



"Plans are of little importance, but planning is essential."

Winston Churchill





Board Members, Committee Members and Team Members:

In 2016 when I stepped into the CEO role, we had a number of large initiatives to tackle and set forward on the task of "getting our house in order." At that time there were several key executive positions open and the optimum executive team structure was still being defined. The primary care clinics were still in transition from the Health Department and the shared premium coverage program was being phased out. Morale was low and our public image was dreadful.

The team was facing unclear and sometimes contradictory positions from governance that hindered the ability of leadership to make meaningful change and implementation. For example, it was unclear how the Board wanted to address the lack of continuity in treating certain patient populations and it was unclear whether the organization was supposed to "compete" in certain service lines. The first strategic planning process resulted in very clear definition from the Board regarding those specified directives. As a result, strategic imperatives and pillars of success were developed. Those are still in effect today.

With key Board direction we began the journey of changing from a governmental entity providing healthcare, to a healthcare entity who receives governmental funding. This was no small feat as there were numerous governmental resources who were transitioned to healthcare experts. This included staff, vendors and consultants. Today we recognize that we work with some of the most respected healthcare resources in the country. We compete for and employ top healthcare talent and patient care in our programs is second to none. Our hospital is an "A" rated facility by Leapfrog, our nursing home is a 5 star facility and our clinics achieved silver status and a deficiency-free survey among many other accolades. We have successfully put the patient first and brought in sustainable leadership to continue delivering on that high expectation.

In addition to re-focusing on the patient, we began to openly acknowledge the role of the taxpayer to the District. We eliminated waste and optimized processes. As a result, we have lowered the tax rate 33% in the past 3 years to its lowest rate in District history, while expanding services to respond to the needs of the community and increasing the quality of care rendered. While removing almost \$24M in tax revenue from 2016 to 2018, or \$57M cumulatively, we added key services in all programs and added much-needed resources in the community like homeless outreach, additional access points for our primary and pediatric patients, a Medication assisted treatment program with 2 employed psychiatrists and a



behavioral health benefit. All of our programs have benefitted from necessary investments as we have added key human and capital resources to improve patient outcomes.

Our Board and Committees have been essential in the thorough vetting of our programs by making decisions based on data and not on emotion or politics. We have been responsive and open to the community and now serve in a respected "seat at the table" of County wide decision-makers. For the past three years we have made hard decisions that have changed our approach to service and deliberately disrupted the status quo, all for the benefit of our patients and our community. As a result the taxpayers have benefitted from their investment in a more valuable entity.

We have proven our value over and over in the past three years with a more open and responsive organization. We have readied the foundation of the Health Care District to reach further; to provide comprehensive health care to those in need in Palm Beach County. Modeling best practices across the country, we can continue to improve the health of our community. Incorporating additional social determinants of health such as nutrition, addressing social isolation, improving medical literacy and wellness are natural next steps for our patient centered medical home model and already existing chronic disease management through our integrated care model within our primary care settings. It is a natural progression whose value has been proven in whole person wellness across the country. We are ready to take the next step and with your ongoing support, we will continue to set the bar of healthcare delivery in Palm Beach County.

Darcy Davis, CEO

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AGENDA

9:00am	Darcy Davis	Welcome and Opening Comments
9:00 – 10:00am	Kathy Stillo	Population Health / Social Determinants of Health
10:00 – 10:10am	Break	
10:10 – 10:20am	Thomas Cleare & Leadership Team	2020 Goals and HCD Population Health Approach
10:20 – 10:30am	Thomas Cleare	Key Action Items – 2019-2020 Performance Goals Matrix
10:30 – 11:00am	Himformatics	IT Strategy and Epic System Discussion
11:00 – 11:30am	Steven Hurwitz	Human Resources Update and Plans
11:30 – 12:00pm	Steven Hurwitz	Communications Update and Plans
12:00 – 12:30pm	Lunch Break	
12:30 – 12:45pm	Thomas Cleare	HMO Certificate of Authority
12:45 – 1:15pm	Gerry Pagano	Aeromedical Usage
1:15 – 1:45pm	Executive Team & Governance	Questions on Items Not Discussed
1:45 – 2:00pm	Break	
2:00 – 4:00pm	Executive Team & Governance	Joint Board and Finance/Audit Committee Meeting
Following the Joint Meeting	Executive Team & Governance	Good Health Foundation Board 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.



Moving HCD Forward

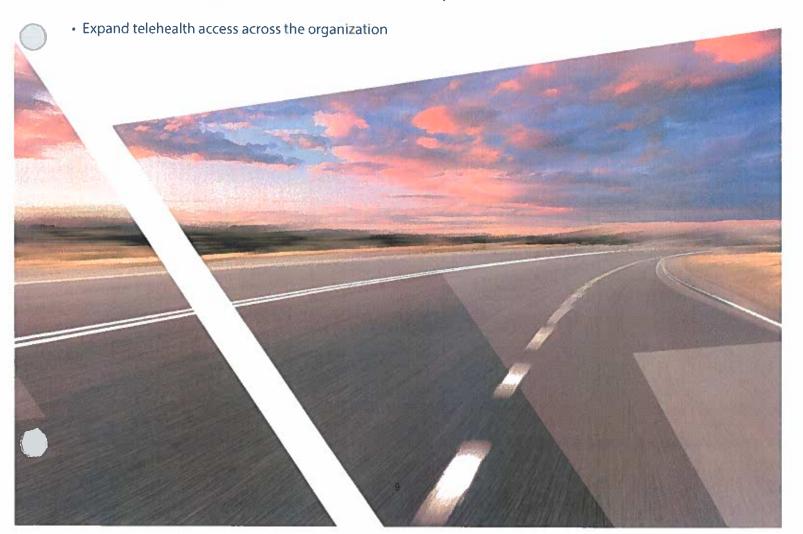
2020 Strategic Goals

Incorporate Elements of Social Determinants of Health into Patient Care Model

- Incorporate social determinants screening tool into patient record
- Develop and Implement a "Food Farmacy" Solution
 - o Partnership with Food Bank or other community resources county-wide
 - o Community Garden in Belle Glade
- Develop and Implement a Physical Wellness solution
 - o Walking Track at Lakeside
 - o Wellness options for patients county-wide

Fill Service Gaps in Palm Beach County

- Explore Transportation solution for Lakeside to include possibility of Non-Emergent Ground Ambulance Operation (multi-year initiative)
- · Refine Behavioral Health and Substance Abuse benefit and contract with providers
- Formalize Medical detox role of Lakeside in the community



Continuing the Journey

What else will we be doing?

- Helicopter Purchase completion and delivery
- Enterprise-wide Information System Selection and Diligence
- Open the Addiction Stabilization Center
- Optimize Payer Plan Administration
- Continuing Conversations with the County regarding Behavioral Health Providers
- Continue to Identify care gaps in the community and mobilize appropriate response if necessary
- Increase outreach and patient access in clinics
- · Reinvigorate Good Health Foundation activities and establish direction and deliverables





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



Food



Social Isolation



Inadequate housing



Legal issues



Safety concerns

SDOH

Upstream



Downstream



Diabetes



Hypertension

Anxiety

Depression











Patient Care Evolution

OVER THE YEARS AND INTO THE FUTURE

FUTURE



Evidence Based Approach
Social Determinants of Health
Community Health Record

2018

Integrated Care Model with Behavioral Health and Substance abuse;
Mobile Coach for Homeless

District Cares Specialty services coordinated through Clinics Lakeside Medical Center earns Leapfrog "A" rating Over 60,000 Patients Served Annually



2016



Clinic NCQA Accreditation & Chronic Disease Management Healey Center earns 5-Star rating

2014

4 Primary Care Clinics 4 Dental Clinics



PAST



Externally Dependent Payer Model for Primary and Specialty Care Independent Programs with Little Integration 40,000 Patients Served Annually

POPULATION HEALTH



C. L. Brumback **Primary Care Clinics** Health Care District Palm Beach County

Psychiatry

Health

Coaches

Dental

Mobile

Clinic

Primary Care



Populations:

Medical Conditions

Diabetes Hypertension Depression **Other Chronic Conditions**

Social Determinants of Health

> Housing **Medical Literacy Food Insecurity Physical Wellness**

Financial Counselors



MAT Clinic



Mental Health Counselors



Lakeside Medical Center

School Nurses



Physical

District Cares Specialty **Providers**

Legal Aid



Transportation (****)



Wellness



Community Garden

Housing **Assistance**



Community Rooms

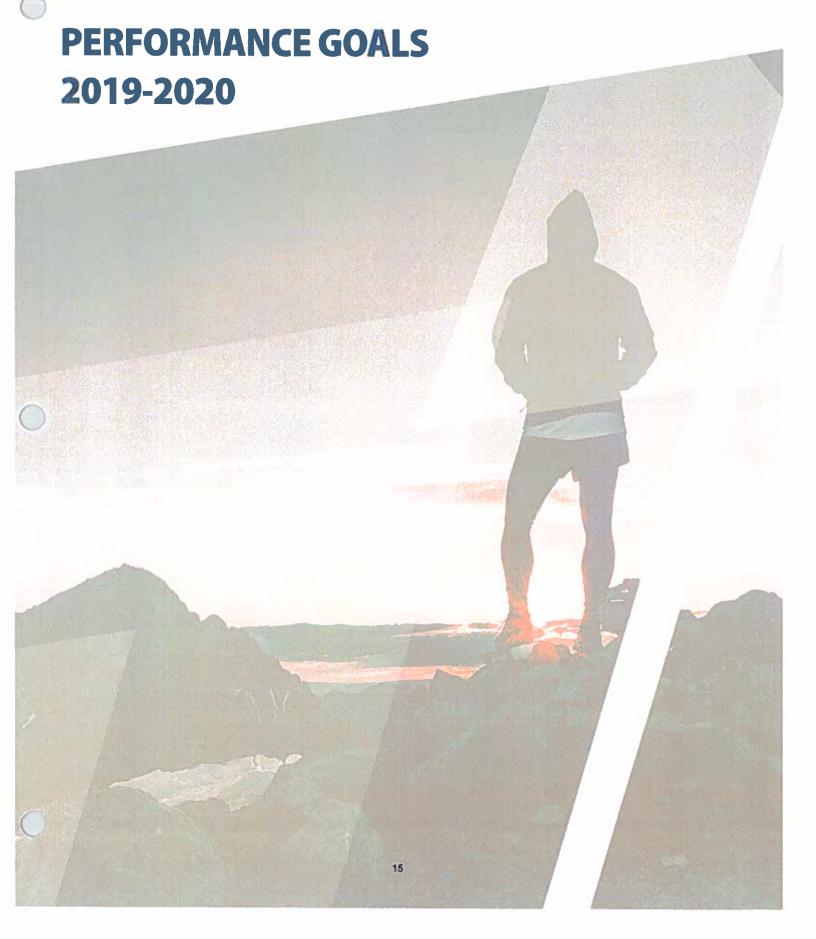


Medical Literacy



Food Pharmacy







Karen Harris

Performance Goal: Enhance services for the glades region while improving financial performance

Tactic: Optimize service offerings and explore health care village options to enhance hospital and health care services for the Glades Region.

	2019										2020	20									
Action Items	A R L	× ×	Σ	2	7	∢	Ø	0	z	۵	7	u.	2	ď	2	,	(O	0	Z	0	
Optimize Facility Usage			H	Y V	M				7\Q			Ħ			WAL.						
Move Medical Clinic into Lakeside Medical Center																					

Prior Action Items:

Align Operations with Quality Initiatives
Health Care Village / Micro-Hospital Plans M
Provider Affliation Ai

Completed Modified to Optimize Facility Usage Adference, it was determined that this option was not feasible at this time.

Belma Andric **Primary Care Clinics**

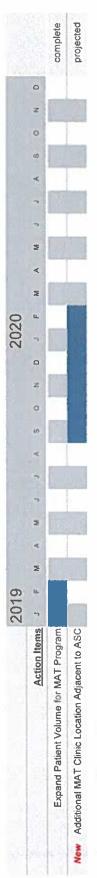
Performance Goal: Expand access to health care services for all Palm Beach County residents

Tactic: Expand Access to Primary Care Services



Tactic: Expand Access Medically Assisted Treatment

for Substance Use



Tactic: Open an Addiction Stabilization Center (ASC)

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	Action Items	ASC Due Diligence & Begin Operations

Prior Year Action Items:

Completed Completed Completed Completed Completed Completed Completed Open Mobile Health Clinic Provide Women's Health Services at Lake Worth Clinic Open Jupiter Clinic Location Open West Boca Raton Clinic Location LCSWs at each Clinic Location Establish a 30 Patient MAT Pilot Program Outreach in Belle Glade Through School Nurses Add Dental Clinic in Lake Worth Add Dental Clinic in West Boca Raton

This action items has been tabled for further review and will be re-assessed in the next 12 months. This action items has been tabled for further review and will be re-assessed in the next 12 months.



Belma Andric

Performance Goal: Provide cost-effective approaches to serving patient needs

Tactic: Implement revenue opportunities as a pharmacy provider for private health insurance plans



Tactic: Enhance capability to better serve Clinic patients

	2019										20	2020											
Action Items	14.	2	4	M	-5	-	4	50	Z	۵	~	L	×	<	M	7	-	4	0	N	0		
Implement Point-of-Sale System																						in p	orogress
Implementing Mail Order Program	100														R			_			CSITIA	J UI	progress

Prior Year Action Items:

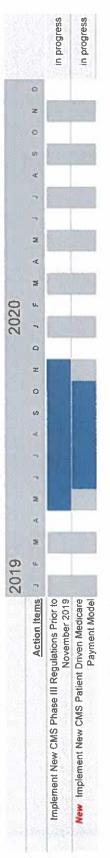
Implementing Central Fill Pharmacy In-House Only Pharmacy Prescriptions Transition

Completed

Karen Harris Healey Center

Performance Goal: Deliver high quality care to Healey Center residents in a cost-effective manner

Tactic: Operational integration to achieve efficiencies



Prior Action Items:

Completed Completed

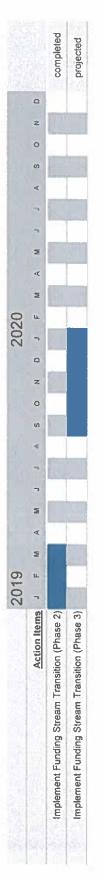
Monitor Implementation of New CMS Phase II Regulations for Compliance Monitor New CMS E-Tags Requirments Succession Planning for Director of Clinical Services Pharmacy Integration Medical Director Integration with Clinics

After review it was determined that selecting a new pharmacy vendor rather than addressing in-house was more cost-effective. After review it was determined that it was more effective to have a dedicated Medical Director for the Healey Center. Completed

Belma Andric Trauma

Performance Goal: Evaluate appropriateness and effectiveness of current Trauma System model

Tactic: Implement payment methodology for improvement opportunities



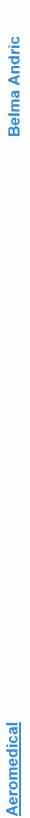
Prior Year Action Items:

Implement Funding Stream Transition (Phase 1)

Develop Captive Option for Trauma Providers

A

Completed
After review it was determined this was not a pressing priority at this time.



Performance Goal: Continue to operate a sefety focused and high performing aeromedical program

Tactic: Purchase or lease replacement helicopters

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Action Items	F	× -	2	7	7	*	en :	0	z	7	<u>L</u>	2	∢	2	-	7	4	0	2	0	
sw Aircraft Usage Strategy		IIS.													No.	100		10		100	in progress

Prior Year Action Items:

Assess Lease/Finance, New Aircraft Specs, and
Sell/Trade Current Aircraft Alternatives
Pursue Air Ambulance License
This action
Secure Third Party Agreements for Air Transport
Multiple Juni

Completed
This action item was tabled for this year and will be re-assessed in the next 12 months,
Multiple jurisdictions were approached for an agreement, but there was not a mutual desire to enter into agreements for air transport,

Managed Care

Thomas Cleare / Belma Andric

Performance Goal: Enhance the District's health coverage plans to meet community need

Tactic: Maximize quality through cost-effective benefit plan and operational changes

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Action Items	1 4 5	-	2	1	-	4	ဟ	0	z	۵	~	L	, M	5.	2	7	*	LI)	0	z	0	
Maternity Care Plan Benefits Review/Changes												HS.	1771							IIIS		in progress
Add Behavioral Health Benefit to District Cares													6	Ile		Mis						in progres

Tactic: Improve Care Coordination to Achieve Cost-Effective Outcomes

	2019										20	2020										
Action Items	J F	2	4	2	7	7	<	60	0	0	7	L	Σ	∢	>	7	,	S	0	Z	۵	
Optimize Hospital Network								13		ECOL					ĮIE.				000	6		completed
Trauma Benefits Integration with District Cares	Tini.		'n		103	H		TYS.	H	H	II.		B)(33							in progress
Develop Integrated Clinic Care Coordination System for District Cares Patients		uilio.	"u					H					7		REAL PROPERTY.		WIII.					in progress

Prior Action Items:

Completed

District Cares Benefits Review/Changes Modernize Benefits/Claims Administration System Centralize Eligibility & Application Counselor Screening Implement Uniform Care Coordination for MCP Patients Assign Remaining 4,000 Members to District Clinics Utilization Mgmt - HEDIS Care Coordination for Clinics Explore Disability Enrollment Assistance Optimize Speciality Network

To be implemented through operational process changes Revised Direction - Clinic Working with Legal Aid Society on Idnetified Patients Included within Maternity Care Plan/Review Changes Completed

Completed

Completed Completed

Karen Harris School Health

Performance Goal: Enhanced access to health services and emergency response for students

Tactic: Expand services available to students



Prior Action Items:

School Based Mental Health Counselor Program Work with School District to Implement Protocols and Responsibilities Mental Health Program Manitoring / Auditing Corrective Action Items from School Succession Planning for School Health Program Explore Telemedicine and Partnership Opportunities Offer Services to Private and Charter Schools Monitoring Report

Revised direction - School District implemented school mental health program

Revised direction - School District implemented school mental health program

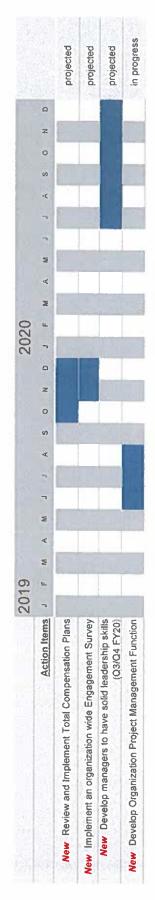
Completed

After review, the viability of telemedicine and partnership opportunities have been tabled and will be revisited in the future. Limited apportunity - most private and charter schools lack funds or already have invested in school clinic services Completed

Steven Hurwitz **Human Resources**

Performance Goal: Be a Top Employer in Palm Beach County

Tactic: Recruitment and retention



Prior Action Items:

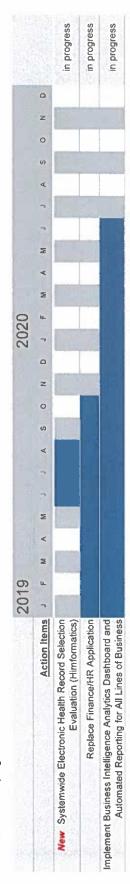
Completed		Completed		Completed	Completed
Implement Employee Satisfaction and Recognition Programs	Enhance employee retirement plan via lower fees, improved	investments and fiduciary oversight	Transition into self-insured medical plan, with a focus on	employee wellness	Complete Comprehensive Assessment

Information Technology

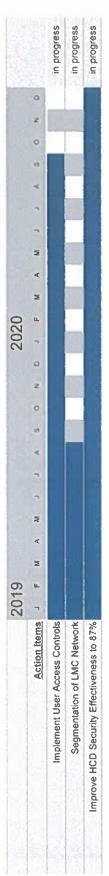
Darcy Davis

Performance Goal: Utilize technology to maximize the efficiency and effectiveness of District operations and the District's ability to improve the quality of our patient's experience

Tactic: Services to programs



Tactic: Security Initiatives



Tactic: Pursue Health Information Exchange (HIE) for Palm Beach County

	2019									7	2020											
Action Items		2	2	7	2	*	60	0	2	0	4	2	<	2	7	~	K	S	2	٥		
Develop Master Patient Record through Alliance with Available HIE's												IME					100	17/10		DOING!	in progress	gress
Integrate with State of Florida Event Notification System	- Call 10 - Aria		ų,	V					S I			STEE STEE				1384		5	400		an pro	in progress
Rollout Data Warehouse for Stratification of Patient Care						T.S.			-10	فالله	0.7										projec	ojected

Prior Year Action Items:

Completed Acquire New EHR for LMC Implement Athena EHR for Clinics Technology to Support Two New Clinics Implement New EHR, MatrixCare for Healey Center Upgraded the LMC Radiology Information System HIE Assessment

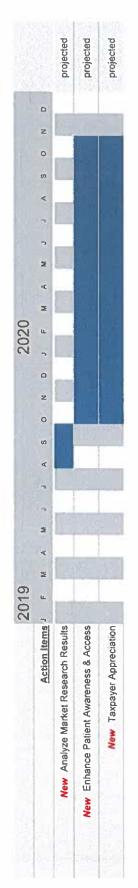
Revised Direction - Systemwide EHR

Completed Completed Completed Completed

Steven Hurwitz **Public Relations**

Performance Goal: Improve awareness of the District's good works in the community

Tactic: Awareness

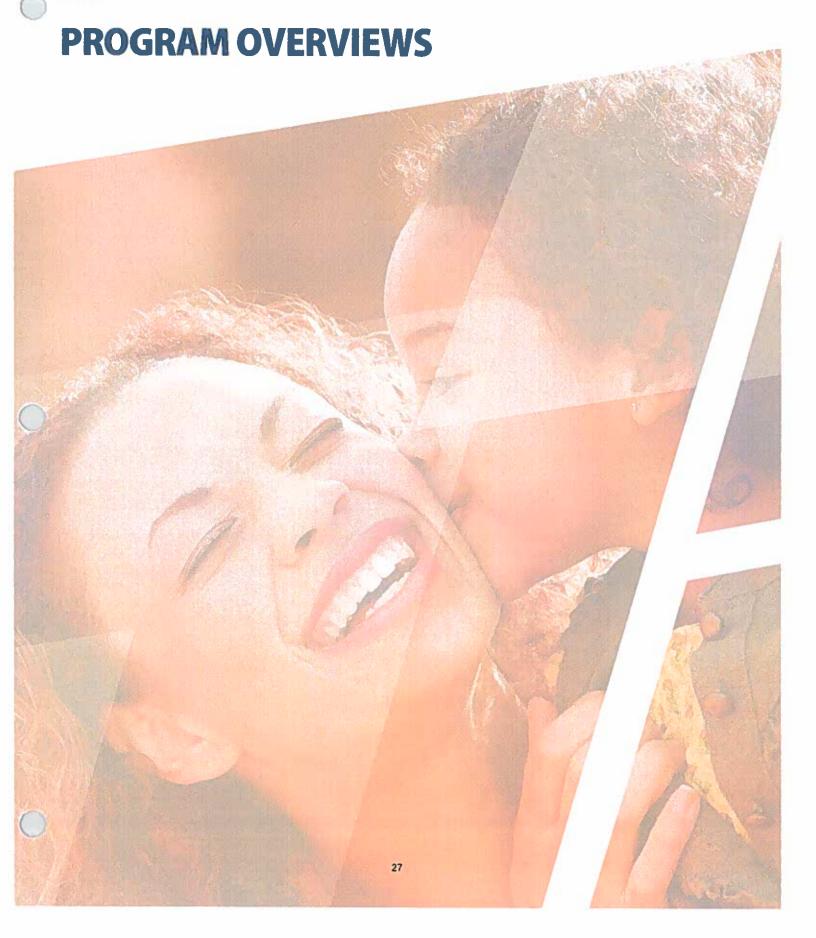


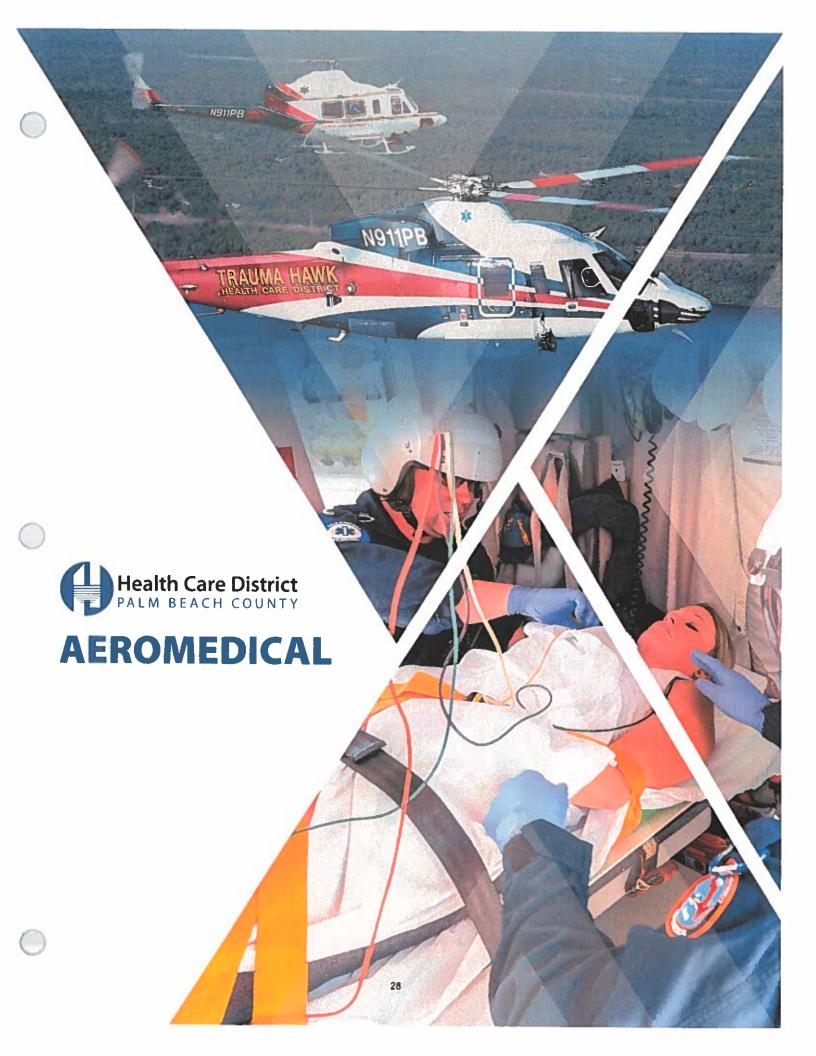
Prior Year Action Items:

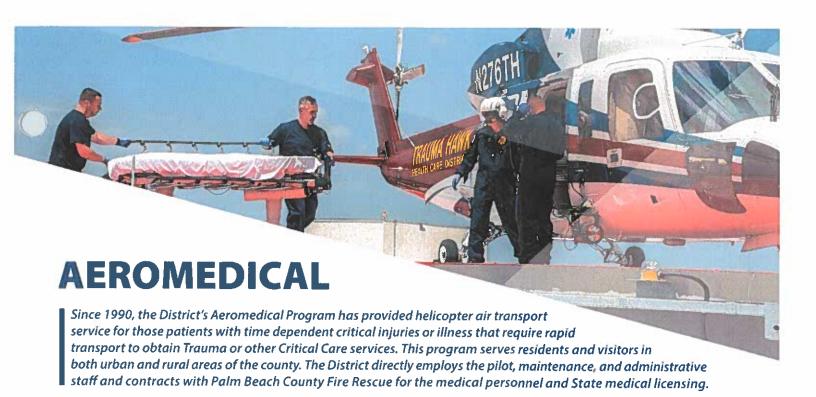
Develop and Implement a Public Awareness Campaign Key Stakeholder Service Recovery Re-brand and Unify Programs Under Common Name

Completed for LMC Completed This action items has been tabled for further review and will be re-assessed in the next 12 months









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.



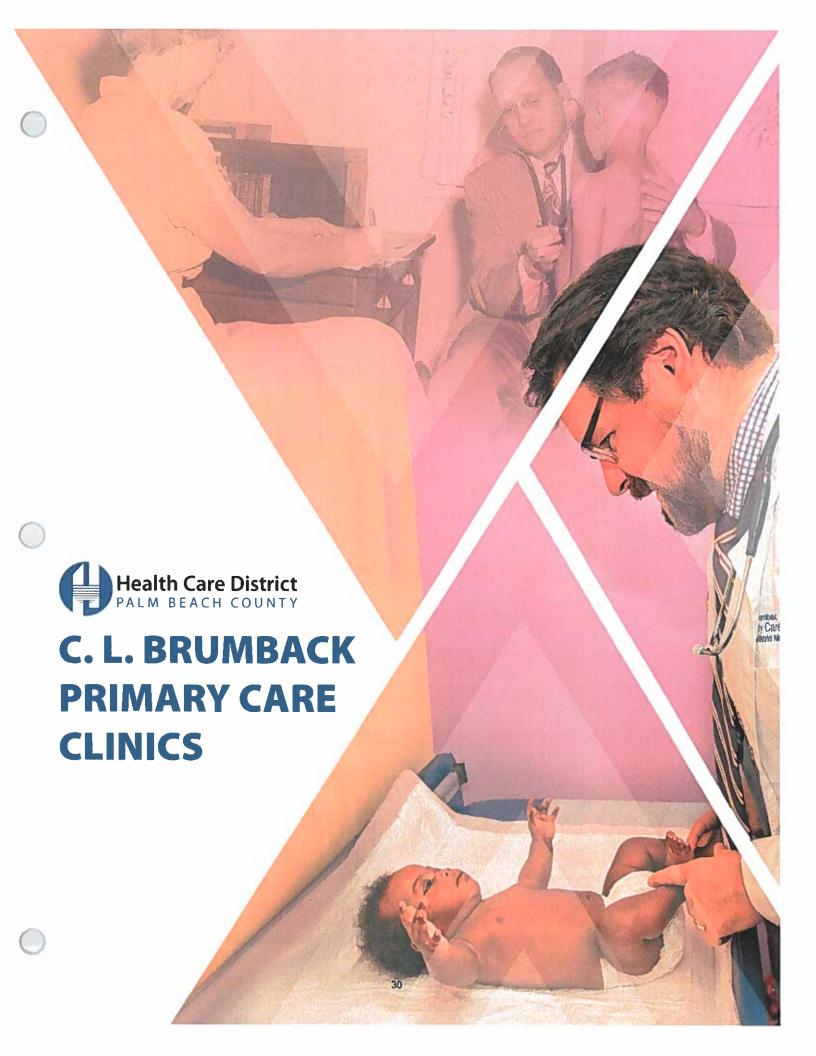
OVERVIEW

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 continues to enhance its operational infrastructure, most recently, by developing 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.





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 eight community clinics and one school-based clinic 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.

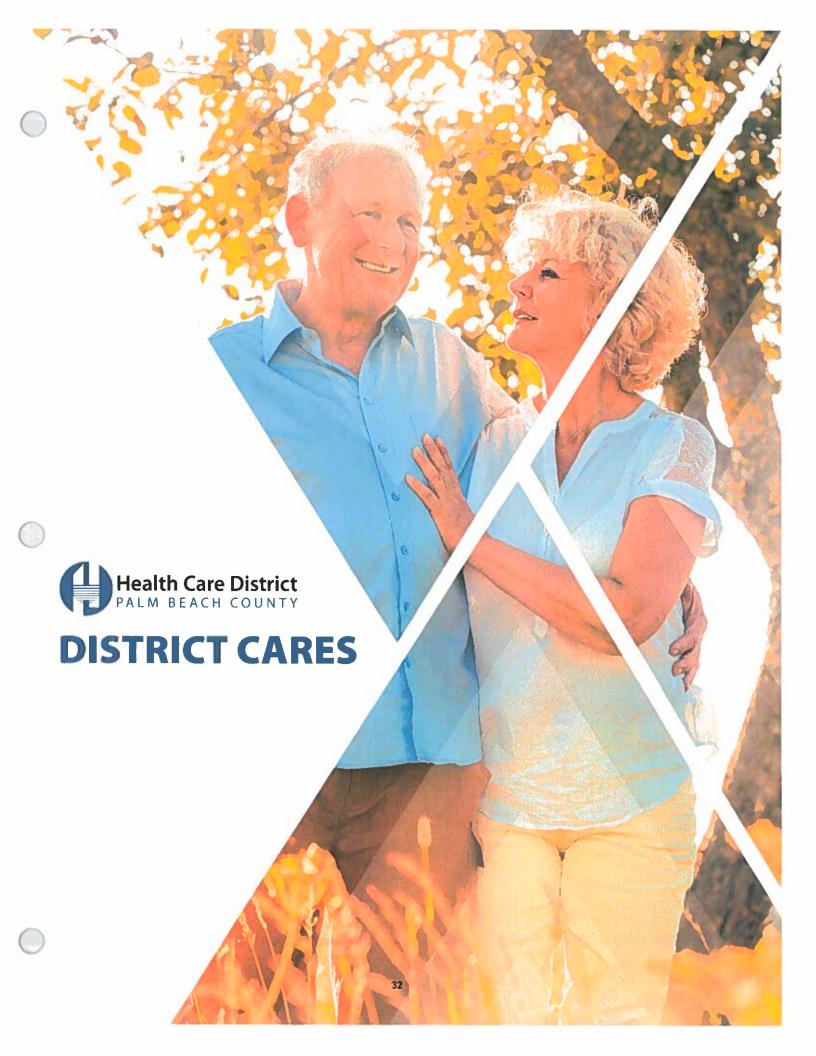
Currently, the primary care clinics have eight locations. Locations include clinics in West Palm Beach, Belle Glade, Lake Worth, Lantana, Delray Beach, Jupiter, and West Boca Raton. The primary care clinics also continue to provide primary care services at the Senator Philip D. Lewis Center, the county's homeless resource center. The newest addition to the primary care clinics is the Mobile Clinic, scheduled to begin operating in 2018.

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 over 1,200 FQHC locations, including over 100 locations in Florida. FQHC's are operated either by public agencies or non-profit organizations. Funding for FQHC's is derived from a variety of sources. According to the Florida Association of Community Health Centers, the combined funding for Florida FQHC's is comprised of 27.5% from Medicaid; 27.1% from the Federal HRSA Grant; 13.6% from State and Local Grants/Contracts; 12.4% from Patient Self Pay Revenue; 9.9% from Medicare/Other Insurance; 4.8% from Foundation, Private, and Other Grants; 3.4% from Public Indigent Care Programs; 1.2% from Other Revenue Sources.





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

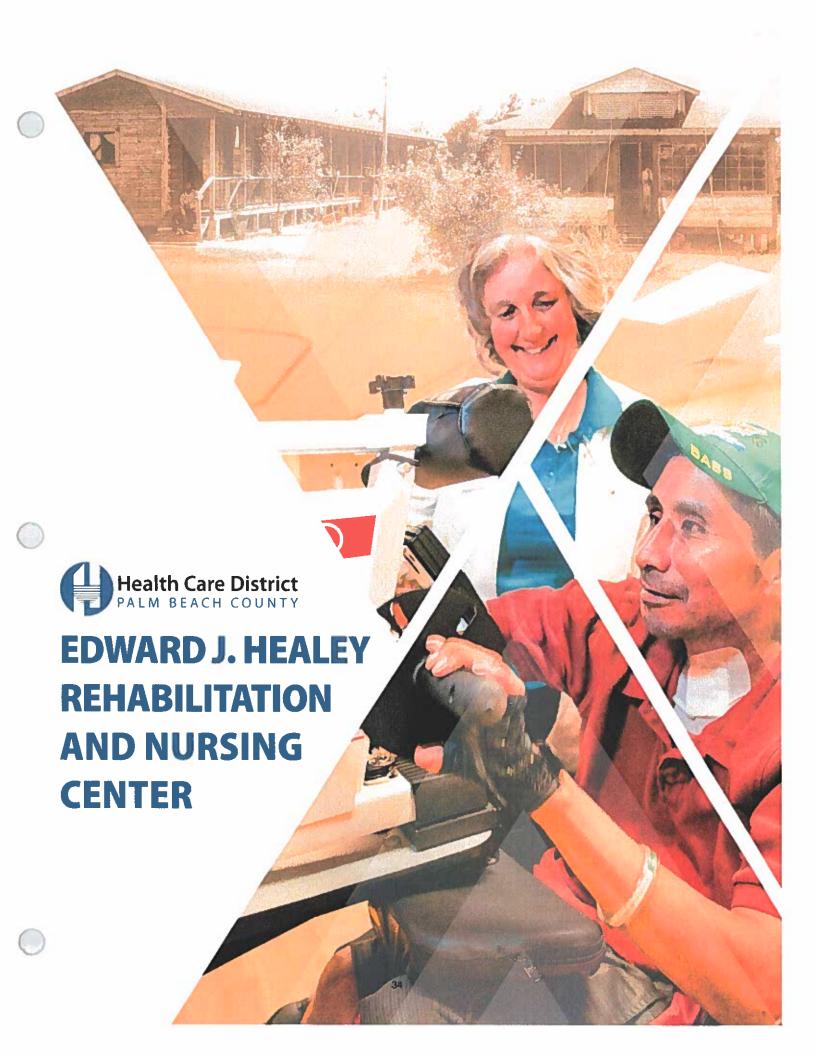
The current District Cares Program is a hospital and specialty provider program provided at no cost to qualifying residents. This program is closely coordinated with other State and Federal programs to ensure that no duplicate funding occurs and it serves as the payer of last resort. Applicants qualifying 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.

In October 2004, the District implemented the Maternity Care Program (MCP). MCP provides prenatal care to pregnant women who were ineligible for Medicaid, but lack the financial means to cover the cost without financial assistance.

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.





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.

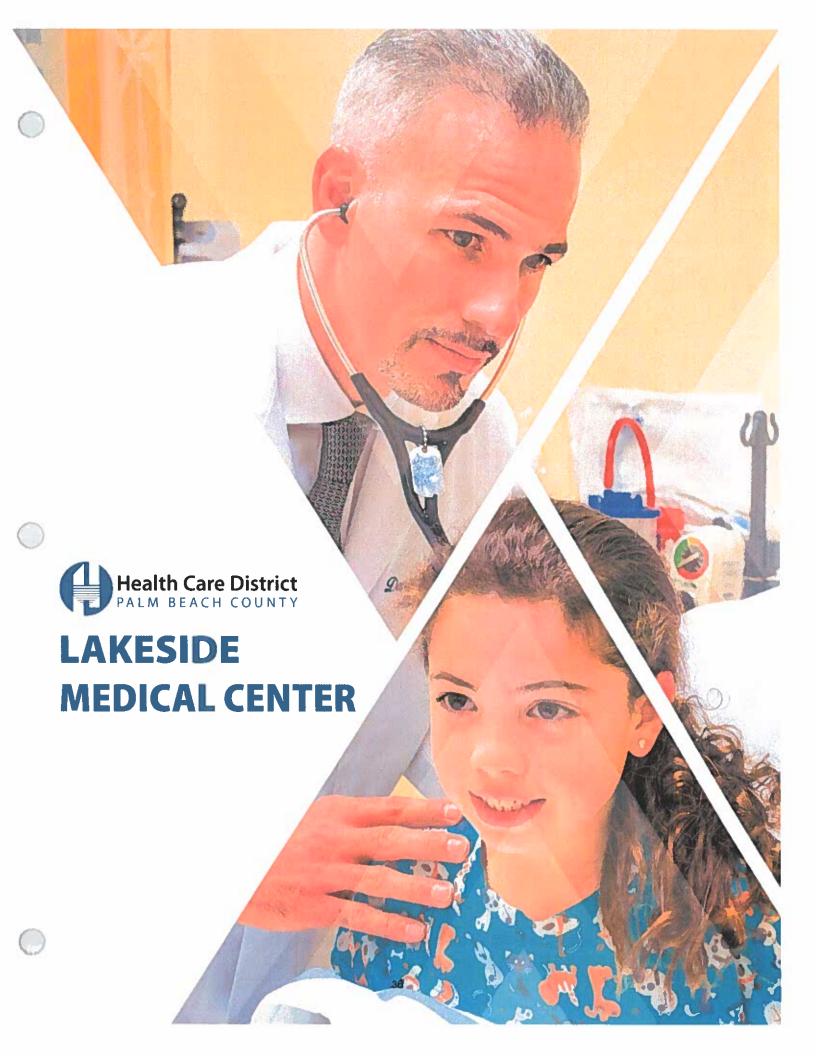


OVERVIEW

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

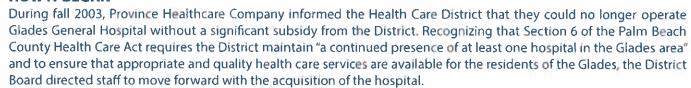
Nursing Homes in Florida are mostly for-profit organizations with 500 of the 683 nursing homes owned by for-profit organizations. Of the remaining 183 non-profit nursing homes, several are operated by a local government. The local governments and taxing authorities that operate nursing homes in Florida include the Public Health Trust of Miami-Dade County, Sarasota County Public Hospital District, Polk County Board of County Commissioners, South Broward Hospital District, and the Health Care District of Palm Beach County.





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





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.

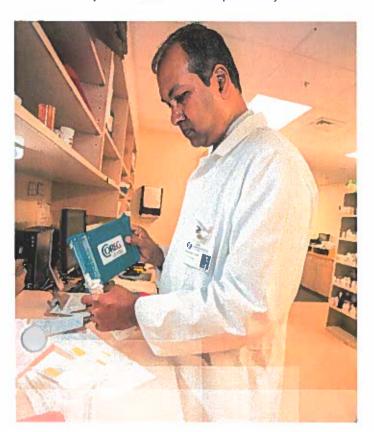




The Pharmacy Program provides prescription medications to patients who utilize the C. L. Brumback Primary Care Clinics, including the members of our Coordinated Care plan. Patients benefit by being able to fill their prescriptions immediately, at the same location where they receive their care. In addition, 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.

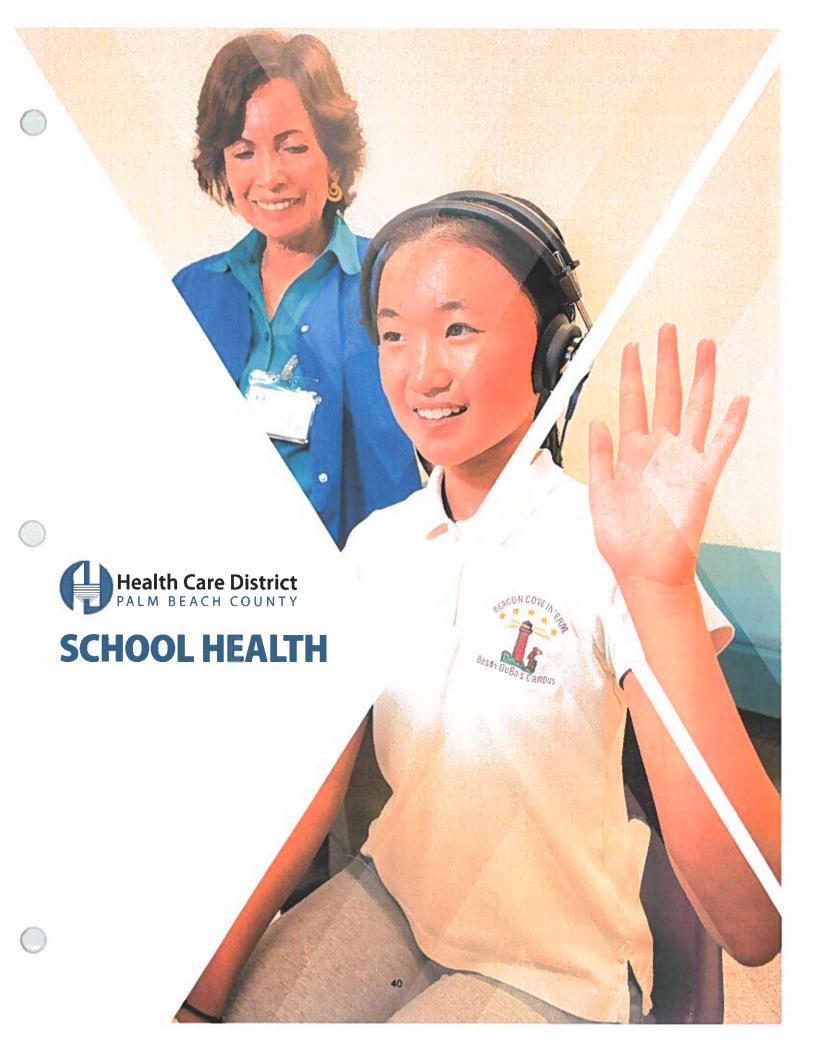


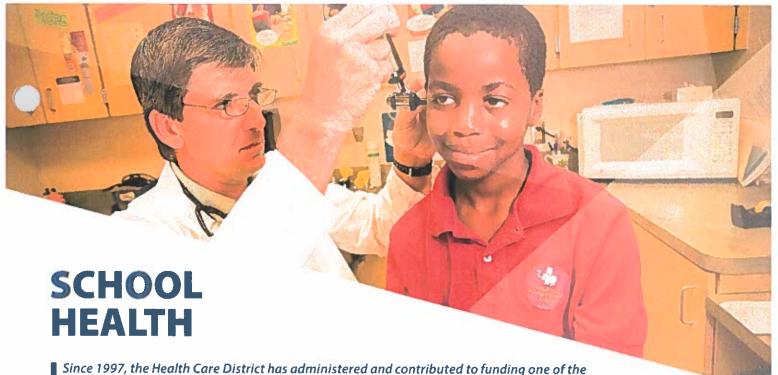
OVERVIEW

The Health Care District's Pharmacy Services Division currently operates five in-house pharmacies, located in Belle Glade, West Palm Beach, Lantana, Delray Beach and Lake Worth. Members of our Coordinated Care 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 and until 7:00pm on a rotating schedule for each location except Belle Glade. All locations are also open Saturdays from 9:00 am to 1:00 pm. The District pharmacies are closed for holidays.

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.





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 168 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

Prior studies by the National Association of School Nurses (NASN) have found that 45% of public schools nationwide have a full-time nurse; 30% rely on a part-time nurse; and 25% have no nurse. Part-time nurse and no nurse at a school is due primarily to lack of funding and in part to nursing shortages. Funding for school nurse positions varies by states, counties, and districts. Alabama, Georgia, and Tennessee have committed state funds to cover the cost of nurses in schools. However, many states leave the funding up to local school districts. Examples of agencies that fund school nurses include school districts, health care districts, hospitals, foundations, federal and state grants, and state agencies. Staffing also varies. While Palm Beach County places an RN in every school, other counties and districts have a mix of RNs, LPNs, and health assistants.





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

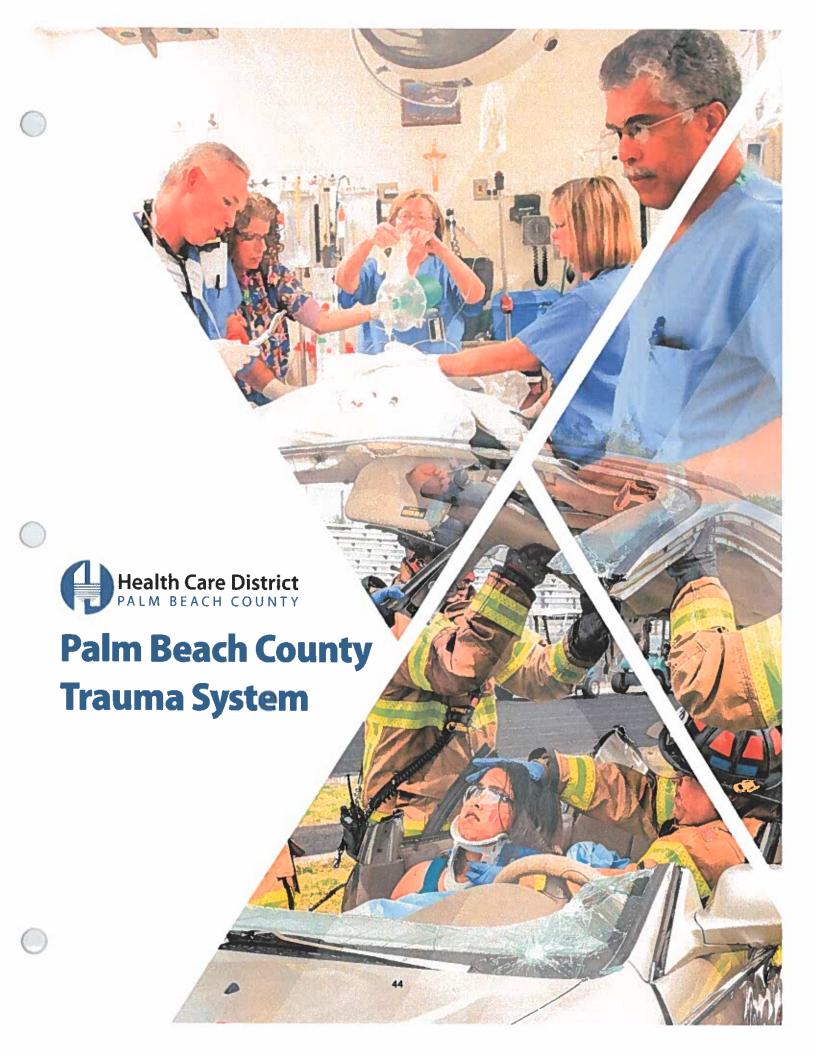
Today, the District sponsors care for uninsured and medically needy populations through direct payment for services, planning grants, and sustainability funding for community organizations serving this population. These Sponsored Programs cover a wide range of services to the uninsured and medically needy in our community including primary health care, dental services, case management services, and specialty physician services. In 2018-19, the following organizations received funding from the District through Sponsored Programs:

- · Caridad Center (Specialist Provider Services)
- PBC Medical Society Services (Specialist Provider Services)
- Mental Health Association of PBC (Behavioral Health Services)
- · Families First of PBC (Behavioral Health Services)
- South Florida Hunger Coalition (Food Services)
- · The Center for Trauma Counseling, Inc. (Behavioral Health Services)
- Legal Aid Society of PBC (Medical Legal Assistance)
- Healthy Mothers Healthy Babies (Pregnancy Services)
- · Center for Child Counseling (Behavioral Health Services)

- Center for Family Services (Behavioral Health Services)
- Diabetes Coalition PBC (Diabetes Care and Prevention)
- · Clinics Can Help (Durable Medical Equipment)
- My Clinic, Inc. (Primary Care and Specialist Services)
- Community Health Center of WPB (Behavioral Health & Vision Services)
- The Glades Initiative, Inc. (Navigation, Medical Interpreter Training)
- · National Alliance on Mental Health (Behavioral Health Services)
- · Jerome Golden Center (Behavioral Health Services)
- The Lord's Place (Medical, Behavioral Health, Homeless Services)

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.





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.

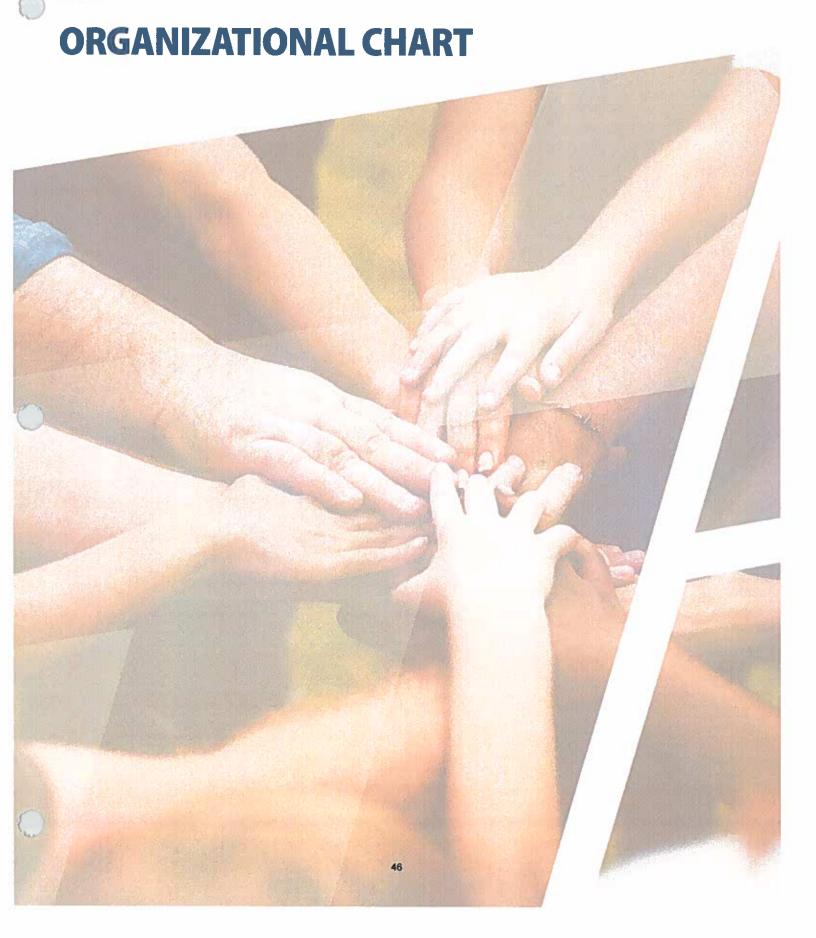
Trauma care is an integrated system of surgical and medical services organized and monitored to ensure rapid continuous access to advanced care for the severely injured. Palm Beach County is designated as its own trauma service area in Florida, with Delray Medical Center and St. Mary's Medical Center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

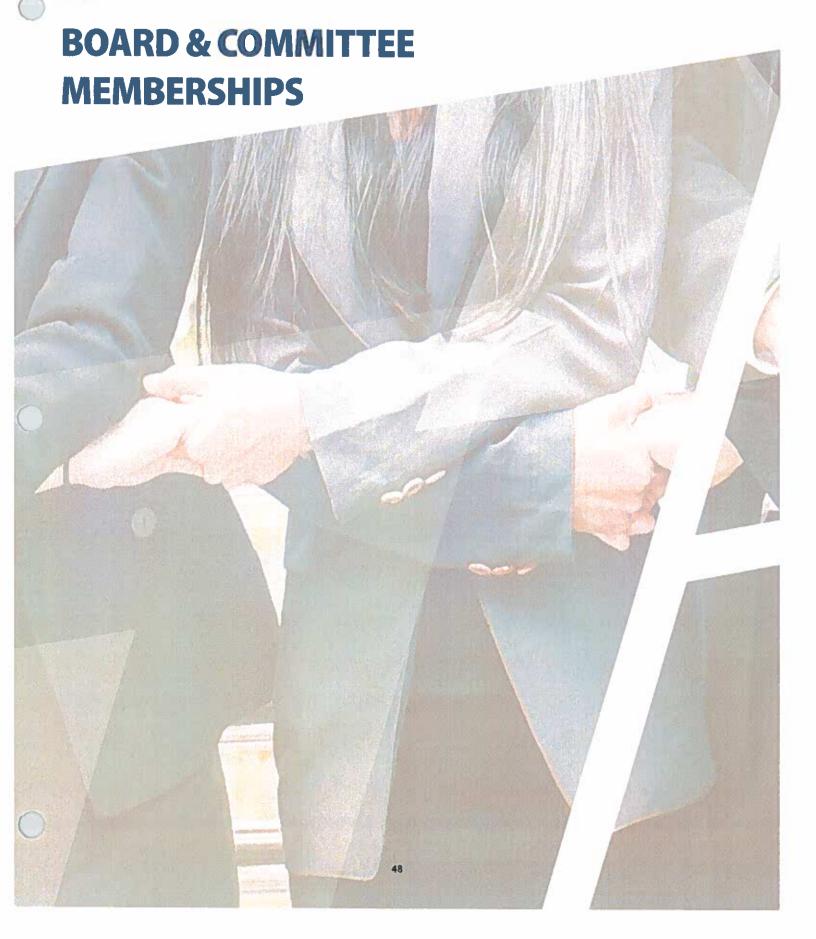
TRAUMA PROGRAMS OUTSIDE PALM BEACH COUNTY

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.









Board of Commissioners

	Appointment Date	Re-Appointment Date	Term Limit Date
Brian Lohmann, Chair	09/01/2011	09/30/2015	09/30/2019
Nancy Banner, Esquire, Vice Chair	10/01/2011	10/01/2015	09/30/2019
Sean O'Bannon, Secretary	12/06/2016		09/30/2020
Ed Sabin	10/05/2018		09/30/2022
Cory Neering	10/01/2017		09/30/2021
Leslie B. Daniels	04/01/2013	11/09/2017	09/30/2020
Alina Alonso, MD	09/01/2011		NA

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

Finance and Audit Committee

	Appointment Date	Re-Appointment Date	Term Limit Date
Ed Sabin, Chair	Board Member		N/A
Nancy Banner, Esquire	Board Member		N/A
Leslie B. Daniels	Board Member		N/A
Michael J. Burke	10/01/2017		09/30/2021
Joseph Bergeron	01/01/2016		09/30/2020
Richard Sartory	03/26/2019		03/25/2023
Mark Marciano	03/26/2019		03/25/2023
Joseph Gibbons	05/28/2019		05/31/2023
Open Position			

[•] 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
Alina Alonso, MD, Chair	Board Member		N/A
Sean O'Bannon	Board Member		N/A
Brian Lohmann	Board Member		N/A
LMC Chief of Staff	LMC Chief of Staff		N/A
Kimberly Schulz	05/28/2019		05/31/2023
Mary Weeks	02/11/2014	11/27/2018	09/30/2022
Sharon Larson	02/11/2014	11/27/2018	09/30/2022
Dianne King	11/28/2017		09/30/2021
James Elder	02/11/2014	11/27/2018	09/30/2022

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

Lakeside Health Advisory Board

	Appointment Date	Re-Appointment Date	Term Limit Date
Rev. Dr. Robert Rease, Chair	10/01/2014	11/27/2018	09/30/2022
Alina Alonso, MD, Vice Chair	Board Member	N/A	N/A
Mary Weeks, Secretary	09/01/2012	10/12/2016	03/31/2020
Julia Hale	07/21/2014	10/01/2015	09/30/2019
Eddie Rhodes	07/24/2018		09/30/2022
Maria Vallejo	07/24/2018		09/30/2022
Inger Harvey	07/24/2018		09/30/2022
Carolyn Jones	05/28/2019		05/31/2023
Open Position			
Open Position			
Open Position			

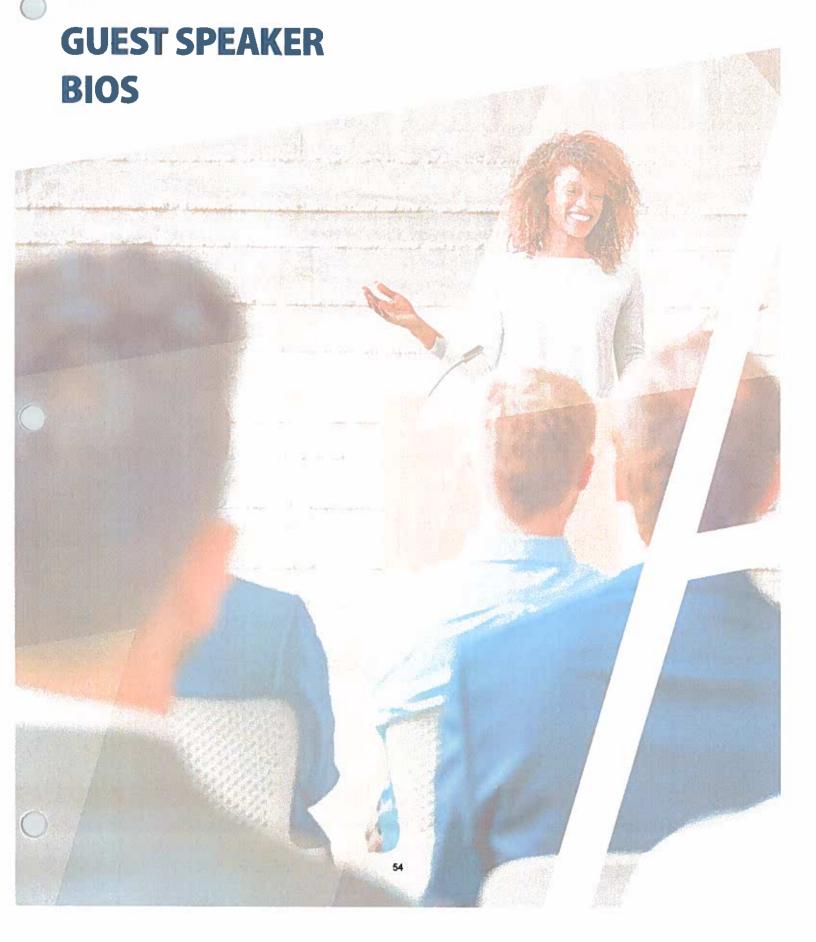
[•] Membership - Minimum of 7 and Maximum of 11 Members (1 HCD Board Member)

Primary Care Clinics Board

	Appointment Date	1st Re-Appointment Date	2 nd Re-Appointment Date	Term Limit Date
James Elder, Chair	09/01/2013	01/01/2016	01/30/2019	12/31/2021
Jospeh Morel, Vice Chair	09/26/2018	01/30/2019		12/31/2021
John Casey Mullen, Secretary	04/01/2014	01/01/2016	01/30/2019	12/31/2021
R. Michael Smith, Treasurer	01/30/2019	12/31/2021		
Cory Neering	10/01/2017	01/30/2019		12/31/2021
Irene Figueroa	09/01/2013	01/01/2016	01/30/2019	12/31/2021
Julia Bullard	01/30/2019			12/31/2021
Gary Butler	03/26/2019			12/31/2021

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







Kathleen Stillo President & COO, Clinical Redesign UnitedHealthcare Community & State

Kathleen Stillo is the President & COO of the Clinical Redesign team at UnitedHealthcare within the Medicaid line of business. This team includes myConnections,™ which is UnitedHealthcare's program to help low-income individuals and families access essential social services that are the gateway to better health, and TeamMD, an innovative home-based primary and complex care program. The team cares for more than 5,000 of United's most medically and socially complex members.

Kathy leads Finance, Strategy, Clinical and Housing Operations, IT/EHR, Post-Launch Markets, Training & Replication, Legal, and Marketing Communications. Her team is focused on implementing innovative care delivery models which incorporate social determinants of health, for better care at lower cost for our most vulnerable populations.

Prior to joining UnitedHealthcare, Kathy co-led the Adult Health and Urban Health Institutes at Cooper Hospital in Camden, NJ. Adult Health is a \$265M business unit serving 365k patient visits/year across primary care, behavioral health, and medical specialties. The Urban Health Institute, a \$6M business unit dedicated to medically and socially vulnerable populations, develops innovative care delivery models including addiction clinics, nurse-led protocols, an Ambulatory ICU, and complex care services which has resulted in a 58% decrease in deficit. Kathy previously led strategic consulting teams for Bristol-Myers Squibb and Reuters. While at Cooper, she was also a member of the Board of Directors of the Camden Coalition of Healthcare Providers.

Kathy earned her B.A. from Bowdoin College and M.B.A from Columbia Business School.

For more information about UnitedHealthcare, visit www.uhc.com, or follow @myUHC on Twitter and join the conversation on our UnitedHealthcare Community Plan Facebook page.





EXECUTIVE HEALTHCARE CONSULTANT

Mr. Pille is an accomplished healthcare consulting executive with experience helping clients address evolving healthcare requirements and business objectives. His experience includes serving a wide range of healthcare clients including health systems, academic medical centers, pediatric care facilities, physician organizations, and hospital associations.

The foundation of his experience is the evolution of his career from technical resource to implementation manager, strategist, organizational leader, and trusted advisor. He has been involved in the selection, planning, implementation management and quality assurance for many core system and Electronic Medical Record projects from all the leading vendors.

Mr. Pille is now focusing most of his time on Post-EMR priorities including system optimizations, interoperability, data governance & analytics, population health, and digital engagement.

Prior to joining Himformatics in 2009, Mr. Pille gained experience at Andersen Consulting (7 years), First Consulting Group (12 years), and Eclipsys (1 year).

