

AGENDA
BOARD OF TRUSTEES
INDIAN RIVER COUNTY HOSPITAL DISTRICT
Regular Monthly Meeting
Indian River County Commission Chambers/ Zoom
January 16, 2025
4:00 p.m.

- 1.0 Convene Meeting – William Cooney, Acting Chairman
- 2.0 Pledge of Allegiance- William Cooney, Acting Chairman
- 3.0 Indian River County Hospital District Attorney Overview- Jennifer Peshke, Esq.
- 4.0 Organizational Matters – Action Required
 - A. Election of Officers – Jennifer Peshke, Esq.
 - B. Other Considerations
 - 1. Frequency of Meetings
 - 2. Time/Day of Meetings
 - 3. Meeting Location
- 5.0 Consent Agenda – Action Required
Approval of the Chairman's Meeting Minutes dated December 18; Regular Monthly Meeting Minutes dated December 19; and a January disbursement of \$1,549,364.70
- 6.0 Reports
 - A. District Counsel Report – Jennifer D. Peshke, Esq.
 - B. Financial Statement Review – Michael Kint, Treasurer
Financial Statement dated December, 2024
 - C. Executive Director Report- Frank Isele, Executive Director
 - D. Funded Agencies Semi Annual Report-
 - i. Mental Health Association- Philip Cromer, CEO
 - ii. Mental Health Collaborative- written only
 - ii. The Learning Alliance- written only
- 7.0 Unfinished Business
- 8.0 New Business- Action Required
 - i. Presentation and Approval of FY 23-24 Audit & 2023 Agreed Upon Procedures
Kip Jacoby, CPA
- 9.0 Other Business
- 10.0 Public Comment
- 11.0 Adjournment

Attorney's Overview: Indian River County Hospital District

The Indian River County Hospital District is an independent special taxing district, located in Indian River County, Florida, created and incorporated by chapter 61-2275, Special Acts of the 1961 Legislature, Laws of Florida, as amended.

The governing Board of the District is comprised of seven (7) publicly elected Trustees, all of whom have been duly elected by the residents of the District in accordance with the provisions of Section 3 of the Special Act of the Florida Legislature creating the Indian River County Hospital District.

To be eligible to sit on the Board of Trustees, all applicants running for election and sitting Trustees must comply with the Code of Ethics for all publicly elected officials found within Part III, Chapter 112 of the Florida Statutes.

At regular and special meetings of the Board, business shall be transacted in such order as the Board may from time to time determine.

Voting upon all matters coming before the Board shall be by voice vote, unless a vote by roll call shall be demanded by a member of the Board, in which case the Secretary shall call the roll and the manner of voting of each member present shall be noted in the minutes.

Four (4) physically present Trustees constitute a quorum, and an affirmative vote of at least three (3) Trustees shall be necessary to the transaction of any business of the District.

All Board meetings shall be conducted in a manner consistent with the District's Bylaws as Amended and Restated, and in accordance with Robert's Rules of Order (21st Century Edition) and the applicable provisions of Florida law. In the event of conflict between the Bylaws and Robert's Rules of Order, the District's Bylaws as Amended and Restated shall govern.

Meetings shall be conducted under the direction of the Chairperson. Courtesy shall be extended by all participants to all other participants. Comments by all participants shall be limited to issues under discussion and shall not include personal attacks or innuendo.

Business conducted at Board meetings, shall be limited to agenda items.

Counsel for the District shall serve as the District's parliamentarian. The Chairperson shall consult the parliamentarian whenever necessary.

In providing an opportunity for public participation at its public meetings, the Indian River County Hospital District has adopted the following reasonable rules and policies which will ensure the orderly conduct of a public meeting and which will require orderly behavior on the part of those persons attending and making public comment:

- (a) The public shall be given the opportunity to comment on a matter that comes before the District Board prior to the Board taking a vote on a given matter that does not constitute simply a ministerial act. When an individual wishes to comment on a matter to be voted on by the Board that is not purely ministerial in nature, public comment will be called for by a Board member and an individual wishing to make a public comment must approach the podium and identify himself or herself by name and address, at such time as public comment is called for before a vote is taken.
- (b) Each individual requesting the ability to make a public comment must limit his or her comment to no greater than five (5) minutes to address the Board.
- (c) If the individual making public comment represents a group and is addressing the Board on behalf of that group, the individual must identify himself or herself by name and address, and also identify the group that he or she represents. Only one (1) representative from any group present may make public comment on any given item for Board discussion and vote, so that only one member of a given group is commenting on a given agenda item

The Indian River County Hospital District Board of Trustees acknowledges that comments made at public meetings can have an impactful effect on public opinion. As such, members of the public making comments, whether outright or in response to public comment, shall base comments on a factual basis and not merely on personal opinions.

The following guidelines from Robert's Rules of Order for Public Participation in Board Meetings shall be observed:

- (1) Speakers are requested to use the centrally located microphone and lectern, when available.
- (2) Prior to addressing the Board, all speakers should state their name, address, and organizational affiliation, if any.
- (3) Questions and comments should be addressed to the entire Board, not to individual Trustees.
- (4) When a specific topic is under consideration, questions and comments should be confined to the matter under discussion, and not extend to any other matter.
- (5) A limit of five (5) minutes shall be allotted to each speaker on any given item; provided, however, that the Chairperson may limit or extend the time period for speakers on a particular item. The Board may override the Chairperson, or vote to limit or extend the time period, by majority vote of the Trustees present and voting.

- (6) A speaker who does not need the entire five (5) minutes may not yield any unused portion of the time to another speaker.
- (7) On controversial issues, speakers for and against a given topic may be recognized alternately by the Chairperson.
- (8) Board members may question a speaker for the purposes of clarification or information.
- (9) It is expected that speakers will observe the commonly accepted rules of courtesy, decorum, dignity and good taste. Personal attacks will be ruled out of order, as will the use of intemperate, abusive, and defamatory language.
- (10) Written statements will be received by the Board in addition to, or in lieu of, oral presentations.

Public comment may be invited at any time by the Chairperson or by majority vote of the Board. Public comment shall be solicited on major motions and before the conclusion of a regular meeting.

Thank you for your attention.

**SUMMARY MINUTES
CHAIRMAN'S MEETING
Indian River County Hospital District Conference Room/ Zoom
December 18, 2024
10:00 AM**

TRUSTEES:	Marybeth Cunningham Michael Kint William Cooney Kerry Bartlett	Barb Bodnar Paul Westcott Karen Deigl
STAFF:	Dawn Carboni Kate Voss Jennifer Peshke, Esq.	Jennifer Frederick Frank Isele Kaytlin Dickens
ZOOM:	Anne Posey Marie Andress Mike Bolack Ivy Marchesini Chuck Brookes Allen Jones Nick Slater Heather O'Shea Pat Knipper Thomas Kenny Jennifer Pippin Andrew Decicco	Larry Reisman Kim Jeansome Lisa Zahner Judi Miller Fran Prossick Deborah Shellenberger Cecelia Stalnaker Raquel Rivas Kristina Roberts Jeff Susi Lisa Witkowski
ATTENDEES:	Vicki Soule Carol Kanarek Lauretta Farrell Bob Auwaerter Kelly Corrigan Lance Lunford Richard Corrigan Rosemaire Wilson Bonnie Sciarretto Wayne Creelman	Jan Mooney Ann Marie McCrystal Shaun Leydon Sandy Stepanek Brook Chipman Jennifer Holloway Stuart Kennedy Rod McLachlan Shane Meeks

Convene Meeting

Ms. Cunningham convened the meeting of the IRCHD Board of Trustees at 10:00 AM by welcoming those participating via Zoom and in person. She stated that for clarification purposes the District Trustees will not take any formal action or vote today. Today will consist of discussion only. Next, she stated that during this season of thankfulness she would like to recognize the District staff for their work this year.

TCCH & Mental Health Court Semi Annual Update

Ms. Soule stated that the six-month update regarding TCCH and their clinics was submitted to the Trustees prior to today's meeting. Additionally, Shaun Leydon Director of the Mental Health Court program was also present for today's meeting; to answer questions the Trustees may have regarding his report. The Trustees were pleased with the outcomes for the mental health court and felt that the programs operations were moving in a positive direction. There was also discussion encouraging them to continue to look for additional funding sources for the program. Additionally, Mr. Leydon is scheduled to meet with Ms. Frederick and Ms. Carboni for discussions on how they can develop stronger data collection and metric outcomes for the program.

Next, Ms. Soule discussed accomplishments, challenges and unforeseen events TCCH has experienced over the last 6 months. She stated that they have finished their conversion to Epic, which initially had its challenge and led to a decrease in patient encounters but has shown to improve efficiency in the long run. There was also discussion surrounding the Districts financial assistance application process required for TCCH patients and the challenges their patients experience with providing the requested documentation. Ms. Dickens stated that she is working with some of the health navigators at TCCH to work through these challenges, as well as making potential updates to the District's financial assistance database to offer a electronic option for completing the paperwork. It was assured that the District is committed to working with TCCH to solve these issues moving forward. Lastly, Ms. Soule stated that they expect to see a dramatic increase in Indian River County residents who rely on community health centers for their primary and preventative care. Due to the uncertain changes in federal and state funding for healthcare, it could potentially drive more to the emergency department, increasing the burden on CCIRH further. This is another reason why TCCH's expansion is so critical to the residents of Indian River County to continue to address the county's healthcare gaps.

Continuing the discussion, Ms. Farrell addressed the board and discussed the investment request which TCCH has brought before the board. She explained that they are requesting \$1 million to support the expansion of primary and prevention healthcare services. She explained that TCCH has embarked on an initiative to develop a 20,000 square foot healthcare center dedicated to children from birth to 18. The total cost of the expansion plan is \$21 million, which also includes a new health center in the western part of the county. Through the New Markets Tax Credit Program and a partnership with the Florida Community Loan Fund that will provide \$15 million towards this project. She further explained that to qualify for the \$15 million, TCCH needs to raise an additional \$4 million, to bring this project to fruition. It was further clarified that the \$4 million in funds would need to be pledged by February 2025. Currently, they have raised over \$800,000, with an additional \$100,000 commitment grant secured. There was Trustee discussion surrounding the request and it was decided that Trustees would submit their comments to Mr. Isele for follow up, with the intention of further discussion and deliberation in January.

CCIRH Uncompensated Care Follow Up Discussion

Ms. Cunningham addressed the board and spoke to the historical timeline of this matter. She stated that back in July, Dr. Rothman and Dr. Pease provided a presentation to the District regarding quality and patient care at CCIRH. During that time there was discussion surrounding the hospital's indigent care volumes and outcomes. The Trustees asked for additional information and Dr. Rothman stated that he would come back before the board in the next few months to provide an update. In September, Dr. Rothman provided a presentation which discussed uncompensated care data and the reasonings behind the increase volumes and cost associated with it. The majority of the Trustees at that time asked how the District could help and approved Ms. Cunningham and Mr. Isele as the point of contact to work with CCIRH on a proposal. She clarified that CCIRH did not request funds from the District but that she and Mr. Isele created those figures based on the conversation they had with CCIRH CFO Mr. Iannucci. She further apologized to her fellow Trustees for any indication that she was trying to rush a decision on this matter, which was not her intention. It was further explained that, Mr. Isele is still working through obtaining the responses to the follow-up questions the Trustees have submitted. She further stated that this support is in no way a bailout and that these funds make up .7% of CCIRH total budget. She also reiterated that the Trustees would have additional time to consider this in the coming months and she will no longer be part of the process. Mr. Westcott referenced the correspondence written to CCIRH in July which addressed specific items with regard to indigent care and believe those questions had not been answered. It was discussed that CCIRH may not be open to sharing all information due to some items being of strategic in nature. Mr. Westcott further questioned the transparency of this matter and items not being shared publicly. There was also discussion surrounding the process of reviewing off-cycle funding requests and whether this was being circumvented for CCIRH. Mr. Isele stated that the District has an off cycle funding request policy and it is followed in this instance as with all other requests the District receives. There was also discussion surrounding how the District reviews financial and operating information for the funded agencies and Ms. Carboni spoke to the process that is in place. She confirmed that during her review she does not treat any agency differently from the other. She further stated that when she conducted the audit review of the Partners program, CCIRH was forthcoming with all the information she requested which took her several months to review. There was also discussion surrounding CCIRH responsibility to provide the District with audited financial statements and if there was language in the partnership agreements precluding them from this. Ms. Peshke stated that she believes CCIRH is in compliance with their reporting requirements, however she would review the documents to see if there was further language referencing an obligation to provide more detailed financial information. After further Trustee discussion it was confirmed that Mr. Isele would continue to work with CCIRH on obtaining responses to the Trustee questions with a goal of having those responses in 60 days.

Public Comment & Adjourn

There was no further business and Ms. Cunningham asked for public comment. Mr. Bob Auwaerter from Indian River Shores provided this public comment and encouraged the Trustees to obtain detailed financial statements for CCIRH operations, to assure the District is not

supporting operational losses. He further stated his displeasure with any additional millage increase which would result in higher taxes. Mr. Stuart Kennedy of Vero Beach provided his public comment and stated that he recognizes the complexity of these issues but based on the reporting in 32963, it does not paint this situation in a good light. He encouraged the board to provide better transparency and insight to the public, to justify any additional spending. Ms. Kelly Corrigan of Vero Beach provided her public comment and stated that she appreciated the discussion today, however she believes that the public is not appropriately informed about these issues. She also questioned the terms CCIRH lease agreement and rental forgiveness clause. She further questioned areas of CCIRH operations including doctors leaving, patient satisfaction and emergency department wait times. She encouraged the board to take additional time and effort before making any decisions with regard to funding CCIRH. Next, Ms. Voss read two public comments which were submitted via the Zoom chat. The first was from Lisa Witkowski who stated that Ms. Cunningham should recuse herself from any board vote with regard to Cleveland Clinic. Second, she referenced the terms of commitment by the District to support indigent care during 2019, 2020, 2021 and if the District is still contractually obligated to provide financial support for indigent care. Lastly, Mr. Andrew Decicco recommended that the Trustee obtain a CCIRH audit report, not only the Cleveland Clinic Florida audit report. Additionally, he would like to see the CCIRH/IRCHD partnership documents posted to the Districts website. There was no further comments or discussion. The meeting was adjourned at 11:40 AM.

**SUMMARY MINUTES
BOARD OF TRUSTEES
INDIAN RIVER COUNTY HOSPITAL DISTRICT
REGULAR MONTHLY MEETING
County Commissioner Chambers/ Zoom
December 19, 2024**

TRUSTEES:	Karen Deigl Marybeth Cunningham William Cooney, M.D. Kerry Bartlett	Michael Kint Paul Westcott Barb Bodnar
STAFF:	Kate Voss Frank Isele Dawn Carboni	Jennifer Peshke, Esq. Kaytlin Dickens Jennifer Frederick
ATTENDEES:	Vicki Soule Lauretta Farrell Sheila Gallo Chuck Brocks Bill Schroeder Pat Knipper	Charles Mackett Lundy Fields Brook Chipman Michael Franchek Val Zudans Ann Marie McCrystal
ZOOM:	Anne Posey Phil Cromer Megan McFall Angela Dickens Andrew Decicco Robert McGill Raquel Rivas Cynthia Goyes Irene Cauwels Jared Nemitz	Lisa Zahner Allen Jones Stuart Kennedy Thomas Jefferson Jeffrey Susi Lisa Witkowski Ray Osborne Wayne Creelman Annette Melendez Marcella McPeek

Convene Meeting, Invocation, Pledge & Consent Agenda

Ms. Cunningham convened the regular monthly meeting of the Indian River County Hospital District at 4:00 PM. Pastor George Pellingon provided the invocation and Dr. Cooney led the group in the pledge of allegiance. Ms. Cunningham asked for a motion to approve of the Chairman's meeting minutes dated November 20, regular monthly meeting minutes dated November 21, and a December disbursement of \$1,325,696.87. The motion was made by Ms. Deigl and seconded by Ms. Bodnar. The motion carried unanimously.

Chairman's Report

Ms. Cunningham addressed the board and spoke of her time over the last 10 years serving as a District Trustees. She thanked the residents of Indian River County for the opportunity and the District funded agencies for their dedication to the community. She also thanked the Trustees and District staff for their work and support. She also spoke to many of the District achievements over the last ten years including the partnership with Cleveland Clinic and the transformation of the Gifford Health Center into a fully operational health care clinic.

District Counsel Report- Jennifer Peshke, Esq.

Ms. Peshke provided her report and stated that the transaction to purchase the CHS property is complete, and the LURA was successfully transferred from the property. As always, she continues to be available for Trustees to discuss various matters the District is handling at the present time. Further, the District staff is continuing to make progress with representatives from VCOM as they work to occupy the building. Ms. Peshke asked if there were any questions and Mr. Westcott stated that he would like Ms. Peshke to prepare a legal memo outlining the roles and responsibilities of the District Chairman with regard to their ex officio seat on the Cleveland Clinic Board of Directors. There was Trustee discussion and they agreed that this would be beneficial to have for the board and record. Therefore, Mr. Westcott made a motion for Ms. Peshke to prepare a legal memo defining the understanding of the dual relationship and responsibilities as Chairman of the District and the ex-officio member of the Cleveland Clinic Indian River Board of Directors, so that the individual better understands their role, their responsibilities, their liabilities, and obligations to the taxpayers and to the District Board. Ms. Bartlett seconded the motion, and it carried unanimously.

Financial Statement Review - Michael Kint, Treasurer

Mr. Kint provided his financial statement review and stated that the District remains in good financial condition. He stated that the District has received the majority of its tax revenue and recognized the tax payers for their prompt payments. Next, he provided a review of the District's investments and cash holdings. He then provided a review of the year-to-date expenses versus budgeted expenses and stated that the District is on track for this time period of the fiscal year.

Executive Director Report- Frank Isele, Executive Director

Mr. Isele provided his report and discussed some key initiatives that the District is currently working on which included expanding access to primary care and mental health services, along with the commitment to support the uninsured, underinsured and the ALICE population. He further discussed the acquisition of new property located at 620 and 650 10th street which will be home to a further women's sober living residence with the capacity to accommodate up to 30 women. Additionally, the District continues to look at strengthening preventive health initiatives and expanding funding sources for the District through grant funding. Next, he provided a success story from Treasure Coast Community Health which

discussed the care a patient had received since her birth and she is now taking her children to the clinic. He stated that through the District partnerships and funding, it has enabled TCCH to expand its services, maintain accessible care for underserved populations, and sustain its mission to ensure no one in the county is left behind.

Mr. Westcott asked for historical details surrounding the purchase of the women's sober living property and what the next steps will be for the District. Mr. Isele stated that staff is working through the details and the District will not be the operator of the property. This project was set in motion a year prior to Mr. Isele beginning his role as Executive Director and he was tasked with securing a property to house women's sober living facility. The next steps for the District will be to develop a RFP and to work with a consultant who is an expert in these types of operations.

Next, Mr. Westcott stated that recently the Cleveland Clinic made an announcement that they are opening a hospital in Palm Beach County and expanding their facilities in that area. He would like Mr. Isele to send a letter of congratulations to Dr. Delaney and Dr. Rothman on behalf of the Trustees. Mr. Westcott made a motion outlining the same which was seconded by Ms. Deigl, the motion carried unanimously.

Lastly, Mr. Westcott stated that he would like the Trustees to have an update on the Districts funding guidelines for the upcoming funding cycle and Mr. Isele stated that staff will bring forth those recommendations in the next 30 days. Additionally, Mr. Westcott further recommended that that funded agency reporting process be improved and would like to have further discussions on this with the staff and Trustees. Mr. Isele stated that this is also a process the staff has been working to be more efficient.

Funded Agency Semi Annual Reports- Visting Nurse Association

Mr. Fields thanked Ms. Cunningham for her service to the board and community. Next, he provided an update regarding the VNA and its operations over the last six months. He discussed several new learnings regarding a patient's continuum of care, specifically in the home health setting. Additionally, he spoke to the misinformation surrounding hospice care and the VNA's work to bridge the gaps for patients and their families. He also discussed the need for more discussions on advanced care planning for seniors. Mr. Fields then reviewed some emerging issues, one of which was division in the workplace and how the VNA is working to bring the employees together for a more cohesive working environment, regardless of their personal beliefs or political affiliations. They are also working to continue to provide the highest quality care to all their patients, so patients can be restored back to their previous quality of life. He further discussed issues surrounding Medicare Advantage plans and the lack of reimbursement payments to providers or providers accepting this type of coverage. He also discussed the issues surrounding for-profit hospice centers and their lack of patient center care with that model. There was Trustee discussion and Ms. Cunningham asked for an update regarding the hospice house parcel land they purchased from the District . Mr. Fields stated that after COVID ended the VNA's plans for the parcel had changed due to the structure of how staff works and their operations. He stated that they are currently working through visioning plans and

still would like the parcel to house a facility that would support seniors in this community. He further stated that they have had discussions with other not-for-profit entities about how best the space could be utilized.

New Business- Resolution 2024-06 & 2024-07

Ms. Bodnar addressed the board and stated that it was an honor to serve the residents of Indian River County for the last eight years. She also thanked the staff for their dedication and hard work. She stated that she will truly miss working with the Trustees and it has been an honor to serve alongside them.

Ms. Peshke read aloud resolution 2024-06 and 2024-07 honoring both Ms. Cunningham and Ms. Bodnar for their service to the board of Trustees. Dr. Cooney made a motion to adopt both resolutions, which was seconded by Mr. Kint. The motion carried unanimously.

Public Comment/Adjourn

There was no further discussion and Ms. Cunningham asked for public comment. There was several members of the public who spoke and stated the following:

Mr. Bill Schroeder, of Vero Beach addressed the board and encouraged the Trustees to focus on the issues surrounding the shortage of healthcare providers and the increased need for the same due to the growing population in Indian River County. He believes the county is growing too quickly to support the capacity needed for healthcare services.

Mr. Michael Franchek or Indian River addressed the board and stated that there should be no rushed vote on supporting any shortfalls for Cleveland Clinic and he believes that the board should be given Cleveland Clinics financial backup documentation, due to the large amount of funds being requested, and that should not fall on the taxpayers.

Dr. Val Zudans of Vero Beach addressed the board and stated that each Trustee should have a District issued email address so that members of the public may contact them directly. He then questioned the purchase of the property for a sober living facility and the validity of the need for this type of service. He would like to see backup documentation and an analysis for this need, given the expenditure of tax dollars on the same.

Ms. Sheila Gallo of Vero Beach addressed the board and expressed her concern and the concern of residents who voted for her in the District elections for any additional financial support given to Cleveland Clinic. She also discussed her interest in the District involvement with mental health, specifically with children and stated that the board should be using better metrics to measure outcomes for children on psychiatric drugs. She also stated that Ms. Deigl should recuse herself from the board because she poses a conflict of interest.

Ray Osborne of Sebastian addressed the board via zoom and discussed the need for increased telemedicine and electronic message usage for providers as an improved method of healthcare delivery. He would also like the District to conduct a cost analysis on the same.

Thomas Jefferson of Vero Beach addressed the board via zoom and reminded the trustees that they are elected officials. He spoke of the negative public perception Cleveland Clinic has in the community and voiced his displeasure of any additional District funding to the organization.

The last public comment from Lisa Witkowski was read aloud by Ms. Voss. She stated that the District should stream all board meetings live from their YouTube channel and have videos available to the public immediately. Additionally, she stated that the District should never relinquish its position of authority, accountability and context to the contract terms with Cleveland Clinic.

There was no further public comment, and the meeting was adjourned at 5:30 PM.

Respectfully Submitted,

Barb Bodnar, Secretary

To: Board of Trustees, Indian River County Hospital District

From: Jennifer D. Peshke, Esq.

Date: January 16, 2024

Re: Indian River County Hospital District Monthly Counsel Report

- I. I have responded to questions from Trustees as they have arisen pertaining to various matters the District is handling at the present time.
- II. I continue to review the annual deadlines and deliverables due to the District under the Lease with Indian River-Cleveland Clinic and have responded with questions as they arise.
- III. We closed on December 19, 2024 on the purchase of property for a women's sober living facility and will now begin the process to work to put together an RFP and to prepare the property for its intended use.
- IV. We have entered into a lease with VCOM to lease the Human Services Building and are actively working with VCOM to help them prepare to occupy the building.
- V. I have participated and assisted with the Trustee's Strategic Planning efforts and continue to remain available to each of you in this regard.
- VI. I have participated in our annual budget funding cycle as we always do at this time of year and am working with Jenny to finalize the agency funding agreements for the new fiscal year 2024-2025.
- VII. I am working on the research that was requested of me at the December 19, 2024 meeting regarding conflicts of interest and will be bringing that to you for review just as soon as the work is completed.



To: Board of Trustees, Indian River County Hospital District
From: Frank Isele, Executive Director
Date: January 16, 2025
Re: FINANCIAL UPDATE DECEMBER 31, 2024

As of December 31, 2024, the District has received 84.6% of its budgeted tax revenue, totaling \$17,884,811 out of the \$22,445,137 budgeted for the fiscal year. After accounting for \$1,294,475 in commissions and uncollectable taxes, the realized revenue stands at \$21,150,662.

Program expenses were \$94,718 under budget for December and remain \$541,048 under budget year-to-date. Similarly, administrative expenses were \$3,449 under budget for the month and \$61,324 under budget year-to-date. The primary reason for these positive variances are budgeted amounts not yet expensed as some agencies submit invoices quarterly.

The District prioritizes prudent investment of funds. Current investments are managed through the Florida FIT Preferred Deposit Pool (PDP) and a ladder portfolio of U.S. Treasury bills. As of December 31st, total investments and cash holdings amount to \$19,573,063, broken down as follows: 1) \$7,962,601 in U.S. Treasury securities, 2) \$11,610,462 in the Florida Fixed Income Trust Preferred Deposit Pool account, and 3) \$973,879 in cash.

The Indian River County Hospital District Board of Trustees will convene on Thursday, January 16, 2024, at 4:00 PM at the Indian River County Chambers. Members of the public are welcome to attend in person or via electronic media. Instructions for virtual participation can be found at www.IRCHD.com.

BOARD OF TRUSTEES

Marybeth Cunningham, *Chairwoman*

William Cooney, *Vice Chairman*

Kerry Bartlett • Barbara Bodnar • Karen Deigl • Michael Kint • Paul Westcott

Indian River County Hospital District
Balance Sheet
As of December 31, 2024

01/10/25

Accrual Basis

	Dec 31, 24
ASSETS	
Current Assets	
Checking/Savings	
US Bank Investment Account	7,962,599.59
01-0003 · Seacoast Bank #5711(Operating)	708,194.53
01-0004 · Seacoast Bank #2291 (Deposit)	100,011.44
01-0010 · FL Fixed Income Investments	11,810,462.21
Total Checking/Savings	20,381,267.77
Accounts Receivable	
11000 · Accounts Receivable	4,291.86
Total Accounts Receivable	4,291.86
Other Current Assets	
Other Accounts Receivable	31.88
01-1100 · Accrued Interest Paid	42,680.14
01-1121 · Deposits	29,140.00
01-3152 · Prepaid Insurance	30,688.81
Total Other Current Assets	102,538.83
Total Current Assets	20,488,098.46
Fixed Assets	
620-660 10th Street Property	3,915,728.73
01-4000 · Land	241,160.00
01-4010 · Land Improvements	434,083.07
01-4011 · Acc Depreciation-Land Improve	-416,674.15
01-4016 · Leasehold Improvements	25,000.00
01-4016 · Acc. Depr. - Leasehold Improv.	-12,847.23
01-4100 · Human Services Building FA	1,870,348.22
01-4101 · HSVB - Bldg Imprv.	295,720.60
01-4102 · Acc Depecaation-HS Buldg & Impr	-1,952,832.97
01-4110 · Gifford Health Center Building	1,769,687.06
01-4111 · Acc Depreciation-GHC Bldg	-1,227,505.86
01-4113 · GHC Building Improvements	183,443.00
01-4300 · Property, Plant & Equip - GHC	247,047.02
01-4301 · Acc Depreciation-Equip GHC	-230,128.65
01-4320 · Prop, Plant & Equip-IRCHD	35,750.88
01-4322 · Acc Depreciation-IRCHD Equip	-16,550.35
01-4500 · Right-To-Use Asset (Leases)	386,887.35
01-4501 · Acc. Amortization - RTU Asset	-138,264.77
Total Fixed Assets	5,412,051.95
Other Assets	
01-1176 · Prepaid Expenses	4,500.00
01-1180 · Other Assets	28,622.11
Total Other Assets	33,122.11
TOTAL ASSETS	26,933,272.52

Indian River County Hospital District
Balance Sheet
As of December 31, 2024

	<u>Dec 31, 24</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
01-2020 · Accts Pay-Checks to be Written	1,536,724.60
Total Accounts Payable	<u>1,536,724.60</u>
Credit Cards	
First National of Omaha 5762	95.99
First National of Omaha 9991	-165.73
Total Credit Cards	<u>-69.74</u>
Other Current Liabilities	
01-2153 · Accrued Employee Costs, WH & L	
01-2151 · Payroll & WH-Emp Leave Pay Acc	51,587.98
01-2152 · United Healthcare Payable	51.75
Total 01-2153 · Accrued Employee Costs, WH & L	<u>51,639.73</u>
01-2200 · Obligations under Leases	264,675.91
01-2790 · Accrued Expenses	63,000.00
Total Other Current Liabilities	<u>379,315.64</u>
Total Current Liabilities	<u>1,915,970.50</u>
Total Liabilities	1,915,970.50
Equity	
01-2900 · Fund Balance-Inv in Fixed Asset	1,607,338.45
01-2910 · Fund Balance-Unrestricted	-3,414,141.21
01-2925 · Fund Balance - BOT Reserve	5,545,334.00
99-9999 · Retained Earnings	6,837,265.34
Net Income	13,541,505.44
Total Equity	<u>24,017,302.02</u>
TOTAL LIABILITIES & EQUITY	<u><u>25,933,272.52</u></u>

Indian River County Hospital District Profit & Loss Budget vs. Actual December 2024

Accrual Basis

	Dec 24	Budget	\$ Over Budget
Ordinary Income/Expense			
Income			
Interest & Dividend Income			
01-5210 · Interest Incomes	44,348.51	125.00	44,223.51
01-5220 · Dividend Income	46,235.55	10,625.00	35,610.55
Total Interest & Dividend Income	90,584.06	10,750.00	79,834.06
Investment Income			
01-5230 · Gain or Loss on Sale of Inv.	18,475.29	0.00	18,475.29
Total Investment Income	18,475.29	0.00	18,475.29
Property Appraiser Commission			
01-6121 · Property Appraiser Commissions	-251,040.39	-15,473.75	-235,566.64
Total Property Appraiser Commission	-251,040.39	-15,473.75	-235,566.64
Tax Assessor Commissions			
01-6122 · Tax Assessor Commission	675.85	36,286.33	-35,610.48
Total Tax Assessor Commissions	675.85	36,286.33	-35,610.48
Tax Commission Revenue			
01-5110 · Tax Commission Revenue	10,645,554.95	1,870,428.08	8,775,126.87
Total Tax Commission Revenue	10,645,554.95	1,870,428.08	8,775,126.87
01-6124 · Uncollectible	-418,836.50	-56,112.83	-362,723.67
Total Income	10,085,413.26	1,845,877.83	8,239,535.43
Cost of Goods Sold			
All Program Expenses			
Camp Haven			
Case Mgmt & Psych Counseling	3,454.58	4,333.33	-878.75
Drug Test Kits	3,053.48	1,689.25	1,364.23
Total Camp Haven	6,508.06	6,022.58	485.48
Community Support			
Community Support - Other	12,367.32	0.00	12,367.32
Community Support - Other	0.00	12,500.00	-12,500.00
Total Community Support	12,367.32	12,500.00	-132.68
Samaritan Center/ Mental Health	5,186.47	6,503.92	-1,317.45
Sunshine PT - Financial Support	33,833.89	38,333.33	-4,499.44
TC Homeless Svs Council	0.00	27,842.75	-27,842.75
The Learning Alliance	12,198.25	12,916.67	-718.42

**Indian River County Hospital District
Profit & Loss Budget vs. Actual
December 2024**

Accrual Basis

	<u>Dec 24</u>	<u>Budget</u>	<u>\$ Over Budget</u>
We Care Program			
Foundation Admin Assist	2,175.00	2,166.67	8.33
Ophthalmology Services	13,434.24	1,666.67	11,767.57
PT Admin. Assistant	6,889.59	2,600.00	4,289.59
Total We Care Program	22,498.83	6,433.34	16,065.49
01-7001 - Cleveland Clinic			
Integration - Mental Hlth in Ed	31,071.17	34,559.00	-3,487.83
MH/SA Intensive Outpatient Prg	34,559.00	31,071.17	3,487.83
01-9905 - Partner's Programs	266,830.92	266,830.92	0.00
Total 01-7001 - Cleveland Clinic	332,461.09	332,461.09	0.00
01-7002 - T. C. Community Health Clinic			
Behavioral Health	37,822.22	32,083.33	5,738.89
Dental Care Program	55,714.00	66,067.67	-10,353.67
LIP	0.00	40,833.33	-40,833.33
Medical Services	183,680.23	159,735.67	23,944.56
Mental Health Court	45,691.18	59,253.75	-13,562.57
Mobile Dental Care	0.00	22,907.67	-22,907.67
Mobile Medical Care	0.00	32,092.33	-32,092.33
Total 01-7002 - T. C. Community Health Clinic	322,907.63	412,973.75	-90,066.12
01-7003 - Whole Family Health Center			
Behavioral Health	16,220.00	17,435.00	-1,215.00
Lab Services	12,251.85	6,666.67	5,585.18
LIP	0.00	13,490.50	-13,490.50
Medical Services	31,460.00	43,860.00	-12,400.00
Medication Assistance	27,217.21	0.00	27,217.21
Mobile Med Office Prog	14,700.00	10,583.33	4,116.67
Pharmacy RX Assist	0.00	27,916.67	-27,916.67
Total 01-7003 - Whole Family Health Center	101,849.06	119,952.17	-18,103.11
01-7004 - VNA Health Services			
Home Health - VNA	10,252.79	20,539.75	-10,286.96
Mobile Health Clinic	40,211.00	33,987.92	6,223.08
Music Therapy	7,213.91	7,213.92	-0.01
01-9909 - Hospice Houses	62,311.28	15,828.25	46,483.03
Total 01-7004 - VNA Health Services	119,988.98	77,569.84	42,419.14

Indian River County Hospital District Profit & Loss Budget vs. Actual December 2024

Accrual Basis

	Dec 24	Budget	\$ Over Budget
01-7007 - Healthy Start Coalition of IRC			
Coord. Intake & Referral Matern PEACE	2,500.00	2,500.00	0.00
01-9803 - Nurse Home Visitation Program	4,166.66	4,166.66	0.00
01-9804 - Nurse Family Partnership Prog.	20,833.00	20,833.00	0.00
1-9806 - FIMR	5,833.33	5,833.33	0.00
1-9807 - Community Doula	1,667.00	1,667.00	0.00
	6,250.00	6,250.00	0.00
Total 01-7007 - Healthy Start Coalition of IRC	41,249.99	41,249.99	0.00
01-7009 - Mental Health Association			
Mental Health Our House Network	3,333.33	3,333.33	0.00
Mental Health Pharmaceuticals	632.62	0.00	632.62
Parent & Child Center	13,197.08	18,358.75	-5,161.67
School Violence Prevention/Int.	7,500.00	14,583.33	-7,083.33
Walk in Center	35,410.00	41,604.17	-6,194.17
	60,073.03	77,879.58	-17,806.55
Total 01-7009 - Mental Health Association	60,073.03	77,879.58	-17,806.55
01-7010 - New Horizons for IRC			
InPt Crisis Bed Days	0.00	1,270.83	-1,270.83
Med Mgt and Psych Evals	4,325.00	2,229.17	2,095.83
MH Injection Clinic	175.00	47.92	127.08
Mobile Response Leader	8,333.33	8,333.33	0.00
Psychosocial Rehabilitation	440.00	1,070.00	-630.00
01-9993 - Outpatient Therapy	660.00	731.17	-71.17
1-9992 - Case Management	2,737.50	2,984.25	-246.75
	16,670.83	16,666.67	4.16
Total 01-7010 - New Horizons for IRC	16,670.83	16,666.67	4.16
01-7011 - Mental Health Collaborative			
Collaborative	21,664.66	21,666.67	-2.01
	21,664.66	21,666.67	-2.01
Total 01-7011 - Mental Health Collaborative	21,664.66	21,666.67	-2.01
01-7012 - SRA			
EARS	6,885.00	10,958.33	-4,073.33
Emergency Meals on Wheels	7,091.16	7,091.16	0.00
Meals on Wheels Waitlist	84,023.33	84,023.33	0.00
Public Guardian Program	12,500.00	2,500.00	10,000.00
01-7014 - Upside Program	0.00	2,916.67	-2,916.67
	110,499.49	107,489.49	3,010.00
Total 01-7012 - SRA	110,499.49	107,489.49	3,010.00
01-7013 - Tykes & Teens			
General Mental Health OP	53,722.52	45,934.42	7,788.10
Mental Health Consultant	0.00	28,189.42	-28,189.42
	53,722.52	74,123.84	-20,401.32
Total 01-7013 - Tykes & Teens	53,722.52	74,123.84	-20,401.32

Indian River County Hospital District Profit & Loss Budget vs. Actual December 2024

Accrual Basis

	Dec 24	Budget	\$ Over Budget
01-7015 - Thrive IRC, INC			
Prevention Works Program	47,500.00	15,833.33	31,666.67
Recovery Works Program	90,000.00	30,000.00	60,000.00
Total 01-7015 - Thrive IRC, INC	137,500.00	45,833.33	91,666.67
01-7016 - Hope for Families Center			
Intake Manager	958.91	958.90	0.01
Medication Technician	1,200.00	1,200.00	0.00
Patient Navigator	2,157.58	2,157.58	0.00
PT Driver	1,211.92	1,211.90	0.02
Supplies	172.92	172.92	0.00
Total 01-7016 - Hope for Families Center	5,701.33	5,701.30	0.03
01-7017 - Childcare Resources	21,746.18	26,400.00	-4,653.82
01-7018 - IR County Medicaid Paid by Dist	0.00	49,516.67	-49,516.67
01-7020 - Dynamic Life Recovery			
Behavioral Health Counseling	2,100.00	4,000.00	-1,900.00
Roger Ball Memor. Scholarship	6,250.00	6,250.00	0.00
Total 01-7020 - Dynamic Life Recovery	8,350.00	10,250.00	-1,900.00
01-7025 - Suncoast Mental Health Center			
Family Supp-Wellness W/O Walls	11,812.50	13,491.67	-1,679.17
Total 01-7025 - Suncoast Mental Health Center	11,812.50	13,491.67	-1,679.17
01-7026 - Women's Care Center IRC			
Bridging the Gap Women's Health	11,937.00	21,866.67	-9,729.67
Total 01-7026 - Women's Care Center IRC	11,937.00	21,866.67	-9,729.67
Total All Program Expenses	1,470,727.11	1,565,445.32	-94,718.21
Total COGS	1,470,727.11	1,565,445.32	-94,718.21
Gross Profit	8,614,686.15	280,432.51	8,334,253.64
Expense			
Administrative Expenses			
Bank Charges	83.33	83.33	0.00
GHC - Other Maintenance	700.00	2,500.00	-1,800.00
Human Services Building			
01-9110 - Utilities - Electricity	-294.54	0.00	-294.54
01-9210 - Other Expense-Maint Outside Svc	1,026.16	4,166.67	-3,140.51
Total Human Services Building	731.62	4,166.67	-3,435.05

Indian River County Hospital District
Profit & Loss Budget vs. Actual
December 2024

Accrual Basis

	Dec 24	Budget	\$ Over Budget
Insurance			
01-6931 · Insurance-Professional Liabilit	0.00	7,500.00	-7,500.00
01-6935 · Workers Comp Insurance	0.00	166.67	-166.67
01-9310 · Insurances	0.00	8.33	-8.33
01-9350 · Insurance-Officers & Directors	7,507.33	1,491.67	6,015.66
Total Insurance	7,507.33	9,166.67	-1,659.34
Invest Mgt/ Adv Fees -Deep Blue	1,250.00	1,250.00	0.00
Office Expenses & Svc Contracts			
01-1513 · Postage and Delivery	72.00	174.28	-102.28
01-6216 · Supplies - Food	1,250.49	492.58	757.91
01-6217 · Office Service Contracts	3,552.25	2,289.46	1,262.79
01-6240 · Video & Recording	0.00	220.83	-220.83
01-6290 · Supplies - Other	25.66	679.34	-653.68
01-6291 · Office - Website	0.00	82.41	-82.41
01-6292 · Office - Google	43.20	38.17	5.03
01-6293 · Supplies - Office & Admin	755.31	1,525.84	-770.53
01-6295 · Office - Maintenance	1,000.00	180.75	819.25
01-6919 · Admin - Cell Phone	84.59	110.66	-26.27
01-6920 · Utilities - Electric	258.92	294.56	-35.64
01-9220 · Purchased Svcs - Svcs Contracts	569.49	577.58	-8.09
Total Office Expenses & Svc Contracts	7,611.91	6,666.66	945.25
Other Expenses-Licenses & Taxes	0.00	250.00	-250.00
Salaries and Benefits			
01-1306 · Payroll Company Fee	126.42	95.77	30.65
01-1307 · Payroll Tax Expense	3,385.18	3,802.35	-417.17
01-1308 · Salaries	44,241.54	40,470.00	3,771.54
01-6311 · Employee Health Insurance	4,009.93	4,637.99	-628.06
01-6900 · Employee Benefits - Retirement	18,052.00	1,340.22	16,711.78
Total Salaries and Benefits	69,815.07	50,346.33	19,468.74
01-1311 · Professional Services -Finance	2,175.00	3,916.67	-1,741.67
01-1540 · Dues, Subscriptions & Education	1,188.99	1,666.67	-477.68
01-6210 · Professional Serv-Consulting	431.95	7,500.00	-7,068.05
01-6220 · Professional Services Legal Fee	12,899.94	14,583.33	-1,683.39
01-6230 · Professional Service - Auditing	0.00	4,583.33	-4,583.33
01-9015 · Publications and Other	84.32	250.00	-165.68
01-9040 · Other Expense - Travel	0.00	833.33	-833.33
01-9230 · Purchased Svcs - Rent	4,001.55	4,166.67	-165.12
Total Administrative Expenses	108,481.01	111,929.66	-3,448.65

**Indian River County Hospital District
Profit & Loss Budget vs. Actual
December 2024**

Accrual Basis

	<u>Dec 24</u>	<u>Budget</u>	<u>\$ Over Budget</u>
Other Non Cash Expenses			
Depreciation - GHC*			
01-6605 · Depreciation-GHC Bldg and Impr.	0.00	7,083.33	-7,083.33
01-6630 · Depreciation-GHC Equipment	0.00	1,250.00	-1,250.00
Total Depreciation - GHC*	<u>0.00</u>	<u>8,333.33</u>	<u>-8,333.33</u>
Depreciation - HSB			
01-6631 · Depreciation - Land Improv.	0.00	2,083.33	-2,083.33
Total Depreciation - HSB	<u>0.00</u>	<u>2,083.33</u>	<u>-2,083.33</u>
Total Other Non Cash Expenses	<u>0.00</u>	<u>10,416.66</u>	<u>-10,416.66</u>
Total Expense	<u>108,481.01</u>	<u>122,346.32</u>	<u>-13,865.31</u>
Net Ordinary Income	<u>8,506,205.14</u>	<u>158,086.19</u>	<u>8,348,118.95</u>
Net Income	<u>8,506,205.14</u>	<u>158,086.19</u>	<u>8,348,118.95</u>

Indian River County Hospital District
YTD Profit & Loss Budget vs. Actual
October through December 2024

Accrual Basis

	Oct - Dec 24	Budget	\$ Over Budget
Ordinary Income/Expense			
Income			
Interest & Dividend Income			
01-5210 · Interest Incomes	49,966.85	375.00	49,591.85
01-5220 · Dividend Income	87,535.41	31,875.00	55,660.41
Total Interest & Dividend Income	137,502.26	32,250.00	105,252.26
Investment Income			
Change in Market Value	22,116.69	0.00	22,116.69
01-5230 · Gain or Loss on Sale of Inv.	18,475.29	0.00	18,475.29
Total Investment Income	40,591.98	0.00	40,591.98
Property Appraiser Commission			
01-6121 · Property Appraiser Commissions	-341,824.07	-46,421.25	-295,402.82
Total Property Appraiser Commission	-341,824.07	-46,421.25	-295,402.82
Tax Assessor Commissions			
01-6122 · Tax Assessor Commission	3,311.30	108,859.03	-105,547.73
Total Tax Assessor Commissions	3,311.30	108,859.03	-105,547.73
Tax Commission Revenue			
01-5110 · Tax Commission Revenue	18,881,226.85	5,611,284.28	13,269,942.57
Total Tax Commission Revenue	18,881,226.85	5,611,284.28	13,269,942.57
01-6124 · Uncollectible	-751,391.33	-168,338.53	-583,052.80
Total Income	17,969,416.99	5,537,633.53	12,431,783.46
Cost of Goods Sold			
All Program Expenses			
Camp Haven			
Case Mgmt & Psych Counseling	8,272.81	13,000.03	-4,727.22
Drug Test Kits	6,680.44	5,067.75	1,612.69
Total Camp Haven	14,953.25	18,067.78	-3,114.53
Community Support			
Community Support - Other	94,328.85	0.00	94,328.85
Community Support - Other	0.00	37,500.00	-37,500.00
Total Community Support	94,328.85	37,500.00	56,828.85
Samaritan Center/ Mental Health	15,559.23	19,511.72	-3,952.49
Sunshine PT - Financial Support	113,707.64	115,000.03	-1,292.39
TC Homeless Svs Council	49,455.55	83,528.25	-34,072.70
The Learning Alliance	36,747.59	38,749.97	-2,002.38

Indian River County Hospital District
YTD Profit & Loss Budget vs. Actual
October through December 2024

Accrual Basis

	Oct - Dec 24	Budget	\$ Over Budget
We Care Program			
Foundation Admin Assist	2,175.00	6,499.97	-4,324.97
Ophthalmology Services	13,434.24	4,899.97	8,434.27
PT Admin. Assistant	6,889.59	7,800.00	-910.41
Total We Care Program	22,498.83	19,299.94	3,198.89
01-7001 - Cleveland Clinic			
Integration - Mental Hlth in Ed	93,213.51	103,677.00	-10,463.49
MHSA Intensive Outpatient Prg	103,677.00	93,213.47	10,463.53
01-9905 - Partner's Programs	800,492.76	800,492.74	0.02
Total 01-7001 - Cleveland Clinic	997,383.27	997,383.21	0.06
01-7002 - T. C. Community Health Clinic			
Behavioral Health	108,656.22	96,250.03	12,406.19
Dental Care Program	177,288.00	198,202.97	-20,914.97
LIP	0.00	122,500.03	-122,500.03
Medical Services	537,078.82	479,206.97	57,871.85
Mental Health Court	135,937.45	177,761.25	-41,823.80
Mobile Dental Care	0.00	68,722.97	-68,722.97
Mobile Medical Care	480.00	96,277.03	-95,797.03
Total 01-7002 - T. C. Community Health Clinic	959,440.49	1,238,921.25	-279,480.76
01-7003 - Whole Family Health Center			
Behavioral Health	48,340.00	52,305.00	-3,965.00
Lab Services	18,386.28	19,999.97	-1,613.69
LIP	0.00	40,471.50	-40,471.50
Medical Services	97,170.00	131,580.00	-34,410.00
Medication Assistance	69,399.53	0.00	69,399.53
Mobile Med Office Prog	18,150.00	31,750.03	-13,600.03
Pharmacy RX Assist	0.00	83,749.97	-83,749.97
Total 01-7003 - Whole Family Health Center	251,445.81	359,856.47	-108,410.66
01-7004 - VNA Health Services			
Home Health - VNA	37,106.50	61,619.25	-24,512.75
Mobile Health Clinic	120,777.00	101,963.76	18,813.24
Music Therapy	21,641.73	21,641.72	0.01
01-9909 - Hospice Houses	126,612.10	47,484.75	79,127.35
Total 01-7004 - VNA Health Services	306,137.33	232,709.48	73,427.85

Indian River County Hospital District
YTD Profit & Loss Budget vs. Actual
October through December 2024

Accrual Basis

	Oct - Dec 24	Budget	\$ Over Budget
01-7007 · Healthy Start Coalition of IRC			
Coord. Intake & Referral Matern	7,500.00	7,500.00	0.00
PEACE	12,499.98	12,499.98	0.00
01-9803 · Nurse Home Visitation Program	62,499.00	62,499.33	-0.33
01-9804 · Nurse Family Partnership Prog.	17,499.99	17,499.99	0.00
1-9806 · FIMR	5,001.00	5,001.00	0.00
1-9807 · Community Doula	18,750.00	18,750.00	0.00
Total 01-7007 · Healthy Start Coalition of IRC	123,749.97	123,750.30	-0.33
01-7009 · Mental Health Association			
Mental Health Our House Network	9,999.99	10,000.03	-0.04
Mental Health Pharmaceuticals	1,808.61	0.00	1,808.61
Parent & Child Center	41,168.46	55,076.25	-13,907.79
School Violence Prevention/Int.	30,700.00	43,750.03	-13,050.03
Walk in Center	106,740.00	124,812.47	-18,072.47
Total 01-7009 · Mental Health Association	190,417.06	233,638.78	-43,221.72
01-7010 · New Horizons for IRC			
InPt Crisis Bed Days	0.00	3,812.54	-3,812.54
Med Mgt and Psych Evals	15,635.00	6,687.47	8,947.53
MH Injection Clinic	600.00	143.72	456.28
Mobile Response Leader	24,999.99	25,000.03	-0.04
Psychosocial Rehabilitation	605.00	3,210.00	-2,605.00
01-9993 · Outpatient Therapy	1,980.00	2,193.47	-213.47
1-9992 · Case Management	12,506.25	8,952.75	3,553.50
Total 01-7010 · New Horizons for IRC	56,326.24	49,999.98	6,326.26
01-7011 · Mental Health Collaborative			
Collaborative	53,327.40	64,999.97	-11,672.57
McCabe Connections Center	11,666.74	0.00	11,666.74
Total 01-7011 · Mental Health Collaborative	64,994.14	64,999.97	-5.83
01-7012 · SRA			
EARS	22,275.00	32,875.03	-10,600.03
Emergency Meals on Wheels	21,273.48	21,273.56	-0.08
Meals on Wheels Waitlist	252,069.99	252,070.03	-0.04
Public Guardian Program	37,500.00	7,500.00	30,000.00
01-7014 · Upslide Program	0.00	8,749.97	-8,749.97
Total 01-7012 · SRA	331,118.47	322,468.59	10,649.88

Indian River County Hospital District
YTD Profit & Loss Budget vs. Actual
October through December 2024

Accrual Basis

	Oct - Dec 24	Budget	\$ Over Budget
01-7013 · Tykos & Teens			
General Mental Health OP	129,330.45	137,803.22	-8,472.77
Mental Health Consultant	46,251.22	84,568.22	-38,317.00
Total 01-7013 · Tykos & Teens	175,581.67	222,371.44	-46,789.77
01-7015 · Thrive IRC, INC			
Prevention Works Program	47,500.00	47,500.03	-0.03
Recovery Works Program	90,000.00	90,000.00	0.00
Total 01-7015 · Thrive IRC, INC	137,500.00	137,500.03	-0.03
01-7016 · Hope for Families Center			
Intake Manager	2,876.73	2,876.72	0.01
Medication Technician	3,600.00	3,600.00	0.00
Patient Navigator	6,472.74	6,472.78	-0.04
PT Driver	3,635.76	3,635.72	0.04
Supplies	518.76	518.72	0.04
Total 01-7016 · Hope for Families Center	17,103.99	17,103.94	0.05
01-7017 · Childcare Resources	86,864.73	79,200.00	-12,335.27
01-7018 · IR County Medicaid Paid by Dist	48,266.00	148,549.97	-100,283.97
01-7020 · Dynamic Life Recovery			
Behavioral Health Counseling	5,200.00	12,000.00	-6,800.00
Roger Ball Memor. Scholarship	18,750.00	18,750.00	0.00
Total 01-7020 · Dynamic Life Recovery	23,950.00	30,750.00	-6,800.00
01-7025 · Suncoast Mental Health Center			
Family Supp-Wellness W/O Walls	35,343.75	40,474.97	-5,131.22
Total 01-7025 · Suncoast Mental Health Center	35,343.75	40,474.97	-5,131.22
01-7026 · Women's Care Center IRC			
Bridging the Gap Women's Health	20,414.00	64,999.97	-44,585.97
Total 01-7026 · Women's Care Center IRC	20,414.00	64,999.97	-44,585.97
Total All Program Expenses	4,155,287.86	4,696,336.04	-541,048.18
Total COGS	4,155,287.86	4,696,336.04	-541,048.18
Gross Profit	13,814,129.13	841,297.49	12,972,831.64
Expense			
Administrative Expenses			
Bank Charges	250.94	254.99	-4.05
GHC - Other Maintenance	700.00	7,500.00	-6,800.00

Indian River County Hospital District
YTD Profit & Loss Budget vs. Actual
October through December 2024

Accrual Basis

	Oct - Dec 24	Budget	\$ Over Budget
Human Services Building			
01-9110 · Utilities - Electricity	5,897.55	0.00	5,897.55
01-9210 · Other Expense-Maint Outside Svc	6,542.92	12,499.97	-5,957.05
Total Human Services Building	12,440.47	12,499.97	-59.50
Insurance			
01-6931 · Insurance-Professional Liabilit	0.00	22,500.00	-22,500.00
01-6935 · Workers Comp Insurance	0.00	499.97	-499.97
01-9310 · Insurances	1,165.00	25.03	1,139.97
01-9350 · Insurance-Officers & Directors	7,507.33	4,475.01	3,032.32
Total Insurance	8,672.33	27,500.01	-18,827.68
Invest Mgt/ Adv Fees -Deep Blue	3,750.00	3,750.00	0.00
Office Expenses & Svc Contracts			
01-1513 · Postage and Delivery	1,745.14	522.83	1,222.31
01-6216 · Supplies - Food	1,921.85	1,477.77	444.08
01-6217 · Office Service Contracts	6,986.36	6,868.40	117.96
01-6240 · Video & Recording	0.00	662.49	-662.49
01-6290 · Supplies - Other	25.66	2,036.00	-2,012.34
01-6291 · Office - Website	243.60	247.25	-3.65
01-6292 · Office - Google	129.60	114.48	15.12
01-6293 · Supplies - Office & Admin	4,625.18	4,577.55	47.63
01-6295 · Office - Maintenance	1,000.00	542.25	457.75
01-6919 · Admin - Cell Phone	253.77	332.61	-78.84
01-6920 · Utilities - Electric	812.42	883.66	-71.24
01-9220 · Purchased Svcs - Svcs Contracts	14,263.54	1,732.77	12,550.77
Total Office Expenses & Svc Contracts	32,027.12	20,000.06	12,027.06
Other Expenses-Licenses & Taxes	0.00	750.00	-750.00
Salaries and Benefits			
01-1306 · Payroll Company Fee	297.18	287.34	9.84
01-1307 · Payroll Tax Expense	8,769.65	11,407.05	-2,637.40
01-1308 · Salaries	114,934.01	121,410.00	-6,475.99
01-6311 · Employee Health Insurance	12,029.79	12,067.19	-37.40
01-6900 · Employee Benefits - Retirement	18,052.00	4,020.65	14,031.35
Total Salaries and Benefits	154,082.63	149,192.23	4,890.40
01-1311 · Professional Services -Finance	4,350.00	11,749.97	-7,399.97
01-1540 · Dues, Subscriptions & Education	4,551.07	4,999.96	-448.89

Indian River County Hospital District YTD Profit & Loss Budget vs. Actual October through December 2024

Accrual Basis

	Oct - Dec 24	Budget	\$ Over Budget
01-6210 · Professional Serv-Consulting	431.95	22,500.00	-22,068.05
01-6220 · Professional Services Legal Fee	39,040.83	43,750.03	-4,709.20
01-6230 · Professional Service - Auditing	0.00	13,750.03	-13,750.03
01-9015 · Publications and Other	321.80	750.00	-428.40
01-9040 · Other Expense - Travel	0.00	2,500.03	-2,500.03
01-9230 · Purchased Svcs - Rent	12,004.75	12,499.97	-495.22
Total Administrative Expenses	272,623.69	333,947.25	-61,323.56
Other Non Cash Expenses			
Depreciation - GHC*			
01-6605 · Depreciation-GHC Bldg and Impr.	0.00	21,250.03	-21,250.03
01-6630 · Depreciation-GHC Equipment	0.00	3,750.00	-3,750.00
Total Depreciation - GHC*	0.00	25,000.03	-25,000.03
Depreciation - HSB			
01-6631 · Depreciation - Land Improv.	0.00	6,249.99	-6,249.99
Total Depreciation - HSB	0.00	6,249.99	-6,249.99
Total Other Non Cash Expenses	0.00	31,250.02	-31,250.02
Total Expense	272,623.69	365,197.27	-92,573.58
Net Ordinary Income	13,541,505.44	476,100.22	13,065,405.22
Net Income	13,541,505.44	476,100.22	13,065,405.22

Indian River County Hospital District
Checks Written
As of January 7, 2025

Date	Num	Name	Amount
01-0003 · Seacoast Bank #5711(Operating)			
01/07/2025	10122	A Caring Center for Women	-11,937.00
01/07/2025	10123	Barker Electric, AC & Heating, Inc.	-1,000.00
01/07/2025	10124	Camp Haven	-6,508.06
01/07/2025	10125	Catholic Charities of the Diocese of PB	-5,186.47
01/07/2025	10126	Childcare Resources of Indian River	-21,746.18
01/07/2025	10127	Clements Pest Control	-150.00
01/07/2025	10128	Cleveland Clinic Indian River Hospital	-332,461.09
01/07/2025	10129	Daily Courier Service, LLC	-72.00
01/07/2025	10130	Deep Blue Investment Advisors	-1,250.00
01/07/2025	10131	DiSalvo And Company, P.A.	-2,175.00
01/07/2025	10132	Down to Earth Landscape & Irrigation	-572.00
01/07/2025	10133	Dynamic Life Recovery	-8,350.00
01/07/2025	10134	First National Bank of Omaha	-5,296.52
01/07/2025	10135	Gannett Florida LocalQ	-84.32
01/07/2025	10136	Gould Family Properties VII, LLC	-4,001.55
01/07/2025	10137	Hope for Families	-8,701.33
01/07/2025	10138	Indian River County Leadership Foundat...	-1,500.00
01/07/2025	10139	Indian River County Property Appraiser	-46,492.50
01/07/2025	10140	Indian River Healthy Start Coalition Inc	-41,249.99
01/07/2025	10141	Ironside	-431.95
01/07/2025	10142	JP Orlando, LLC	-412.00
01/07/2025	10143	Lambert Commeroial Real Estate Inc.	-400.00
01/07/2025	10144	Mental Health Association	-60,073.03
01/07/2025	10145	Mental Health Collaborative of IRC	-21,684.66
01/07/2025	10146	New Horizons	-16,670.83
01/07/2025	10147	Senior Resource Association	-110,499.49
01/07/2025	10148	Southeast Secure Shredding	-70.00
01/07/2025	10149	Suncoast Mental Health Center	-11,812.60
01/07/2025	10150	Sunshine Physical Therapy Clinic	-33,833.89
01/07/2025	10151	The Law Offices of Jennifer D Peshke, P...	-12,899.94
01/07/2025	10152	The Learning Alliance	-12,198.25
01/07/2025	10153	Thrive IRC, Inc.	-147,605.00
01/07/2025	10154	Treasure Coast Community Health, Inc.	-277,216.45
01/07/2025	10155	Treasure Coast Computer Services	-125.00
01/07/2025	10156	Tykes & Teens	-55,184.74
01/07/2025	10157	United Against Poverty, Inc.- IRC	-2,012.79
01/07/2025	10158	United Way of Indian River County	-492.12
01/07/2025	10159	VNA of the Treasure Coast	-119,988.98
01/07/2025	10160	We Care Foundation of IR	-22,498.83
01/07/2025	10161	Whole Family Health Center	-101,849.06
01/07/2025	10162	Treasure Coast Community Health, Inc.	-45,691.18
Total 01-0003 · Seacoast Bank #5711(Operating)			-1,549,364.70
TOTAL			-1,549,364.70

Indian River County Hospital District

Year to Date Expenses -vs- Budget

	2024/2025 Budget	December 2024	Percent Expended
		<i>(3 months = 25.0%)</i>	
<u>PROGRAM EXPENSES</u>			
<i>Camp Haven</i>			
Case Management & Psych Counseling	52,000	8,273	15.9%
Drug Test Kits	20,271	6,680	33.0%
Total	72,271	14,953	20.7%
<i>Cleveland Clinic Indian River Hospital</i>			
Integration of Mental Health in ED	414,708	93,214	22.5%
MH/SA Intensive Outpatient Program	372,854	103,677	27.8%
Partners Program	3,201,971	800,493	25.0%
Total	3,989,533	997,383	25.0%
<i>Mental Health Association</i>			
Our House Network - Drop In Center	40,000	10,000	25.0%
Parent & Child Center	220,305	41,168	18.7%
Mental Health Pharmaceuticals	0	1,809	
School Violence Prevention/Intervention	175,000	30,700	17.5%
Walk-In Center	499,250	106,740	21.4%
Total	934,555	190,417	20.4%
<i>Visiting Nurse Association</i>			
Home Health	246,477	37,107	15.1%
Mobile Health Clinic	403,256	120,777	30.0%
Music Therapy	86,567	21,642	25.0%
Hospice House/Home Hospice Care	189,939	126,612	66.7%
Total	926,239	306,137	33.1%
<i>Healthy Start Coalition of IRC</i>			
Coord Intake & Referral Maternity Navigator	30,000	7,500	25.0%
PEACE	50,000	12,500	25.0%
Nurse Home Visitation Program (B&B)	250,000	62,499	25.0%
Nurse Family Partnership Program	70,000	17,500	25.0%
FIMR	20,000	5,001	25.0%
Community Doula	75,000	18,750	25.0%
Total	495,000	123,750	25.0%
<i>Treasure Coast Community Health, Inc.</i>			
Behavioral Health	385,000	108,656	28.2%
Dental Care	792,812	177,288	22.4%
LIP	490,000	-	0.0%
Medical Services	1,916,828	537,079	28.0%
Mental Health Court	711,045	135,937	19.1%
Mobile Dental Care	274,892	-	0.0%
Mobile Medical Care	385,108	480	0.1%
Total	4,955,685	959,440	19.4%

	2024/2025 Budget	December 2024	Percent Expensed
		<i>(3 months = 25.0%)</i>	
<i>We Care Program</i>			
Foundation Administrative Assistant	26,000	2,175	8.4%
Ophthalmology Services	20,000	13,434	67.2%
PT Administrative Assistant	31,200	6,890	22.1%
Total	77,200	22,499	29.1%
<i>New Horizons for IRC</i>			
In Patient Crisis Bed Days	15,250	-	0.0%
Med management & Psych Evals	26,750	15,635	58.4%
MH Injection Clinic Injections	575	600	104.3%
Mobile Response Leader	100,000	25,000	25.0%
Psychosocial Rehabilitation Program	12,840	605	4.7%
Outpatient Therapy	8,774	1,980	22.6%
Case Management	35,811	12,506	34.9%
Total	200,000	56,326	28.2%
<i>Senior Resources Association</i>			
EARS	131,500	22,275	16.9%
Emergency Meals on Wheels	85,094	21,273	25.0%
Meals on Wheels Waitlist	1,008,280	252,070	25.0%
Public Guardian Program	150,000	37,500	25.0%
Upslide Program	35,000	-	0.0%
Total	1,409,874	333,118	23.6%
<i>Tykes & Teens</i>			
General Mental Health OP	551,213	129,330	23.5%
Mental Health Consultant	338,273	46,251	13.7%
Total	889,486	175,582	19.7%
<i>Whole Family Health Center</i>			
Behavioral Health	209,220	48,340	23.1%
LIP	161,886	-	0.0%
Medical Services	526,320	97,170	18.5%
Mobile Med Office	127,000	18,150	14.3%
Pharmacy RX Assistance	335,000	69,400	20.7%
Lab Services	80,000	18,386	23.0%
Total	1,439,426	251,446	17.5%
<i>Thrive - Substance Awareness Center</i>			
Prevention Works Program	190,000	47,500	25.0%
Recovery Works Program	360,000	90,000	25.0%
Total	550,000	137,500	25.0%
<i>Hope for Families Center</i>			
Intake Manager	11,507	2,877	25.0%
Medication Technician	14,400	3,600	25.0%
Patient Navigator	25,891	6,473	25.0%
Patient Driver	14,543	3,636	25.0%
Supplies	2,075	519	25.0%
Total	68,416	17,104	25.0%
		-	

	2024/2025 Budget	December 2024	Percent Expensed
		<i>(3 months = 25.0%)</i>	
<i>Dynamic Life Recover</i>		-	
Behavioral Health Counseling	48,000	5,200	10.8%
Roger Ball Scholarship	75,000	18,750	25.0%
Total	123,000	23,950	19.5%
<i>Community Support - Other</i>	150,000	94,329	62.9%
<i>Childcare Resources - Early Intervention</i>	316,800	66,865	21.1%
<i>County Share of Medicaid Paid by District</i>	594,200	48,266	8.1%
<i>Mental Health Collaborative / McCabe Center</i>	260,000	64,994	25.0%
<i>Samaritan Center/Mental Health</i>	78,047	15,559	19.9%
<i>Suncoast Mental Health Center - Family Wellness</i>	161,900	35,344	21.8%
<i>Sunshine Physical Therapy - Financial Support</i>	460,000	113,708	24.7%
<i>The Learning Alliance</i>	155,000	36,748	23.7%
<i>Treasure Coast Homeless Services Council</i>	334,113	49,456	14.8%
<i>Women's Care Center</i>	260,000	20,414	7.9%
TOTAL PROGRAM EXPENSES	18,900,745	4,155,288	22.0%
<u>ADMINISTRATIVE EXPENSES</u>		-	
HSB/Other Maintenance	50,000	12,440	24.9%
GHC/Other Maintenance	30,000	700	2.3%
Salaries/Benefits	595,000	154,083	25.9%
Professional Services - Consulting	90,000	432	0.5%
Professional Services - Finance	47,000	4,350	9.3%
Professional Services - Legal	175,000	39,041	22.3%
Auditing Services	55,000	-	0.0%
Office Supplies & Service Contracts	80,000	32,027	40.0%
Dues/Subscription/Education	20,000	4,551	22.8%
Travel and Expense Reimbursement	10,000	-	0.0%
Insurance	110,000	8,672	7.9%
Bank Fees	1,000	251	25.1%
Licenses and Taxes	3,000	-	0.0%
Investment Mgt/Adv Fees - Deep Blue	15,000	3,750	25.0%
Publications and Other	3,000	322	10.7%
Purchased Services - Rent	50,000	12,005	24.0%
TOTAL ADMINISTRATIVE EXPENSES	1,334,000	272,624	20.4%
TOTAL PROGRAM & ADMINISTRATIVE EXPENSES	20,234,745	4,427,912	21.9%
FY23/24 COMPARABLES	17,468,550	3,895,790	22.3%

Indian River County Hospital District Financial Snapshot FY'25 December 31, 2024

Net Ad Valorem Tax Funds Received (Less Commissions and Uncollectables)

Actual	Budget ¹	Remaining Collections	% Collected FYTD
\$ 17,884,811	\$ 21,150,662	\$ 3,265,851	84.6%

1 United States Treasury Holdings

Purchase Date	Type	Investment Location	T-bill ID #	Current Value	Yield	Maturity Date
August 15, 2024	Treasury Bill	US Bank Pivot Investments	912797JR9	\$ 1,313,734	4.43%	January 23, 2025
November 25, 2024	Treasury Bill	US Bank Pivot Investments	91282CHD6	\$ 1,273,682	4.25%	May 31, 2025
November 27, 2024	Treasury Bill	US Bank Pivot Investments	912797LN5	\$ 2,008,129	4.27%	June 12, 2025
November 29, 2024	Treasury Bill	US Bank Pivot Investments	91282CHN4	\$ 1,969,401	4.74%	July 31, 2025
Liquid	First Am ²	US Bank Pivot Investments	31846V203	\$ 1,397,655	4.08%	-
BALANCE VALUE TO DATE				\$ 7,962,601		

2 Florida Fixed Income Trust Holdings

Status	Type	Investment Location	Current Value	Yield
Liquid Investment	PDP ³	Florida Fixed Income Trust	\$ 11,610,462	4.39%
BALANCE			\$ 11,610,462	

3 Seacoast Bank Deposit and Operating Account Holdings

Status	Type	Investment Location	Current Value
Liquid	Cash	Seacoast Deposit Account X2291	\$ 100,011
Liquid	Cash	Seacoast Operating Account X5711	\$ 873,868
BALANCE			\$ 973,879

Summary of Accounts

As of November 30, 2024	Current Value
Total Investments (1+2)	\$ 19,573,063
Total Investments and Cash (1+2+3)	\$ 20,546,942
% Of Available Cash Invested	95%

Notes

¹ Budgeted Ad Valorem Taxes of \$22,445,137, less commissions and uncollectables of \$1,294,475 = \$21,150,662 realized

² Money Market Mutual Fund/First American Government Obligations Fund Class Y

³ Preferred Deposit Pool

To: Board of Trustees, Indian River County Hospital District
From: Frank Isele, Executive Director
Date: January 16, 2024
Re: BOARD REPORT

This month marked progress across key initiatives for the District.

We completed the draft of the Common Funding Requests Policy, which establishes a standardized framework for evaluating and approving funding requests, specifically related to healthcare expenses that may not directly involve patient care. The policy will be included on the Chairman's agenda for February for review and discussion. While the draft aims to address all foreseeable scenarios based on past funding requests, we recognize that future funding cycles may present new challenges or opportunities not currently covered. These can be reviewed and incorporated as necessary. *A copy of the draft policy is attached for reference.*

On December 23, 2024, a letter of congratulations on behalf of the Board of Trustees was sent to Dr. Delaney. *A copy of the letter is also attached.*

Clearview Research has successfully completed the first annual Healthcare Access and Outcomes Survey, a representative and evidence-based effort to gather critical data. This survey provides annual insights that will augment other data sources, guiding our efforts and investments with greater precision. The results will be shared with all community partners to support their services and better meet the needs of those they serve. The report is currently being finalized and will be released soon.

The District has also finalized the Management Discussion and Analysis and other sections of the 2023/2024 audit. This year's analysis includes enhanced details to improve transparency and provide deeper insights, such as a comprehensive millage analysis. Kip Jacoby will be presenting the results of the audit, including these new components, during today's meeting.

On the medical education front, the District received an update from Dr. Rawlins regarding the status of adding the Edward Via College of Osteopathic Medicine (VCOM) to the list of schools approved for clinical residencies in Florida. The approval is currently pending the governor's signature.

Finally, the interview process for the Finance and Program Support Specialist role is progressing. This newly created position is critical to strengthening the District's financial and programmatic operations. The selected candidate will be responsible for supporting key tasks such as financial reporting, data analysis, program evaluation, and preparing materials for board presentations. This role will also help streamline processes, ensure compliance with financial policies, and provide valuable insights to guide strategic decision-making. We are eager to find the right candidate to advance our mission and support our continued growth and impact.

Common Funding Requests Policy Effective February 1, 2025

Purpose

This policy was developed to provide some clarity, structure, and consistency to our process of receiving, evaluating, and approving common funding requests for items that are not always directly related to patient care. This policy outlines specific criteria for approving such expenses.

1. New Agencies
 - All new agencies applying for HD support will require a preaudit
2. Rent
 - a) The HD will only pay rent in unique circumstances for up to one (1) year.
 - b) Unique in this case means that the funding will ultimately serve an urgent, or unmet healthcare need, or will provide an exceptional additional healthcare benefit to residents.
 - c) Requirements
 - i) direct patient care is administered $\geq 90\%$ of the time,
 - ii) hours of operation are at minimum 40 hours per week
 - iii) the healthcare organization must accept Medicaid.
3. Utilities
 - Expenses for electricity, water, heating, cooling, and internet services at facilities where direct patient care is administered according to the criteria in "Rent" above.
 - Utility bills must be in the name of the healthcare facility.
4. Transportation/Vehicle Expenses
 - Costs associated with transporting patients or caregivers to and from medical appointments or to and from treatments including home visits, and outreach clinics where: a. all associated transportation costs are committed exclusively to patient care $\geq 90\%$ of the time, b. the healthcare organization must accept Medicaid.
 - Detailed logs of trips and purpose must be maintained.
5. Supplies
 - For the purposes of Hospital District funding, only refers to medical supplies used directly in the care and treatment of hospital district, indigent patients/clients; includes items such as bandages, syringes, gloves, and similar.
 - Inventory logs and purchase receipts must be maintained.
6. Equipment
 - Medical equipment used in the diagnosis, treatment, or monitoring of patients. Capital equipment will be considered under the same criteria.
 - Justification for purchase, including how it enhances patient care, must be provided.
 - The healthcare organization must accept Medicaid.
7. Drug Tests

DRAFT

- Drug tests administered to patients as part of their treatment plan.
- Detailed records of tests conducted, and results should be maintained.

8. Professional Development/Books/Educational Materials

- Excluded.

9. Pilot Program Expenses

- Costs associated with new programs aimed at improving patient care. Must be evidence-based with data illustrating improved outcomes. If pilot program is associated with a healthcare organization, the healthcare organization must accept Medicaid.
- A detailed proforma with specific monthly or quarterly goals and expected outcomes must be provided. Pilot is subject to termination if patient encounter milestones are not achieved.

10. Medication Assistance

- Financial assistance for medications prescribed to patients. The healthcare organization providing medication must accept Medicaid.
- Documentation of prescriptions and HD patient eligibility criteria must be provided.
- Certain high-cost medications may require prior approval.

11. Laboratory Services

- Costs of laboratory tests and services for diagnosing and treating patients. The healthcare organization providing medication must accept Medicaid.
- Invoices and test results should be kept on file.
- Certain high-cost lab tests may require prior approval.

12. Mobile Medical Services

- Will be reimbursed at an **all-inclusive Fee For Service rate**.
- Required to provide care to all individuals whether insured or uninsured.
- Logs of services provided, and patient encounters must be maintained.

13. For Profits

- Will be funded at discretion of Board of Trustees if determined funding will ultimately serve an unmet healthcare need or will provide an exceptional benefit to residents.



December 20, 2024

Conor Delaney, MD
Executive Vice President of Florida Market
Cleveland Clinic Indian Weston Hospital
3100 Weston Road
Weston, Florida 33331

Re: Congratulations

Dear Dr. Delaney,

I am writing on behalf of the Board of Trustees at Indian River County Hospital District to congratulate you on the planned construction of your new hospital and major expansion of outpatient services in Palm Beach County. Best of luck with the project!

Sincerely,

A handwritten signature in black ink, appearing to read "Frank Isele". The signature is fluid and cursive, with a prominent initial "F" and "I".

Frank Isele, PT, MBA, FACHE
Executive Director

Cc: Richard Rothman, MD
Marybeth Cunningham

BOARD OF TRUSTEES

Marybeth Cunningham, *Chairwoman*

William Cooney, *Vice Chairman*

Kerry Bartlett • Barbara Bodnar • Karen Deigl • Michael Kint • Paul Westcott

Will's Story: A Path to Healing – for January 2025 BOT - MHA

When **twelve-year-old** Will began showing signs of despair and self-harm, his middle school guidance counselor took quick action, referring him to the Mental Health Association (MHA). Will's family, already burdened by financial challenges, had been unable to secure timely mental health care due to long waitlists and high costs.

One afternoon, seeking hope, Will and his parents visited MHA for a mental health screening—a service that requires no appointment and provides immediate access to care. During the session, Will spoke candidly about his feelings of depression, hopelessness, and anxiety. MHA's compassionate screener conducted a thorough suicide risk assessment, developed a personalized safety plan, and equipped Will's parents with critical knowledge and coping strategies to support their son. Grounding techniques were also introduced to help Will navigate moments of intense emotion.

Within two weeks, Will was connected with a therapist, beginning his journey toward healing. Three months later, Will reported a dramatic decrease in suicidal thoughts and a renewed sense of hope. His progress is a testament to the power of timely and coordinated intervention.

Will's story took another meaningful turn when his father, inspired by his son's progress, sought help for his own struggles with depression. After being laid off, he had silently carried his burden, not realizing how much it affected his family. MHA provided him with the same compassionate care, guiding him to a therapist and starting him on his own path to recovery.

Recognizing the family's broader challenges, MHA collaborated with Sun Coast Mental Health's "Wellness Without Walls" program, connecting them to essential community resources. This comprehensive approach helped Will's family find stability and hope for the future.

District funding made this life-changing support possible. By funding MHA's services, the District ensured that families like Will's could access care without financial barriers. Their investment not only transformed Will's life but also strengthened his family, underscoring the importance of community-driven support in creating resilience and recovery. Will's journey reflects the impact of collaboration—between schools, MHA, and other agencies—in building a safety net for those in crisis. Together, these efforts turned a moment of despair into a story of hope and healing.



**MENTAL
HEALTH
ASSOCIATION**
IN INDIAN RIVER COUNTY

**Hospital District FY 2023/2024
Semi-Annual Report
(July 2024-December 2024)**



A UNITED WAY AGENCY OF EXCELLENCE
A United Way Agency Partner • An Affiliate of Mental Health America



MHA Outpatient Service Activity Data July 2024- December 2024

	Total July-September 2024	Hospital District Clients Only July-September 2024	Total October- December 2024	Hospital District Clients Only October- December 2024
Unduplicated Clients Served	764	294	749	313
Mental Health Screenings	213	41	180	47
Diagnostic Assessments	96	57	85	51
Psychotherapy Visits	2060	1121	2098	1133
Case Management Visits	1	0	6	3
Psychiatry Visits	347	67	390	88

Clinical Outcome Measures- Walk-In Center (July 2024-December 2024)

From July 2024 to December 2024, the MHA clinical team conducted:

46 Suicide Risk Assessments

17 Violence Risk Assessments

4 Baker Acts

87% of clients discharged from July-December 2024 ended care with a **favorable disposition**

- **92%** of discharged clients showed a reduction in anxiety symptoms based on the Generalized Anxiety Disorder scale (GAD-7).
- **87%** of discharged clients showed a reduction of depressive symptoms based on the Patient Health Questionnaire scale (PHQ-9).

Walk-In & Counseling Center Client Satisfaction Survey Results (July 2024 –December 2024)

77% of clients reported strongly agreeing or agreeing that they felt **less stressed** after **screening** on client satisfaction surveys.

79% of clients reported feeling **more hopeful** about their future after **screening** on client satisfaction surveys.

88% of clients reported strongly agreeing or agreeing that they felt **less stressed** subsequent to their **therapy** session on client satisfaction surveys.

86% of clients reported feeling **more hopeful** about their future subsequent to their **therapy** session on client satisfaction surveys.

99% of clients reported agreeing or strongly agreeing that their treatment **needs were being met** at the MHA.

99% of clients reported agreeing or strongly agreeing that they **felt comfortable** expressing feelings & concerns and felt understood.

100% of clients reported agreeing or strongly agreeing that they **trusted their psychiatric provider** to make **medical decisions** in their **best interest** and explained treatment options.

Vero Drop-In Center Data July 2024-December 2024

Client Satisfaction Surveys were completed by 27 clients on a voluntary basis from July 2024 – December 2024

In response to the question:

- "Is the Drop-In Center important to your well-being and/or recovery?" **100% responded yes**
- "Does the center provide a place where you feel accepted?" **100% responded yes**
- "Does the Drop-In Center have a positive impact on your life?" **100% responded yes**
- "Does the Drop-In Center provide a place where you feel safe?" **97% responded yes**
- "Do you feel less isolated than before you came to the Drop-In Center?" **97% responded yes**
- "Do you feel more stable now than before you came to the Drop-In Center?" **100% responded yes**
- "Would you recommend the Drop-In Center to others?" **100% responded yes**

"What do you like most about the Drop-In Center?"

- Something to do – **67%**
- Getting support – **86%**
- Sharing common interests – **56%**
- Making friends – **75%**
- Meeting people – **56%**
- Support my recovery- **90%**

"What do you see as benefits of using the Drop-In Center?"

- Socialize with peers – **66%**
- Feel part of the community – **73%**
- Improve your physical health – **16%**
- Support to manage your mental health – **66%**
- Take part in meaningful activities – **66%**

"Have you been hospitalized in the past three months?" **93% said no**
"In the last three months have you thought about committing suicide?" **89% said no**

"In the last three months have you attempted suicide?" **100% said no**
"Within the last three months have you been arrested?" **100% said no**

The **Vero Drop-In Center** unduplicated members and visits are noted below for the past two quarters.

Unduplicated Members
82

Member Visits
3213

MHA Child & Adolescent Services

July 2024-December 2024

Therapeutic Services & Parent and Child Center

July – September 2024

Screenings: 33

Therapy Services: 413

Academic Skill Building: 102

Psychiatry: 28

Unduplicated Clients Served: 145

October - December 2024

Screenings: 38

Therapy Services: 442

Academic Skill Building: 139

Psychiatry: 38

Unduplicated Clients Served: 151

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MHA Child & Adolescent Services Outcomes

July 2024-December 2024

Outcomes

97% of clients discharged from therapy services ended care with a favorable disposition

82% of discharged clients showed a reduction in anxiety symptoms based on the Generalized Anxiety Disorder scale (GAD-7).

78% of discharged clients showed a reduction of depressive symptoms based on the Patient Health Questionnaire scale (PHQ-9).

75% of clients discharged from Academic Skill Building showed improvement in Executive Functioning Skills as measured by the ESQ.

Satisfaction Surveys

88% of children and adolescents participating in therapy services agree or strongly agree they have **learned things** that helped them **feel better**, 100% **felt comfortable** talking to their therapist, and 93% **enjoy** coming to **therapy**.

97% of parents/guardians of children and adolescents participating in skill-building services agree or strongly agree that **services were beneficial**.

100% of parents/guardians of children and adolescents or clients participating in psychiatric services will strongly agree or agree that the practitioner **listened to** and **met their needs**.

Hospital District Revenue

Hospital District billings collected for the Walk-In & Counseling Center, Pharmacy, and Vero Drop-In Center for the last 6 months are noted below in graphic form.

IRHD Revenue July 2024 – December 2024



Financial Data

	November 2024
Checking Account	\$79,771.18
Money Market Account	\$366,661.15
Endowment Fund	\$562,936.36
Revenues YTD FY Start Oct 2024	\$472,912.20
Expenses	\$430,332.93
Net	\$42,579.27

MHA Middle & High School Violence Prevention and Intervention Program

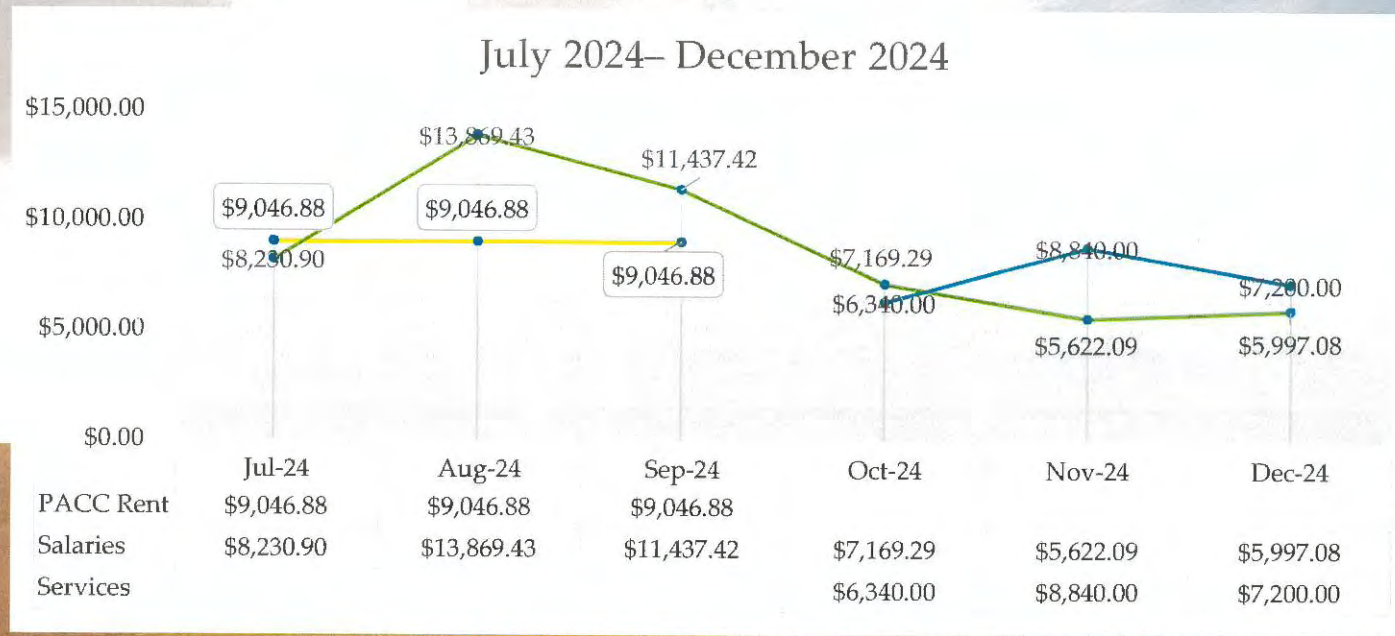
Hospital District billings collected for the High School Violence Prevention and Intervention Program for the past two quarters are noted below in graphic form.



Remaining FY 24-25:
\$144,300

Hospital District Revenue – MHA Parent & Child Center

Hospital District billings collected for the MHA Parent & Child Center



Remaining FY 24-25:
179,136.54

Beginning October 2024- Rent for center was no longer covered. Fee for Service was implemented for Therapy and Academic Skill Building programs. Salaries continued for Child & Adolescent APRN and one support staff.



Outcome Measures Year over Year Snapshot

Mental Health Association
Walk-In Center/Support Groups Service Activity Report

	January - June 2023		July - December 2023		January - June 2024		July -December 2024	
	TOTAL	IRCHD Only	TOTAL	IRCHD Only	TOTAL	IRCHD Only	TOTAL	IRCHD Only
Unduplicate clients served	857	236	923	230	1,467	508	1,513	607
Mental Health Screenings	380	79	421	81	404	68	393	88
Diagnostic Assessments	189	66	143	60	174	81	181	108
Psychotherapy	3,362	1,174	3,341	1,712	3,722	1,886	4,158	2,254
Case Management	2	2	11	4	5	0	7	3
Psychiatry	676	213	619	154	619	166	737	155

Clinical Outcome Measures - Walk In Center

	January - June 2023	July - December 2023	January - June 2024	July -December 2024
Suicide Risk Assessments	91	79	66	46
Violence Risk Assessments	7	5	16	17
Baker Acts	1	4	6	4



Outcome Measures Year over Year Snapshot

Quality Metrics - Mental Health Association	January - June 2023	July - December 2023	January - June 2024	July - December 2024
WALK IN CENTER Clinical Outcome Measures				
GOAL: 70% of clients or more discharged from services at MHA will have a favorable discharge disposition	90%	87%	86%	87%
% of clients reduced problematic anxiety scale scores 5 points or more	75%	83%	74%	92%
% of clients reduced problematic depression scores 5 points or more	79%	86%	78%	87%
WALK IN & COUNSELING CENTER Client Satisfaction Survey Results				
GOAL: 70% or more of clients screened will strongly agree or agree that they feel less stressed subsequent to being screened on client satisfaction surveys.	76%	79%	75%	77%
GOAL: 70% or more of clients screened will strongly agree or agree that they feel more hopeful subsequent to being screened on client satisfaction surveys.	82%	86%	84%	79%
GOAL: 70% or more of clients seen for a therapy session will strongly agree or agree that they feel less stressed subsequent to their therapy session on client satisfaction surveys.	80%	93%	85%	88%
GOAL: 70% or more of clients seen for a therapy session will strongly agree or agree that they feel more hopeful subsequent to their therapy session on client satisfaction surveys.	85%	94%	96%	86%
GOAL: 70% or more of clients reported agreeing or strongly agreeing that their treatment needs were being met at the MHA.	100%	100%	100%	99%
GOAL: 70% or more of clients reported agreeing or strongly agreeing that they felt comfortable expressing feelings & concerns and felt understood .	100%	100%	100%	99%
GOAL: 70% of clients reported agreeing or strongly agreeing that they trusted their psychiatric provider to make medical decisions in their best interest and explained treatment options.	100%	100%	100%	100%



Mental Health Association - Quality Metrics
Child & Adolescent Services

1st Time Reporting

Therapeutic Services & Parent & Child Center	July -December 2024
Unduplicated clients served	296
Screenings	71
Therapy Services	855
Psychiatry	66
Academic Skill Building	241

Outcomes	July -December 2024
% of clients or more discharged from therapy services ended care with a favorable disposition .	97%
% of discharged clients showed a reduction in anxiety symptoms based on the Generalized Anxiety Disorder scal (GAD-7) .	82%
% of discharged clients showed a reduction of depressive symptoms based on the Patient Health Questionnaire scale (PHQ-9).	78%
% of clients discharged from Academic Skill Building showed improvement in Executive Functioning Skills as measured by the ESQ.	75%

Patient Satisfaction	July -December 2024
% of children and adolescents participating in therapy services agree or strongly agree they have learned things that helped them feel better .	88%
% of children and adolescents participating in therapy services agree or strongly agree they felt comfortable talking to their therapist.	100%
% of children and adolescents participating in therapy services agree or strongly agree they enjoy coming to therapy.	93%
% of parents/guardians of children and adolescents participating in skill-building services agree or strongly agree that services were beneficial .	97%
% of parents/guardians of children and adolescents or clients participating in psychiatric services agree or strongly agree that the practitioner listened to and met their needs .	100%



The **Mental Health Collaborative**

of Indian River County

Question #1: What two learnings did you or your team have in the last six months that were not expected, reinforced your strategy and/or provided information for future programs or decisions?

- a) The damage due to Hurricane Milton was unfortunate and unexpected. The need to help residents resulted in the formation of the Multi Agency Resource Center, at which the Mental Health Collaborative coordinated and scheduled therapists to provide on-site services. This reinforced our strategy of being the conveners of mental health services for Indian River County and further displayed our value to the community. It also introduced the concept of being an outsourcing agency to link residents to mental health services at organizations that don't offer this service internally. This is a concept that will be further explored to determine if there is a significant need in the community and something MHC can provide on a long-term basis.
- b) In our previous report we highlighted Teen Mental Health First Aid and how we would partner with Gifford Youth Achievement Center and Boys and Girls Club to offer this program during the summer. Our goal was to have 25 teens participate in this evidence-based program that helps teens identify a peer in crisis and help them receive the help they need. The results were even more positive than expected and we had 45 teens participate in the program. This further reinforced our strategy to provide this program to as many teens as possible and increase the community partners that can add it to part of their after school and summer curriculum. This includes Indian River Charter School, who we are coordinating with to add the program to an after-school club this spring.

Question #2: What did not work as planned or anticipated and how will you use this information in the future?

- a) Securing emergency appointments through the McCabe Connections Center is a measure we use to define success as it helps to reduce unnecessary Baker Acts and hospitalizations for inpatient psychiatric services. This was more difficult to secure from community partners during this reporting period than in the past, due to capacity and availability. This is not a new concern, which is why MHC partnered with John's Island Community Service League to form a recruitment and retention program. These results have also led MHC to revisit MOUs with community partners to emphasize the need for emergency appointments to be available when needed.
- b) We also did not anticipate the sudden loss of DCF grant funding for several community partners, resulting in significant loss for programs in the community focused on prevention and education. MHC participated in a task force to brainstorm ways to bridge the gap in these services, along with the Hospital District, United Way and others. Fortunately, this led to some solutions in the short term, but the long-term loss of these DCF funding will result in a loss of needed education programs. We plan to use this



The
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information to be more aware of the DCF funding process and guidelines going forward, as well as how these funds are distributed by managing entities.

Question #3: What emerging issues are you seeing locally in the healthcare sector (not necessarily within the work your organization does or the population you serve but the local continuum of care as a whole?)

- a) Overall capacity continues to be an important area of concern. While The Clinician Development Cohort has increased the number of Licensed Therapists employed by community partners, the wait time to begin services continues to be an issue.
- b) We are also noticing an emerging need for therapy services in minority communities without a decrease in the stigma to receive those services. This is resulting in need being identified by trusted community organizations that don't provide mental health services (Literacy Services for example) but difficulty linking the resident to the help they need.
- c) Continuum of care continues to be an issue for residents who are transitioning from environments where services were provided on site to living in the community. This would include residents being released from jail or leaving the Behavioral Health Center who need to have consistent mental health support but have difficulty finding a provider to prevent a gap from occurring.

Question #4: What do you, as the CEO in partnership with your Board, believe will be the most strikingly different about your organization in the next five years?

- a) Revisiting and expanding community outreach of The McCabe Connections Center. We have begun to identify locations in the community where we can establish relationships and focus on meeting our citizens where they are, instead of having them locate our services on their own or through a referral. Several meetings with organizations that would host our staff on a regular basis have taken place with the hope of beginning to establish a consistent presence in different parts of the community where the need is highest.
- b) We anticipate more community events will take place to increase knowledge of various mental health topics. The 2nd annual Mental Health Matters event will be co-hosted with Sunrise Rotary and is scheduled for May 2nd. We are also partnering with the Safir Coalition to develop and host a parental education event which will offer guest lectures on various topics. Tentatively scheduled for March 1st, Parent University will be designed to offer 10-12 different topics ranging from pharmacology, ACEs, behavior support school readiness and more. If well received, the goal will be to hold this event quarterly, in various locations throughout Indian River County.



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- c) Housing concerns will continue to be an issue, putting a strain on our community due to lack of stability and affordable housing options. This will also put a strain on the mental health care system and further highlight the need to increase the capacity of our community partners. Due to this need, the Clinician Development Cohort will continue to play a vital role in increasing the quantity and quality of care our local providers.
- d) We will continue to focus on mental health literacy programs and specifically continue to expand the programs associated with Mental Health First Aid. The addition of Teen Mental Health First Aid to our community has been met with positive feedback and interest from community organizations to include it as part of their programs continues to grow.

FY 2024-2025 PERFORMANCE METRICS

Mental Health Collaborative

MEASURE	STATUS	OUTCOME	PROGRESS
Establish a network of primary care providers that are integrated with behavioral health systems creating new access points for persons with behavioral health needs.	Ongoing	Increasing the number of referrals from primary care, as well as other medical disciplines will keep community members with behavioral health needs out of the emergency department and inpatient psychiatric facilities.	Completed outreach with most primary care providers in town. We have served 448 referrals they have forwarded to us for navigation services in the last six months, we have also served 187 referrals from Cleveland Clinic Indian River Hospital from a variety of departments as well as another 136 from the Behavioral Health Center.
Develop a health literacy and mental health stigma reduction education and campaign	Ongoing	By increasing community mental health literacy with awareness and information campaigns, they will be more likely to seek services in the early stages of mental health symptom development. Early treatment is shorter in duration and intensity and is associated with fewer significant life interruptions, job loss, failed social relationships, etc.	The Mental Health First Aid program expanded to include Teen Mental Health First Aid and trained 4 trainers who taught this program at Gifford Youth Achievement Center and Boys and Girls Club of IRC during their summer programs. 45 teens participated this summer, eclipsing our goal of 25. We have also trained 1,467 residents in Adult Mental Health First Aid to date.
Support and expand the connection of therapists creating a cohesive group to respond the needs of our community	Ongoing	Provide networking, mentorship, clinical support and continuing education to ensure our community has a highly trained and versatile clinical team to respond to the clinical needs of our residents.	We have partnered with John's Island Service League to create the Clinician Development Cohort. This program is designed to increase recruitment and retention of licensed therapists for our community partners. This program is designed for 8 years and began this April. We currently have 12 participants from 7 of the 8 participating organizations. This eclipses the goal of 10 participants for year 1 and we are only in the third quarter of the inaugural year.
Support the 19th Circuit with Guardian Advocates for persons incapacitated due to mental illness	Ongoing	Developed a network of Guardian Advocates responsible to advocate and consent for person deemed to not have capacity to make well-reasoned and informed decisions due to mental illness in the hospital. This essential work is not only for the patients but for the receiving facility that would be unable to treat without a Guardian Advocate's informed consent. We do this to advocate for persons in need, so we are connected with this group that generally falls through the cracks and to support the professional work of our receiving facilities.	We continue to advocate for approximately 100 people a year. Also, we were able to follow some of these community members post discharge to connect them with mental health and other support so they can avoid another admission. We were also able to problem solve systems issues with the different receiving facilities to improve patient outcomes.

McCabe Connections Center

MEASURE	STATUS	OUTCOME	PROGRESS
Assisting our residents in accessing the various programs and services available to help them live their best life possible	Ongoing	Mental health and other supportive services are not always easy to navigate. People often get frustrated and give up. By offering one stop services to access all services in our community, we can avoid worsening symptoms, poorer outcomes and higher end services.	We have provided navigation services to 8,394 people in our community as of December 31st, 2024. This is almost 5% of the entire population of Indian River County. This data will be merged with our new collection system going forward so that we can maintain an accurate count of the residents we have served.
Reduce inappropriate use of the emergency department by persons in a mental health crisis.	Ongoing	The emergency department is the last resort for a person in mental health crisis. We try to assist them in securing services before their symptoms become crisis level and have no choice but the emergency department.	We have provided crisis response, referred to MHA's Walk-In Center or referred to New Horizon's Mobile Response Team to approximately 150 community members thus avoiding a visit to the emergency department. We maintain an open dialogue and hold meetings with County and City police, as well as EMTs to problem solve concerns and issues that occur associated with mental health calls and crisis.

Avoidable inpatient psychiatric admissions	Ongoing	When people have a developing level of psychiatric distress, it is important to get them to a psychiatrist as soon as possible to avoid inpatient admission.	We have secured emergency appointments within 5 days for 136 people that would likely resort to the emergency room or inpatient psychiatry.
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Quarter 1 (October 2024 to December 2024)- Call Tracking Log Report

Demographics		
	Number	Percent
Number Served	183	100%
Sex		
Male	69	38%
Female	111	61%
Other	0	0%
Declined to Answer	0	0%
Unknown	3	2%
Age		
0-18	26	14%
18-24	5	3%
25-34	17	9%
35-44	11	6%
45-54	12	7%
55-64	14	8%
65+	21	11%
Unknown	40	22%
Race/Ethnicity		
White	123	67%
Black	31	17%
Hispanic	12	7%
Asian	1	1%
Native American/Alaskan Native	0	0%
Multi-Racial	0	0%
Other	3	2%
Declined to Answer	3	2%
Unknown	10	5%
Zip Code		
32948	2	1%
32958	18	10%
32960	61	33%
32962	20	11%
32963	2	1%
32966	17	9%
32967	11	6%
32968	7	4%
Outside Indian River	8	4%
Declined to Answer	0	0%
Unknown	37	20%
Federal Poverty Level		
Below 200%	114	62%
Above 200%	56	31%
Declined to Answer	1	1%
Unknown	12	7%

Service Data Table		
	Number	Percent of Total
Total Number of Referrals	207	100%
Referred To:		
Behavioral Health	148	71%
Psychiatry	32	15%
Therapy	105	51%
Developmental Services	8	3%
Mobile Crisis Unit	1	0%
Substance Use Treatment	4	2%
Physical Health	0	0%
Medical Services	0	0%
Financial Support	18	9%
Hospital District Application	3	1%
Housing Services	3	1%
Medicaid/Medicare Application	4	2%
Social Security Application	3	1%
EBT/SNAP Benefits	4	2%
Employment Services	1	0%
Community/Social Support	1	0%
Nonprofit Organizations	1	0%
Food Services (Food Bank)	0	0%
Unknown	24	12%
Other (Notes)	15	7%

Follow Up Calls		
	Number	Percent
Calls	0	0%
Calls Answered	0	#DIV/0!
Appointments Scheduled	0	#DIV/0!
Emergent Calls	0	0.00%



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The McCabe Connections Center Community Voices 2024

The McCabe Connections Center has been operating for over eight years, serving 8,183 residents. In 2024 we assisted 1,039 community members by connecting them to the programs and services needed to improve their lives. Some are new to the area and are seeking a therapist or psychiatric provider. Many are seeking mental health services for the first time and have no idea which direction to turn. Others are seeking help with disability claims, insurance, food assistance and general help to have their basic needs met. Every scenario is as unique as the people we serve.

Unfortunately, some people come to us in an emergency. These are cases in which a person needs to see a psychiatric provider quickly or will likely end up in an emergency room or in a psychiatric facility. In 2024 we secured a psychiatric appointment for 36 people within 5 business days, thus avoiding the emergency department visit or an inpatient psychiatric admission. We can only achieve this because of our relationships with the outstanding community providers.

A recent case involved a woman who came to us in dire distress. Many factors in her life had led her to the point where she questioned whether life was worth living. After listening closely to her story, it became apparent that part of what she needed was someone to hear her story and to realize that someone does indeed care. With the help of one of our incredible providers, an appointment was arranged for her within 24 hours. During a follow-up conversation with her, she expressed her heartfelt appreciation. "I don't want to think about what may have happened had I not reached out to you." A great reminder of what we do matters.

There are numerous examples of the help we provided during the aftermath of hurricane Milton, but one example that sticks out is of a woman who reached out to the United Way in search of shelter but also expressed anxiety and sadness due to her uncertain living situation. Our staff was able to meet with her at the hotel she was staying in, and also met her at the shelter and helped her to get settled in and comfortable. Follow-ups were conducted daily over the next week, including the weekend, to ensure that she felt supported and her anxiety was manageable during such a difficult time.



The **Mental Health Collaborative**

of Indian River County

Lastly, I would like to share the kind words written by a new donor who is lifelong native to Vero Beach but has only recently learned about MHC and the work we do for our residents through the McCabe Connections Center. With her generous donation, the following letter was attached:

“Please accept this donation for those who seek still the courage, strength and resolve to find and use the many ways to heal one’s mental health. So many will never experience awareness, acceptance and action. But through your organization many more will have awareness, learn acceptance and take action.”

This is only a glimpse of the work of the McCabe Connections Center. We look forward to continuing the work of connecting our community members to the programs and services that will help them live their best life possible.



The Learning Alliance - IRCHD Semi-Annual Report 2024
July 1 - December 31, 2024
Early Learning Programs:
Prevention Intervention Coach and Behavioral Technician



Summary of Support

- **The Prevention Intervention Coach supports:**
 - **115 faculty and staff** (teachers, Teacher Assistants, Speech and Language Therapists, Resource Specialist, and Psychologists)
 - Providing coaching, professional development, crisis prevention training, and best-practice strategies to develop their students' academic and self-regulation skills so they arrive ready for kindergarten.
 - **350+ families** with students enrolled in Early Learning Programs (ELP) along with those whose students have Individual Education Plan (IEP) because they are developmentally delayed.
 - Providing strategies, tools, schedules, and routines to help the transition between school and home
 - Connecting parents with outside resources to meet everyday needs that may be a barrier to coming to school
- **The Registered Behavior Technician, hired in September, supports:**
 - High-need students and their teachers and TA's, primarily on 4 of the 8 campuses (Dodgertown, Glendale, Vero Beach Elementary, and Indian River Academy)
 - Providing intervention strategies and tools to mitigate disruptive and harmful student initiated actions
 - Coaching and modeling for teachers and TA's appropriate strategies to de-escalate and prevent behaviors
 - Instill, engage, and initiate classroom expectations for staff and students

6-Month Update

- **July**
 - Step into K, Summer VPK, and ESE Extended School Year concluded (served 261 students)
 - Crises Prevention Intervention (CPI) training for Summer Second Step Staff
 - Sensory Island Family event
- **August**
 - School year commenced with as of 9/16/24 265 students registered
 - Implemented new walkthrough/data collection tool to document impact and implementation data (KickUp)
 - CPI training for TA's and Self-Care Aids
- **September**
 - Interviewed and hired Registered Behavior Tech
 - Family Open House
 - Consulted with Wes Samons of Mental Health Collaborative on 3 occasions to brainstorm how to best provide behavioral management services to meet the growing need in our district.
 - Began implementing internal strategies with staff in regards to emergent support, long term support, and shadow supports.

- Added 2 classrooms: 1 Voluntary Pre K and 1 Exceptional Student Education (ESE) PreK at Beachland, and 1 ESE Prek at Fellsmere. This represents 35 additional students.
- **October**
 - Collected baseline data using the eDECA (Devereux Early Childhood Assessment)
 - 3rd Annual Trunk or Treat with over 200+ members from the Early Learning Programs
 - Parent Conferences
- **November-December**
 - Continued support for students and families as new students enroll in classes
 - School Choice Fair

Clients Served to Date (2024-2025 ASY)

○ VPK (4 yrs):	188
○ PreK ESE Itinerant:	43
○ PreK ESE Inclusion:	9
○ PreK ESE Separate Setting:	<u>107</u>
Total	347

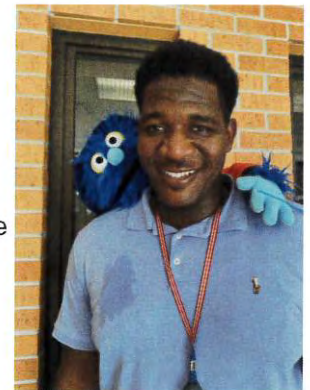
Summer 2024 (June-July)

○ Step into K (summer):	225
○ Summer VPK:	26
○ PreK ESY (summer):	<u>10</u>
Total	261

*ESE = Exceptional Student Education (28% of total students served are students with exceptionalities)

Behavioral Technician, Jean Mathieu

- Thanks to the IRCHD, we were able to hire Registered Behavior Tech (RBT), Jean Mathieu, in September 2024. Jean is a competent and experienced addition to the Early Learning Programs/TLA team. Jean provides Tier 3 support to students and teachers on our high-need campuses (Dodgertown, Glendale, Vero Beach, and Indian River Academy), allowing the Prevention Intervention Coach to serve Tier 1 and Tier 2 classrooms on all campuses. Jean works directly with students who have been identified by the Preschool Evaluation Team (PET) and the teacher as needing support, so the classroom teacher and the TA can focus on whole-class instruction.



Baseline Data

STUDENTS: Key Performance Indicators include percentage of students who progress from scoring in the Need category to the Typical and Strength categories, for Total Protective Factors and subskills as well as Behavioral Concerns according to the Devereux Early Childhood Assessment (eDECA).

Outcome Measures: Total Protective Factors

- When measuring Total Protective Factors, which includes Self-Regulation, Initiative, and Attachment/Relationships, **21% of all VPK students** scored in the 'Need' category in Fall 2024. However, at our highest need school **46% scored in the 'Need' category and 30% had 'Behavior Concerns.'** This demonstrates the necessity of having additional support to serve the hardest classrooms. (Source: DECA)

TEACHERS: Key Performance Indicator - Teachers will improve scores on eDECA Reflective Checklist moving from “Not Yet” or “Sometimes” to “Almost Always” regarding classroom practices.

- Teacher DECA data is currently being collected and will be available February 4, 2025. This data will reflect retention, expectations, and classroom management.
- End of the year survey is distributed to teachers to inform planning and support strategies for the Early Learning Programs Prevention Intervention Coach and Behavior Tech.

PARENTS: Key Performance Indicators - Parents will respond positively to survey questions about their child’s and their own experiences with the Early Learning Programs’ sites and staff.

- Parent surveys will be administered in the Spring.
- Randee **has connected with 80% of parents** in some capacity since the beginning of the school year. About 50% of those parents have had one-on-one conversations with her regarding their students’ specific needs.
- Randee regularly connects with parents and leverages TLA’s Moonshot Families programming to support students’ learning at home.
 - **Parent Engagement Protocols include:**
 - Implementing 4 program-based family engagement events
 - Connecting with families at site-based engagements
 - Parent teacher conferences
 - Open house
 - PreK family meetings
 - Connecting with parents through collaborating with TLA’s Moonshot Families program
 - Distributing standards-based learning kits to support learning at home
 - Randee participates in all family-centric events with Moonshot Families (10/year)



Sensory Island Family Engagement



School Choice Fair

Parent Testimonial

“The Early Learning Programs family has benefited our family because my child is striving educationally since starting the program. The program helps my child grow emotionally and prepare her for the next stepping stone into kindergarten. It is also very accommodating that the financial burden of an early education program is alleviated from our family with the ELP program.” Jackie Furrough

State of the Art Data Collection Tools to Ensure Effective Implementation

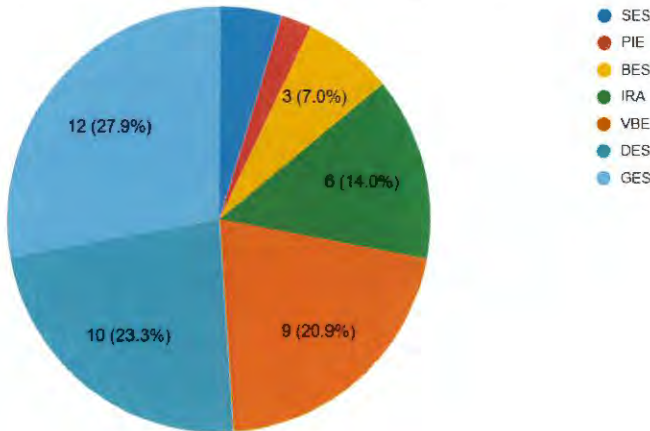
Walkthrough/Data Collection Tool: We are utilizing a custom application from KickUp to log activities and collect data on the impact of the RBT. Data is collected on a smartphone and allows us to track detailed information about support provided, client need, and effectiveness.

- The heatmap below indicates Tier 3 level of need for students by schools. As you can see, our neediest schools have a high level of student need which requires the Behavior Tech to be in those classrooms daily. Overall, the interactions have been effective.

	All	SES	PIE	IRA	BES	VBE	DES	GES
DATA COUNT	40	2	1	6	3	9	10	12
Level of Need - Student	63.2%	0.0%		40.0%		66.7%	50.0%	91.7%
To what extent do you feel like this interaction was effective in driving learning and growth?	88.0%		0.0%	100.0%	33.3%	100.0%	100.0%	100.0%

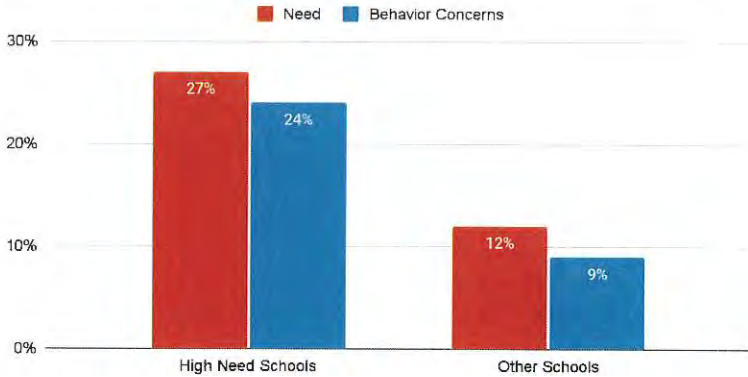
- This pie chart shows the RBT spends about 85% of their time in our 4 highest need schools.

Behavior Tech's Allocation of Time by School

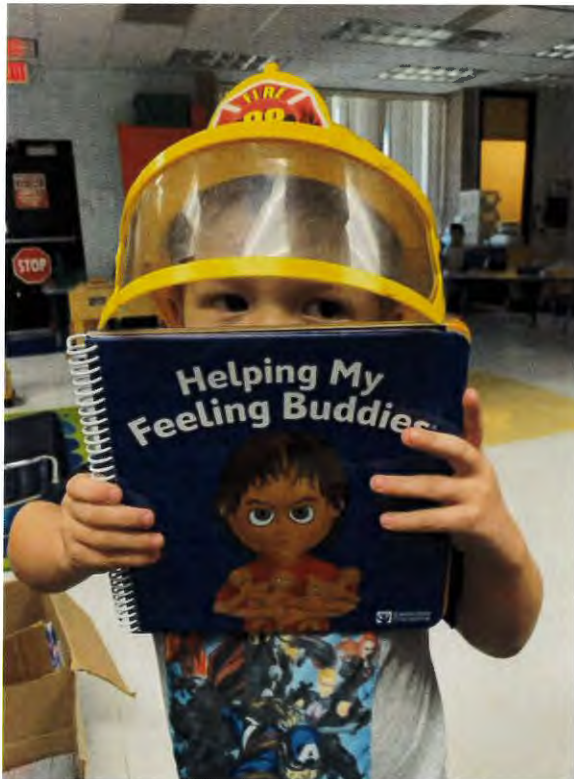
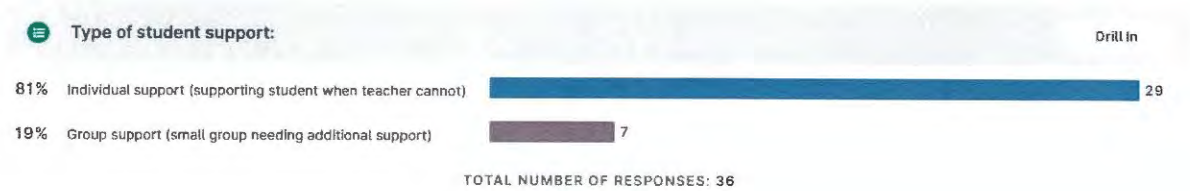
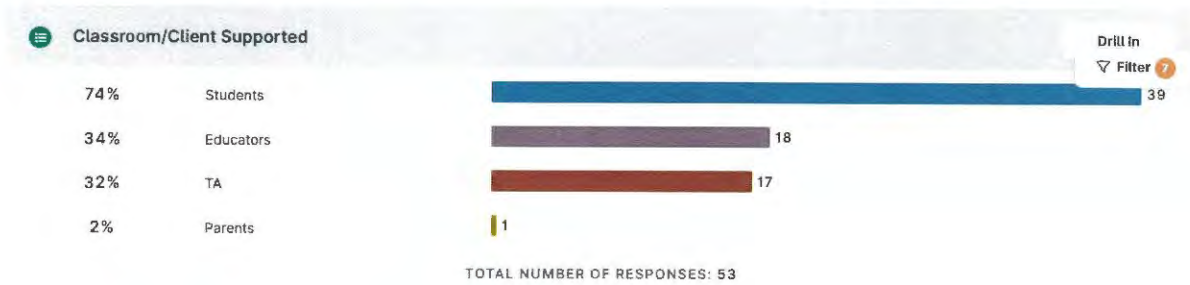


- The graph below compares the level of Student Need and Behavior Concerns among the 4 neediest schools versus the other campuses with PreK classrooms.

High Need Schools vs. Others (8 campuses, 24 Classrooms)



- The graphs below further break down the support provided by client and type. (Note: Clients supported equals greater than 100% because support is usually given simultaneously when RBT or Prevention Intervention Coach are on campus)



Thank you.

