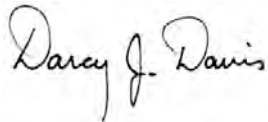
A key challenge that we are now facing relates to staffing issues. As with many industries, healthcare is at crisis levels across the country as nurses and providers leave the market. We have made a number of efforts to stabilize our human resources by providing market adjustments and retention bonuses to our

patient facing employees. We are continuing to use creative strategies to recruit and retain individuals, but know that we may struggle to return to pre-pandemic levels for some time.

We have reinvigorated efforts to communicate with staff and provide relief to those who have remained with us. Morale has improved significantly from this time last year and early indications from our engagement survey are that our scores have improved as a result of our efforts. We achieved world-class participation and believe that the feedback will be invaluable to continued focus on our most importance resource – our team.

Thank you for your ongoing trust and support.

Sincerely,

A handwritten signature in black ink that reads "Darcy J. Davis". The signature is written in a cursive, flowing style with a large initial 'D' and 'J'.

Darcy J. Davis, CEO



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# AGENDA

9:00am-9:05am	Les Daniels	New Board Member Oath of Office
9:05am-9:15am	Darcy Davis	Welcome and Enabling Legislation
9:15am-9:45am	Tom Cleare Candie Abbott	Evolution of Payer to Provider District Cares Eligibility
9:45am-10:00am	Gerry Pagano	Aeromedical Fleet Replacement Status Update & Introductions
10:00am-10:15am	Karen Harris & Amaury Hernandez	Transportation Department Update & Introductions
10:15am-10:30am	Candie Abbott	Local Provider Payment Fund (LPPF) & Direct Payment Program (DPP)
10:30am-10:45am	Juliza Kramer	Creative Communications Strategies
10:45am-11:15am	Dr. Belma Andric & Jon Van Arnam	Behavioral Health
11:15am-12:00pm	Tom Cleare	Sponsored Programs
12:00pm-1:00pm	Lunch	
1:00pm-1:30pm	Steven Hurwitz & Cindy Dupont	School Health
1:45pm-2:45pm	Closed Meeting for Lakeside Medical Center Strategic Planning	
Health Care District Board Meeting Immediately Following the Closed Meeting		



## MISSION

To be the health care safety net for Palm Beach County

## VISION

Meeting changes in health care to keep our community healthy

## VALUES

**Integrity** – Being committed to honesty, accountability, transparency and ethical standards.

**Excellence** – Achieving high quality outcomes through innovation, customer service, safety and continuous improvement.

**Leadership** – Providing progressive solutions to community health care needs in a cost-effective and efficient manner.

**Teamwork** – Fostering cooperative and collaborative efforts in the delivery of comprehensive health care services.

**Respect** – Valuing a culture of inclusion and diversity built on trust, respect and compassion for all.

# STRATEGIC IMPERATIVES

## **FIND OUR “TRUE NORTH”**

Our role as the health care safety net is our primary driver when determining our direction in the community

## **STAY IN OUR LANE**

Do what we do well and let others deliver the services we cannot or do not provide

## **SAFE RIDING, HARD RACING**

Compete responsibly in order to Save taxpayer dollars

## **QUALITY AND VALUE IS REMEMBERED LONG AFTER THE PRICE IS FORGOTTEN**

Mission first in the most cost effective and resourceful manner

# PILLARS OF SUCCESS

No building can be held up by only one post, one pillar. It takes a number of supports to make an institution sound. Likewise, it takes a number of goals to achieve a healthy organization. Every District strategy should fall under one of the four pillars and line up with our strategic imperatives in order to maintain a balanced scorecard.

**Quality and Patient Safety** To provide quality, patient centered health care that can be defined and measured. To enforce and invest in a pervasive culture of safety with zero preventable errors.

**People** To be the employer of choice. To develop and support a culturally diverse, competent, motivated and service oriented workforce. To recruit and retain highly competent providers to meet patient needs.

**Cost** To maximize taxpayer investment while advancing the mission and vision. To offer unquestionable value to payers and consumers.

**Community Impact** To lead Palm Beach County in improving health status and access to care through community coordination and collaboration. To protect and advance the county's health care safety net.





# 2022-23 STRATEGIC GOALS

## INITIATIVES UNDERWAY

- Phase II – Epic
- Helicopter Delivery
- LifeTrans - Ground Transportation



## NEW INITIATIVES

- Sponsored Programs Re-Alignment
- District Cares Eligibility Assessment
- Behavioral Health Expansion
- School Health Alignment





# APPENDIX



## Chapter 2003-326

An act relating to the Health Care District of Palm Beach County; codifying, amending, and reenacting special acts relating to the District; providing a popular name; providing boundaries; providing for a governing board, rules of the board, and membership; providing powers and duties of the board; providing for an ad valorem tax; providing for issuance of bonds; providing for an annual report; repealing chapters 87-450, 92-340, 93-382, 96-509, and 2000-489, Laws of Florida; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

**Section 1.** Pursuant to section 189.429, Florida Statutes, this act constitutes the codification of all special acts relating to the Health Care District of Palm Beach County. It is the intent of the Legislature in enacting this law to provide a single, comprehensive special act charter for the District, including all current legislative authority granted to the District by its several legislative enactments and any additional authority granted by this act.

**Section 2.** Chapters 87-450, 92-340, 93-382, 96-509, and 2000-489, Laws of Florida, are codified, reenacted, amended, and repealed as herein provided.

**Section 3.** The charter for the Palm Beach County Health Care Act is recreated and reenacted to read:

**Section 1. Popular Name.**— This act shall be known and may be referred to by the popular name the “Palm Beach County Health Care Act.”

**Section 2. Intent.**— The Legislature recognizes that it is in the public interest to provide a source of funding for indigent and medically needy residents of Palm Beach County (the “County”) and to maximize the health and well being of Palm Beach County residents by providing comprehensive planning, funding, and coordination of health care service delivery. Program elements should include, but not be limited to, preventive health services, community nursing services, ambulatory care, outpatient services, hospital services, trauma health services, and rehabilitative services, as feasible. All programs should be coordinated to maximize the delivery of quality health care. The most effective and efficient method to provide comprehensive health care services is through a countywide health care district.

**Section 3. Name and Boundaries.--** The name of the independent special district shall be the Health Care District of Palm Beach County (“the District”). The District shall embrace and include all of the property of Palm Beach County.

**Section 4. District Board; Membership; Rules of Procedure.--**

(1) The District shall be governed by a District Board which shall be composed of seven members. The appointing authority shall consider the diverse geographic areas of Palm Beach County in selecting individuals to serve on the District Board, and at least one member, but not more than two, shall reside in the Glades area, that area of Palm Beach County lying west of the line between Range 39 East and Range 40 East. The membership of the District Board shall include three members appointed by the Governor, three members appointed by the Board of County Commissioners of Palm Beach County, and one member from the Palm Beach County Health Department as provided below:

(a) The Governor shall appoint three members to serve on the District Board.

(b) The Board of County Commissioners of Palm Beach County shall appoint three members to the District Board, other than themselves, one of whom must be an elected official at the time of appointment.

(c) The District Board member from the Palm Beach County Public Health Department shall be the director of the Palm Beach County Public Health Department.

(2) Any vacancies on the District Board for whatever cause shall be filled in the same manner as set forth in this act for an initial appointment.

(3) District Board members shall receive no compensation for their services; however, while acting for the District, they shall receive their actual expenses, including subsistence, lodging, travel, and other expenses in the amount actually incurred, as approved by the District Board.

(4) Each member of the District Board shall serve for a term of 4 years or until a successor is appointed.

(5) The term of office of a District Board member shall be construed to commence on October 1 of the year of appointment and to terminate September 30 of the year of the end of his or her term.

(6) No member of the District Board may serve more than two consecutive 4-year terms, with the exception of the director of the Palm Beach County Public Health Department.



(7) The members of the District Board shall elect among themselves a chair, vice-chair, and secretary. The chairman shall preside at all meetings of the District Board, except that the vice-chair may preside in his or her absence. The chair, vice-chair, and secretary shall each have an official vote in all matters considered by the District Board. The District Board is authorized to adopt bylaws providing for the orderly governance and operation of the District's affairs.

(8) The District Board shall meet regularly as determined by the bylaws of the District Board.

(9) Each District Board member shall give bond to the Governor for the faithful performance of his or her duties in the sum of \$5,000 with a surety company qualified to do business in the state, as surety, which bond shall be approved and kept by the Clerk of the Circuit Court of Palm Beach County, Florida. The premiums on said bonds shall be paid as part of the expenses of the District Board.

(10) Four District Board members shall constitute a quorum, and a vote of at least three District Board members shall be necessary to complete the transaction of any business of the District. The District Board members shall cause true and accurate minutes and records to be kept of all business transacted by them and shall keep full, true, and complete books of accounts and minutes, which minutes, records, and books of account shall at all reasonable times be open and subject to public inspection, and any person desiring to do so may make or procure a copy of said minutes, records, or books of account, or such portion thereof as such person may desire, at a reasonable cost determined by the District Board.

**Section 5. Qualifications of District Board Members.**-- A District Board member or the spouse of a District Board member may not, at the time of appointment or for 1 year prior to appointment or during the term of the District Board member:

(1) Have any financial interest, other than ownership of shares in a mutual fund, pension plan, or profit-sharing plan, in any entity which, either directly or indirectly, receives funds from the District.

(2) Be employed, retained by, or engaged in any activity with any entity which, either directly or indirectly, receives funds from the District, except for the director of the Palm Beach County Public Health Department.

(3) Serve on the board of directors or board of trustees of any entity, which either directly or indirectly, receives funds from the District.

**Section 6. District Board Powers.**— The District Board is vested with the authority and responsibility to provide for the comprehensive planning and delivery of adequate health care facilities, including, but not limited to, hospitals, and services for the citizens of the County, particularly medically needy citizens. For those purposes, the District Board shall have and may utilize the following powers:

(1) To plan, set policy guidelines for, fund, establish, construct, lease, operate, and maintain such health care facilities as shall be necessary for the use of the people of the County, including the continued presence of at least one hospital in the Glades area, subject to and limited by the future financial resources and constraints of the District; however, hospitals may not be constructed by the District, except that the District may construct a hospital in the Glades area. Said health care facilities shall be established, constructed, leased, owned, operated, and maintained for the preservation of the public health, for the public good, and for the use of the public of the County. The locations of such health care facilities shall be determined by said District Board.

(2) To provide services and facilities jointly with other public or private health care providers, with appropriate provision to reduce the costs of providing service for all users thereof.

(3) To provide health care services to residents of the County through the utilization of health care facilities not owned and operated by the District. The provision of said care is hereby found and declared to be a public purpose and necessary for the preservation of the public health and welfare of the residents of the County.

(4) To adopt an official seal and alter the same at pleasure.

(5) To maintain an office at such place or places as it may designate.

(6) To sue and be sued in its own name and to plead and be impleaded, but with all sovereign immunity and limitations provided by the State Constitution or general law.

(7) To acquire by purchase, lease, gift, or otherwise, or to obtain options for the acquisition of, any property, real or personal, improved or unimproved, as said District Board deems proper to carry out the purposes of this act. However, the District shall not have the power of eminent domain. To hold and dispose of all assets or property, real or personal, improved or unimproved, upon such terms and for such consideration, or for no consideration, as the District Board deems proper to carry out the purposes of this act.

(8) To plan and fund the construction, acquisition, ownership, leasing, repair, maintenance, extension, expansion, improvement, rehabilitation, renovation, furnishing, and equipping of health care facilities and to pay all or any part of the costs thereof from the proceeds of operating revenue, bonds, lease-purchase financing, or other obligations of indebtedness of the District or from any contribution, gift, or donation or other funds of the District for such purpose.

(9) To make and execute agreements of lease, contracts, deeds, mortgages, notes, and other instruments necessary or convenient in the exercise of its powers and functions under this act.

(10) To lease as lessor or lessee to or from any person, firm, corporation, association, or body, public or private, any facilities or property of any nature for the use of the District to carry out any of the purposes authorized by this act.

(11) To pledge or assign any money, rents, charges, fees, or other revenues and any proceeds derived from sales of property, insurance, or condemnation awards.

(12) To borrow money and issue bonds, certificates, warrants, notes, or other evidence of indebtedness as hereinafter provided; to levy such tax as may be authorized; and to charge, collect, and enforce fees and other user charges.

(13) To raise, by user charges or fees authorized by resolution of the board, amounts of money which are necessary for the conduct of the District's activities and services and to enforce their receipt and collection in the manner prescribed by resolution not inconsistent with law.

(14) To employ administrators, physicians, attorneys, accountants, financial experts, consulting engineers, architects, surveyors, and such other employees and agents as may be necessary in its judgment, and to fix their compensation.

(15) To acquire existing health care facilities and to reimburse any health care facility for the cost of such facilities in accordance with an agreement between the District and the health care facility.

(16) To acquire existing health care facilities and to refund, refinance, or satisfy outstanding obligations, mortgages, or advances issued, made, or given by said health care facility.

(17) To mortgage any health care facility and the site thereof.

(18) To cooperate with, or contract with, other governmental agencies or private individuals or entities as may be necessary, convenient, incidental, or proper in connection with any of the powers, duties, or purposes authorized by this act.

(19) To assess and impose upon lands in the District ad valorem taxes as provided by this act.

(20) To annually determine and approve a district budget and millage in accordance with chapter 200, Florida Statutes.

(21) To promulgate and adopt policies and rules for the operation of the District.

(22) In its absolute discretion, to establish or become a part of one or more qualified self-insurance trust funds for the purpose of protecting District assets and operations, as well as related health care entities and individuals comprising the health care delivery system established at the direction or under the authority of the District. The protection from liability losses includes, without limitation, professional medical malpractice, comprehensive general liability, directors and officers' liability, workers' compensation liability, medical and health services, life, property, and such other liability exposures as may be permitted by Florida law. These self-insurance trust funds may be established for the benefit of the officers, directors, employees, and approved agents of the District as well as such other legal entities or individuals as the District may determine, by board resolution, are carrying out the health care purposes and mandates of the District during the period those entities or individuals are acting within the scope of the authority and duties devolving upon them through an agreement with or direct mandate from the District.

(23) To provide for reimbursement to hospitals, physicians, or other health care providers or facilities.

(24) The District is hereby restricted from reimbursing any health care providers or facilities, including hospitals and physicians, for their bad debts arising from those patients who are not eligible for reimbursement under district guidelines. The District, however, shall continue to reimburse such health care providers for the medical care of medically needy patients, to the extent of the District's limited financial resources, taking into account funds available from other sources, including other governmental funding sources.

(25) To establish criteria for the provision of health care pursuant to this act.

(26) To be exempt from the payment of any fees, taxes, or increment revenue to community redevelopment agencies established pursuant to part III of chapter 163, Florida Statutes.

(27) Notwithstanding the prohibition against extra compensation set forth in section 215.425, Florida Statutes, to provide for an extra compensation program, including a lump-sum bonus payment program, to reward outstanding employees whose performances exceed standards, if the program provides that a bonus payment may not be included in an employee's regular base rate of pay and may not be carried forward in subsequent years.

(28) To plan, set policy for, and fund from its revenue sources the establishment and implementation of cooperative agreements with other government authorities and public and private entities within and outside of Palm Beach County which promote the efficiencies of local and regional trauma agencies, rural health networks, and cooperative health care delivery systems, provided that any such agreements with entities outside of Palm Beach County ensure that the costs associated with any trauma services are the responsibility of such entity.



(29) To establish, and appoint members to, such boards, committees, or advisory bodies as the District Board deems appropriate.

(30) To plan, coordinate, supervise, manage, and take such other action as appropriate to implement the school health programs as established by the District.

(31) To do all things necessary to carry out the purposes of this act.

All of the foregoing powers are hereby found and declared to be a public purpose and necessary for the preservation of the public health, for the public good, and for the welfare of the residents of the District.

**Section 7. Indemnification of Members of the Board, Officers, Committee Members, Employees, and Others.--**

(1) The District shall have power to indemnify any person who was or is a party, or is threatened to be made a party, to any threatened, pending, or completed action, suit, or proceeding, whether civil, criminal, administrative, or investigative (other than an action by, or in the right of, the District) by reason of the fact that he is or was an agent of the District, against expenses (including attorneys' fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred by him or her in connection with such action, suit, or proceeding, including any appeal thereof, if he or she acted in good faith and in a manner he or she reasonably believed to be in, or not opposed to, the best interests of the District and, with respect to any criminal action or proceeding, had no reasonable cause to believe this conduct was unlawful. The District shall also have the power to indemnify any such person against any loss of wages or earnings suffered during his or her defense, provided that, in the opinion of the commissioners of the District, those losses were directly attributable to that defense. The termination of any action, suit, or proceeding by judgment, order, settlement, or conviction or upon a plea of nolo contendere or its equivalent shall not, of itself, create a presumption that the person did not act in good faith and in a manner which he or she reasonably believed to be in, or not opposed to, the best interests of the District or, with respect to any criminal action or proceeding, had reasonable cause to believe that his or her conduct was unlawful.

(2) No indemnification under this section shall be made in respect of any claim, issue, or matter as to which such person shall have been adjudged to be liable for negligence or misconduct in the performance of his or her duty to the District, unless, and only to the extent that, the court in which such action or suit was brought shall determine upon application that, despite the adjudication of liability but in view of all circumstances of the case, such person is fairly and reasonably entitled to indemnification for such expenses, which such court shall deem proper.

(3) If an individual has been determined by the District to be an agent entitled to compensation under these indemnity provisions and to the extent that such agent of the District has been successful on the merits or otherwise in defense of any action, suit, or proceeding referred to in the subsections above or in defense of any claim, issue, or matter therein, he or she shall be indemnified against expenses (including attorneys' fees) actually and reasonably incurred by him or her in connection therewith. Any such successful agent shall also be indemnified against any loss of wages or personal service earnings suffered during his or her defense, provided that, by the vote of the District Board acting through a quorum consisting of members who are not parties to such action, suit, or proceeding, it is determined that those losses were directly attributable to the time involved in that defense. If, however, a quorum of disinterested members cannot be convened, the decision shall be made by independent legal counsel, who may be the legal counsel for the District.

(4) Unless otherwise determined by a court pursuant to subsection (2), any indemnification under the above subsections shall be made by the District only as authorized in the specific case upon a determination of a quorum of District Board members who are not parties to such action, suit, or proceeding, or, if that is not possible, by independent legal counsel, who may be the legal counsel of the District, that indemnification of the agent of the District is proper in the circumstances because he or she has met the applicable standard of conduct set forth in the above subsections.

(5) Expenses including attorneys' fees and lost wages or earnings incurred in defending a civil or criminal action, suit, or proceeding may be paid by the District in advance of the final disposition of such action, suit, or proceeding upon a preliminary determination following one of the procedures set forth in the above subsections that the agent of the District met the applicable standard of conduct set forth in the above subsections and upon receipt of an undertaking by or on behalf of the agent of the District to repay such amount, unless it shall ultimately be determined that he or she is entitled to be indemnified by the District as authorized in this section.

(6) Indemnification as provided in this section shall continue as to a person who has ceased to be an agent of the District and shall inure to the benefit of the heirs, executors, and administrators of such a person.

(7) As used in this section, the term "agent of the District" means a District Board member, District officer, committee member appointed by the District, or District employee including persons employed by the District to provide executive, physician, nursing, dental, paramedical, technical, business, management, legal, and other supporting services for the District, together with such other approved agents of the District or subdistricts as well as such other legal entities or individuals as the District may determine, by board resolution, are carrying out the health care purposes and mandates of the District during the period those entities or individuals are acting within the scope of the authority and duties devolving upon them through an agreement with or direct mandate from the District or subdistricts, excluding medical malpractice claims asserted individually against such persons, but including a person serving at the direction of the District

Board. All such agents of the District, in order to be entitled to indemnification for the liability arising out of the act in question, shall have been acting within the scope of their employment on District related business.

(8) The District shall have power to purchase and maintain insurance on behalf of such agents of the District as the District Board may, from time to time, deem appropriate, against any liability asserted against the agent of the District and incurred by the agent of the District in any such capacity or arising out of his or her status as agent of the District, whether or not the District would have the power to indemnify him or her against such liability under the provisions of this section. This subsection, however, is not intended to be a waiver of sovereign immunity or a waiver of any other defense or immunity to such lawsuits.

#### **Section 8. Taxes.--**

(1) Ad Valorem Taxes.-- The District Board shall have the power to levy and assess an ad valorem tax on all the taxable property in the District for the purposes and needs of the District incurred in exercising the powers and for the purposes set forth herein, including, but not limited to, the power to fund the construction, operation, and maintenance of assessable improvements, to pay the principal of and interest on any bonds of the District, and to provide for any sinking or other funds established in connection with any such bonds. The ad valorem tax levied by the District Board for District purposes shall not exceed 2 mills. As an additional restriction on the levying of taxes by the District Board, said District Board shall not levy a tax that increases its annual millage levy more than one-quarter of a mill from the amount levied by the District in the previous year.

(2) Procedure.-- The levy by said District Board of the taxes authorized by any provision of this act shall be in accordance with the procedure set forth in the State Constitution and general law.

(3) Financial Statement. -- At least once each year, the District Board shall cause to be published once in a newspaper of general circulation in the County a copy of the District's annual audited financial statement summary which shows a complete summary of the financial condition of the District.

(4) Enforcement of Taxes. -- The collection and enforcement of all taxes levied by the District shall be at the same time and in like manner as county taxes, and the provisions of the Florida Statutes relating to liens for taxes and the enforcement thereof; the sale of lands for unpaid and delinquent taxes; the issuance, sale, and delivery of tax certificates for such unpaid and delinquent county taxes; the redemption thereof; the issuance to individuals of tax deeds based thereon; and all other procedures in connection therewith shall be applicable to the District to the same extent as if such statutory provisions were expressly set forth herein. All taxes shall be subject to the same discounts as county taxes.

(5) When Unpaid Tax is Delinquent; Penalty. -- All taxes provided for in this act shall become delinquent and bear penalties on the amount of such taxes in the same manner as county taxes.

(6) Tax Exemption. -- All bonds issued hereunder and interest paid thereon and all fees, charges, and other revenues derived by the District from the services provided by this act are exempt from all taxes by the state or by any political subdivision, agency, or instrumentality thereof to the extent allowed by general law.

### **Section 9. Short-term Borrowing; Bonds.--**

(1) Issuance of Bond Anticipation Notes. -- In addition to the other powers provided for in this act, the District Board shall have the power to borrow money in anticipation of the sale of bonds and to issue bond anticipation notes in a principal sum not in excess of the authorized maximum amount of such bond issue. Such notes shall be in such denomination or denominations, bear interest at such rate as the District Board may determine in compliance with general law, mature at such time or times not later than 5 years from the date of issuance, and be in such form and executed in such manner as the District Board shall prescribe. Such notes may be sold at either public or private sale or, if such notes shall be renewal notes, may be exchanged for notes then outstanding on such terms as the District Board shall determine. Such notes shall be paid from the proceeds of such bonds when issued. The District Board may, in its discretion, in lieu of retiring the notes by means of bonds, retire them by means of current revenues or from any taxes or assessments levied for the payment of such bonds, but in such event a like amount of the bonds authorized shall not be issued.

(2) Short-term Borrowing. -- The District at any time may obtain loans, in such amount and on such terms and conditions as the District Board may approve, for the purpose of paying any of the expenses of the District or any costs incurred or that may be incurred in connection with any of the projects of the District, which loans shall bear such interest as the District Board may determine in compliance with general law, and may be payable from and secured by a pledge of such funds, revenues, taxes, and assessments as the District Board may determine. The District may issue negotiable notes, warrants, or other evidence of debt to be payable at such times, to bear such interest as the District Board may determine in compliance with general law, and to be sold or discounted at such price or prices not less than 95 percent of par value and on such terms as the District Board may deem advisable. The District Board shall have the right to provide for the payment thereof by pledging the whole or any part of the funds, revenues, taxes, and assessments of the District. The approval of electors residing in the County shall not be necessary except when required by the State Constitution.



(3) Authorization and Forms of Bonds. -- Any general obligation bonds or revenue bonds may be authorized by resolution or resolutions of the District Board which shall be adopted by a majority of all the members thereof then in office. Such resolution or resolutions may be adopted at the same meeting at which they are introduced and need not be published or posted. The District Board may, by resolution, authorize the issuance of bonds and fix the aggregate amount of bonds to be issued; the purpose or purposes for which the moneys derived therefrom shall be expended; the rate or rates of interest, in compliance with general law; the denomination of the bonds; whether or not the bonds are to be issued in one or more series; the date or dates of maturity, which shall not exceed 40 years from their respective dates of issuance; the medium of payment; the place or places within or without the state where payment shall be made; registration privileges; redemption terms and privileges, whether with or without premium; the manner of execution; the form of the bonds; the manner of execution of bonds; and any and all other terms, covenants, and conditions thereof and the establishment of revenue or other funds. Such authorizing resolution shall further provide that such bonds shall be executed in accordance with chapter 279, Florida Statutes, the Registered Public Obligations Act of Florida. The seal of the District may be affixed, lithographed, engraved, or otherwise reproduced in facsimile on such bonds. In case any officer whose signature shall appear on any bonds or coupons shall cease to be such officer before the delivery of such bonds, such signature or facsimile shall nevertheless be valid and sufficient for all purposes the same as if he or she had remained in office until such delivery.

(4) Issuance of Additional Bonds. -- The District Board may authorize the issuance of additional bonds, upon such terms and conditions as the District Board may provide in the resolution authorizing the issuance thereof, but only in compliance with the resolution or other proceedings authorizing the issuance of the original bonds.

(5) Refunding Bonds. -- The District shall have the power to issue bonds to provide for the retirement or refunding of any bonds or obligations of the District that at the time of such issuance are or subsequently thereto become due and payable, or that at the time of issuance have been called or are or will be subject to call for redemption within 10 years thereafter, or the surrender of which can be procured from the holders thereof at prices satisfactory to the District Board. Refunding bonds may be issued at any time when in the judgment of the District Board such issuance will be advantageous to the District. No approval of the qualified electors residing in the District shall be required for the issuance of refunding bonds except in cases in which such approval is required by the State Constitution. The District Board may by resolution confer upon the holders of such refunding bonds all rights, powers, and remedies to which the holders would be entitled if they continued to be the owners and had possession of the bonds for the refinancing of which such refunding bonds are issued, including, but not limited to, the preservation of the lien of such bonds on the revenues of any project or on pledged funds, without extinguishment, impairment, or diminution thereof. The provisions of this act pertaining to bonds of the District shall, unless the context otherwise requires, govern the issuance of refunding bonds, the form and other details thereof, the rights of the holders thereof, and the duties of the District Board with respect thereto.

(6) Revenue Bonds.--

(a) The District shall have the power to issue revenue bonds from time to time without limitation as to amount. Such revenue bonds may be secured by, or payable from, the gross or net pledge of the revenues to be derived from any health facility or combination of facilities; from the rates, fees, or other charges to be collected from the users of any health facility or facilities; from any revenue-producing undertaking or activity of the District; or from any other sources or pledged security. Such bonds shall not constitute an indebtedness of the District, and the approval of the qualified electors shall not be required unless such approval is required by the State Constitution.

(b) Any two or more hospitals or health facilities may be combined and consolidated into a single hospital or facility and may hereafter be operated and maintained as a single hospital or facility. The revenue bonds authorized herein may be issued to finance any one or more of such hospitals or facilities, regardless of whether or not such hospitals or facilities have been combined and consolidated into a single hospital or facility. If the District Board deems it advisable, the proceedings authorizing such revenue bonds may provide that the District may thereafter combine the projects then being financed or theretofore financed with other projects to be subsequently financed by the District and that revenue bonds to be thereafter issued by the District shall be on parity with the revenue bonds then being issued, all on such terms, conditions, and limitations as shall have been provided in the proceeding which authorized the original bonds.

(7) General Obligation Bonds.--

(a) The District shall have the power from time to time to issue general obligation bonds to finance or refinance capital projects or to refund outstanding bonds. Except for refunding bonds, no general obligation bonds shall be issued unless the bonds are issued to finance or refinance a capital project and the issuance has been approved at an election held in accordance with the requirements for such election as prescribed by the State Constitution. Such elections shall be called by District Board. The expenses of calling and holding an election shall be at the expense of the District, and the District shall reimburse the County for any expenses incurred in calling or holding such election.

(b) The District may pledge its full faith and credit for the payment of the principal and interest on such general obligation bonds and for any reserve funds provided therefor and may unconditionally and irrevocably pledge itself to levy ad valorem taxes on all taxable property in the District, to the extent necessary for the payment thereof, without limitations as to rate or amount.

(c) If the District Board determines to issue general obligation bonds for more than one capital project, the approval of the issuance of the bonds for each and all such projects may be submitted to the electors on one and the same ballot. The failure of the electors to approve the issuance of bonds for any one or more capital projects shall not defeat the approval of bonds for any capital project which has been approved by the electors.

(8) Limitation on Issuance of Bonds.--

(a) Ad valorem funding shall not be used to support the issuance of bonds, unless the bond issue has been approved by referendum.

(b) Annual debt service (annual retirement of long-term debt plus all interest) as a percentage of total revenue from millage must be less than 10 percent of all District revenue.

(9) Additional Authority.-- The District shall have the authority to determine whether to issue taxable or tax-exempt bonds under this section and whether the bonds are to bear interest at a fixed rate or a variable rate or rates, and the District shall have the authority to determine the security for the bonds, including any credit enhancements.

**Section 10. Lien on Behalf of the Health Care District of Palm Beach County when Other Parties are Liable.--**

(1) The District shall be entitled to a lien, as determined by this section, for payments made by the District for health care services provided to ill or injured persons, upon any proceeds of judgments, settlements, or settlement agreements concerning the liability of tortfeasors or other third parties causing or contributing to said illness or injuries thus necessitating such health care services. For purposes of this section, any such ill or injured persons or their legal representatives may be referred to as "claimant."

(2) Upon suit being filed by the claimant against any tortfeasor or other third party, the claimant shall send the District, if the District made any payments on claimant's behalf, a copy of the complaint by certified or registered mail as notification of such suit. Within 60 days after receipt of the claimant's notification, the District may file in the suit a Notice of Payments Made for Health Care Services. Such notice must specify the amount the District paid, and it shall constitute a lien upon any recovery to the extent allowed by this section. If suit has not been filed, a claimant shall send the District notification by certified or registered mail of the claimant's intent to claim damages from the tortfeasor or other third party. Within 60 days after receipt of the claimant's notification, the District may send to the claimant by certified or registered mail a Notice of Payments Made for Health Care Services. Such notice must specify the amount the District paid, and it shall constitute a lien upon any recovery to the extent allowed by this section. If the District made any payments on claimant's behalf and becomes aware of a suit or claim for damages prior to being notified by the claimant in accordance with this subsection, it may file or send its Notice of Payments Made for Health Care Services at that time. Such notice must specify the amount paid by the District, and it shall constitute a lien upon any recovery to the extent allowed by this section. The notice of payments made may be amended by the District to reflect amounts paid by the District subsequent to the filing of said notice.

(3) The amount of the lien created by this section shall be the entire amount paid by the District pursuant to the Notice of Payments Made for Health Care Services, as amended, less the District's pro rata share of reasonable attorney's fees, costs, and expenses of litigation for the claimant's attorney; provided, however, the amount of the lien created by this section shall in no event be greater than two-thirds of the amount remaining from the proceeds of judgment, settlement, or settlement agreement after the deduction of attorney's fees and other reasonable costs and expenses of litigation.

(4) No release or satisfaction of any judgment, settlement, or settlement agreement shall be valid against such lien unless the District joins therein or executes a release of such lien.

(5) The District, when claiming a lien under this section, shall cooperate with the claimant by producing such information as is reasonably necessary to prove the amount paid by the District for health care services provided.

(6) The lien created by this act shall not preempt the lien rights of any hospital in Palm Beach County created by ordinance, special act, or general law. This act shall not affect any subrogation rights of the District.

**Section 11. Reorganized District-owned hospitals.**— The District has the authority to reorganize any hospital it owns in accordance with state law.

**Section 12. Glades Rural Area Support Board.**-- The District Board, in the exercise of its powers relative to the planning and delivery of adequate health care facilities and services for the citizens of Palm Beach County, particularly medically needy citizens, and as otherwise stated in section 6, may establish a Glades Rural Area Support Board (“Glades Support Board”) and may delegate certain authority to the Glades Support Board for the planning of support for the provision of health care in the Glades area, that area of Palm Beach County lying West of the line between Range 39 East and Range 40 East, all subject to the policies and procedures established by the District Board. Among the powers that the District Board may delegate to the Glades Support Board is some or all of the District Board’s authority to provide for tax support and reimbursement to hospitals, physicians, and/or such other health care providers or facilities for the medical care of medically needy patients. If so requested by the District Board, the Glades Support Board shall recommend to the District Board amounts of reimbursement appropriate for hospitals, physicians, and such other health care providers or facilities which provide health care to eligible medically needy patients in the Glades area. The District Board may amend, rescind, modify, or suspend any or all of the delegated powers of the Glades Support Board at any time or from time to time, in the discretion of the District Board.

**Section 13. Report to the County Commissioners and Legislative Delegation.**— The District Board shall annually submit a report, including its budget, to the Palm Beach County Commissioners and to the Palm Beach County Legislative Delegation.

**Section 14. No Effect.**— If any provision of this act or the application thereof to any person or circumstance is held invalid or unconstitutional by any court of competent jurisdiction, the invalidity or unconstitutionality shall not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to this end the provisions of this act are declared severable.

**Section 15. Remedial Act.**— This act shall be construed as a remedial act and shall be liberally construed to promote the purpose for which it is intended.

Section 4. Chapters 87-450, 92-340, 93-382, 96-509, and 2000-489, Laws of Florida, are repealed.

Section 5. This act shall take effect upon becoming a law.

Approved by the Governor July 16, 2003.

Filed in Office Secretary of State July 16, 2003.

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July 24, 2014

Chair and Commissioners  
Health Care District  
2601 10<sup>th</sup> Avenue, Suite 100  
Palm Springs, Florida 33461

Re: Strategic Planning - History of the Health Care District and Analysis of Current District Programs Compliance with the Act

Dear Chair and Commissioners:

I am pleased to provide you, as part of your Strategic Planning, an overview of the history of the Health Care District. I have attached, so that you have some perspective, several documents as set forth below.

**HISTORY OF THE FORMATION OF THE HEALTH CARE DISTRICT**

After World War II, the population of Palm Beach County began to grow. In the southern and western areas of the county, there was a need for hospital service, yet hospitals were not being built or established by the private sector. Accordingly, the Legislature of the State of Florida authorized the establishment of special taxing districts in various areas of the State. Three such independent special taxing districts were created in

Palm Beach County. Two independent districts were established in the western part of Palm Beach County and one was established in the southeastern portion of the county.

In 1949, the Southwestern Palm Beach County Hospital District was established encompassing the Belle Glade and South Bay areas. In 1949, the Northwestern Palm Beach County Hospital District was established encompassing the Pahokee and Canal Point areas. In 1953, the Southeastern Palm Beach County Hospital District was established stretching from Boynton Beach to Boca Raton along the east coast.

Each of these independent special districts were granted the ability to levy taxes, within its geographic area, of up to ten mills. The special districts were to use these taxes initially, to construct a hospital, and later to supplement the operation of the hospital and to offset the cost of providing indigent care.

In the southwestern portion of the county, Glades General Hospital in Belle Glade was constructed. In the northwestern portion of the county, Everglades Memorial Hospital in Pahokee was constructed. In the southeastern portion of the county, Bethesda Memorial Hospital in Boynton Beach was constructed.

The northeastern and central portion of the county, having been settled earlier and with a greater population density, had already attracted private hospitals, including Good Samaritan Hospital (opened in 1919) and St. Mary's Hospital (opened in 1938), both in West Palm Beach. Shortly thereafter, a third hospital, Pine Ridge, was opened to serve the black population. Eventually, Pine Ridge was merged with St. Mary's Hospital.

As Florida, and Palm Beach County, experienced a population boom in the 1970s and 1980s, the health care delivery system in the county was experiencing a great deal of difficulty. For example, the taxable value in the western communities, coupled with the small population, combined to limit the amount of money which could be raised by the respective hospital districts in those communities. This, along with the high rate of poverty in the Glades, lead to the county commission subsidizing each of the hospitals in

the Glades<sup>1</sup>. In the northeastern portion of the county, where there was no hospital taxing district, the problems affiliated with inner cities, particularly West Palm Beach and Riviera Beach, led to Palm Beach County providing financial support to hospitals in the northeast, particularly St. Mary's and Good Samaritan Hospitals. St. Mary's hospital provided a significant amount of indigent care. The County was spending about ½ a mill annually on payments to hospitals and other health care providers throughout Palm Beach County. In the southeast, some citizens believed that they were subject to double taxation insofar as they were paying a tax to the southeastern Palm Beach County hospital district and also paying a tax to the county that was being used for health care delivery throughout the county.

In 1981, Dr. Carl Brumback, the longtime director of the Palm Beach County Public Health Department, and other leaders in the community, established the Human Services Coalition to research and develop possible solutions to this situation. The initial proposed solution to this dilemma was the establishment of a northeastern dependent hospital district, under the control (and millage cap) of the county commissioners in 1984. However, this District was never activated. By 1986, Dr. James Howell had joined Dr. Brumback and others in the formation of the Palm Beach County Health Care Task Force.

During the 1980's, a confluence of factors were creating a crisis in health care delivery in Palm Beach County. Many obstetricians, who were experiencing high malpractice rates (medical malpractice premiums 150% of state rate), stopped accepting new patients. Neither Palm Beach Gardens Medical Center or Jupiter Hospital, had daily emergency room coverage for neurosurgery. In March 1987, St. Mary's Hospital also lost emergency neurosurgeon coverage. In July 1987, Good Samaritan Hospital lost orthopedic surgeon coverage in their emergency room. Based on the lack of specialty coverage, hospitals were instructing ambulances to transport victims needing that specialty

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<sup>1</sup> Each of the Glades hospital districts were levying close to 10 mills (their cap). The Bethesda District was levying less than 1 mill (but generating more revenue than the two Glades Districts combined).



to another hospital's emergency room. This was against the existing law governing transport policies. The situation at St. Mary's hospital (lack of neurosurgery coverage, high percentage of indigent patients in the emergency room), led the Board of St. Mary's to vote to close their emergency department "except for emergency cases" effective January 1, 1988 (they did not close).

The county commission appointed me to chair a committee, commonly known as the Implementing Committee, to implement a solution to this crisis and to improve the fragmented health care delivery system. This committee was comprised of a wide variety of individuals including: Mrs. Henrietta "Buddie" Brenner, Reverend Pamela Cahoon, Representative Edward Healey, Monseigneur John McMahon, Rabbi Alan Sherman, Don Chester, Dennis Grady, David Goodlett, Representative Jim Hill, Edward Rich, and representatives of the three independent hospital taxing districts, including Sandra Chamblee of the Southwest District, J.S. Atkins of the Northwest District, and Dr. Fred Love of the Southeast District. After numerous meetings, I drafted the Palm Beach County Health Care Act. The Implementing Committee had recommended that the Health Care District, which was to be established by the Health Care Act, be granted taxing authority of ten mills. As the committee continued its research, and recognizing the political reality of attempting to establish a county wide taxing authority, the committee reduced the proposed millage (10 mills) to five mills. After a public hearing before the County Commission, the county commissioners reduced the proposed maximum millage rate to three mills.

### **LEGISLATION AND ELECTIONS**

The Health Care Act was then presented to the Palm Beach County Legislative Delegation, which under the Bi-Partisan leadership of Senator William "Doc" Myer, Senator Eleanor Weinstock, Representative Edward Healey and Representative Jim Hill, agreed to support this legislation. The Florida Legislature passed the Palm Beach County Health Care Act in 1987 and it was approved by the Governor. A copy of Chapter 8 -450, Laws of Florida, is attached under Tab 1.

1989, the Palm Beach County Health Care District Board convened their first meeting.

The previous hospital taxing district members had been appointed by the Governor and each such hospital district (now subdistrict) selected one member to represent them on the Health Care District Board. The Northeast Subdistrict Board was appointed by the county commissioners and was comprised of Mr. Sheehan, Bob Broadway, Representative Edward Healey, Commissioner Karen Marcus, and Dr. Melvin Haynes from Palm Beach Community College.

In the first year of the Health Care District, individuals, particularly the health care providers (i.e., physicians and hospitals) within the subdistrict, would make presentations and proposals to each respective subdistrict board and identify the health care needs in the particular community encompassed by their subdistrict area.

The Health Care District Board also established several countywide committees to address various issues. These included the Eligibility Committee, chaired by Commissioner Elmquist, to determine the guidelines by which individuals would be eligible for service benefits provided by the Health Care District; the Finance Committee, chaired by Commissioner Carol Roberts, with the responsibility to establish and present a recommended budget to the Health Care District Board; the Medical Advisory Committee, chaired by Dr. Fred Love, to assess the health care needs of the community; and the Trauma Committee, chaired by Dr. Robert Brodner.

As mentioned, the first meeting of the Health Care District Board was February 7, 1989. One of the first acts of the Board was to hire a search firm to conduct a nationwide search for an executive director. I was selected as the initial General Counsel. The search firm conducted a search during the Spring and in the Summer of 1989, and presented several candidates to the District Board. The interviews were held on June 16, 1989. The District Board selected Doris Ausbrook, an individual with many years in public health and trauma service in Chicago as the first executive director.

Financially, the Health Care Act guaranteed to the hospitals which had been supported by the Hospital Districts (Glades General, Everglades Memorial, and Bethesda

Memorial) income equal to the amount the hospitals levied in the 1986-87 fiscal year for the first five years of the Health Care District.

Subsequent to the establishment of the District there were amendments that were adopted by the legislature in 1991 (91-344), 1992 (92-340), 1993 (93-382), 1996, (96-509), and 2000 (2000-49), culminating in a codification of the act incorporating all of the previous changes in 2003, in Chapter 2003-326. Tab #6.

There was soon litigation involving whether the transfer of the public hospitals in the Northwest Hospital District (Everglades Memorial Hospital in Pahokee) and the Southeast Hospital District (Bethesda Memorial Hospital in Boynton) by those Public Hospital Districts to non-profit corporations that they established was legal or whether those hospitals were properly assets of the Health Care District. Attached is a copy of the opinion of the 4<sup>th</sup> District Court of Appeal in Palm Beach County Health Care District v. Everglades Memorial Hospital, 658 So.2d 577 (Fla.App 4 Dist. 1995) Tab #7, upholding the District's position that the arrangements entered into between the District's predecessor, the Northwest Hospital District (Everglades Memorial Hospital), and the non-profit corporation they created – Everglades Memorial Hospital, Inc. - were invalid. This opinion resulted in the Health Care District obtaining control of the assets of said hospital (which were minimal at that point). Prior to this ruling being issued, the District had negotiated with Bethesda an agreement which settled a similar lawsuit whereby the Bethesda corporation was allowed to keep the SE Hospital District assets (including Bethesda hospital) in exchange for the provision of a certain level of indigent care over a 25 year period of time.

On a slightly different note, for many years the County had attempted to shift to the Health Care District the responsibility for the payment of health care expenses for prisoners in the jail system or individuals who are arrested and in the custody of law enforcement. In 2005 litigation was commenced by HILCO, an assignee of St. Mary's, to collect medical expenses incurred by an indigent individual who was in the custody of law enforcement. The County was a named Co-Defendant. The essence of the litigation was

the County's assertion that the District should be responsible for the payment for the care provided to an individual in custody. I have attached a copy of Judge Gerber's order rejecting the County's argument and upholding the District's position under Tab #8. Pertinent to the discussion of whether the District's programs comply with the Act, the Court determined:

The Court understands the County's argument that the District's exclusion of indigent and medically needy residents who happen to be under arrest could be read to conflict with the intent of the Health Care Act, that is, to "provide a source of funding for indigent and medically needy residents of Palm Beach County." However, the key modifier in that quoted provision is that the District may be "a source" – the Act does not state the District is "the source." The District's and hospitals' assignee's evidence that the County continued to fund other programs relating to indigent health care supports this conclusion. More importantly, as the District argued, the Act must be read in its entirety. The plain language of Section 3, which obligates the District to provide services "as feasible ... to the extent of the district's limited financial responses," unambiguously contemplates that the District is not necessarily the source of last resort with respect to indigent health care. This Court is bound to give the District's argument great deference. *See Level 3 Communications, LLC v. Jacobs*, 841 So. 2d 447, 451 (Fla. 2003) ("An agency's interpretation of the statute that is charged with enforcing is entitled to great deference.").

The court also rejected the County's argument that "the Health Care Act gives the District too much power to set the District's own guidelines".

### **ANALYSIS OF CURRENT DISTRICT PROGRAMS**

#### **COMPLIANCE WITH THE ACT**

Prior to analyzing the Act relative to each particular program that the District provides, I would note that the intent of the Act was to provide the broadest possible authority to you, the District Board, to set the policies of the District and to establish the programs that you deem are in the public interest. This intent is reflected in Section 2 of the Act:

Section 2. Intent.—The Legislature recognizes that it is in the public interest to provide a source of funding for indigent and medically needy residents of Palm Beach County (the “County”) and to maximize the health and well-being of Palm Beach County residents by providing comprehensive planning, funding and coordination of health care service delivery. Program elements should include, but not be limited to, preventive health services, community nursing services, ambulatory care, outpatient services, hospital services, trauma health services, and rehabilitative services, as feasible. All programs should be coordinated to maximize the delivery of quality health care. The most effective and efficient method to provide comprehensive health care services is through a countrywide health care district.

Section 6 of the Act sets forth specific powers of the Board:

**Section 6. District Board Powers.**— The District Board is vested with the authority and responsibility to provide for the comprehensive planning and delivery of adequate health care facilities, including, but not limited to, hospitals, *and services for the citizens of the County, particularly medically needy citizens.*

The Act sets forth numerous powers of the Board.

Just as importantly as the specific programs that are mentioned in the Act is Section 6 (31) which is patterned on the U.S. Constitution’s Elastic Clause. This Clause gives the Congress the ability to pass all laws “that are necessary and proper” to carry out their powers. Similarly the District is provided with the power: “(31) to do all things necessary to carry out the purposes of this Act”.

The District’s current programs are:

- Trauma including Aeromedical
- Primary Care Clinics
- Healey Nursing and Rehabilitation Center
- Lakeside Medical Center
- Coordinated Care
- Vita Health

- Pharmacy Services
- School Health
- Sponsored Services

Each of these programs are squarely within the programs authorized by the Act. Following are excerpts from the Act relative to each of these programs.

### **Health Care Act of 2003**

#### **Trauma; including Aeromedical:**

**Section 2. Intent:** Program elements should include, but not be limited to, preventive health services, community nursing services, ambulatory care, outpatient services, hospital services, *trauma health services*, and rehabilitative services, as feasible.

#### **Primary Care Clinics:**

**Section 2. Intent:** Program elements should include, but not be limited to, *preventive health services, community nursing services, ambulatory care, outpatient services*, hospital services, trauma health services, and rehabilitative services, as feasible.

**Section 6. District Board Powers.**— The District Board is vested with the authority and responsibility to provide for the comprehensive planning and delivery of adequate health care facilities, including, but not limited to, hospitals, *and services for the citizens of the County, particularly medically needy citizens*. For those purposes, the District Board shall have and may utilize the following powers:

- (1) To plan, set policy guidelines for, fund, establish, construct, lease, operate, and maintain *such health care facilities* as shall be necessary for the use of the people of the County, including the continued presence of at least one hospital in the Glades area, subject to and limited by the future financial resources and constraints of the District; however, hospitals may not be constructed by the District, except that the District may construct a hospital in the Glades area. Said health care facilities shall be established, constructed, leased, owned, operated, and maintained for the preservation of the public health, for the public good, and for the use of the public of the County. The locations of such health care facilities shall be determined by said District Board.

(14) *To acquire existing health care facilities* and to reimburse any health care facility for the cost of such facilities in accordance with an agreement between the District and the health care facility.

(15) *To acquire existing health care facilities* and to refund, refinance, or satisfy outstanding obligations, mortgages, or advances issued, made, or given by said health care facility.

#### **Edward J. Healey Center:**

**Section 2. Intent:** Program elements should include, but not be limited to, preventive health services, community nursing services, ambulatory care, outpatient services, hospital services, trauma health services, and *rehabilitative services*, as feasible.

**Section 6. District Board Powers.**— The District Board is vested with the authority and responsibility to provide for the comprehensive planning and *delivery of adequate health care facilities*, including, but not limited to, hospitals, and services for the citizens of the County, particularly medically needy citizens. For those purposes, the District Board shall have and may utilize the following powers:

(8) *To plan and fund the construction*, acquisition, ownership, leasing, repair, maintenance, extension, expansion, improvement, rehabilitation, renovation, furnishing, and equipping of health care facilities and to pay all or any part of the costs thereof from the proceeds of operating revenue, bonds, lease-purchase financing, or other obligations of indebtedness of the District or from any contribution, gift, or donation or other funds of the District for such purpose.

#### **Lakeside Medical Center:**

**Section 2. Intent:** Program elements should include, but not be limited to, preventive health services, community nursing services, ambulatory care, outpatient services, *hospital services*, trauma health services, and rehabilitative services, as feasible.

**Section 6. District Board Powers.**— The District Board is vested with the authority and responsibility to provide for the comprehensive planning and delivery of adequate health care facilities, *including, but not limited to, hospitals*, and services for the citizens of the County, particularly medically needy citizens. For those purposes, the District Board shall have and may utilize the following powers:

(1) To plan, set policy guidelines for, fund, establish, construct, lease, operate, and maintain such health care facilities as shall be necessary for the use of the people of the County, including the continued presence of *at least one hospital in the Glades* area, subject to and limited by the future financial resources and constraints of the District; however, hospitals may not be constructed by the District, except that the District may construct a hospital in the Glades area. Said health care facilities shall be established, constructed, leased, owned, operated, and maintained for the preservation of the public health, for the public good, and for the use of the public of the County. The locations of such health care facilities shall be determined by said District Board.

**Section 11. Reorganized District-owned hospitals.**— *The District has the authority to reorganize any hospital it owns in accordance with state law.*

**Coordinated Care:**

**Section 2. Intent** -- The Legislature recognizes that it is in the public interest to provide a source of *funding for indigent and medically needy residents of Palm Beach County* (the "County") and to maximize the health and well being of Palm Beach County residents by providing comprehensive planning, funding, and *coordination of health care service delivery*. Program elements should include, but not be limited to, preventive health services, community nursing services, ambulatory care, outpatient services, hospital services, trauma health services, and rehabilitative services, as feasible. *All programs should be coordinated to maximize the delivery of quality health care.*

**Section 6. District Board Powers.**— The District Board is vested with the authority and responsibility to provide for the *comprehensive planning and delivery of adequate health care* facilities, including, but not limited to, hospitals, and services for the citizens of the County, particularly medically needy citizens. For those purposes, the District Board shall have and may utilize the following powers:

*(2) To provide services and facilities jointly with other public or private health care providers, with appropriate provision to reduce the costs of providing service for all users thereof.*



*(17) To cooperate with, or contract with, other governmental agencies or private individuals or entities as may be necessary, convenient, incidental, or proper in connection with any of the powers, duties, or purposes authorized by this act.*

*(22) To provide for reimbursement to hospitals, physicians, or other health care providers or facilities.*

### **Vita Health:**

**Section 2. Intent --** The Legislature recognizes that it is in the public interest to provide a source of *funding for indigent and medically needy residents of Palm Beach County* (the "County") and to maximize the health and well being of Palm Beach County residents by providing comprehensive planning, funding, and *coordination of health care service delivery*. Program elements should include, but not be limited to, preventive health services, community nursing services, ambulatory care, outpatient services, hospital services, trauma health services, and rehabilitative services, as feasible. *All programs should be coordinated to maximize the delivery of quality health care.*

**Section 6. District Board Powers.--** The District Board is vested with the authority and responsibility to provide for the *comprehensive planning and delivery of adequate health care* facilities, including, but not limited to, hospitals, and services for the citizens of the County, particularly medically needy citizens. For those purposes, the District Board shall have and may utilize the following powers:

*(2) To provide services and facilities jointly with other public or private health care providers, with appropriate provision to reduce the costs of providing service for all users thereof.*

*(17) To cooperate with, or contract with, other governmental agencies or private individuals or entities as may be necessary, convenient, incidental, or proper in connection with any of the powers, duties, or purposes authorized by this act.*

*(22) To provide for reimbursement to hospitals, physicians, or other health care providers or facilities.*

## **Pharmacy:**

**Section 2. Intent:** Program elements should include, but not be limited to, *preventive health services*, community nursing services, ambulatory care, outpatient services, hospital services, trauma health services, and rehabilitative services, as feasible. All programs should be coordinated to maximize the delivery of quality health care. The most effective and efficient method to provide comprehensive health care services is through a countywide health care district.

**Section 6. District Board Powers:** The District Board is vested with the authority and responsibility to provide for the comprehensive planning and *delivery of adequate health care facilities*, including, but not limited to, hospitals, and services for the citizens of the County, particularly medically needy citizens. For those purposes, the District Board shall have and may utilize the following powers:

(9) To lease as lessor or lessee to or from any person, firm, corporation, association, or body, public or private, *any facilities* or property of any nature for the use of the District to carry out any of the purposes authorized by this act.

(17) To cooperate with, or contract with, other governmental agencies or private individuals or entities as may be necessary, convenient, incidental, or proper in connection with any of the powers, duties, or purposes authorized by this act.

## **School Health:**

**Section 2. Intent:** Program elements should include, but not be limited to, *preventive health services, community nursing services, ambulatory care, outpatient services*, hospital services, trauma health services, and rehabilitative services, as feasible. All programs should be coordinated to maximize the delivery of quality health care. The most effective and efficient method to provide comprehensive health care services is through a countywide health care district.

**Section 6- Board Powers District Board Powers.**– The District Board is vested with the authority and responsibility to provide for *the comprehensive planning and delivery of adequate health care facilities*, including, but not limited to, hospitals, and services for the citizens of the County, particularly medically needy citizens. For those purposes, the District Board shall have and may utilize the following powers:

(29) To plan, coordinate, supervise, manage, and take such other action as appropriate to implement *the school health programs* as established by the District.

### Sponsored Services:

**Section 2. Intent** -- The Legislature recognizes that it is in the public interest to *provide a source of funding for indigent and medically needy residents of Palm Beach County (the "County") and to maximize the health and well being of Palm Beach County residents by providing comprehensive planning, funding, and coordination of health care service delivery.* Program elements should include, but not be limited to, preventive health services, community nursing services, ambulatory care, outpatient services, hospital services, trauma health services, and rehabilitative services, as feasible. All programs should be coordinated to maximize the delivery of quality health care. The most effective and efficient method to provide comprehensive health care services is through a countywide health care district.

### **OTHER SERVICES THE DISTRICT IS AUTHORIZED TO PROVIDE**

**Section 2. Intent** -- The Legislature recognizes that it is in the public interest to provide a source of funding for indigent and medically needy residents of Palm Beach County (the "County") and to maximize the health and well being of Palm Beach County residents by providing comprehensive *planning, funding, and coordination of health care service delivery.* Program elements should include, but not be limited to, *preventive health services, community nursing services, ambulatory care, outpatient services,* hospital services, trauma health services, and rehabilitative services, as feasible. All programs should be coordinated to maximize the delivery of quality health care. The most effective and efficient method to provide comprehensive health care services is through a countywide health care district.

As discussed above, the District Board is granted broad and comprehensive powers relative to health care in Palm Beach County.

This certainly would include the establishment of a health care exchange.

**Section 2. Intent** -- The Legislature recognizes that it is in the public interest to provide a source of *funding for indigent and medically needy residents of Palm Beach County (the "County")* and to maximize the health and well being of Palm Beach County residents by providing comprehensive planning, funding, and *coordination of health care service delivery.* Program elements should include,

but not be limited to, preventive health services, community nursing services, ambulatory care, outpatient services, hospital services, trauma health services, and rehabilitative services, as feasible. *All programs should be coordinated to maximize the delivery of quality health care.*

**Section 6. District Board Powers.**— The District Board is vested with the authority and responsibility to provide for the *comprehensive planning and delivery of adequate health care* facilities, including, but not limited to, hospitals, and services for the citizens of the County, particularly medically needy citizens. For those purposes, the District Board shall have and may utilize the following powers:

(2) *To provide services and facilities jointly with other public or private health care providers, with appropriate provision to reduce the costs of providing service for all users thereof.*

(17) *To cooperate with, or contract with, other governmental agencies or private individuals or entities as may be necessary, convenient, incidental, or proper in connection with any of the powers, duties, or purposes authorized by this act.*

(22) *To provide for reimbursement to hospitals, physicians, or other health care providers or facilities.*

## RESIDENTS/CITIZENS/PEOPLE

The following are excerpts of the Act referring to “residents”, “citizens” or “people” are mentioned.

**Section 2 Intent:** The Legislature recognizes that it is in the public interest to provide a source of funding for indigent and medically needy *residents* of Palm Beach County (the “County”) and to maximize the health and well-being of Palm Beach County *residents* by providing comprehensive planning, funding, and coordination of health care service delivery.

**Section 6. District Board Powers.**— The District Board is vested with the authority and responsibility to provide for the comprehensive planning and delivery of adequate health care facilities, including, but not limited to, hospitals, and services for the *citizens* of the County, particularly medically needy *citizens*. For those purposes, the District Board shall have and may utilize the following powers:

(1) To plan, set policy guidelines for, fund, establish, construct, lease, operate, and maintain such health care facilities as shall be necessary for the use of the *people* of the County, including the continued presence of at least one hospital in the Glades area, subject to and limited by the future financial resources and constraints of the District; however, hospitals may not be constructed by the District, except that the District may construct a hospital in the Glades area.

(3) ... The provision of said care is hereby found and declared to be a public purpose and necessary for the preservation of the public health and welfare of the *residents* of the County.

(31) ...All of the foregoing powers are hereby found and declared to be a public purpose and necessary for the preservation of the public health, for the public good, and for the welfare of the *residents* of the District.

(24) The District, however, shall continue to reimburse such health care providers for the medical care of *medically needy patients*, to the extent of the District's limited financial resources, taking into account funds available from other sources, including other governmental funding sources.

**Section 12. Glades Rural Area Support Board:** The District Board, in the exercise of its powers relative to the planning and delivery of adequate health care facilities and services for the *citizens* of Palm Beach County, particularly medically needy *citizens*, and as otherwise stated in section 6, may establish a Glades Rural Area Support Board ("Glades Support Board") and may delegate certain authority to the Glades Support Board for the planning of support for the provision of health care in the Glades area, that area of Palm Beach County lying West of the line between Range 39 East and Range 40 East, all subject to the policies and procedures established by the District Board. Among the powers that the District Board may delegate to the Glades Support Board is some or all of the District Board's authority to provide for tax support and reimbursement to hospitals, physicians, and/or such other health care providers or facilities for the medical care of *medically needy patients*.

As stated above, the intent of the Act was to provide the broadest possible authority to the District Board to make decisions as to whom, and on what basis, you would offer services. Without setting forth an entire legal opinion, suffice it to say that there are numerous cases that have determined that residency is essentially where a person currently

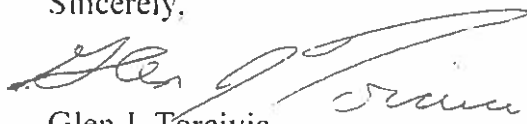
is, with an "intent" to reside there. "Intent" is very subjective and very difficult to establish. Accordingly, the District has historically offered its services to any and all people within Palm Beach County regardless of whether a "resident" or a "citizen". In fact, in light of existing case law, the District would be well advised not to try to distinguish the provision of services based on hard and fast rules as to what constitutes "residency".

In addition, the words "medically needy" are used frequently throughout the Act and the intention was as simple as is stated. Any person in Palm Beach County who has a medical need might be eligible for services offered by the District provided they meet the criteria that the District established

In summary, you have been provided the authority by the Legislature and the people of Palm Beach County, to provide for the Health Care needs of the people for Palm Beach County. How you exercise that authority, is within your wise discretion.

I trust that the above is of assistance to you in your Strategic Planning.

Sincerely,

A handwritten signature in cursive script, appearing to read "Glen J. Torcivia".

Glen J. Torcivia

GJT/ak

Enclosure

Acknowledgement is made to Don W. Chester for his December 7, 1990 paper "The PBC Health Care Act Campaign", and to Dr. Carl L. Baumbach for his vision and commitment to Public Health.



## 2016 STRATEGIC PLANNING PROCESS MINUTES

Guiding Principle Questions	
Questions	Notes
1. Should the District actively compete with the private sector to increase revenue <b>OR</b> merely passively compete with limited marketing, advertising, etc.?	The hospital, clinics, and nursing home can more actively compete with private providers and attract more patients with a payor source?
2. Should the District cover more people with a basic level of benefits <b>OR</b> less people with a more comprehensive level of benefits?  2a. Should the District continue to operate two benefit level where everyone is eligible for primary care and medications, but eligibility for comprehensive benefits requires residency documentation?	Basic benefits would include primary care, dental service, diagnostics services, lab services, limited specialty services and some limited surgical and hospital services. More comprehensive services would include cancer care and a wider range of specialist and hospital services.
3. Should the District partner with other organizations to further enhance services to the residents of PBC?  3a. Should the District partner with a for-profit organization for these purposes?  3b. Should the District partner with an organization located outside PBC for these purposes?	For example, Lakeside Medical Center could possibly partner with another hospital or health care system to bring additional services to Western Palm Beach County and help to increase patient volumes.
4. For the Sponsored Programs funding initiative, should the District fill the gaps in service that the District does not directly provide <b>OR</b> supplement the services the District has committed to providing directly?  4a. Should the District fund competitors in the community?	For example, the District could limit funding only to community organizations that provide services other than primary care and dental services and expand the types of services the Districts helps to provide access to in PBC <b>OR</b> the District could limit funding only to community organizations that provide primary care services and dental so that there are additional access points above and beyond the District's primary care clinics?
5. Should the District grow the Foundation to function as an active fundraising organization <b>OR</b> limit the foundation to be a vehicle to accept grateful patient donations and function in a more passive manner?	Growing the foundation would require additional investment by the District in staff and other resources.

<p>6. If the District chooses to expand a program or start a new program, should the millage rate be increased to fund the program <b>OR</b> should the District grow revenue to fund the program <b>OR</b> should the District find savings in existing programs to fund the expansion or new program?</p>	<p>Growing revenue or cutting existing programs to achieve savings, may conflict with other guiding principles.</p>
<p>7. Should the District expand into new service area with the primary purpose of growing revenue?</p>	<p>The District has many pieces in place to function as an MSO (Management Services Organization) where it could offer services to providers (i.e. credentialing, group purchasing, other back office, etc.) that providers would pay for.</p>
<p>8. Should the District focus on expanding as a direct provider (i.e. add'l clinic locations) <b>OR</b> leverage community providers and “buy” the services?</p>	<p>To meet the needs of assigning all PBC residents who receive health coverage from the District to the Primary Care Clinics, several additional locations are needed to handle the capacity.</p>

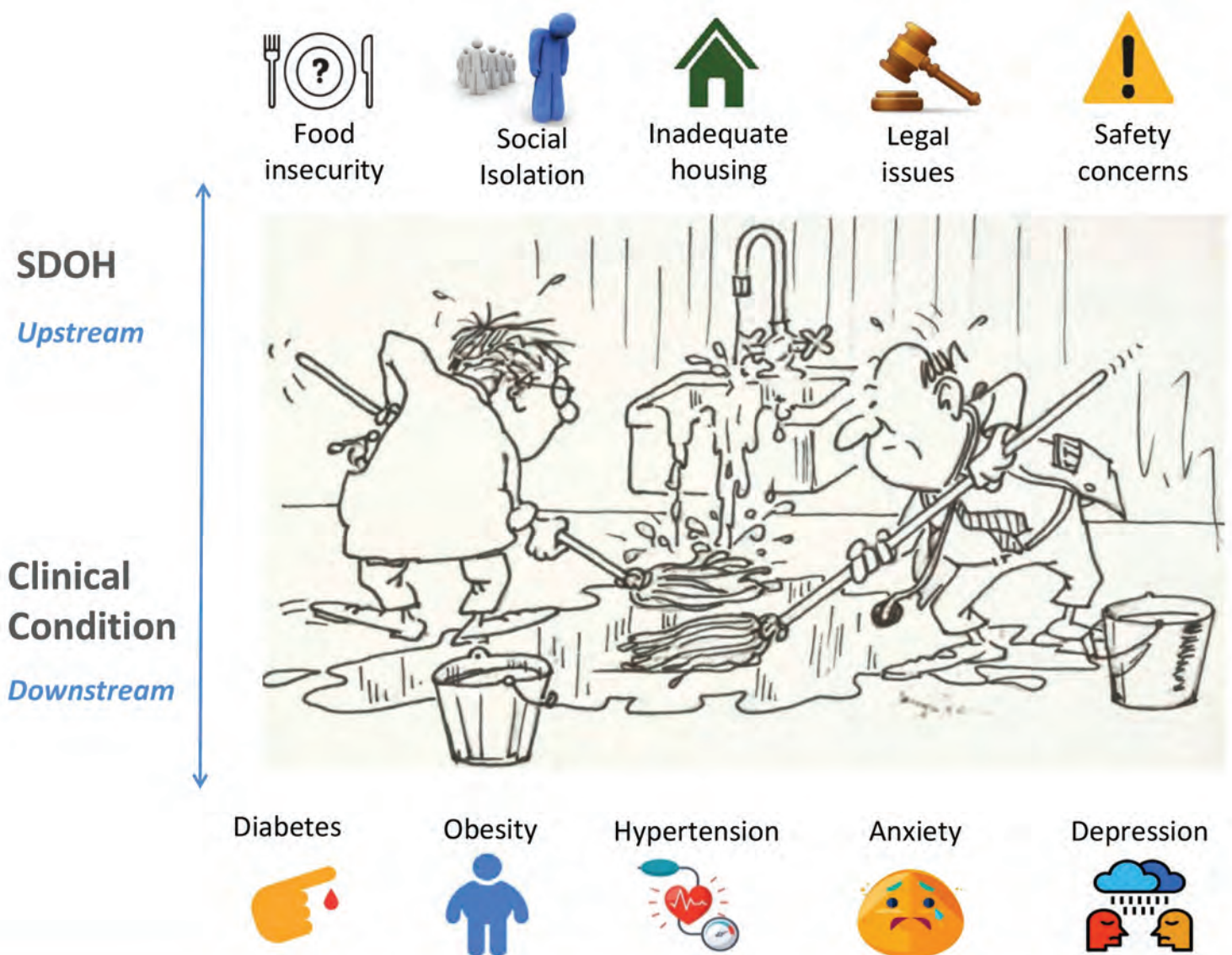


## POPULATION HEALTH DEFINED

**A population health approach focuses on improving the health status of a population or sub-population, rather than individuals, by focusing on both the clinical conditions and the social determinants of health like food insecurity, inadequate housing, transportation barriers, legal issues, poverty, and behaviors to produce desirable population outcomes.**



# Social Determinants of Health Impact on an Individual's Health



# ADDRESSING THE UNMET HEALTHCARE NEEDS FOR A HEALTHIER COMMUNITY



C. L. Brumback

**Primary Care Clinics**

Health Care District Palm Beach County

**Primary  
Care**



**Psychiatry**



**Health  
Coaches**



**Financial  
Counselors**



**Dental**



**MAT  
Clinic**



**Mobile  
Clinic**



**Mental Health  
Counselors**



**Lakeside  
Medical Center**  
Health Care District Palm Beach County



**District Cares  
Specialty  
Providers**



## **Populations: Medical Conditions**

Diabetes  
Hypertension  
Depression  
Other Chronic Conditions

## **Social Determinants of Health**

Housing  
Medical Literacy  
Food Insecurity  
Physical Wellness

**School  
Nurses**



## **UNITE US**

### **COMMUNITY REFERRAL SYSTEM**

**Legal Aid**



**Transportation**



**Physical  
Wellness**



**Community  
Garden**



**Housing  
Assistance**



**Community  
Rooms**



**Medical  
Literacy**



**Food  
Pharmacy**





# PROGRAM OVERVIEWS







Health Care District  
PALM BEACH COUNTY

# AEROMEDICAL





# AEROMEDICAL

*Since 1990, the District's Aeromedical Program has provided helicopter air transport service for those patients with time dependent critical injuries or illness that require rapid transport to obtain Trauma or other Critical Care services. This program serves residents and visitors in both urban and rural areas of the county. The District directly employs the pilot, maintenance, and administrative staff and contracts with Palm Beach County Fire Rescue for the medical personnel and State medical licensing.*

## HOW IT BEGAN

Recognizing the need for a helicopter air ambulance to serve those residents and visitors to Palm Beach County, the District initiated the Aeromedical Program as a component of the Trauma System. Operations began with one helicopter operating under the Public Aircraft rules and later received certification under the Air Carrier rules which enhanced oversight and safety, and enabled the District to bill for services.



## OVERVIEW

The District has operated and funded the program since inception. In 1994, the program received certification as an Air Carrier in accordance with the Federal Aviation Regulations (FAR) Part 135. In 1999, to better serve our county, the District invested resources into the purchase of two Sikorsky S76C+ helicopters. In keeping with the organization's continued pursuit of optimum patient care and access, safety, and efficiency, the District maintains GPS Special Instrument Approach and Departure Procedures for landing at Lakeside Medical Center, St Mary's Medical Center and Delray Medical Center, pursuant to the Instrument Flight Rules.

The District's Aeromedical Hangar provides: (a) protection from environmental conditions, (b) workspace for maintenance of the helicopters, (c) training, and (d) housing for the staff while on their shifts. The facilities are also used to benefit the community providing occasional meeting space for other District departments, local EMS, Law Enforcement, and the Hospitals as they work to integrate and enhance services to the community. The facility has become a popular field-trip destination for area students and other groups interested in learning more about the District's services.

## AEROMEDICAL PROGRAMS OUTSIDE PALM BEACH COUNTY

Aeromedical programs are operated in a variety of models in other counties. One model is the Hospital-based (generally non-profit) model where nursing and paramedic staff from within the hospital contract with an aviation vendor for aviation services. A community-based (generally for-profit) model is also found in some counties where a vendor holds the Air Carrier Certificate and provides the aircraft, pilot, medical, maintenance, and communication personnel and services. The public provider model funded by taxes is an additional stand-alone model where a public organization provides the aircraft, pilot, medical, maintenance, and communication personnel and services. Lastly, some counties have a hybrid model which is a combination of the various models.



# C. L. BRUMBACK PRIMARY CARE CLINICS





# C. L. BRUMBACK PRIMARY CARE CLINICS

*The C. L. Brumback Primary Care Clinics are an integral component of the healthcare safety-net in Palm Beach County. Located throughout Palm Beach County, the nine community clinics and three mobile clinics provide access to important preventive services, disease management, and health care for the homeless. Health care services are available to all Palm Beach County residents, whether they have health insurance or not.*

## HOW IT BEGAN

In 2012, changes in the health care system at the state and federal levels threatened the future of the primary care services that the Palm Beach County Health Department had been providing since the 1950s. In response, the Health Care District Board approved taking over the operations of the Federally Qualified Health Centers then operated by the Health Department.

## OVERVIEW

The Health Care District received its Health Resources and Services Administration (HRSA) Federally Qualified Health Center (FQHC) designation on December 31, 2012. The CL Brumback Primary Care Clinics began operating June of 2013 at four locations, providing primary care services, to all Palm Beach County residents, in Adult and Pediatric medicine.

Currently, the primary care clinics have nine locations. Locations include clinics in West Palm Beach, Belle Glade, Lake Worth, Lantana, Delray Beach, Jupiter, Mangonia Park, and West Boca Raton. The primary care clinics also continue to provide primary care services at the Senator Philip D. Lewis Center, the county's homeless resource center. The primary care clinics also operates three mobile clinics that focus on reaching homeless residents and providing COVID-19 response throughout Palm Beach County.

Additionally, the primary care clinics continue to operate the Medication Assisted Treatment Pilot Program, to help address the opioid crisis in Palm Beach County.

All patients are afforded financial counseling, mental health counseling, and case management within the scope of their clinic services. In addition, patients receive medications, at no cost, through the federal 340B program.

## FEDERALLY QUALIFIED HEALTH CENTERS OUTSIDE OF PALM BEACH COUNTY

Throughout the United States there are 1,370 Federally Qualified Health Centers with over 14,000 locations. In Florida, there are 52 FQHCs with 720 locations. Statewide, there are over 1,579,074 patients cared for through FQHCs through 6,227,057 visits.





**Health Care District**  
PALM BEACH COUNTY

# **DISTRICT CARES**





# DISTRICT CARES

*Since 1989, the Health Care District has funded health care services for low-income Palm Beach County residents who do not qualify for Medicaid and do not have the financial resources to purchase health insurance. The District Cares Program, formerly known as the Coordinated Care Program, provides important preventive care and treatment for many conditions, including chronic diseases, heart disease, diabetes, and cancer.*

## HOW IT BEGAN

In November, 1988 Palm Beach County voters approved the creation of a countywide Health Care District. The referendum specified that the new district would “plan, fund and coordinate the effective delivery of quality healthcare services including trauma care, indigent medical care, home health care, emergency, and other medical services.” In 1993, the District transitioned the fee-for service indigent care program into a more cost-effective managed care model, Coordinated Care.



## OVERVIEW

The current District Cares Program is a hospital and specialty provider program provided at no cost to qualifying residents. This program is closely coordinated with other State and Federal programs to ensure that no duplicate funding occurs and it serves as the payer of last resort. Applicants qualifying for Medicaid, Medicare, or any other entitlement program do not qualify for District Cares.

Residents who qualify are enrolled in the District Cares Program where they receive medical benefits to cover the cost of specialty care, hospitalization, and emergency care. Palm Beach County residents with income below 100% of the poverty level who do not qualify for other health coverage programs are eligible for the District Cares Program. The care is delivered through a network of public and private physicians, community hospitals and other health care providers.

## LOCAL HEALTH COVERAGE PROGRAMS OUTSIDE PALM BEACH COUNTY

Local governments provide health coverage to low income residents in a variety of ways. Counties with public hospitals, like Broward and Miami-Dade provide care through their public hospitals and publicly owned clinics. Other counties assess sales taxes or property taxes to fund indigent care. For example, Polk County assess a half-cent sales tax for their program that includes primary care and specialty care physicians, urgent care centers and five area hospitals.





# **EDWARD J. HEALEY REHABILITATION AND NURSING CENTER**





# EDWARD J. HEALEY REHABILITATION AND NURSING CENTER

*Since 1995 the Health Care District has operated and funded in partnership with the Board of County Commissioners the county's only public rehabilitation and skilled nursing center. Eligibility for admission to the Healey Center is based on medical criteria. The Center currently has a mix of residents with and without health insurance.*

## HOW IT BEGAN

In 1994, the Board of County Commissioners approached the District to assume the management of the County Home since the District had more health-related expertise to manage the program in a more cost-effective manner. As a result, The Health Care District began operating the County Home (later renamed the Edward J. Healey Nursing and Rehabilitation Center) in 1995 under the terms of a forty-year interlocal agreement with Palm Beach County.



## OVERVIEW

The Edward J. Healey Nursing and Rehabilitation Center is a new 120-bed facility that opened in April 2013, replacing the former facility in West Palm Beach that had served the community since 1917. The Healey Center is an important part of the county's health care safety net as it ensures that the long-term care and skilled nursing needs of trauma patients and other Palm Beach County residents who are not served in other skilled nursing facilities are met. The Healey Center provides long-term and short-term care for eligible Palm Beach County residents 21 and older. The Healey Center is unique in many ways. A majority of the Center's residents are under the age of 64. Many are patients who are recovering from debilitating illnesses, strokes, or traumatic injuries. The Healey Center also cares for residents with Dementia and complex medical issues.

## LONG-TERM CARE OUTSIDE PALM BEACH COUNTY

There are 691 licensed nursing homes in Florida, representing approximately 84,448 beds. The estimated number of residents is 71,000 (roughly 85% occupancy at any given time). The median annual cost of care for a private room in a nursing center is \$100,375; \$89,297 for semi-private room. Medicaid, which covers health care costs for low-income individuals, pays for approximately 60 percent of all long-term care spending. Medicare, which covers rehabilitation services after an individual is discharged from a hospital, pays for 19 percent of all long term care spending.





Health Care District  
PALM BEACH COUNTY

# LAKESIDE MEDICAL CENTER





# LAKESIDE MEDICAL CENTER

*The Health Care District operates and funds Lakeside Medical Center, the only public hospital in Palm Beach County, which opened in October 2009 as a replacement facility for Glades General Hospital, which was built in the 1940s. Lakeside Medical Center is the only acute-care hospital serving the large agricultural region of western Palm Beach County along the shore of Lake Okeechobee. In addition, Lakeside Medical Center operates one of the few Family Medicine Residency Programs in the US that has a focus on practice in rural environments.*

## HOW IT BEGAN

During fall 2003, Province Healthcare Company informed the Health Care District that they could no longer operate Glades General Hospital without a significant subsidy from the District. Recognizing that Section 6 of the Palm Beach County Health Care Act requires the District maintain “a continued presence of at least one hospital in the Glades area” and to ensure that appropriate and quality health care services are available for the residents of the Glades, the District Board directed staff to move forward with the acquisition of the hospital.



## OVERVIEW

This 70-bed acute care facility is centrally located in Belle Glade to serve the agricultural communities around the southern shores of Lake Okeechobee. The Joint Commission-accredited hospital, which features all private rooms, treats more than 35,000 patients a year. Lakeside provides inpatient and outpatient services and has a very busy emergency room. Additionally, Lakeside started a family residency program in July 2011 to train 15 resident physicians. The hospital serves as the main clinical training site and partners with academic and community organizations, including Nova Southeastern University, the Palm Beach County Health Department and Florida Community Health Centers to provide a diversified and rewarding educational experience for our residents.

## SAFETY NET RURAL HOSPITALS OUTSIDE PALM BEACH COUNTY

Lakeside Medical Center is situated in Western Palm Beach County, and is designated as a Statutory Rural Hospital. There are 29 rural hospitals in Florida. Seven of the rural hospitals are government operated, 12 are non-profit, and 10 are investor owned.



# PHARMACY SERVICES





# PHARMACY SERVICES

*The Pharmacy Program provides prescription medications to patients who utilize the C. L. Brumback Primary Care Clinics, including the members of our Coordinated Care plan. Patients benefit by being able to fill their prescriptions immediately, at the same location where they receive their care. In addition, our pharmacy program allows patients to access our large network of retail community pharmacies at significant cost savings.*

## HOW IT BEGAN

As mandated by the 1988 voter referendum, the newly established Health Care District started to provide health care services to indigent county residents who previously received services from the County. The District assumed responsibility for determining patient eligibility and reimbursing providers for services rendered to those patients. During this start-up period, the pharmaceutical function remained with the Palm Beach County Department of Community Services, Division of Human Services. In 1990 the District Board approved an agreement with Palm Beach County to transfer the entire pharmacy function to the Health Care District.

## OVERVIEW

The Health Care District's Pharmacy Services Division currently operates five in-house pharmacies, located in Belle Glade, West Palm Beach, Lantana, and Delray Beach. Patients in our District Cares program and patients at the C. L. Brumback Primary Care Clinic patients may fill their prescriptions at these pharmacies, which are open from 8:00 am to 5:00 pm weekdays.

## PHARMACY SERVICES PROGRAMS OUTSIDE PALM BEACH COUNTY

Local governments provide pharmacy services to low-income residents through the health coverage programs that they operate. Other counties providing pharmacy services include Pinellas County, Polk County, Hillsborough County, and Broward County. In addition Federally Qualified Health Centers (FQHCs) often maintain pharmacy services at their clinic locations.







Health Care District  
PALM BEACH COUNTY

## SCHOOL HEALTH



# SCHOOL HEALTH

*Since 1997, the Health Care District has administered and contributed to funding one of the nation's model school-based student health programs, in partnership with the Florida Department of Health Palm Beach County, and The School District of Palm Beach County. The School Health Program and its staff have been recipients of many recognition awards over the years.*

## HOW IT BEGAN

In the fall of 1996, the Secretary of the Florida Department of Health visited the Health Care District for a workshop on school health. As a result of the deterioration of school health services statewide, the Secretary placed a renewed emphasis on prioritizing school health at the local level. Working with the local Department of Health, County Commission, School District, Children Services Council and the statutorily created School Health Advisory Committee, the District applied for and received a \$200,000 grant and a \$500,000 matching grant from the Quantum Foundation to study school health needs and to begin operating the School Health Program.



## OVERVIEW

Section 6(30) of the Health Care Act authorizes the District to “plan, coordinate, manage, and take such other action as appropriate to implement the school health program as established by the District.” School-based health services are provided to public school children in grades pre-kindergarten through twelve in 166 Palm Beach County Schools. Services are provided in accordance with a local School Health Services Plan (per s. 381.0056, F.S.) and administered via an interlocal agreement between the School District of Palm Beach County and the District. The program’s goal is to keep students healthy and ready to learn by staffing a registered nurse in school health rooms throughout Palm Beach County public schools. Today there are more than 200 registered nurses serving over 180,000 students.

## SCHOOL HEALTH OUTSIDE PALM BEACH COUNTY

Data from the National Association of School Nurses (NASN) shows that throughout the United States, 62.4% of Elementary Schools have a full-time nurse and 24.7% of Secondary Schools have a full-time nurse. The sources of school nurse funding in public schools is provided a combination of local education dollars (76.7%), state funding (17.2%), the Health Department (11.4%), Foundations (1.7%), federal funding (12.0%) and hospitals (1.9%).





# **SPONSORED PROGRAMS**





# SPONSORED PROGRAMS

*For more than twenty five years the Health Care District has funded qualified community organizations and State initiatives which provide services that support the Palm Beach County health care safety net. These Sponsored Programs exemplify our commitment to building effective public/not-for-profit/private partnerships.*

## HOW IT BEGAN

The District's Sponsored Programs initiative dates back to the early 1990's. Programs that received District support in the early days of the District included the Comprehensive Aids Program (CAP), Health Career Day Program, PBCC Scholarship Programs, and Health and Human Services Planning Association.



## OVERVIEW

Today, the District sponsors care for uninsured and medically needy populations through direct payment for services, planning grants, and sustainability funding for community organizations serving this population. These Sponsored Programs cover a wide range of services to the uninsured and medically needy in our community including primary health care, dental services, case management services, and specialty physician services. In 2022, the following organizations will receive funding from the District through Sponsored Programs:

- |                                  |                                  |                                 |
|----------------------------------|----------------------------------|---------------------------------|
| • 211                            | • Diabetes Coalition of PBC      | • Nat'l Alliance Mental Illness |
| • Cancer Alliance of Help & Hope | • Families First of PBC          | • Palm Beach County Food Bank   |
| • Caridad Center                 | • Feed the Hungry Pantry of PBC  | • PBC Medical Society Services  |
| • Center for Child Counseling    | • Fresh RX                       | • Sickle Cell Foundation        |
| • Center for Family Services     | • Healthy Mothers Healthy Babies | • The Arc of the Glades         |
| • Center for Trauma Counseling   | • Legal Aid Society              | • The Glades Initiative         |
| • Clinics Can Help               | • Living Hungry                  | • The Lord's Place              |
| • Community Health Center WPB    | • MyClinic                       | • Vita Nova                     |

## SPONSORED PROGRAMS OUTSIDE PALM BEACH COUNTY

Services funded through the District's Sponsored Programs are funded in very similar ways in other counties. County and city governments, hospital districts, local health departments, foundations, private donors, hospitals, universities, and a variety of other funding sources come together in communities to help fund services for the uninsured.





# **PALM BEACH COUNTY TRAUMA SYSTEM**





# PALM BEACH COUNTY TRAUMA SYSTEM

*In operation since May, 1991, the Palm Beach County Trauma System has saved lives and reduced needless disabilities. Our Trauma System is an exemplary model of effective public-private partnership. The Health Care District funds and oversees the integrated system and owns, pilots, and maintains the two Trauma Hawk air ambulances that provide rapid and safe transport for trauma patients.*

## HOW IT BEGAN

In November, 1988 Palm Beach County voters approved the creation of a countywide Health Care District. The referendum specified that the new district would “plan, fund and coordinate the effective delivery of quality healthcare services including trauma care.”



## OVERVIEW

As the leading cause of death in Americans age 44 and under, traumatic injury is an extraordinary public health problem that requires funding at a national, state, or local level to maintain quality. Traumatic injury in those 55 years and older continues to increase and presents a serious public health challenge. The public health framework views traumatic injury as a disease that can be prevented or managed in a way that reduces severity and improves outcomes and restores productive lives.

Trauma care is an integrated system of surgical and medical services organized and monitored to ensure rapid continuous access to advanced care for the severely injured. Palm Beach County is designated as its own trauma service area in Florida, with Delray Medical Center and St. Mary’s Medical Center both recently achieving verification as Level I Trauma Centers.

The Palm Beach County Trauma Agency monitors and reviews the quality of care delivered to every trauma patient receiving services in the Trauma System through the Trauma Quality Improvement Program. This process includes collecting registry data to review quality of care from the point of injury to final outcome, as well as monitoring local EMS providers, acute care hospitals, and trauma centers for compliance with the Trauma Ordinance and Florida trauma statutes. The Trauma Agency’s rigorous performance improvement process augments the individual Trauma Center’s performance improvement and peer review process and is reflected in mortality rates below the State and National averages.

## TRAUMA PROGRAMS OUTSIDE PALM BEACH COUNTY

Similar to our system in Palm Beach County, taxpayer support funds trauma services in other states and counties. Many states use tax revenue and other governmental funds to support trauma centers and physicians, including California, Maryland, Texas, and Georgia. In Florida, many counties use tax revenues and governmental funds to support trauma centers, trauma physicians, and trauma care, including Broward (North and South Districts), Miami-Dade, Hillsborough, Polk, Jackson, Baker, Hendry, and Volusia counties.

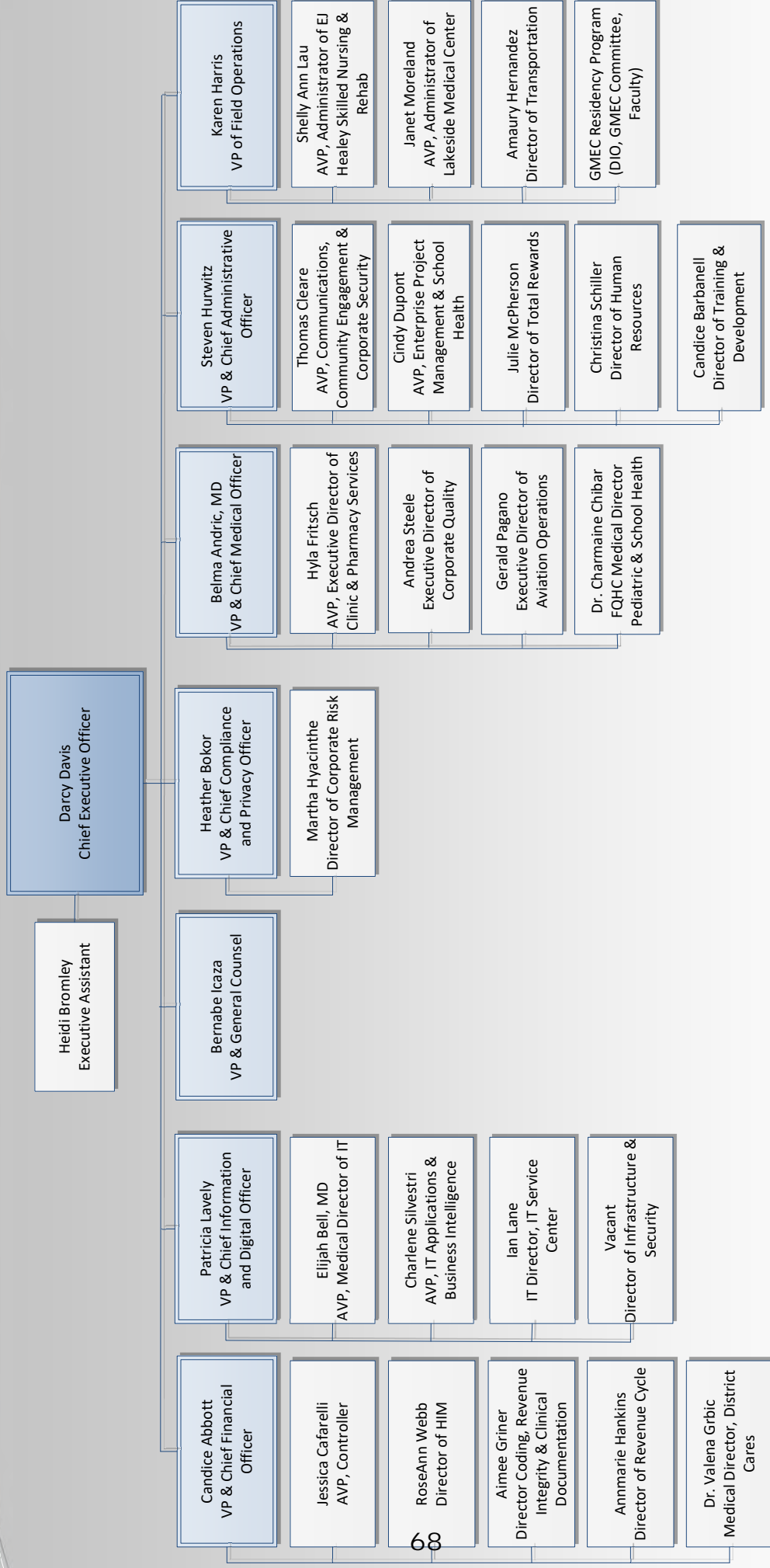
Health Care District of Palm Beach County  
Fiscal Year 2022 Adopted Budget

	2018		2019		2020		2021		2022		Variance from 2021 Projected	
	Actual		Actual		Actual		Actual		Adopted Budget		\$	%
Revenues:												
Ad Valorem Taxes	\$ 133,198,531	\$	131,762,571	\$	139,422,223	\$	147,442,034	\$	155,290,000	\$	7,847,966	5.32%
Patient Revenue, Net	53,263,047		47,500,480		44,125,699		50,398,785		56,107,983		5,709,198	11.33%
Intergovernmental Revenue	17,783,000		17,783,000		17,943,440		18,572,130		18,128,435		(443,695)	-2.39%
Grants	7,824,851		11,124,294		9,857,195		11,254,910		15,725,393		4,470,483	39.72%
Other Financial Assistance	-		-		12,270,266		22,776,770		-		(22,776,770)	-100.00%
Interest Earnings	1,999,605		6,200,828		4,252,791		395,378		743,488		348,110	88.04%
Other Revenue	5,639,645		6,644,293		3,843,959		2,365,000		2,777,270		412,270	17.43%
Total Revenues	\$ 219,708,678	\$	221,015,466	\$	231,715,574	\$	253,205,006	\$	248,772,569	\$	(4,432,437)	-1.75%
Expenditures by Program:												
Trauma	18,291,826		16,102,766		19,491,757		3,725,319		10,938,917		7,213,599	193.64%
Aeromedical	7,680,544		8,010,440		8,566,457		8,356,398		10,791,921		2,435,523	29.15%
Care Coordination	40,315,173		32,674,571		21,694,492		14,111,562		18,528,068		4,416,506	31.30%
Pharmacy	7,272,221		6,248,599		4,704,063		4,087,243		4,586,100		498,857	12.21%
School Health	19,276,739		20,438,219		20,469,431		19,814,946		21,845,005		2,030,059	10.25%
Transportation	-		-		-		500		2,398,478		2,397,978	479595.51%
Administration	7,282,990		8,930,937		12,843,940		15,413,305		15,817,287		403,982	2.62%
Sponsored Programs	8,481,601		10,119,128		10,045,624		9,797,364		10,249,200		451,835	4.61%
Non-Departmental	3,671,684		8,546,502		7,993,132		8,294,830		9,188,947		894,117	10.78%
Medicaid Match	17,068,343		17,226,007		17,103,799		17,394,881		17,000,684		(394,197)	-2.27%
Healey Center	20,975,528		21,726,385		23,295,536		23,642,638		25,542,400		1,899,762	8.04%
Lakeside	48,829,111		53,469,989		54,467,037		56,213,062		63,990,805		7,777,742	13.84%
Healthy Palm Beaches	(3,081)		44,216		-		-		-		-	-
Primary Care Clinics*	26,816,754		29,735,542		32,162,847		36,635,237		44,344,839		7,709,603	21.04%
Total Expenditures	225,959,435		233,273,300		232,838,116		217,487,285		255,222,650		37,735,366	17.35%
Total Expenditures	225,959,435		233,273,300		232,838,116		217,487,285		255,222,650		37,735,366	17.35%
Net Margin	\$ (6,250,757)	\$	(12,257,835)	\$	(1,122,542)	\$	35,717,721	\$	(6,450,081)	\$	(42,167,803)	-118.06%
Capital Contribution	-		3,331,494		2,155,270		605,970		-		(605,970)	-100.00%
Capital Projects	2,603,143		4,420,850		18,765,870		22,889,624		18,723,074		(4,166,550)	-18.20%
Total Expenditures and Capital **	\$ 224,211,910	\$	233,517,761	\$	247,337,178	\$	235,928,075	\$	269,010,725	\$	33,082,650	14.02%
RESERVES ADDED (USED) **	\$ (4,503,232)	\$	(9,170,801)	\$	(13,466,334)	\$	17,882,901	\$	(20,238,156)	\$	(38,121,057)	-213.17%

\* FY 22 includes capital expenditures of \$1,201,050

\*\* Excludes depreciation

# HCD LEADERSHIP TEAM





# **BOARD & COMMITTEE MEMBERSHIPS**



# Board of Commissioners

	Appointment Date	Re-Appointment Date	Term Limit Date
<b>Leslie B. Daniels, Chair</b>	<b>04/01/2013</b>	<b>11/09/2017</b>	<b>09/30/2020</b>
<b>Alina Alonso, MD, Vice Chair</b>	<b>09/01/2011</b>		<b>NA</b>
<b>Ed Sabin, Secretary</b>	<b>10/05/2018</b>		<b>09/30/2022</b>
<b>Nancy Banner, Esquire</b>	<b>10/01/2011</b>	<b>10/01/2015</b>	<b>09/30/2019</b>
<b>Sean O'Bannon</b>	<b>12/06/2016</b>	<b>11/25/2020</b>	<b>09/30/2024</b>
<b>Tammy Jackson-Moore</b>	<b>10/08/2019</b>		<b>09/30/2023</b>
<b>Erica Whitfield</b>	<b>03/08/2022</b>		<b>09/30/2025</b>

- Membership - 7 Members (3 Governor Appointees, 3 County Commission Appointees, Director of PBC Health Department)



# Primary Care Clinics Board

	Appointment Date	1 <sup>st</sup> Re-Appointment Date	2 <sup>nd</sup> Re-Appointment Date	Term Limit Date
<b>R. Michael Smith, Chair</b>	<b>01/30/2019</b>			<b>01/29/2023</b>
<b>Melissa Mastrangelo, Vice Chair</b>	<b>09/25/2019</b>			<b>09/24/2023</b>
<b>Joe Gibbons, Treasurer</b>	<b>05/19/2021</b>			<b>05/18/2025</b>
<b>Julia Bullard, Secretary</b>	<b>01/30/2019</b>			<b>01/29/2023</b>
<b>Irene Figueroa</b>	<b>09/01/2013</b>	<b>01/01/2016</b>	<b>01/30/2019</b>	<b>01/29/2023</b>
<b>James Elder</b>	<b>09/01/2013</b>	<b>01/01/2016</b>	<b>01/30/2019</b>	<b>01/29/2023</b>
<b>John Casey Mullen</b>	<b>04/01/2014</b>	<b>01/01/2016</b>	<b>01/30/2019</b>	<b>01/29/2023</b>
<b>Tammy Jackson-Moore</b>	<b>10/30/2019</b>			<b>10/29/2023</b>
<b>Robert Glass</b>	<b>01/27/2021</b>			<b>01/26/2025</b>

- Membership - Minimum of 9 and Maximum of 13 Members (Majority Clinic Patients, 1 HCD Board Member, 1 Finance/Audit Member, 1 Quality Member)

# Lakeside Health Advisory Board

	Appointment Date	Re-Appointment Date	Term Limit Date
<b>Eddie Rhodes, Chair</b>	<b>07/24/2018</b>		<b>09/30/2022</b>
<b>Inger Harvey, Vice Chair</b>	<b>01/29/2018</b>		<b>09/30/2023</b>
<b>Dr. LaTanya McNeal, Secretary</b>	<b>09/10/2019</b>		<b>09/30/2023</b>
<b>Rev. Dr. Robert Rease</b>	<b>10/01/2014</b>		<b>09/30/2022</b>
<b>Alina Alonso, MD</b>	<b>Board Member</b>	<b>N/A</b>	<b>N/A</b>
<b>Carolyn Jones</b>	<b>05/28/2019</b>		<b>05/31/2023</b>
<b>Barry Davis</b>	<b>03/11/2020</b>		<b>03/31/2024</b>

- Membership - Minimum of 7 and Maximum of 11 Members (1 HCD Board Member)



# Finance and Audit Committee

	Appointment Date	Re-Appointment Date	Term Limit Date
<b>Ed Sabin,Chair</b>	<b>Board Member</b>		<b>N/A</b>
<b>Nancy Banner, Esquire</b>	<b>Board Member</b>		<b>N/A</b>
<b>Leslie B. Daniels</b>	<b>Board Member</b>		<b>N/A</b>
<b>Richard Sartory</b>	<b>03/26/2019</b>		<b>03/25/2023</b>
<b>Mark Marciano</b>	<b>03/26/2019</b>		<b>03/25/2023</b>
<b>Joseph Gibbons</b>	<b>05/28/2019</b>		<b>05/31/2023</b>
<b>Sophia E. Eccleston</b>	<b>12/08/2020</b>		<b>12/30/2024</b>

- Membership - Minimum of 5 and Maximum of 9 Members (2 HCD Board Members, 1 Clinic Board Member, 1 Glades Representative)

# Quality, Patient Safety and Compliance Committee

	Appointment Date	Re-Appointment Date	Term Limit Date
<b>Alina Alonso, MD, Chair</b>	<b>Board Member</b>		<b>N/A</b>
<b>Sean O'Bannon</b>	<b>Board Member</b>		<b>N/A</b>
<b>Mary Weeks</b>	<b>03/26/2019</b>		<b>03/25/2023</b>
<b>Sharon Larson</b>	<b>03/26/2019</b>		<b>03/25/2023</b>
<b>James Elder</b>	<b>05/28/2019</b>		<b>05/31/2023</b>
<b>Kimberly Schulz</b>	<b>12/08/2020</b>		<b>12/30/2024</b>
<b>Ishan Gunawardene, LMC Chief of Staff</b>	<b>N/A</b>		<b>N/A</b>
<b>Erica Whitfield</b>	<b>Board Member</b>		<b>N/A</b>

- Membership - Minimum of 5 and Maximum of 9 Members (2 HCD Board Members, 1 Clinic Board Member, 1 Glades Representative)





# Health Care District

PALM BEACH COUNTY