



COMMUNITY HEALTH CENTER
BOARD OF DIRECTORS
January 22, 2025
12:30 P.M.

Meeting Location

Health Care District Palm Beach County
1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401

If a person decides to appeal any decision made by the board, with respect to any matter at such meeting or hearing, he will need a record of the proceedings, and that, for such purpose, he may need to ensure that a verbatim record of the proceedings made, which record includes the testimony and evidence upon which the appeal is to be based.



**BOARD OF DIRECTORS MEETING
AGENDA**

January 22, 2025

**Health Care District Palm Beach County
1515 N. Flagler Drive, Suite 101, West Palm Beach, FL 33401**

Remote Participation Link: <https://zoom.us/j/5507895592?pwd=REZ4TWtYUXowQWNpWTBaVXRzZldDQT09>

Telephone Dial-in Access: (646) 558-8656 / Meeting ID: 550 789 5592 / Password: 94650

1. Call to Order – Joseph Gibbons, Chair

- A. Roll Call
- B. Affirmation of Mission: To provide compassionate, comprehensive health services to all Palm Beach County residents, through collaboration and partnership, in a culturally sensitive environment.

2. Agenda Approval

- A. Additions/Deletions/Substitutions
- B. **MOTION TO APPROVE: Agenda**

3. Awards, Introductions and Presentations

None.

4. Disclosure of Voting Conflict

5. Public Comment



6. Meeting Minutes

A. **MOTION TO APPROVE:**

Board Meeting Minutes of December 18, 2024 [Pages 1-5]

7. CONSENT AGENDA:

MOTION TO APPROVE: Consent Agenda Items

A. **ADMINISTRATION**

7A-1 **RECEIVE AND FILE:**

January 2025 Internet Posting of District Public Meeting
<https://www.hcdpbc.org/resources/public-meetings>

7A-2 **RECEIVE AND FILE:**

Attendance Tracking [Page 6]

7A-3 **RECEIVE AND FILE:**

HRSA Digest [Pages 7-14]

7A-4 **RECEIVE AND FILE:**

Compliance, Privacy & Ethics Annual CHC Board Education [Pages 15-36]

7A-5 **MOTION TO APPROVE:**

Baker Act Policy [Pages 37-40]

7A-6 **MOTION TO APPROVE:**

2024 Annual Risk Management Report [Pages 41-50]

B. **FINANCE**

7B-1 **MOTION TO APPROVE:**

District Clinic Holdings, Inc. Financial Report
(Jessica Cafarelli) [51-69]



8. REGULAR AGENDA:

A. ADMINISTRATION

8A-1 MOTION TO APPROVE:

Change in Scope of Services for Form 5A
(Dr. Joshua Adametz) [Pages 70-74]

8A-2 RECEIVE AND FILE:

Q4 2024 Risk Management
(Shauniel Brown) [Pages 75-78]

B. EXECUTIVE

8B-1 RECEIVE AND FILE:

Executive Director Informational Update
(Dr. Joshua Adametz) [Pages 79-80]

C. CREDENTIALING

8C-1 MOTION TO APPROVE:

Licensed Independent Practitioner Re-credentialing and Privileging
(Dr. Ana Ferwerda) [Pages 81-83]

D. QUALITY

8D-1 MOTION TO APPROVE:

Quality Report
(Dr. Ana Ferwerda) [Pages 84-108]



E. OPERATIONS

8E-1 MOTION TO APPROVE:

Operations Report
(Nancy Gonzalez) [Pages 109-111]

8E-2 MOTION TO APPROVE:

Patient Relations
(Alexa Goodwin) [Pages 112-114]

**9. Dr. Joshua Adametz, AVP & Executive Director of
Community Health Center Comments**

10. Board Member Comments

11. Establishment of Upcoming Meetings

February 26, 2025 (HCD Board Room)
12:30 p.m.

March 26, 2025 (HCD Board Room)
12:30 p.m.

April 23, 2025 (HCD Board Room)
12:30 p.m.

May 28, 2025 (HCD Board Room)
12:30 p.m.



June 25, 2025 (HCD Board Room)

12:30 p.m.

July 23, 2025 (HCD Board Room)

12:30 p.m.

August 27, 2025 (HCD Board Room)

12:30 p.m.

September 24, 2025 (HCD Board Room)

12:30 p.m.

October 22, 2025 (HCD Board Room)

12:30 p.m.

November 19, 2025 (HCD Board Room)

12:30 p.m.

December 17, 2025 (HCD Board Room)

12:30 p.m.

12. Motion to Adjourn Public Meeting



District Clinic Holdings, Inc.; d.b.a. Health Care District Community Health Center
Board of Directors Meeting
Healthcare District Palm Beach County, 1515 N. Flagler Drive, Suite 101, WPB, FL 33401
Summary Minutes
12/18/2024

Present: Joseph Gibbons–Chair; Michael Smith – Treasurer; Cathleen Ward (ZOOM); Boris Seymore; Crystal Gonzalez (ZOOM)
Absent: Julia Bullard – Secretary
Excused: William Johnson–Vice Chair; Alcolya St. Juste; Melissa Tascone
Staff: Bernabe Icaza; Darcy Davis (ZOOM); Heather Bokor (ZOOM); Candice Abbott; Dr. Joshua Adametz; Geoff Washburn; Dr. Ana Ferwerda; Angela Santos; Jesenia Montalvo; Gina Kenyon; Maxine Sonnenschein (ZOOM)
Minutes Transcribed By: Gina Kenyon
The meeting is scheduled for 12:30pm.
Meeting Began at 12:30pm.

| AGENDA ITEM | DISCUSSION | ACTION |
|---|---|--|
| 1. Call to Order 1A. Roll Call 1B. Affirmation of Mission | <p>Joseph Gibbons called the meeting to order.</p> <p>Roll call was taken and a quorum was established.</p> <p>Mr. Gibbons read the affirmation of mission and introduced our new Board Member, Mr. Albert Borroto.</p> | <p>The meeting was called to order at 12:30 p.m.</p> |
| 2. Agenda Approval 2A. Additions/Deletions/ Substitutions 2B: Motion to Approve Agenda Items | <p>None.</p> | <p>VOTE TAKEN: Mr. Mike Smith made a motion to approve the agenda. Mr. Boris Seymore duly seconded the motion. A vote was called and the motion passed unanimously.</p> |
| 3. Awards, Introductions & Presentations | <p>None.</p> | <p>No action necessary.</p> |



| | | |
|---|---|--|
| 4. Disclosure of Voting Conflict | None. | No action necessary. |
| 5. Public Comment | None. | No action necessary. |
| 6. Meeting Minutes A. MOTION TO APPROVE: Board Meeting Minutes | There were no changes or comments to the minutes dated November 20, 2024. | VOTE TAKEN: As presented, Mr. Mike Smith made a motion to approve the Board meeting minutes Mr. Boris Seymore duly seconded the motion. A vote was called, and the motion passed unanimously. |
| 7. Consent Agenda – Motion to Approve Consent Agenda Items | | VOTE TAKEN: Mr. Boris Seymore motioned to approve the Consent Agenda. Mr. Mike Smith duly seconded the motion. A vote was called, & the motion passed unanimously. |
| A. ADMINISTRATION 7A-1. RECEIVE & FILE: Internet Posting of District Public Meeting | The December 2024 meeting notice was posted. | Received & Filed. No further action is necessary. |
| 7A-2. RECEIVE & FILE: Attendance Tracking | Attendance tracking was updated. | Received & Filed. No further action is necessary. |
| 7A-3. RECEIVE & FILE: HRSA Digest | Per the request of the clinic Board, the latest HRSA Digest was provided. | Received & Filed. No further action is necessary. |



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|---|---|--|
| <p>B. FINANCE</p> <p>7B-1. MOTION TO APPROVE: DCH, Inc. Financial Report</p> | <p>This agenda item recommends the Board approve the October 2024 Financials which were provided in the Board packet.</p> | <p>Motion approved unanimously.</p> |
| <p>8. REGULAR AGENDA</p> | | |
| <p>A. ADMINISTRATION:</p> <p>8A-1 MOTION TO APPROVE: Patient Satisfaction Survey</p> | <p>Joe Ann Reynolds presented the Patient Satisfaction Survey Results to the Board.</p> | <p>VOTE TAKEN: Mr. Mike Smith motioned to approve the Patient Satisfaction Survey. Mr. Albert Borroto duly seconded the motion. A vote was called, & the motion passed unanimously.</p> |
| <p>B. EXECUTIVE</p> <p>8B-1 RECEIVE AND FILE: Executive Director Informational Update</p> | <p>Dr. Adametz presented his Executive Director Informational Update.</p> <ul style="list-style-type: none"> • Board Training Follow up • Employee End of Year Celebration | <p>Received & Filed. No further action is necessary.</p> |
| <p>C. CREDENTIALING</p> <p>8C-1 MOTION TO APPROVE: LIP Credentialing and Privileging</p> | <p>Dr. Ferwerda presented the Licensed Independent Practitioner Credentialing and Privileging Report:</p> <ul style="list-style-type: none"> • Roderick King, MD – Initial Credentialing | <p>VOTE TAKEN: Mr. Boris Seymore made a motion to approve the LIP Credentialing and Privileging item as presented. Mr. Mike Smith duly seconded the motion. A vote was called, and the motion passed unanimously.</p> |
| <p>D. QUALITY</p> <p>8D-1. MOTION TO APPROVE: Quality Reports</p> | <p>This agenda item presents the updated Quality Improvement & Quality Updates:</p> <ul style="list-style-type: none"> • Quality Council Meeting Minutes – December 2024 • UDS Report – YTD <p>Dr. Ferwerda presented the above topics and reviewed the UDS Report Dashboard.</p> | <p>VOTE TAKEN: Mr. Mike Smith made a motion to approve the Quality Reports as presented. Mr. Boris Seymore duly seconded the motion. A vote was called, and the motion passed unanimously.</p> |



| | | |
|---|---|---|
| <p>E. OPERATIONS</p> <p>8E-1 MOTION TO APPROVE: Operations Report</p> | <p>Angela Santos presented the Operations Report for November 2024</p> <ul style="list-style-type: none"> Clinic Productivity, Demographics, Payor Mix, Walk-In Dashboard, and No-Show Dashboard. | <p>VOTE TAKEN: Mr. Boris Seymore made a motion to approve the Quality Reports as presented. Mr. Albert Borroto duly seconded the motion. A vote was called, and the motion passed unanimously.</p> |
| <p>9. Executive Director of FQHC Services Comments</p> | <p>Dr. Joshua Adametz informed the board that Crystal Gonzalez will be stepping down from her position on the board as of February 1st, 2025. We would like to thank her for her time served.</p> <p>Crystal Gonzalez thanked the board for her time serving on the board and enjoyed her experience.</p> | <p>No action necessary.</p> |
| <p>10: Board Member Comments</p> | <p>The board wished everyone Happy Holidays.</p> | <p>No action necessary.</p> |
| <p>11. Establishment of Upcoming Meetings</p> | <p>January 22, 2025 (HCD Board Room) 12:30 p.m. Board of Directors</p> <p>February 26, 2025 (HCD Board Room) 12:30 p.m. Board of Directors</p> <p>March 26, 2025 (HCD Board Room) 12:30 p.m. Board of Directors</p> <p>April 23, 2025 (HCD Board Room) 12:30 p.m. Board of Directors</p> <p>May 28, 2025 (HCD Board Room) 12:30 p.m. Board of Directors</p> <p>June 25, 2025 (HCD Board Room)</p> | <p>No action necessary.</p> |



| | | |
|------------------------------|---|--|
| | <p>12:30 p.m. Board of Directors</p> <p>July 23, 2025 (HCD Board Room) 12:30 p.m. Board of Directors</p> <p>August 27, 2025 (HCD Board Room) 12:30 p.m. Board of Directors</p> <p>September 24, 2025 (HCD Board Room) 12:30 p.m. Board of Directors</p> <p>October 22, 2025 (HCD Board Room) 12:30 p.m. Board of Directors</p> <p>November 19, 2025 (HCD Board Room) 12:30 p.m. Board of Directors</p> <p>December 17, 2025 (HCD Board Room) 12:30 p.m. Board of Directors</p> | |
| 12. Motion to Adjourn | Mr. Mike Smith motioned to adjourn the public meeting at 1:29 pm. | VOTE TAKEN: Mr. Mike Smith made a motion to adjourn the public meeting. Mr. Boris Seymore duly seconded the motion. A vote was called, and the motion passed unanimously. |

Minutes Reviewed by: _____

Signature

Date



Community Health Center Board of Directors Attendance Tracking 2024

| | 01/24/24 | 02/28/24 | 03/27/24 | 04/24/24 | 05/22/24 | 06/26/24 | 07/24/24 | 08/28/24 | 09/25/24 | 10/23/24 | 11/20/24 | 12/18/24 |
|---------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Mike Smith | X | X | X | X | X | X | X | E | X | X | X | X |
| Melissa Tascone | X | X | X | E | E | X | X (ZOOM) | X (ZOOM) | X (ZOOM) | X | E | E |
| Julia Bullard | X | X | A | X (ZOOM) | X | E | A | X | X | X | X | A |
| Joseph Gibbons | E | X | E | X | E | X | X | X | X | X | X | X |
| Alcoyla St. Juste | X (Zoom) | A | X (Zoom) | X (ZOOM) | X (ZOOM) | X (ZOOM) | E | X | X (ZOOM) | E | X (ZOOM) | E |
| Robert Glass | X | E | - | - | - | - | - | - | - | - | - | - |
| William (Bill) Johnson | X | X | X | X | E | X | X (ZOOM) | X | E | X | X | E |
| Boris Seymore | X (Zoom) | X | X (Zoom) | X (ZOOM) | X (ZOOM) | A | X (ZOOM) | A | X | X | X | X |
| Tammy Jackson-Moore | X (Zoom) | A | - | - | - | - | - | - | - | - | - | - |
| Crystal Gonzalez | - | X (ZOOM) | X (Zoom) | E | X (ZOOM) | X (ZOOM) | X (ZOOM) | X (ZOOM) | E | X (ZOOM) | X (ZOOM) | X (ZOOM) |
| Cathleen Ward | - | - | X (Zoom) | X (ZOOM) | X (ZOOM) | E | E | X (ZOOM) | X (ZOOM) | X (ZOOM) | X (ZOOM) | X (ZOOM) |
| Quorum Established | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q |

X= Present **A= Absent**
C= Cancel **Q= Quorum**
E= Excused



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 22, 2025

1. Description: HRSA Digest

2. Summary:

Per the request of the Clinic Board, we will include the latest HRSA Digest updates as available.

3. Substantive Analysis:

The January HRSA Digest highlighted UDS Legacy Reporting Office Hours, Cervical Health Awareness Month, and Behavioral Health Strategies.

4. Fiscal Analysis & Economic Impact Statement:

| | Current FY Amounts | Total Amounts (Current + Future) | Budget |
|----------------------|-------------------------------|---|--|
| Capital Requirements | N/A | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Net Operating Impact | N/A | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

 N/A
 Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

 N/A
 Committee Name

 N/A
 Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 22, 2025

6. Recommendation:

Staff recommends the Board Receive and File the HRSA Digest.

Approved for Legal sufficiency:

Signed by:



0CF6F7DB6706434

Bernabe Icaza
SVP & General Counsel

DocuSigned by:



D31F5A902D3B449

Jesenia Montalvo
Manager, Regulatory & Accreditation

Signed by:



2B4234F087844B2

Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of Community
Health Centers

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UDS Legacy Reporting Office Hours, Cervical Health Awareness Month

HRSA sent this bulletin at 01/07/2025 08:59 AM EST

Email Address e.g.

name@example.com

Share Bulletin



Primary Health Care Digest



January 7, 2025

 **SHARE**

MONDAY: Office Hours for 2024 UDS Legacy Reporting

HRSA's Electronic Handbooks (EHBs) are now open for you to submit 2024 Uniform Data System (UDS) data. All Health Center Program awardees and look-alikes are required to submit complete and accurate UDS legacy reports by Saturday, February 15.

We're holding office hours to support you in meeting this deadline:

Monday, January 13
2:00-3:00 p.m. ET

[Registration page](#)



Join to connect with experts who can answer questions, help you troubleshoot challenges, and share personalized guidance and helpful tips. These sessions will focus on UDS legacy reporting not on UDS patient-level submissions (UDS+). Details on how to submit UDS+ questions are below. The second office hour is 2:00-3:00 p.m. ET on Wednesday, February 5 ([registration page](#)).

For additional assistance with legacy reporting:

Visit the [UDS Training and Technical Assistance \(TA\) webpages](#) to access the [2024 UDS Manual](#) (PDF) and other resources. Also:

- **UDS Help Desk:** Assists with UDS measures and requirements. Call 866-837-4357 (866-UDS-HELP) or email udshelp330@bphcdata.net.
- **BPHC Contact Form:** Helps with completing aggregated UDS reports and UDS+ submissions.
 - For guidance on viewing UDS legacy reports: *Uniform Data System (UDS) > UDS Reporting > Accessing UDS Reports in EHBs*.
 - For technical issues with EHBs: *Technical Support > EHBs Tasks/EHBs Technical Issues*.

UDS+

Beginning Tuesday, February 18, health centers will submit some de-identified 2024 UDS patient-level data using Health Level Seven International (HL7)-developed Fast Healthcare Interoperability Resources (FHIR) R4 standards (learn more on [FHIR's website](#)). We announced the minimum UDS+ requirements in a [bulletin](#) last August.

2024 UDS+ submission requirements include a portion of legacy UDS data elements. **The UDS+ submission reporting period will open Tuesday, February 18, and close Wednesday, April 30.** For more information, visit the [UDS Modernization Initiative webpage](#). Submit questions via the [BPHC Contact Form](#) (*Uniform Data System (UDS) > UDS Modernization > Patient-level submission (UDS+)*).

Did You Miss It?

Here are a few of our most popular items from December:

- Comment on our [draft Health Center Program Scope of Project Policy Manual](#) (PDF) via the [BPHC Contact Form](#) by 11:59 p.m. ET on Monday, February 10. See our [bulletin](#) for more information.
- Submit an abstract for our **Advancing Patient-Centered Health Care Symposium** (and save the dates to attend!). See the [bulletin](#).
- Access the recording and slides from our **Health Center Performance Improvement Toolkit** webinar, and the toolkit itself on [our website](#).
- Do you have an operational site visit (OSV) this year? Check out the [webinar recording](#) for “**Navigating the OSV Journey: How to Prepare for a Successful OSV.**”

Check out the [online archive](#) for recent Digest issues and bulletins.



Jump To: [Cervical Health Awareness Month](#) | [Behavioral Health](#) | [Workforce](#) | [Oral Health](#) | [Additional Resources](#) | [Training Calendar](#)

HRSA-funded [National Training and Technical Assistance Partners](#) (NTTAPs) host or develop many of these events and resources. For more from the NTTAPs, visit the [Health Center Resource Clearinghouse](#).

Cervical Health Awareness Month

NEXT THURSDAY: Improving Patient Engagement in Cervical Cancer Prevention

Join experts from HRSA's Maternal and Child Health Bureau to learn about their new toolkit "Improving Patient Engagement in Cervical Cancer Prevention: Communication Toolkit for Health Centers and Safety-net Settings of Care."

Thursday, January 16
2:00-3:00 p.m. ET
[Registration page](#)

The toolkit includes social media posts, posters, and a cervical screening follow-up card. Visit [HRSA's website](#) to learn more and download the toolkit in English and Spanish.



Training Calendar



Visit our [online calendar](#) for details on these and all scheduled events.

Through January 14

UDS Legacy Reporting Office Hour

Monday, January 13
2:00-3:00 p.m. ET
[Registration page](#)

2025 Documentation and Coding Webinar Series

Hosted by NACHC
Tuesdays, January 14 and 21
2:00-3:30 p.m. ET
[Registration page](#)

Behavioral Health

Join a Community of Practice

Come learn from experts and peers about how to boost your behavioral health efforts in one of our eight-session communities of practice.

Behavioral health professionals may earn CME for attending sessions. Get individualized support during the 30-minute office hour that follows each session. Visit the registration page for each opportunity for dates, times, and more details.

- Behavioral Health Strategies in Primary Care**
We'll discuss patient-centered care planning and consultations, strategies for enhancing cultural relevance in clinical practice, motivational interviewing practices, methods to support behavioral activation, and more. Visit the [registration page](#).
- A Behavioral Health Integration Primer for Health Centers**
New to behavioral health integration or need a refresher? Experts will help you implement and sustain effective integrated care models for their care settings. Visit the [registration page](#).
- Strategies to Support School-Based and Youth Behavioral Health**
This opportunity is for school-based health center staff. Join to gain resources and learn about approaches you can use to build safe and affirming environments, train staff, enhance collaboration with community organizations, and promote positive peer

Upcoming

Supporting Work-Life Balance During Staffing Transitions

Wednesday, January 15
2:00-3:00 p.m. ET
[Registration page](#)

Facilitating Connections between Federally Qualified Health Centers and Housing Agencies

Hosted by NCHPH and HUD
Wednesday, January 15
2:00-3:00 p.m. ET
[Registration page](#)

Infectious Disease Outbreaks and Impact on LGBTQIA+ People

Hosted by the New England AIDS Education and Training Center, in collaboration with the National LGBTQIA+ Health Education Center
Thursday, January 16
Noon-1:00 p.m. ET
[Registration page](#)

relationships. Visit the [registration page](#).

Incorporating Peer Support into SUD Treatment Learning Collaborative

Join the National Center for Health in Public Housing's (NCHPH) four-week learning collaborative for an interactive review of promising practices, clinical interventions, and social services support recommended for people with a substance use disorder (SUD). Material will balance the clinical primary care and associated social services realms, including those directly relevant to program managers, community health workers, social workers, and nurses. Visit the [application page](#) for details.

Recruitment Boot Camp: Mental Health Staff Edition Learning Collaborative

Building on the success of the previous boot camps, the Association of Clinicians for the Underserved's STAR² Center team's four-session learning collaborative will focus on the successful recruitment and retention of mental health providers. Visit the [application page](#) for details and to apply by Monday, January 20.

A Systems Approach to Sustainable Integrated Behavioral Health

Join our session to gain practical insights for creating long-term impact in integrated care settings. Speakers will examine strategies across five system levels and learn how identity shifts contribute to fostering a sustainable culture. You will learn actionable steps to build and maintain integrated care practices.

Tuesday, January 28

1:00-2:00 p.m. ET

[Registration page](#)

****1.0 behavioral health CME available****

Workforce

NTTAP Learning Collaboratives

See the application pages for dates, times, and more information about these opportunities:

- **Incorporating Peer Support into SUD Treatment**
[See the announcement above.](#)
- **Recruitment Boot Camp: Mental Health Staff Edition**
[See the announcement above.](#)
- **Improving Health Center Cybersecurity: Risk Assessment, Breach Defense Mitigation and Response**

Improving Patient Engagement in Cervical Cancer Prevention

Thursday, January 16

2:00-3:00 p.m. ET

[Registration page](#)

Supporting and Understanding Tobacco Cessation Programs in Public Housing Primary Care Webinar Series

Hosted by NCHPH and the National Health Care for the Homeless Council

Thursdays, January 16 and 23

2:00-3:00 p.m. ET

[Registration page](#)

The Role of Health Centers in Reducing the Burden of Radon-Induced Lung Cancer

Hosted by the National Nurse-Led Care Consortium and NCHPH

Tuesdays, January 21 and 28

3:00-4:00 p.m. ET

[Registration page](#)

Congenital Syphilis Learning Series

Hosted by Health Outreach Partners and MCN

Wednesdays, January 22 and 29

1:00-2:30 p.m. ET

[Registration page](#)

Enhancing Oral Health Care Access with Community Health Workers

Hosted by NNOHA and MHP Salud

Thursday, January 23

2:00-3:00 p.m. ET

[Registration page](#)

****1.0 CDE available****

Medicaid and Housing-Related Services – What Health Centers Need to Know

Hosted by the Corporation for Supportive Housing

Thursdays, January 23 and 30

2:00-4:00 p.m. ET

[Registration page](#)

The Health Information Technology, Evaluation and Quality (HITEQ) Center invites you to join experts and colleagues for this four-week series to discuss breach mitigation and cybersecurity, implications of generative artificial intelligence, and incident response planning from a cybersecurity perspective. Visit HITEQ's [application page](#) to apply by Friday, January 17.

- **Trauma-Informed Motivational Interviewing**
Health Outreach Partners invites you to a four-week series to boost your ability to have difficult conversations about health behavior change with patients. You will learn the basics of motivational interviewing, why a trauma-informed approach is important, and strategies for applying what you have learned. Visit the [application page](#).

Oral Health

On-Demand Learning Module: UDS Data for Dental Quality Improvement

Take the National Network for Oral Health Access' (NNOHA) self-paced learning course on how to find and use UDS data for dental quality improvement. Visit [NNOHA's website](#) to access this course and additional learning modules. ***The course offers 0.5 CDE credit.***

Additional Resources

NEXT WEDNESDAY: Facilitating Connections between Federally Qualified Health Centers and Housing Agencies

NCHPH and HUD invite you to join an interactive session exploring partnership strategies and introducing a beta version of HUD's new Locator Tool. It will include breakout rooms tailored to different collaboration stages to ensure you get information you can use.

Wednesday, January 15
2:00-3:00 p.m. ET
[Registration page](#)

Congenital Syphilis Learning Series

Health Outreach Partners and Migrant Clinicians Network (MCN) will present a two-session learning series on congenital syphilis. Join to discuss changes to syphilis epidemiology in recent years resulting in significant increases in congenital syphilis and the value of coordinating with local health departments for partner services and completion of syphilis treatment. Visit the [registration page](#) for details.

The Air We Share: Protecting Health Center Patients from Air Quality Issues

Join MCN and the National Association of Community Health Centers

Today with Macrae: Health Center Program Updates

Thursday, January 23
3:00-4:15 p.m. ET
Access details coming soon

A Systems Approach to Sustainable Integrated Behavioral Health

Tuesday, January 28
1:00-2:00 p.m. ET
[Registration page](#)
*****1.0 behavioral health CME available*****

Securing a Strong Connection to High-Quality Telehealth for Older Adults

Hosted by the National Center for Equitable Care for Elders
Wednesday, January 29
2:00-3:00 p.m. ET
[Registration page](#)

UDS Legacy Reporting Office Hour

Wednesday, February 5
2:00-3:00 p.m. ET
[Registration page](#)

How to Manage Acute Care Conditions in Pediatric Patients

Hosted by Renaye James
Healthcare Advisors
Thursday, February 6
Noon-1:00 p.m. ET
[Registration page](#)
*****1.0 CME available*****

Teen Economic Abuse: How School-Based Health Center Providers Can Support Students

Hosted by the School-based Health Alliance, featuring Futures Without Violence
Tuesday, February 11
2:00-3:00 p.m. ET
[Registration page](#)

Webinars are hosted by HRSA

(NACHC) for a four-part webinar series covering health impacts from air quality, and the solutions to address these issues. Visit the [registration page](#) for dates, times, and details. **CE credits are available.**

unless otherwise noted.

In case you missed it:

[Visit the Primary Health Care Digest archive.](#)

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**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 22, 2025**

1. Description: Compliance, Privacy & Ethics Annual CHC Board Education

2. Summary:

This item presents the annual Compliance, Privacy & Ethics training and education to the Community Health Center (Primary Care Clinic) Board for their education and awareness, to help ensure compliance with federal health care program requirements, and to provide information to Board Members role and oversight efforts on Compliance.

3. Substantive Analysis:

The Annual Compliance, Privacy & Ethics education material covers the following key information: Leadership and program oversight; Important information for healthcare boards and committees; Importance and purpose of Compliance; The "7 Elements" of an Effective Compliance Program; Healthcare governance and regulatory oversight; Office of Inspector General (OIG) New and Updated Program Guidance; Overview of significant laws, rules and regulations (such as the Privacy and Security rules, Stark Law and Antikickback Statute, False Claims Act, Exclusions, Civil Monetary Penalties, and Florida's Sunshine Law and Public Records Act); Key Compliance and Privacy topics (such as the Standards of Conduct, Conflicts of Interest, Non-retaliation, Privacy & Security, Fraud, Waste, and Abuse, and General Compliance).

4. Fiscal Analysis & Economic Impact Statement:

| | Current FY Amounts | Total Amounts (Current + Future) | Budget |
|----------------------|-------------------------------|---|---|
| Capital Requirements | N/A | N/A | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Net Operating Impact | N/A | N/A | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 22, 2025

6. Recommendation:

Staff recommends the Board Receive and File this training and education presentation.

Approved for Legal sufficiency:

Signed by:



0CF6F7DB6706434... Bernabe Icaza
SVP & General Counsel

Signed by:



4766F813A13D48D... Heather Bokor
VP & Chief Compliance and
Privacy Officer

Signed by:



2B4234F087844B2... Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of Community
Health Centers




Health Care District
 OF PALM BEACH COUNTY
 WE CARE FOR ALL

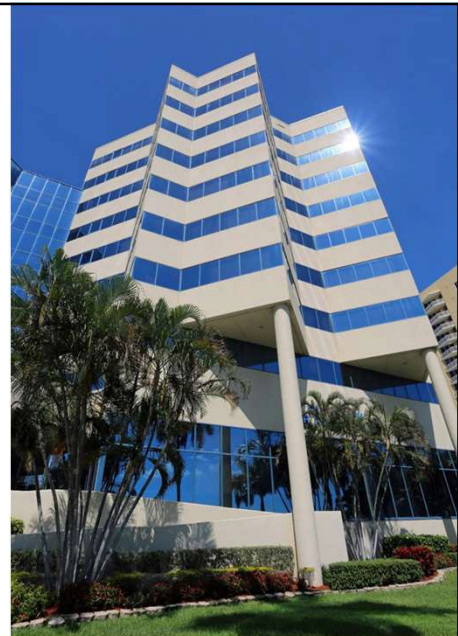
**Compliance, Privacy &
Ethics Annual Education**

**Community Health
Center (PCC) Board**

Heather Bokor
 Vice President and Chief Compliance
 & Privacy Officer

Overview and Objectives

- Compliance, Privacy & Ethics Leadership and Program Oversight
- Important Information for Healthcare Boards and Committees
- Compliance Importance, Purpose, & The “7 Elements”
- Who Governs Healthcare?
- Office of Inspector General (“OIG”) – New/Updated Program Guidance
- Overview of Significant Laws, Rules & Regulations
 - Privacy & Security
 - Stark Law & Anti-Kickback Statute, False Claims Act, Exclusions, Civil Monetary Penalties Law
 - Sunshine Law and Public Records Act (Florida)
- Key Compliance & Privacy Topics
 - Standards of Conduct
 - Conflicts of Interest
 - Non-Retaliation
 - Privacy & Security
 - Fraud, Waste, & Abuse
 - General Compliance
- Takeaways and Contact Information



Compliance, Privacy & Ethics Leadership & Program Oversight



I am the District's Vice President and Chief Compliance and Privacy Officer. In my role, I work to create and promote ethics and compliance, manage the daily operations and overall strategy for the program, and am tasked with enhancing the stability and reputation of the District, by providing guidance to ensure compliance with local, state, and federal rules and laws. Compliance deals with conducting auditing and monitoring, providing training and education, maintaining open lines of communication (such as the hotline), setting policies and standards of conduct, responding to questions and issues, consequences and incentives, working with internal and external parties, and providing guidance to HCD's workforce. This helps to protect our organization, our patients, customers, and staff from risk of harm in a number of ways (financial, legal, reputational, etc.). Please feel free to reach out to me or any member of my team for assistance. Thank you for your attention to this important training and education topic.

- Heather Bokor, Vice President & Chief Compliance and Privacy Officer



Important Information for Healthcare Boards and Committees

- The compliance function promotes the prevention, detection, and resolution of actions that do not conform to legal, policy, or business standards.
- This responsibility includes the obligation to develop policies and procedures that provide employees guidance, the creation of incentives to promote employee compliance, the development of plans to improve or sustain compliance, the development of metrics to measure execution by management of the program and implementation of corrective actions, and the development of reports and dashboards that help management and the Board evaluate the effectiveness of the program.

Important Information for Healthcare Boards and Committees

- Boards and Committees often have a role in leading a health care organization's compliance and quality oversight efforts.
- This is a critical role to play in ensuring that health care organizations operate in compliance with Federal health care program requirements and provide high quality care.
- Board and Committee members should receive training on Compliance, Privacy & Ethics.

5



Important Information for Healthcare Boards and Committees

- A key element of effective oversight is the process of asking the right questions to determine the adequacy and effectiveness of the organization's compliance program, as well as the performance of those who develop and execute that program, and to make compliance a responsibility for all levels of management.
- For example a Board or Committee member may: Ask a department that oversees risk about its reporting system for adverse events to ensure the system collects the appropriate data; Make a reasonable inquiry about compliance with applicable laws to ensure one has appropriate information and faith in the programs; Ask about changes in laws to ensure they are aware of the regulatory landscape of the operating environment; or Ask reasonable questions to understand how the organization identifies, investigates, manages/mitigates, resolves, and reports on compliance risks.
- These types questions and information help ensure Board and Committee members develop a better understanding of industry risks, regulatory requirements, and how effective compliance programs operate.

6



Purpose and Importance of Compliance

- Healthcare is one of the most regulated industries in the world. Compliance helps to ensure HCD complies with rules, regulations, and laws that govern us – and to protect our patients, staff, and community from potential harm.
- Compliance is the ongoing process of meeting, or exceeding the legal, ethical, and professional standards applicable to a particular organization or provider.
- The rules and many regulatory authorities require healthcare organizations and providers to develop effective processes, policies, and procedures to define appropriate conduct, train the organization's staff, and then monitor the adherence to the processes, policies, and procedures.
- Compliance and Privacy work to create and promote ethics and compliance, and is tasked with enhancing the stability and reputation of the District, by providing guidance to ensure compliance with local, state, and federal rules and laws.
- Compliance conducts auditing and monitoring, provides training and education, maintains open lines of communication – such as the hotline, sets policies and standards of conduct, responds to questions and issues, works with internal and external parties, and provides guidance to HCD's workforce.

7



Purpose and Importance of Compliance

- Follow the Standards of Conduct and Policies & Procedures
- Follow Rules, Laws, and Regulations
- Help Detect and Prevent Fraud, Waste, and Abuse
- Ensure Safety, Quality, and Standards of Care Are Met
- Honor Patient Rights and Confidentiality
- Always Do the Right Thing
- Provide Care Without Financial Incentives or Conflicts
- Ensure Accurate Documentation, Coding, Billing, and Reimbursement
- Only Qualified Staff Should Provide Care
- Care is Provided in Proper Settings Without Deficiencies

8



The diagram illustrates the seven components of a compliance program, arranged in a circular flow. Each component is represented by a hexagon with a specific icon and color:

- Written Policies & Procedures** (Orange hexagon with a padlock icon)
- Training & Education** (Dark grey hexagon with a laptop and book icon)
- Risk Assessment, Auditing, & Monitoring** (Blue hexagon with a magnifying glass icon)
- Responding To Detected Offenses & Developing Corrective Actions** (Purple hexagon with a clipboard icon)
- Enforcing Standards, Consequences, & Incentives** (Light green hexagon with a scales of justice icon)
- Effective Lines of Communications with the Compliance Officer & Disclosure Program** (Yellow hexagon with a speech bubble icon)
- Compliance Leadership & Oversight** (Green hexagon with an eye icon)

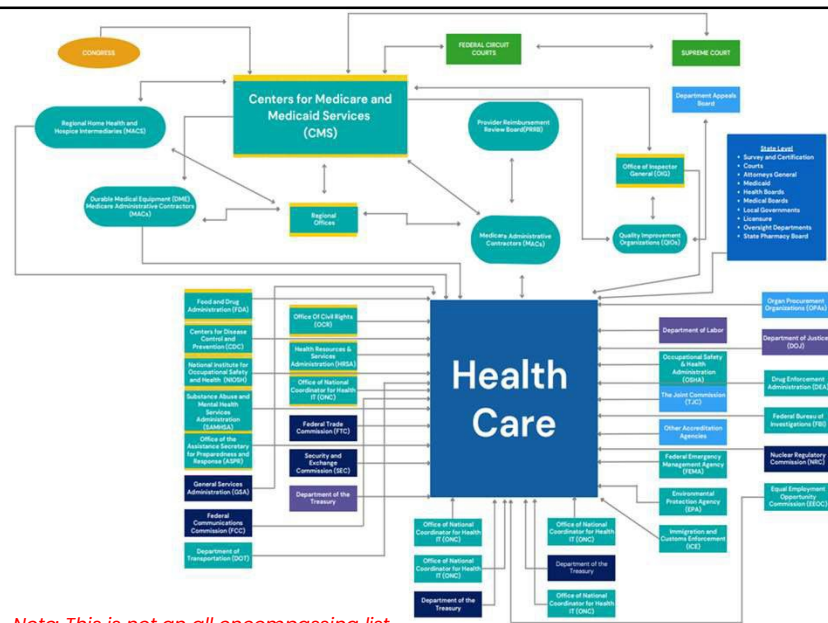
Dashed arrows indicate a clockwise flow from one component to the next, forming a continuous cycle.

9

Healthcare is one of the most regulated industries in the world.

- Accreditation and Licensure
- Federal Executive Agency
- Federal Executive Department
- Independent Executive Agency
- Judicial Government
- Legislative Government
- State Level Oversight

■ Agencies part of the Health and Human Services



Note: This is not an all encompassing list.

Who Governs Healthcare?

- While there are many state and federal entities and agencies that oversee or govern Healthcare, health systems, and compliance, the Office of Inspector General (“OIG”) is a leading agency and key authority for purposes of governing and advising on health care compliance.
- The next several slides cover the OIG’s compliance program guidance, which has been updated in 2023–2024.
- Important information for healthcare boards and committees is included in the following slides as it relates to this new/updated guidance.

11

(NEW!) OIG Modernization Initiative – New/Updated OIG Compliance Program Guidance: GCPG’s and ICPG’s

- For the first time in over fifteen years and as part of its modernization initiative, the Office of Inspector General (“OIG”) issued comprehensive General Compliance Program Guidance (“GCPG”) for all entities involved in the healthcare industry. The GCPG also serve as a repository and reference guide for other contemporary publications and guidance issued by the OIG (and other entities, such as the Department of Justice (“DOJ”)) and applicable to all healthcare industry stakeholders.
- This is the first–ever comprehensive guidance on key compliance considerations for healthcare entities, payors, nontraditional entities, and providers.
- The GCPG discusses general compliance risks and compliance programs, provides information on relevant Federal laws and authorities, enforcement and standards, compliance program infrastructure, elements of an effective compliance program, processes and resources, compliance considerations, and other information useful to understanding and measuring healthcare compliance.

12

(NEW!) OIG Modernization Initiative – New/Updated Guidance (Contd.)

- The GCPG is the first in a series of compliance guidance that is anticipated to be issued by the OIG starting in 2024. The new guidance is intended to replace the existing fragmented (and generally out of date) compliance guidance for the industry that began with the 1998 “Compliance Program Guidance (“CPG”) for Hospitals” which were last updated in 2008.
- The OIG also announced that starting in 2024, it will publish industry segment-specific compliance program guidance (“ICPG”) for specific types of providers, suppliers, and other participants touching the healthcare industry. ICPGs will be tailored to fraud and abuse risk areas for each industry subsector and are intended to be updated periodically to address newly identified risk areas and compliance measures.
- The newly issued GCPG is the ‘hub’ of OIG’s new ‘hub and spoke’ model for voluntary compliance guidance. OIG will be issuing ICPGs beginning in 2024 as the ‘spokes’.

13

(NEW!) OIG Modernization Initiative – New/Updated Guidance (Contd.)

Link: [HHS–OIG General Compliance Program Guidance | November 2023](#).

Highlights:

- The above revised “7 Elements” have been slightly revised to incorporate/address the OIG’s updated guidance.
- The GCPGs largely maintain the historic compliance program elements but provides more depth and incorporates lessons learned. It summarizes laws related to healthcare enforcement and other compliance standards, includes examples of problematic conduct, and places Cybersecurity as a top priority for compliance due to the increase in attacks, etc.
- The OIG identified certain themes, including but not limited to: Role of the Chief Compliance Officer, Tone from the Top, Well functioning Committees and Engaged Board Members, Targeted and Board Training, Multiple Reporting Pathways for Compliance Concerns, and Considerations for Incentives for Compliant Behavior.

14

(NEW!) OIG Modernization Initiative – New/Updated Guidance (Contd.)

- The DOJ provided additional compliance considerations to the OIG's publication (e.g., Quality as part of Compliance, Regulatory landscape to address compliance and business risks, Financial monitoring with physicians and others for kickbacks, etc.).

Other key details:

Among other areas, the OIG addresses the following key areas in its Guidance.

- Overview of Certain Laws: Refer to below slides and pages 9–30 in the linked document.
- Compliance Leadership & Oversight: Refer to above slides and pages 37–46 in the linked document.
- Training & Education: Refer to below slides and pages 46–49 in the linked document.

15

Compliance Program Guidance/Reference

See also:

"Practical Guidance for Health Care Governing Boards on Compliance Oversight": <https://oig.hhs.gov/documents/root/162/Practical-Guidance-for-Health-Care-Boards-on-Compliance-Oversight.pdf>

The above guidance document was created and issued jointly by the: Office of Inspector General, U.S. Department of Health and Human Services Association of Healthcare Internal Auditors, American Health Lawyers Association, and the Health Care Compliance Association.

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Overview of Significant Rules, Laws & Regulations

▪ Privacy and Security Rules:

- The Health Insurance Portability and Accountability Act (HIPAA)
- Florida Information Protection Act of 2014 (FIPA)
- Family Educational Rights and Privacy Act (FERPA)
- The Health Information Technology for Economic and Clinical Health Act (HITECH)

▪ Compliance Rules and Laws:

- The Stark Law (Physician Self-Referral) & Anti-Kickback Statute (AKS)
- Excluded Entities and Individuals
- The False Claims Act (FCA)/Deficit Reduction Act (DRA)
- Civil Monetary Penalties Law
- Florida's Government-in-the-Sunshine Law and Public Records Act (**Note: Your Communications are Discoverable**).

KNOW THE RULES!



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 **Health Care District**
OF PALM BEACH COUNTY

False Claims Act ("FCA")

- Program integrity encompasses a range of activities that target the various causes of improper payments, which could lead to a false or fraudulent claim for payment under the False Claims Act ("FCA").
- The FCA is a federal law used to fight fraud and abuse in Medicare and Medicaid. It prohibits "knowingly":
- Presenting (or causing to be presented) to the federal government a false claim for payment.
- Making or using a false record or statement to get a claim paid by the Federal government. Retaining an overpayment more than 60 days.

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 **Health Care District**
OF PALM BEACH COUNTY

Stark Law

- The Physician Self-Referral Law is more commonly known as the Stark Law.
- Prohibits physicians from referring Medicare patients to an entity with which the physician or physician's immediate family member has a financial relationship — unless an exception applies.
- Prohibits the entity from billing Federal/State programs.
- Certain exceptions, such as having a written agreement that is set in advance and is at fair market value.
- Similar to the Anti-Kickback Statute ("AKS"), which does not need to involve a physician.
- Stark Law is a strict liability statute, which means proof of specific intent to violate the law is not required.

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Anti-Kickback Statute (AKS)

- Prohibits individuals or entities from offering, giving, soliciting or receiving remuneration in order to influence or reward patient referrals or generate healthcare business.
- Remuneration is extremely broad and includes any item of value, including cash, gifts, supplies, land, concert tickets, etc.
- Some safe harbors apply, such as bona fide employment arrangements, professional service arrangements, leases or rentals of office space, equipment rentals, etc.
- Both the party giving the remuneration and receiving the remuneration violate the AKS.
- Violations of the Anti-Kickback Statute can result in significant fines and/or imprisonment.
- Any federal healthcare claims submitted for reimbursement that are tainted by kickbacks generate liability under the False Claims Act (for example: gifts to/from physicians, patients, or vendors).

20



OIG Exclusions & Civil Monetary Penalties

- An Exclusion is an administrative action by the Office of the Inspector General (OIG) that prohibits participation in any Federal Health Care Program. Exclusions are imposed because the individual or entity is found to pose unacceptable risks to patient safety and/or program fraud.
- Anyone who hires an excluded individual or entity may be subject to civil monetary penalties (CMP) ranging from \$2,000 to over \$100,000 per violation.
- The District routinely checks the exclusion list to ensure that new hires, physicians, board members, and current employees are not on it or are cleared.

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 **Health Care District**
OF PALM BEACH COUNTY

Government-in-the-Sunshine Law and Public Records Act (Florida)

- HCD is subject to the Sunshine Law and Public Records Act.
- These rules provide:
 - A right to access government proceedings (meetings) of public boards, and
 - A right to access the records of any local government.
- Separate information is available to Board and Committee members for Government-in-the-Sunshine Law and Public Records Act.
- **IMPORTANT:** Your emails and communications are potentially discoverable.

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 **Health Care District**
OF PALM BEACH COUNTY

Key Compliance & Privacy Topics

- Standards of Conduct
- Fraud, Waste, & Abuse
- Appropriate Documentation, Coding, Billing and Reimbursement, and Medical Necessity
- Non-Retaliation & Whistleblower Protections
- Conflicts of Interest
- Interactions with Vendors, Physicians and Patients
- Appropriate Use of Resources

23

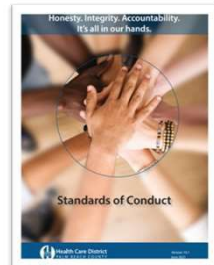
 **Health Care District**
OF PALM BEACH COUNTY

HCD's Standards of Conduct

- Establishes our commitment to compliance with all federal and state rules.
- States HCD's goals, mission, and ethical requirements.
- Provides guidance and sets clear expectations for all members of HCD's workforce (including our Board and Committees) on what is expected of them and how to operate.

Principles of the Standard of Conduct:

- Core Values
- Legal & Regulatory Compliance
- Business Ethics
- Conflicts of Interest
- Appropriate Use of Resources
- Active Participation
- Confidentiality

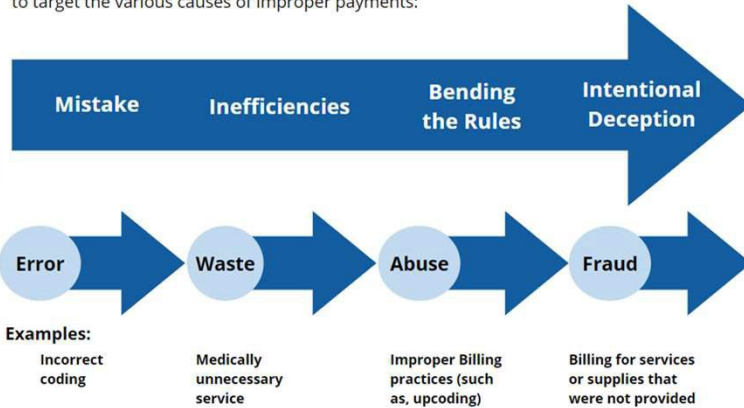


24

 **Health Care District**
OF PALM BEACH COUNTY

Fraud, Waste, & Abuse

Program Integrity encompasses a range of activities to target the various causes of improper payments:



Common Risks **Associated with Claims:**

- Insufficient documentation
- Incorrect coding (Misrepresenting diagnosis or procedures to maximize payments, upcoding) duplicate billing
- Incorrect billing units
- Medically unnecessary services
- Billing for services or supplies that were not provided
- False or fraudulent cost reports

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Non-Retaliation

- The District maintains a Non-Retaliation policy that protects an employee who raises a concern in "good faith" from facing any adverse actions.
- HCD's Chief Compliance & Privacy Officer serves as the organization's Non-Discrimination Officer.

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Conflicts of Interest (“COI”)

- A COI occurs when an individual’s personal interests could compromise his or her judgment, decisions, or actions in the workplace.
- We aim to limit COI’s, as well as even the appearance of a conflict.
- All members of HCD’s workforce (including Board and Committee members) have a duty to disclose / report any potential or actual COI.
- Attestations must be completed at the following times: Before starting or conducting official business with HCD, annually, and whenever a potential or actual COI arises.
- If you aren’t sure whether you should disclose, contact HCD’s Chief Compliance Officer

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Conflicts of Interest: Examples

- A Board or Committee member using information obtained from their position for profit.
- A Board or Committee member awarding or having involvement in awarding a contract or business to friends or family.
- A Board or Committee member or Leader hiring or promoting family.
- A physician did not disclose the acceptance of funding from a pharmaceutical company, including for speaker fees.
- An administrator at the hospital routinely used hospital funds to purchase catering orders from a restaurant owned by her husband.
- A member of leadership has an ownership interest in a medical device manufacturer (or vendor) that does business with the hospital.
- An employee accepts free travel from a vendor to attend a conference.

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Interactions with Vendors, Physicians, and Patients: *Gifts, Gratuities, & Entertainment*

Never offer, give, solicit, or accept anything that would compromise or appear to compromise the recipient's ability to make fair, impartial, and balanced business decisions.

This includes acting on behalf of the district for business or other financial or personal interests. This is not limited to items, but also to favors or promises.

Some examples of Unacceptable Gifts (To or From Vendors, Patients, Physicians):

- Gift Cards
- Cash or equivalents of cash
- Game or event tickets
- Any item of value (*extremely broad*)

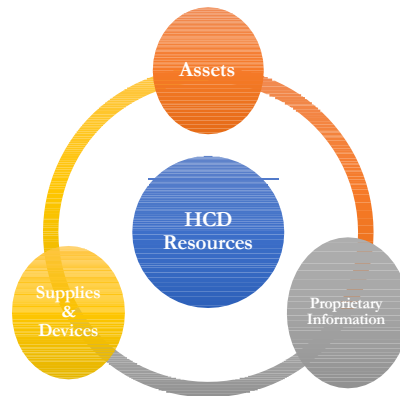


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 **Health Care District**
OF PALM BEACH COUNTY

Appropriate Use of HCD Resources

- Protect HCD assets and proprietary information;
- Use HCD resources responsibly and for business purposes only (not for personal use); and
- Eliminate wasteful spending.



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 **Health Care District**
OF PALM BEACH COUNTY

Key Healthcare Privacy Laws

HIPAA

Health Insurance Portability and Accountability Act

Federal Law

HIPAA addresses the use and disclosure of an individuals' past, present, and future health care, treatment, payment, or operations, known as **Protected Health Information ("PHI")**.

FIPA

Florida Information Protection Act

State Law

Places additional restrictions on any business that acquires, stores, maintains, or uses **personal information** must take reasonable measures to safeguard that information.

FERPA

Family Educational Rights and Privacy Act

Federal Law

Provides parents the rights related to their children's **education records**, and places restrictions on the use and disclosure of **personally identifiable information** from the education records.

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HIPAA

HIPAA: As required by Congress, the Privacy Rule covers:

- Health plans;
- Health care clearing houses; and
- Health care providers who transmit any information in an electronic form in connection with a transaction for which HHS has adopted a standard.

These entities (collectively called "covered entities") are bound by the privacy standards even if they contract with others (called "business associates") to perform some of their essential functions.

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HIPAA Gives Patient's Rights

The HIPAA Privacy Rule generally provides individuals with a legal, enforceable rights to have control over their information and records.



Examples:

- Obtain the Notice of Privacy Practices (NPP)
- Honor patient rights and confidentiality
- Access and correct health information
- Opt Out (e.g., from the Facility Directory, HIE)
- Require written permission to use or share PHI for some purposes, like marketing, fundraising, or media releases
- Use & Disclosures of PHI
- File a complaint
- Receive a breach notification

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What Information is Protected?

The Privacy and Security Rules apply to Protected Health Information ("PHI"), Personally Identifiable Information ("PII"), Individually Identifiable Information ("IIHI").

PHI formats:

- Paper
- Electronic ("ePHI")
- Verbal
- **Any format!**

PHI Elements:

- Name
- SSN
- Birthdate
- Address
- Images (e.g., photo)
- Genetic Information
- Insurance

PHI Elements (Contd.):

- Medical history
- Test and laboratory results
- Mental health conditions
- STD's/STI's
- **ANY unique identifier**

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Minimum Necessary & Professional Need to Know

Minimum Necessary requires that individuals and covered entities take all reasonable efforts to limit the use or disclosure of PHI by covered entities and business associates to only what is necessary. ***Use or disclose Protected Health Information (PHI) only for work related purposes!***

- ✓ Must have a **Professional Need to Know** to access, use, or disclose information.
- ✓ Only access, use, or disclose the **Minimum** amount of **Necessary** information to do the task.



Privacy audits are performed of Epic and our systems to assess compliance with protecting patients privacy.

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 **Health Care District**
OF PALM BEACH COUNTY

Email, Social Media, & Personal Electronic Devices

Do **not** use emails to send, receive, or store unencrypted confidential information. Encrypt emails by typing **[secure]** in the subject line for all emails containing PHI, PII, or confidential information sent outside of HCD.

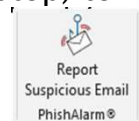
Do **not** post about patients or confidential information on Social

- This applies even if it does not contain PHI
- This includes but is not limited to: images, videos, recordings
- This includes other confidential company or employee information



Do **NOT** use personal electronic devices (e.g., cell phones, personal laptop) to communicate or store patient or business information.

Report any breach concerns to Compliance or IT.



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 **Health Care District**
OF PALM BEACH COUNTY

Documents Containing PHI or Proprietary Information

All documents containing PHI or **proprietary information** should be disposed of appropriately in document destruction bins – e.g., Shred-it, Iron Mountain (this includes labels on IV bags, medication labels, etc.).



Contact the IT or Privacy department if you need to dispose of PHI contained on physical hardware (e.g., disks, film, copier, laptop, CDs).

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 **Health Care District**
OF PALM BEACH COUNTY

Compliance is Everyone's Responsibility!

Honesty. Integrity. Accountability.

- ✓ Follow Laws, Rules, and Regulations
- ✓ Comply with the Standards of Conduct and District Policies & Procedures
- ✓ Help Detect and Prevent Fraud, Waste, and Abuse. Ensure documentation, coding, billing, and reimbursement are accurate
- ✓ Focus on Quality, Safety, and Patient Care. Care must be medically necessary, provided by qualified staff in properly licensed settings, and provided without financial incentives or conflicts
- ✓ Honor Patient Rights and Confidentiality
- ✓ Always Do the Right Thing!
- ✓ Speak Up! Report Concerns and Potential Issues



Reactive
Proactive

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 **Health Care District**
OF PALM BEACH COUNTY

Thank You!

Heather Bokor
VP / Chief Compliance & Privacy Officer
Compliance, Privacy, & Ethics

hbokor@hcdpbc.org

Department email: compliance@hcdpbc.org or
privacy@hcdpbc.org

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**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
JANUARY 15, 2025**

1. Description: Baker Act Policy

2. Summary:

This agenda item provides the new Baker Act policy document, which outlines the process of a baker act in the Community Health Centers (CHCs).

3. Substantive Analysis:

This policy was created in order to establish a structured framework for the management and workflow for adult and minor patients in our CHCs who meet criteria for initiation of involuntary evaluation at a baker act receiving facility as defined in the applicable parts of Florida Statute 394 named the Florida Mental Health Act.

4. Fiscal Analysis & Economic Impact Statement:

| | Current FY Amounts | Total Amounts (Current + Future) | Budget |
|----------------------|-----------------------|-------------------------------------|--|
| Capital Requirements | N/A | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Net Operating Impact | N/A | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved



**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
JANUARY 15, 2025**

6. Recommendation:

Staff recommends the Board Approve the Baker Act Policy.

Approved for Legal sufficiency:

Signed by:

Bernabe Icaza

Bernabe Icaza
SVP & General Counsel

Signed by:

Courtney Phillips

Courtney Phillips, M.D.
VP of Behavioral Health & Clinical
Innovations

Signed by:

Joshua Adametz

Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of Community
Health Centers



Baker Act Policy

| | | | |
|-----------------|---------------------------------------|--------------------------|-----------|
| Policy #: | 1500-1 | Effective Date: | 12/1/2024 |
| Business Unit: | Primary Care Clinics | Original Effective Date: | 12/1/2024 |
| Approval Group: | PCC Behavioral Health Clinical Policy | Board Approval Date: | |

PURPOSE

The purpose of this policy is to establish a structured framework for the identification, evaluation, and management of patients who may require psychiatric assessment and potential hospitalization under the Baker Act

SCOPE

All Health Care District Community Health Centers staff (CHC).

POLICY

This policy is to provide healthcare professionals and staff at the CHCs with the framework to provide the necessary interventions in the management of patient’s meeting criteria for initiation of involuntary commitment in compliance with parts of the Florida Mental Health Act (Baker Act) statute:394.451,394.463, 394.4784, and any other statutes within 394 that pertain to Baker Act initiation in the community for adults and minors.

EXCEPTIONS

N/A

| | |
|----------------------------|--|
| RELATED DOCUMENTS | |
| Related Policy Document(s) | |
| Related Forms | |
| Reference(s) | |
| Dynamic Health/EBSCO link: | |

| | |
|---------------------|------------------------|
| APPROVALS | |
| Final approver | (Enter Final Approver) |
| Final approval date | (Enter Approval Date) |



This policy is only intended to serve as a general guideline to assist staff in the delivery of patient care; it does not create standard(s) of care or standard(s) of practice. The final decision(s) as to patient management shall be based on the professional judgement of the health care providers(s) involved with the patient, taking into account the circumstances at that time. Any references are to sources, some parts of which were reviewed in connection with formulation of the policy/procedure. The references are not adopted in whole or in part by the hospital(s) or clinic(s) / provider(s).

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.



**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
JANUARY 22, 2025**

1. Description: Annual Risk Management Report to the Community Health Centers ("CHC") Governance Board for Calendar Year 2024 (January 1 – December 31, 2024)

2. Summary:

This agenda item provides the Annual Risk Management Report to the CHC Governance Board for Calendar Year 2024. This report is to provide an account of the CHC annual performance relative to the risk management plan and evaluate the effectiveness of risk management activities aimed to mitigate risks and respond to identified areas of high risk. Topics presented include high-risk and quarterly risk assessments, event reporting (including near miss events), risk management training, risk, safety and patient safety activities, and claims management.

3. Fiscal Analysis & Economic Impact Statement:

| | Current FY Amounts | Total Amounts (Current + Future) | Budget |
|----------------------|-------------------------------|---|---|
| Capital Requirements | N/A | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Net Operating Impact | N/A | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Jessica Cafarelli
VP & Chief Financial Officer

4. Reviewed/Approved by Committee:

N/A
Committee Name


N/A
Date Approved


5. Recommendation:


Staff recommends the Board Approve the Annual Risk Management Report.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
JANUARY 22, 2025

Approved for Legal sufficiency:

Signed by:

0CF6F7DB6706434... Bernabe Icaza
SVP & General Counsel

DocuSigned by:

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Shauniel Brown
Senior Risk Manager of Community
Health Centers

Signed by:

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Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of Community
Health Centers



**Annual Risk Management Report to the
Community Health Centers (“CHC”) Governance Board
for Calendar Year 2024 (January 1 – December 31, 2024)**

Submitted by: Shauniel Brown, CHC Senior Risk Manager

Reviewed/Approved by: Alyssa Tarter (Director of Corporate Risk Management), and
Dr. Belma Andric (SVP/Chief Medical Officer)

Submitted to: CHC Board and recorded in minutes on: January 22, 2025

Confidential Patient Safety Work Product (PSWP) of the Health Care District of Palm Beach gathered within the HCD Patient Safety Evaluation System (HCD PSES) pursuant to the Patient Safety and Quality Improvement Act of 2005. The HCD PSES is the mechanism through which all information is received, collected, maintained, investigated, analyzed, and communicated for reporting to a Patient Safety Organization (PSO). This information is confidential and privileged from disclosure; it is not subject to discovery pursuant to F.S. [395.0197](#), F.S. 400.147, F.S. 768.28 and the Patient Safety and Quality Improvement Act of 2005.



Introduction

The purpose of this report is to provide an account of the Health Care District of the Community Health Centers (“CHC”) annual performance relative to the risk management plan and evaluate the effectiveness of risk management activities aimed to mitigate risks and respond to identified areas of high risk. Topics presented include high-risk and quarterly risk assessments, event reporting (including near miss events), risk management training, risk, safety and patient safety activities, and claims management. Each topic includes:

- An introduction to explain the relevance of the topic
- A data summary to highlight performance relative to established goals;
- Follow-up actions to note activities aimed to maintain or improve performance throughout the year;
- A conclusion to summarize findings at year-end; and
- Proposed future activities to respond to identified areas of high organizational risk.

High-Risk and Quarterly Assessments

Introduction

The Health Center Program Compliance Manual requires quarterly risk assessments focused on patient safety. A risk assessment is a structured process used to identify potential hazards within the organization's operations, departments, and services. Risk assessment tools include self-assessment questionnaires, FMEA, and safety walkrounds—in which members of leadership walk around the building and ask employees about potential risks and concerns while observing processes in action. Collecting data on practices, policies, and safety cultures in various areas generates information that can be used to proactively target patient safety activities and prioritize risk prevention and reduction strategies

Refer to the dashboard below for completed risk management activities and status of the CHC’s performance relative to established risk management goals.

| Risk Activity Focus Area / Measure | Summary Description of Assessment / Methodology / Indicators |
|------------------------------------|---|
| # High-risk assessments | <p>The CHC has determined that the following areas are at high clinical risk:</p> <p>CHC’s goal is to conduct a comprehensive risk assessment on two high-risk areas annually. For 2024, behavioral health and weapons were selected for comprehensive risk assessment. CHC conducted the assessment using A Risk Assessment and Mitigation Tool: Safeguards for Behavioral Health Services to help mitigate risks when providing behavioral health services in our community health centers. CHC also conducted a second high-risk assessment on Workplace Violence with a focus on weapons/belongings in the community health centers to meet the goal.</p> |
| # Quarterly risk assessments | 1 per quarter = 4 total |



| Risk Activity Focus Area / Measure | Summary Description of Assessment / Methodology / Indicators |
|------------------------------------|--|
| Action Plans | Action plans are created in response to high-risk assessments, quarterly risk assessments, and other risk activities. Each action plan is assigned a deadline upon creation. Action plans contain meaningful risk reduction strategies to improve overall patient safety and should be implemented in a timely manner. CHC's goal is to have no more than 75% of action plans open past their initial deadline. Any action plan open past the deadline is elevated to the CMO, senior leadership, and/or the board as appropriate for further discussion and intervention. |

Data Summary

See the dashboard below for completed risk management activities and status of CHC's performance relative to established risk management goals.

| Person responsible | Measure/Key Performance Indicator | Threshold /Goal | Q1 | Q2 | Q3 | Q4 | Annual Total |
|--------------------|--|-----------------|----|----|----|----|--------------|
| RM | # Completed annual high-risk assessments | >2/yr | | 1 | 1 | | 2 |
| RM | # Completed quarterly assessments | Min 1/qtr | 2 | | 1 | 1 | 4 |

Follow-up Actions from Risk Assessments

Q1 2024: HIPAA/Privacy Assessment was performed by Risk and Compliance to ensure appropriate privacy-related precautions were in place throughout the CHC's. The Opportunities for improvement were identified and the following actions were implemented: Partial closures of the pharmacy window at two of the CHC's, privacy screen protectors were applied to all computers in patient care areas, and dividers placed in dental areas. Medication Management and Safety in the CHC's was assessed and barcode scanning was identified as a need to enhance medication administration and safety, this is currently pending approval and implementation.

Q2 2024: High-risk workplace violence/weapon assessment completed; an audit identified that the handling and storage of patients' personal belongings may lead to workplace violence and safety issues. A decision was made to place lockers at our behavioral health community health center where patients are to store and lock their belongings. Staff were reminded of the importance of incident report submissions within 24 hours per policy and procedure. An annual threshold for zero harm/ actual violence rate was achieved.

Q3 2024: High-risk Behavioral Health Services assessment was completed; the assessment and mitigation tool identified that the community health center was in compliance with the objectives/suggestions on the Risk Assessment and Mitigation Tool: Safeguards for Behavioral Health Services. An environmental assessment was completed in regard to Americans with Disabilities Act (ADA) Compliance in the Mangonia Park CHC. The estimated date of completion is February 2025.



Q4 2024: The specimen labeling process and patient identification protocols were assessed; the assessment identified the need for policy review and staff education/training. Education and training regarding the use of two patient identifiers and appropriate specimen labeling process was completed with all clinical staff.

Event Reporting

Introduction

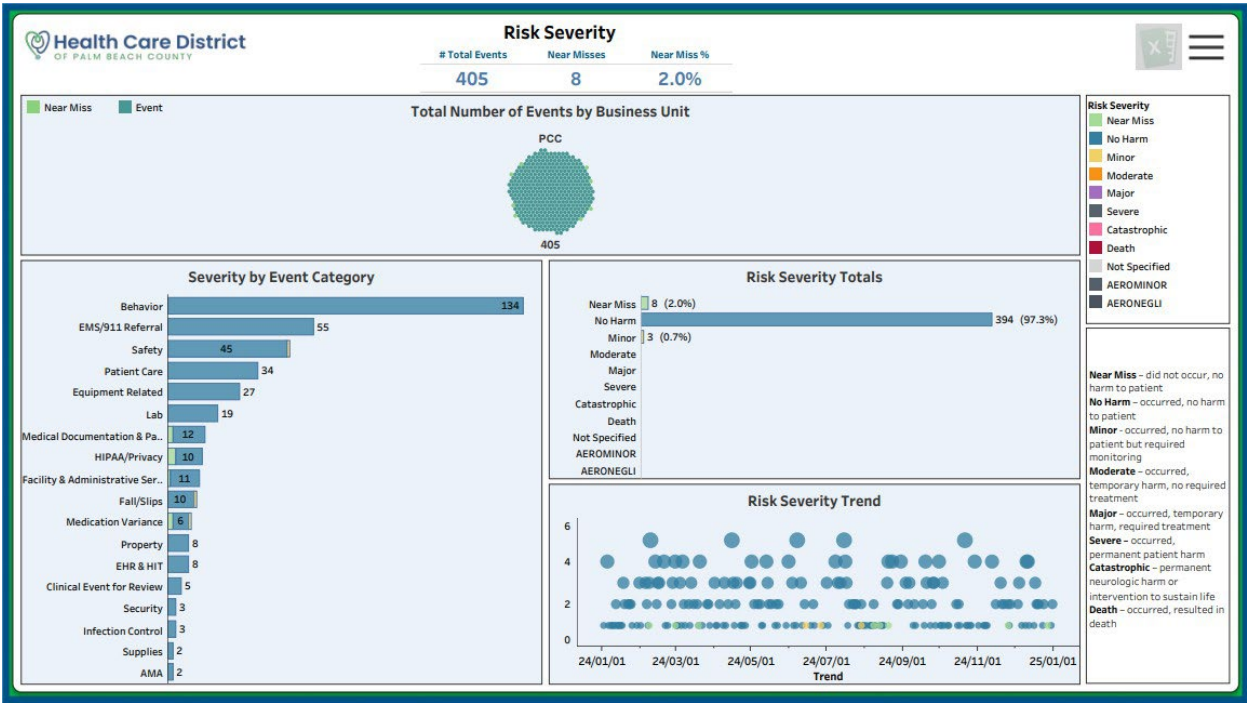
Event reporting is an essential component of the risk management program and is considered part of the performance and quality improvement process. Each provider, employee, or volunteer is responsible to report all adverse events, including sentinel events, incidents, and near misses at the time they are discovered to his or her immediate supervisor and/or the risk manager. The risk manager, in conjunction with the manager of the service (as applicable), is responsible for conducting follow-up investigations. The risk manager's investigation consists of determining the cause of the incident, analyze the process, and make improvements.

| Total Incident Reports Submitted HCD Enterprise-Wide (2020-2024) | | | | | |
|--|-------|-------|-------|-------|-------|
| Calendar Year (CY) | 2020 | 2021 | 2022 | 2023 | 2024 |
| # of Incidents | 3,760 | 3,144 | 3,492 | 3,120 | 2,530 |
| Total Incident Reports submitted by CHC (2020-2024) | | | | | |
| Calendar Year (CY) | 2020 | 2021 | 2022 | 2023 | 2024 |
| # of Incidents | 1,070 | 703 | 538 | 451 | 405 |

Analysis:

In 2024, the total risk events reported in the enterprise were 2,530. Note this included near-misses/good catches and actual incidents/events. Of these, CHC entered a total of 405 events and 8 near misses/good catches. This is a decreasing trend in the event reporting system across the organization as ERM aims to ensure appropriate items are input in the system for risk reporting and analysis. The ERM Team continuously promotes a safety culture by ensuring a just and accountable culture that encourages and allows staff to report events in the system without fear of reporting or punitive action.

Of the 405 events reported by CHC: 394 (97.3%) were reported as no harm events, 3 (10.7%) were reported as minor events, and 8 (2.0%) were reported as near-miss events, which were caught prior to reaching the patient.



Risk and Patient Safety Activities Completed in 2024

Introduction

The objective of CHC’s patient safety and risk management program is to continuously improve patient safety and minimize and/or prevent the occurrence of errors, events, and system breakdowns leading to harm to patients, staff, volunteers, visitors, and others through proactive risk management and patient safety activities.

| Risk Activity Focus Area/Measure | Summary Description of Assessment/Methodology/Indicators |
|--|--|
| Development and analyzation of the following surveys; Leadership Engagement and Program Satisfaction | This survey was used to collect feedback to help measure program satisfaction and effectiveness, identify strengths and opportunities for improvement, gauge reputation and recovery over the past year, and provide a mechanism for leaders to communicate their needs and provide anonymous feedback. Further, it helped us to understand the factors that help satisfy their department, division, and HCD’s organization needs, and enable us to modify our Program accordingly. Received positive feedback and received rating of 4.6 out of 5.0 stars. |



| | |
|---|---|
| Culture of Safety | <p>This Survey was administered in February 2024. The objective of this survey was to determine how staff assess patient safety in their business unit. The survey asks for opinions about patient safety issues, medical errors, and event reporting in their business unit. The survey can be used to raise awareness of and improve patient safety culture in your organization. The response rate for CHC was 84%. The results were evaluated, strengths and areas of improvement were identified and an action plan was generated to address the top areas of improvement in order to provide a higher quality of care and increased accountability within our CHC's.</p> <p>Positive Takeaways:</p> <ul style="list-style-type: none"> • Staff feel that quality care is provided regardless of gender, race, ethnicity, socioeconomic status, language, etc. • Staff agree that processes are good at preventing mistakes • Staff strongly agree that teamwork is emphasized <p>Opportunities for Improvement:</p> <ul style="list-style-type: none"> • Staff feel rushed when caring for patients • Staff feel decisions are made based on what is best for the health center rather than the patients |
| Risk Management Awareness | <p>In 2024, the Risk Management department launched our first Risk Management Awareness Survey. The Awareness Survey identifies education and awareness opportunities and serves as an educational tool by raising awareness about patient safety, quality, and Risk Management Program topics. This online survey was confidential and anonymous. Input from the Survey is meant to help identify areas where we can raise awareness of important risk topics, such as, the importance of reporting incidents/events, the use of RiskQual, patient safety, Good Catch Rewards Program, HCD Risk Management Program, pertinent policies, or how to contact Risk to report any concerns. Further, survey responses will help determine where our focus and training efforts should be.</p> |
| Health Care Risk Management Week 2024 (June 17-21, 2024) | <p>HRM Week 2024 Theme: Risk Professionals; Prioritizing Safety, Mitigating Risk</p> <ul style="list-style-type: none"> • ERM team celebrated National HRM Week to promote event reporting and improve patient safety • ERM Team visited each business unit/location to promote the Risk Awareness Survey • Provided resources and webpage information • Games, treats, and giveaways |
| Risk Management Workgroup Meetings | <p>The CHC Senior Risk Manager facilitates a monthly Risk Management Workgroup to discuss risk events from the previous month and any pending/open action items. The purpose of the meeting is for communication and collaboration for administrative purposes with a focus on consistency throughout the risk management program.</p> |



| | |
|---|---|
| Formation of The Risk & Quality Club | <p>The risk and quality management departments developed the “Risk & Quality Club” that will utilize ECRI’s Top 10 Patient Safety Concerns 2024 as a guide for a systems approach to adopting proactive strategies and solutions to mitigate risks, improve healthcare outcomes, and ultimately, enhance the well-being of patients and the healthcare workforce.</p> <ul style="list-style-type: none"> • Meet on a monthly basis • Deep dive into the Top 10 Patient Safety Concerns 2024 • Presentations to the team include the background in regard to the concern, applicable HCD statistics, ECRI’s recommendations, and HCD’s responses to the concern |
| Just Culture Reminders | <p>Risk Information Management System was updated to automatically send an email to reporters after an incident is submitted thanking them for their report and to remind them of our just culture / culture of safety; Risk reminders were placed on ViewMedica screens in all areas to remind staff to report concerns/issues as well as risk management contact information.</p> |

Education Tracking

- All CHC employees were provided education on the following topics below in 2024:

| Training - Training Title |
|---|
| Compliance, Privacy and Ethics Annual Training |
| Annual Risk Management Training/Education, 2024 |
| Importance of Vaccination and Masking |
| Compliance, Privacy and Ethics Annual Training |
| Importance of Vaccination and Masking |
| Annual Risk Management Training/Education, 2024 |
| Compliance, Privacy and Ethics Annual Training |
| Importance of Vaccination and Masking |
| Annual Risk Management Training/Education, 2024 |
| Compliance, Privacy and Ethics Annual Training |
| Importance of Vaccination and Masking |
| Annual Risk Management Training/Education, 2024 |
| HIPAA Rules and Compliance |

Claims Management

Introduction

The Health Center Program Compliance Manual requires CHC to have a claims management process for addressing any potential or actual health or health-related claims. CHC identifies risk areas most likely to lead to claims based on previous claims activity, claims prevention guidance from professional organizations, and published research.

- Manage both actual or potential losses and litigation situations
 - Includes reporting serious occurrences and potential claims, general and professional liability losses, automobile and property losses, and other types of damages.
- Investigate potential and actual claims
- Defend claims and lawsuits effectively, as expeditiously and cost-efficiently as possible.



There were no claims reported for the CHC's in 2024.

Report Submission

The 2024 Annual Risk Management Report to the CHC Governance Board is respectfully submitted on January 22, 2025, to demonstrate the ongoing risk management program to reduce the risk of adverse outcomes and provide safe, efficient, and effective care and services.



**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 22, 2025**

1. Description: District Clinic Holdings, Inc. Financial Report November 2024

2. Summary:

The November 2024 financial statements for the District Clinic Holdings, Inc. are presented for Board review.

3. Substantive Analysis:

Management has provided the income statements and key statistical information for District Clinic Holdings, Inc. Additional Management discussion and analysis is incorporated into the financial statement presentation.

4. Fiscal Analysis & Economic Impact Statement:

| | Current FY Amounts | Total Amounts (Current + Future) | Budget |
|----------------------|-------------------------------|---|--|
| Capital Requirements | N/A | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Net Operating Impact | N/A | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved

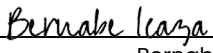


DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 22, 2025

6. Recommendation:


Staff recommends the Board Approve the November 2024 District Clinic Holdings, Inc. Financial Statements.

Approved for Legal sufficiency:

Signed by:

0CF6F7DB6706B3 Bernabe Icaza
SVP & General Counsel

Signed by:

CA6A21FF2E09481 Jessica Cafarelli
VP & Chief Financial Officer

Signed by:

2B4234F087844B2 Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of Community
Health Centers



MEMO

To: Finance Committee

From: Jessica Cafarelli
VP, Chief Financial Officer

Date: January 22, 2025

Subject: Management Discussion and Analysis as of November 2024 C.L. Brumback Primary Care Clinic Financial Statements.

The November financial statements represent the financial performance through the second month of the 2025 fiscal year for the C.L. Brumback Primary Care Clinics. On the Comparative Statement of Net Position, cash increased \$408k due to normal business operations. Due from Other Governments decreased (\$589k) due to HRSA payments received. Right of Use Assets and Lease Liability increased \$4.9M and \$4.6M respectively as a result of Atlantis lease commencement.

On the Statement of Revenues and Expenses, net patient revenue YTD was unfavorable to budget by (\$241k) or (10.1%) primarily due to unanticipated increases in charity care and bad debt. Gross patient revenue YTD was favorable to budget by \$730k. Total YTD revenues were unfavorable to budget by (\$690k) or (16.8%). Operational expenses before depreciation were favorable to budget by \$1.5M due to timing differences in expenses and staffing. Positive variances YTD in salaries, wages, and benefits were \$1.4M. YTD net margin was a loss of (\$4.4M) compared to the budgeted loss of (\$5.6M) resulting in a favorable variance of \$1.2M or (21.7%).

Net patient revenue YTD for the Medical clinics was unfavorable to budget by (\$215k). The Medical clinics YTD gross patient revenue was favorable to budget by \$435k. The Medical clinics total YTD revenue was unfavorable to budget by (\$546k) due primarily to a decrease in grant revenue as well as increased bad debt allowance. Grant revenue recognition had a negative impact on overall revenue of (\$348k). Total operating expenses of \$4.7M were favorable to budget of \$5.2M by \$515k or 9.9%. The positive variance is mostly due to salaries, wages, and benefits of \$380k. Timing differences in expenses and staffing are driving these favorable YTD variances. YTD net margin was a loss of (\$3.6M) compared to the budgeted loss of (\$3.8M) resulting in a favorable variance of \$234k or (6.1%).

Net patient revenue YTD for the Dental clinics was unfavorable to budget by (\$138k). The Dental clinics total YTD gross patient revenue was unfavorable to budget by (\$176k). Total YTD operating expenses of \$913k were favorable to budget by \$119k, with timing differences in staffing primarily accounting for this favorable variance. Total YTD net margin was favorable to budget by \$18k or (3.2%).

District Clinic Holdings, Inc.
Comparative Statement of Net Position

| | November 30, 2024 | October 31, 2024 | Increase (Decrease) |
|--|----------------------|----------------------|---------------------|
| Assets | | | |
| Cash and Cash Equivalents | \$ 125,275 | \$ (282,755) | \$ 408,030 |
| Accounts Receivable, net | 2,121,688 | 1,832,466 | 289,222 |
| Due From Other Governments | 2,147,054 | 2,736,154 | (589,100) |
| Other Current Assets | 221,489 | 258,625 | (37,136) |
| Net Investment in Capital Assets | 5,434,262 | 5,466,004 | (31,742) |
| Right Of Use Assets | 8,871,505 | 3,981,326 | 4,890,179 |
| Total Assets | <u>\$ 18,921,273</u> | <u>\$ 13,991,821</u> | <u>\$ 4,929,453</u> |
| Liabilities | | | |
| Accounts Payable | 421,943 | 357,866 | 64,077 |
| Deferred Revenue- | 837 | 1,670 | (833) |
| Accrued Interest | 35,962 | 16,511 | 19,452 |
| Other Current Liabilities | 3,242,638 | 2,920,175 | 322,463 |
| Lease Liability | 8,340,334 | 3,745,441 | 4,594,893 |
| Non-Current Liabilities | 1,139,914 | 1,139,914 | 0 |
| Total Liabilities | <u>13,181,628</u> | <u>8,181,576</u> | <u>5,000,052</u> |
| Deferred Inflows of Resources | | | |
| Deferred Inflows | <u>\$ 66,853</u> | <u>\$ 66,853</u> | <u>\$ 0</u> |
| Net Position | | | |
| Net Investment in Capital Assets | 5,434,262 | 5,466,004 | (31,742) |
| Unrestricted | 238,531 | 277,388 | (38,858) |
| Total Net Position | <u>5,672,793</u> | <u>5,743,392</u> | <u>(70,599)</u> |
| Total Liabilities, Deferred Inflows of Resources and Net Position | <u>\$ 18,921,273</u> | <u>\$ 13,991,821</u> | <u>\$ 4,929,453</u> |

Note: Amounts may not foot due to rounding.

| Current Month | | | | | | | Fiscal Year To Date | | | | | | | |
|---------------|--------------|------------|----------|--------------|------------|----------|--|----------------|----------------|--------------|----------|----------------|--------------|----------|
| Actual | Budget | Variance | % | Prior Year | Variance | % | | Actual | Budget | Variance | % | Prior Year | Variance | % |
| \$ 2,991,655 | \$ 2,747,325 | \$ 244,331 | 8.9% | \$ 2,531,499 | \$ 460,156 | 18.2% | Gross Patient Revenue | \$ 6,455,564 | \$ 5,725,963 | \$ 729,601 | 12.7% | \$ 5,740,029 | \$ 715,535 | 12.5% |
| 846,040 | 921,353 | (75,313) | (8.2%) | 940,971 | (94,931) | (10.1%) | Contractual Allowance | 2,076,912 | 1,897,857 | 179,055 | 9.4% | 2,000,397 | 76,514 | 3.8% |
| 1,035,483 | 953,512 | 81,971 | 8.6% | 893,302 | 142,180 | 15.9% | Charity Care | 2,231,818 | 1,990,042 | 241,776 | 12.1% | 2,081,645 | 150,172 | 7.2% |
| 429,668 | 365,247 | 64,421 | 17.6% | 204,443 | 225,225 | 110.2% | Bad Debt | 1,133,990 | 761,317 | 372,673 | 49.0% | 529,817 | 604,173 | 114.0% |
| 2,311,191 | 2,240,112 | 71,079 | 3.2% | 2,038,717 | 272,475 | 13.4% | Total Contractuals and Bad Debt | 5,442,719 | 4,649,215 | 793,504 | 17.1% | 4,611,859 | 830,860 | 18.0% |
| 561,333 | 621,944 | (60,611) | (9.7%) | 575,505 | (14,172) | (2.5%) | Other Patient Revenue | 1,122,665 | 1,299,379 | (176,713) | (13.6%) | 1,142,189 | (19,524) | (1.7%) |
| 1,241,797 | 1,129,157 | 112,640 | 10.0% | 1,068,287 | 173,509 | 16.2% | Net Patient Service Revenue | 2,135,510 | 2,376,127 | (240,617) | (10.1%) | 2,270,359 | (134,848) | (5.9%) |
| 41.51% | 41.10% | | | 42.20% | | | Collection % | 33.08% | 41.50% | | | 39.55% | | |
| 740,790 | 830,202 | (89,412) | (10.8%) | 658,694 | 82,096 | 12.5% | Grants | 1,255,333 | 1,722,826 | (467,493) | (27.1%) | 1,208,816 | 46,517 | 3.8% |
| - | - | - | - | - | - | - | Interest Earnings | - | - | - | - | 1,943 | (1,943) | - |
| 5,756 | 6,713 | (957) | (14.3%) | 2,526 | 3,230 | 127.9% | Other Revenue | 31,300 | 13,470 | 17,830 | 132.4% | 3,962 | 27,338 | 690.0% |
| \$ 1,988,342 | \$ 1,966,072 | \$ 22,270 | 1.1% | \$ 1,729,507 | \$ 258,835 | 15.0% | Total Revenues | \$ 3,422,144 | \$ 4,112,423 | \$ (690,280) | (16.8%) | \$ 3,485,080 | \$ (62,936) | (1.8%) |
| | | | | | | | Direct Operating Expenses: | | | | | | | |
| 1,748,215 | 2,343,462 | 595,247 | 25.4% | 1,512,292 | (235,923) | (15.6%) | Salaries and Wages | 3,525,630 | 4,678,543 | 1,152,913 | 24.6% | 3,384,601 | (141,029) | (4.2%) |
| 639,602 | 636,132 | (3,469) | (0.5%) | 444,080 | (195,522) | (44.0%) | Benefits | 1,071,629 | 1,288,967 | 217,338 | 16.9% | 915,797 | (155,831) | (17.0%) |
| 22,360 | 40,384 | 18,024 | 44.6% | 39,841 | 17,481 | 43.9% | Purchased Services | 35,290 | 80,768 | 45,478 | 56.3% | 43,621 | 8,331 | 19.1% |
| 49,343 | 128,048 | 78,704 | 61.5% | 71,763 | 22,419 | 31.2% | Medical Supplies | 117,818 | 256,095 | 138,277 | 54.0% | 102,849 | (14,969) | (14.6%) |
| 19,844 | 40,922 | 21,077 | 51.5% | 9,819 | (10,025) | (102.1%) | Other Supplies | 26,012 | 81,843 | 55,832 | 68.2% | 15,677 | (10,334) | (65.9%) |
| 95,313 | 77,899 | (17,414) | (22.4%) | 102,323 | 7,010 | 6.9% | Medical Services | 199,238 | 155,798 | (43,440) | (27.9%) | 140,072 | (59,167) | (42.2%) |
| 67,731 | 63,362 | (4,369) | (6.9%) | 46,702 | (21,029) | (45.0%) | Drugs | 129,021 | 126,724 | (2,297) | (1.8%) | 120,884 | (8,137) | (6.7%) |
| 41,102 | 62,324 | 21,222 | 34.1% | 44,761 | 3,659 | 8.2% | Repairs and Maintenance | 93,127 | 124,648 | 31,521 | 25.3% | 79,064 | (14,063) | (17.8%) |
| 143,397 | 130,991 | (12,406) | (9.5%) | 129,886 | (13,512) | (10.4%) | Lease and Rental | 323,895 | 261,982 | (61,913) | (23.6%) | 321,796 | (2,099) | (0.7%) |
| 11,841 | 15,476 | 3,635 | 23.5% | 13,231 | 1,390 | 10.5% | Utilities | 15,035 | 30,952 | 15,917 | 51.4% | 18,789 | 3,753 | 20.0% |
| 98,523 | 105,523 | 7,000 | 6.6% | 78,069 | (20,455) | (26.2%) | Other Expense | 142,665 | 211,047 | 68,381 | 32.4% | 164,334 | 21,668 | 13.2% |
| 55,677 | 15,649 | (40,028) | (255.8%) | - | (55,677) | - | Interest Expense | 72,188 | 31,299 | (40,889) | (130.6%) | - | (72,188) | - |
| 50,497 | - | (50,497) | - | - | (50,497) | - | Principal And Interest | 52,103 | - | (52,103) | - | - | (52,103) | - |
| 6,635 | 6,599 | (37) | (0.6%) | 4,947 | (1,688) | (34.1%) | Insurance | 13,271 | 13,198 | (73) | (0.6%) | 9,895 | (3,376) | (34.1%) |
| 3,050,082 | 3,666,771 | 616,689 | 16.8% | 2,497,713 | (552,369) | (22.1%) | Total Operating Expenses | 5,816,921 | 7,341,862 | 1,524,941 | 20.8% | 5,317,378 | (499,543) | (9.4%) |
| | | | | | | | Net Performance before Depreciation & Overhead Allocations | \$ (2,394,777) | \$ (3,229,439) | \$ 834,662 | (25.8%) | \$ (1,832,298) | \$ (562,479) | 30.7% |
| 166,932 | 116,870 | (50,063) | (42.8%) | 30,892 | (136,040) | (440.4%) | Depreciation | 254,097 | 233,739 | (20,358) | (8.7%) | 61,784 | (192,313) | (311.3%) |
| | | | | | | | Overhead Allocations: | | | | | | | |
| 10,468 | 13,995 | 3,527 | 25.2% | 10,550 | 82 | 0.8% | OH Risk Management | 23,142 | 27,990 | 4,848 | 17.3% | 22,058 | (1,084) | (4.9%) |
| 58,628 | 89,828 | 31,200 | 34.7% | 75,330 | 16,702 | 22.2% | OH Revenue Cycle | 134,801 | 179,656 | 44,855 | 25.0% | 156,377 | 21,576 | 13.8% |
| 3,009 | 3,723 | 714 | 19.2% | 3,044 | 35 | 1.1% | OH Internal Audit | 6,853 | 7,446 | 593 | 8.0% | 6,632 | (221) | (3.3%) |
| 21,511 | 23,419 | 1,908 | 8.1% | 25,091 | 3,580 | 14.3% | Home Office Facilities | 49,980 | 46,838 | (3,142) | (6.7%) | 51,540 | 1,560 | 3.0% |
| 16,540 | 15,137 | (1,403) | (9.3%) | 18,787 | 2,247 | 12.0% | OH Administration | 35,594 | 30,274 | (5,320) | (17.6%) | 21,070 | (14,524) | (68.9%) |
| 105,519 | 130,323 | 24,804 | 19.0% | 68,007 | (37,512) | (55.2%) | OH Human Resources | 228,456 | 260,646 | 32,190 | 12.4% | 153,599 | (74,857) | (48.7%) |
| 32,069 | 42,791 | 10,722 | 25.1% | 24,447 | (7,622) | (31.2%) | Legal | 87,313 | 85,582 | (1,731) | (2.0%) | 46,841 | (40,472) | (86.4%) |
| 3,444 | 5,154 | 1,710 | 33.2% | 3,542 | 98 | 2.8% | Records | 7,698 | 10,308 | 2,610 | 25.3% | 7,176 | (522) | (7.3%) |
| 15,279 | 17,343 | 2,064 | 11.9% | 11,822 | (3,457) | (29.2%) | OH Compliance | 29,871 | 34,686 | 4,815 | 13.9% | 25,489 | (4,382) | (17.2%) |
| 43,480 | 71,621 | 28,141 | 39.3% | 48,371 | 4,891 | 10.1% | IT Operations | 66,107 | 143,242 | 77,135 | 53.8% | 90,558 | 24,451 | 27.0% |
| 28,314 | 24,864 | (3,450) | (13.9%) | 16,335 | (11,979) | (73.3%) | IT Security | 45,990 | 49,728 | 3,738 | 7.5% | 27,776 | (18,214) | (65.6%) |
| 38,992 | 47,680 | 8,688 | 18.2% | 34,793 | (4,199) | (12.1%) | OH Finance | 87,227 | 95,360 | 8,133 | 8.5% | 68,995 | (18,232) | (26.4%) |
| 14,653 | 20,807 | 6,154 | 29.6% | 15,236 | 583 | 3.8% | Corporate Communications | 30,937 | 41,614 | 10,677 | 25.7% | 33,439 | 2,502 | 7.5% |
| 20,492 | 28,311 | 7,819 | 27.6% | 18,081 | (2,411) | (13.3%) | OH Information Technology | 45,167 | 56,622 | 11,455 | 20.2% | 42,871 | (2,296) | (5.4%) |

| Current Month | | | | | | | |
|----------------|----------------|----------------|----------|----------------|--------------|----------|---------------------------------------|
| Actual | Budget | Variance | % | Prior Year | Variance | % | |
| 84,357 | 242,117 | 157,760 | 65.2% | 65,852 | (18,505) | (28.1%) | IT Applications |
| 38,529 | 51,288 | 12,759 | 24.9% | 30,484 | (8,045) | (26.4%) | IT Service Center |
| - | - | - | - | 10,449 | 10,449 | - | OH Performance Excellence |
| 19,497 | 22,239 | 2,742 | 12.3% | 11,415 | (8,082) | (70.8%) | Corporate Quality |
| 62,445 | 57,690 | (4,755) | (8.2%) | 33,123 | (29,322) | (88.5%) | OH Security Services |
| 24,128 | 23,428 | (700) | (3.0%) | 16,737 | (7,391) | (44.2%) | OH Supply Chain |
| 11,992 | 13,459 | 1,467 | 10.9% | 11,912 | (80) | (0.7%) | HIM Department |
| 23,865 | 29,159 | 5,294 | 18.2% | 18,592 | (5,273) | (28.4%) | OH Coding |
| 185 | 2,626 | 2,441 | 93.0% | 2,445 | 2,260 | 92.4% | OH Reimbursement |
| 12,292 | 12,405 | 113 | 0.9% | 2,386 | (9,906) | (415.2%) | OH Clinical Labor Pool |
| 29,316 | 41,818 | 12,502 | 29.9% | 10,043 | (19,273) | (191.9%) | District Nursing Admin |
| 16,298 | 14,415 | (1,883) | (13.1%) | 6,420 | (9,878) | (153.9%) | District Operations Admin |
| 3,087 | 5,025 | 1,938 | 38.6% | 4,266 | 1,179 | 27.6% | OH Mail Room |
| - | 5,774 | 5,774 | - | - | - | - | OH Patient Experience |
| 7,899 | 3,852 | (4,047) | (105.1%) | - | (7,899) | - | OH External Affairs |
| - | 18,643 | 18,643 | - | - | - | - | OH Strategic Initiatives and Projects |
| 746,288 | 1,078,934 | 332,646 | 30.8% | 597,561 | (148,727) | (24.9%) | Total Overhead Allocations- |
| 3,963,302 | 4,862,574 | 899,272 | 18.5% | 3,126,166 | (837,136) | (26.8%) | Total Expenses |
| \$ (1,974,960) | \$ (2,896,503) | \$ 921,543 | (31.8%) | \$ (1,396,660) | \$ (578,300) | 41.4% | Net Margin |
| - | 31,140 | (31,140) | - | - | - | - | Capital Contributions. |
| - | \$ 3,583,333 | \$ (3,583,333) | - | - | - | - | Transfer In/(Out) |

| Fiscal Year To Date | | | | | | | |
|---------------------|----------------|----------------|---------|----------------|----------------|----------|--|
| Actual | Budget | Variance | % | Prior Year | Variance | % | |
| 348,718 | 484,234 | 135,516 | 28.0% | 177,308 | (171,410) | (96.7%) | |
| 95,052 | 102,576 | 7,524 | 7.3% | 72,287 | (22,765) | (31.5%) | |
| - | - | - | - | 34,582 | 34,582 | - | |
| 41,563 | 44,478 | 2,915 | 6.6% | 24,668 | (16,895) | (68.5%) | |
| 123,516 | 115,380 | (8,136) | (7.1%) | 73,178 | (50,338) | (68.8%) | |
| 46,345 | 46,856 | 511 | 1.1% | 37,403 | (8,942) | (23.9%) | |
| 24,727 | 26,918 | 2,191 | 8.1% | 25,468 | 741 | 2.9% | |
| 48,606 | 58,318 | 9,712 | 16.7% | 43,919 | (4,687) | (10.7%) | |
| 1,138 | 5,252 | 4,114 | 78.3% | 4,353 | 3,215 | 73.9% | |
| 25,378 | 24,810 | (568) | (2.3%) | 4,630 | (20,748) | (448.1%) | |
| 58,381 | 83,636 | 25,255 | 30.2% | 30,385 | (27,996) | (92.1%) | |
| 41,152 | 28,830 | (12,322) | (42.7%) | 18,366 | (22,786) | (124.1%) | |
| 6,653 | 10,050 | 3,397 | 33.8% | 8,159 | 1,506 | 18.5% | |
| - | 11,548 | 11,548 | - | - | - | - | |
| 12,517 | 7,704 | (4,813) | (62.5%) | - | (12,517) | - | |
| - | 37,286 | 37,286 | - | - | - | - | |
| 1,752,882 | 2,157,868 | 404,986 | 18.8% | 1,309,129 | (443,753) | (33.9%) | |
| 7,823,900 | 9,733,470 | 1,909,569 | 19.6% | 6,688,291 | (1,135,609) | (17.0%) | |
| \$ (4,401,757) | \$ (5,621,047) | \$ 1,219,290 | (21.7%) | \$ (3,203,211) | \$ (1,198,545) | 37.4% | |
| - | 62,280 | (62,280) | - | 204,850 | (204,850) | - | |
| - | \$ 7,166,665 | \$ (7,166,665) | - | - | - | - | |

Clinics Statement of Revenues and Expenses by Month

| | Oct-24 | Nov-24 | Year to Date |
|-------------------------------------|---------------------|---------------------|---------------------|
| Gross Patient Revenue | \$ 3,463,909 | \$ 2,991,655 | \$ 6,455,564 |
| Contractual Allowance | 1,230,872 | 846,040 | 2,076,912 |
| Charity Care | 1,196,335 | 1,035,483 | 2,231,818 |
| Bad Debt | 704,322 | 429,668 | 1,133,990 |
| Total Contractuals and Bad Debt | 3,131,528 | 2,311,191 | 5,442,719 |
| Other Patient Revenue | 561,333 | 561,333 | 1,122,665 |
| Net Patient Service Revenue | 893,713 | 1,241,797 | 2,135,510 |
| Collection % | 25.80% | 41.51% | 33.08% |
| Non-Operating Revenues | | | |
| Grants | 514,544 | 740,790 | 1,255,333 |
| Other Revenue | 25,544 | 5,756 | 31,300 |
| Total Other Revenues | \$ 540,088 | \$ 746,545 | \$ 1,286,633 |
| Total Non-Operating Revenues | \$ 1,433,801 | \$ 1,988,342 | \$ 3,422,144 |
| Direct Operating Expenses: | | | |
| Salaries and Wages | 1,777,415 | 1,748,215 | 3,525,630 |
| Benefits | 432,027 | 639,602 | 1,071,629 |
| Purchased Services | 12,929 | 22,360 | 35,290 |
| Medical Supplies | 68,475 | 49,343 | 117,818 |
| Other Supplies | 6,167 | 19,844 | 26,012 |
| Medical Services | 103,925 | 95,313 | 199,238 |
| Drugs | 61,289 | 67,731 | 129,021 |
| Repairs and Maintenance | 52,025 | 41,102 | 93,127 |
| Lease and Rental | 180,498 | 143,397 | 323,895 |

Clinics Statement of Revenues and Expenses by Month

| | Oct-24 | Nov-24 | Year to Date |
|---|---------------------------|---------------------------|---------------------------|
| Utilities | 3,195 | 11,841 | 15,035 |
| Other Expense | 44,142 | 98,523 | 142,665 |
| Interest Expense | 16,511 | 55,677 | 72,188 |
| Principal And Interest | 1,606 | 50,497 | 52,103 |
| Insurance | 6,635 | 6,635 | 13,271 |
| Total Operating Expenses | 2,766,839 | 3,050,082 | 5,816,921 |
| Net Performance before Depreciation & Overhead Allocations | \$ (1,333,038) | \$ (1,061,740) | \$ (2,394,777) |
| Depreciation | 87,165 | 166,932 | 254,097 |
| <i>Overhead Allocations:</i> | | | |
| OH Risk Management | 12,674 | 10,468 | 23,142 |
| OH Revenue Cycle | 76,173 | 58,628 | 134,801 |
| OH Internal Audit | 3,844 | 3,009 | 6,853 |
| Home Office Facilities | 28,469 | 21,511 | 49,980 |
| OH Administration | 19,054 | 16,540 | 35,594 |
| OH Human Resources | 122,937 | 105,519 | 228,456 |
| Legal | 55,244 | 32,069 | 87,313 |
| Records | 4,254 | 3,444 | 7,698 |
| OH Compliance | 14,592 | 15,279 | 29,871 |
| IT Operations | 22,627 | 43,480 | 66,107 |
| IT Security | 17,676 | 28,314 | 45,990 |
| OH Finance | 48,235 | 38,992 | 87,227 |
| Corporate Communications | 16,284 | 14,653 | 30,937 |
| OH Information Technology | 24,675 | 20,492 | 45,167 |

Clinics Statement of Revenues and Expenses by Month

| | Oct-24 | Nov-24 | Year to Date |
|----------------------------|-----------------------|-----------------------|-----------------------|
| IT Applications | 264,361 | 84,357 | 348,718 |
| IT Service Center | 56,523 | 38,529 | 95,052 |
| Corporate Quality | 22,066 | 19,497 | 41,563 |
| OH Security Services | 61,071 | 62,445 | 123,516 |
| OH Supply Chain | 22,217 | 24,128 | 46,345 |
| HIM Department | 12,735 | 11,992 | 24,727 |
| OH Coding | 24,741 | 23,865 | 48,606 |
| OH Reimbursement | 953 | 185 | 1,138 |
| OH Clinical Labor Pool | 13,086 | 12,292 | 25,378 |
| District Nursing Admin | 29,065 | 29,316 | 58,381 |
| District Operations Admin | 24,854 | 16,298 | 41,152 |
| OH Mail Room | 3,566 | 3,087 | 6,653 |
| OH External Affairs | 4,618 | 7,899 | 12,517 |
| Total Overhead Allocations | 1,006,594 | 746,288 | 1,752,882 |
| Total Expenses | 3,860,598 | 3,963,302 | 7,823,900 |
| Net Margin | \$ (2,426,797) | \$ (1,974,960) | \$ (4,401,757) |

| | Clinic Administration | Belle Glade Medical Clinic | Delray Medical Clinic | Lantana Medical Clinic | Mangonia Park Medical Clinic | West Palm Beach Medical Clinic | Jupiter Medical Clinic | Lake Worth Medical Clinic | Lewis Center Medical Clinic | West Boca Medical Clinic | St Ann Place Medical Clinic | Mobile Warrior | Mobile Van Scout | Mobile Van Hero | Atlantis Medical Clinic | Port Medical Clinic | Total |
|--|-----------------------|----------------------------|-----------------------|------------------------|------------------------------|--------------------------------|------------------------|---------------------------|-----------------------------|--------------------------|-----------------------------|----------------|------------------|-----------------|-------------------------|---------------------|----------------|
| Gross Patient Revenue | \$ 8,203 | \$ 389,451 | \$ 451,050 | \$ 804,464 | \$ 491,431 | \$ 743,889 | \$ 233,260 | \$ 483,676 | \$ 23,822 | \$ 127,603 | \$ 13,187 | \$ 41,785 | - | \$ 47,282 | - | - | \$ 3,859,103 |
| Contractual Allowance | (142) | 131,237 | 142,160 | 215,206 | 304,701 | 156,238 | 67,216 | 132,590 | 12,501 | 48,290 | 2,745 | 4,560 | 2 | 16,611 | - | 2,274 | 1,236,188 |
| Charity Care | (20) | 106,544 | 133,942 | 300,099 | 73,592 | 264,959 | 102,643 | 194,266 | 6,791 | 49,663 | 4,548 | 21,836 | - | 8,103 | - | (1,051) | 1,265,914 |
| Bad Debt | 843 | 79,989 | 70,442 | 147,802 | 178,030 | 141,568 | 30,887 | 51,355 | 3,035 | 12,373 | 2,704 | 4,917 | - | 4,643 | - | 215 | 728,803 |
| Total Contractual Allowances and Bad Debt | 680 | 317,770 | 346,543 | 663,107 | 556,322 | 562,765 | 200,746 | 378,212 | 22,327 | 110,326 | 9,997 | 31,313 | 2 | 29,357 | - | 1,439 | 3,230,906 |
| Other Patient Revenue | - | 80,602 | 65,178 | 141,133 | 36,582 | 156,140 | 39,261 | 64,450 | 11,670 | 47,790 | 1,986 | 6,473 | - | 6,240 | 98,965 | - | 756,469 |
| Net Patient Revenue | 7,523 | 152,283 | 169,684 | 282,490 | (28,310) | 337,264 | 71,775 | 169,914 | 13,165 | 65,067 | 5,176 | 16,946 | (2) | 24,165 | 98,965 | (1,439) | 1,384,665 |
| Collection % | 91.71% | 39.10% | 37.62% | 35.12% | (5.76%) | 45.34% | 30.77% | 35.13% | 55.26% | 50.99% | 39.25% | 40.55% | - | 51.11% | - | - | 35.88% |
| Grants | 191,239 | 116,794 | 86,247 | 139,428 | 171,317 | 95,562 | 43,766 | 91,317 | 7,161 | 22,748 | 11,425 | 12,037 | - | 21,297 | 8,311 | - | 1,018,650 |
| Other Revenue | 29,293 | 1,006 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 30,299 |
| Total Other Revenues | 220,533 | 117,800 | 86,247 | 139,428 | 171,317 | 95,562 | 43,766 | 91,317 | 7,161 | 22,748 | 11,425 | 12,037 | - | 21,297 | 8,311 | - | 1,048,949 |
| Total Revenues | \$ 228,056 | \$ 270,083 | \$ 255,931 | \$ 421,918 | \$ 143,006 | \$ 432,826 | \$ 115,541 | \$ 261,231 | \$ 20,326 | \$ 87,815 | \$ 16,602 | \$ 28,983 | \$ (2) | \$ 45,462 | \$ 107,276 | \$ (1,439) | \$ 2,433,614 |
| Direct Operational Expenses: | | | | | | | | | | | | | | | | | |
| Salaries and Wages | 606,399 | 324,610 | 238,808 | 392,287 | 273,551 | 302,154 | 127,008 | 259,389 | 23,817 | 84,393 | 35,097 | 39,134 | - | 67,995 | 31,514 | - | 2,806,156 |
| Benefits | 195,109 | 96,437 | 83,671 | 120,594 | 96,861 | 75,565 | 30,857 | 87,552 | - | 19,170 | 6,603 | 15,733 | - | 22,406 | 8,727 | - | 859,285 |
| Purchased Services | 11,751 | 4,048 | 651 | 2,264 | 839 | 2,581 | 1,195 | 3,865 | 580 | 3,646 | - | - | - | - | - | - | 31,419 |
| Medical Supplies | - | 3,993 | 7,793 | 8,414 | 11,052 | 14,324 | 2,792 | 9,544 | 1,235 | 486 | - | 167 | - | - | 3,016 | - | 62,817 |
| Other Supplies | 995 | 929 | 1,609 | 1,177 | 1,569 | 809 | 1,117 | 183 | 681 | - | - | 179 | 340 | 570 | 13,130 | - | 24,661 |
| Medical Services | - | 22,871 | 29,095 | 8,582 | 11,634 | 18,995 | 26,870 | 73,733 | 883 | 5,074 | 1,500 | - | - | - | - | - | 199,238 |
| Drugs | - | 9,534 | 21,398 | 30,778 | 32,988 | 29,682 | - | 572 | - | 4,043 | - | 26 | - | - | - | - | 129,021 |
| Repairs and Maintenance | 70,473 | 1,253 | 842 | 954 | 922 | 919 | 809 | 1,791 | 394 | 886 | 120 | 1,783 | 120 | 4,642 | 1,695 | - | 87,602 |
| Lease and Rental | - | 15,466 | 25,982 | 29,681 | 21,274 | 27,688 | 40 | 20,412 | 20 | 15,840 | 20 | 20 | 10 | 10 | 93,248 | - | 249,710 |
| Utilities | - | 3,796 | 1,037 | 195 | 780 | 195 | 1,747 | 1,297 | 148 | 125 | 125 | - | - | - | 1,549 | - | 11,117 |
| Other Expense | 10,569 | 25,192 | 7,927 | 13,021 | 13,659 | 14,322 | 1,381 | 12,386 | 2,353 | 3,166 | 1,094 | 1,024 | 34 | 1,620 | 315 | - | 108,062 |
| Interest Expense | - | - | 12,185 | - | 5,562 | - | 1,584 | 2,628 | - | 6,062 | - | - | - | - | 34,309 | - | 62,331 |
| Principal And Interest | - | - | - | - | 1,606 | - | - | - | - | - | - | - | - | - | 39,063 | - | 40,669 |
| Insurance | - | 780 | 787 | 1,501 | - | 1,551 | 426 | 787 | - | 329 | - | 2,252 | 2,252 | 2,252 | - | - | 12,918 |
| Total Operating Expenses | 895,297 | 508,909 | 431,786 | 609,448 | 472,297 | 488,784 | 195,826 | 475,329 | 29,614 | 144,023 | 44,559 | 60,320 | 2,756 | 99,495 | 226,566 | - | 4,685,007 |
| Net Performance before Depreciation & Overhead Allocations | (667,241) | (238,826) | (175,854) | (187,530) | (329,290) | (55,958) | (80,285) | (214,097) | (9,288) | (56,208) | (27,957) | (31,337) | (2,758) | (54,034) | (119,290) | (1,439) | (2,251,392) |
| Depreciation | 868 | 16,133 | 6,500 | 2,473 | 3,836 | 4,093 | 353 | 841 | 167 | 1,674 | 167 | 167 | 2,083 | 167 | 7,444 | - | 46,965 |
| Overhead Allocations: | | | | | | | | | | | | | | | | | |
| OH Risk Management | 15,586 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 15,586 |
| OH Revenue Cycle | 67,401 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 67,401 |
| OH Internal Audit | 4,615 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 4,615 |
| Home Office Facilities | 40,394 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 40,394 |
| OH Administration | 23,973 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 23,973 |
| OH Human Resources | 148,824 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 148,824 |
| Legal | 58,807 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 58,807 |
| Records | 5,184 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 5,184 |
| OH Compliance | 20,119 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 20,119 |
| IT Operations | 44,525 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 44,525 |
| IT Security | 30,975 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 30,975 |
| OH Finance | 58,749 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 58,749 |
| Corporate Communications | 20,837 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 20,837 |
| OH Information Technology | 30,421 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 30,421 |
| IT Applications | 209,374 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 209,374 |
| IT Service Center | 64,019 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 64,019 |
| Corporate Quality | 27,994 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 27,994 |
| OH Security Services | 87,317 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 87,317 |
| OH Supply Chain | 31,215 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 31,215 |
| HIM Department | 16,654 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 16,654 |
| OH Coding | 32,738 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 32,738 |
| OH Reimbursement | 767 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 767 |
| OH Clinical Labor Pool | 17,093 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 17,093 |
| District Nursing Admin | 39,321 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 39,321 |
| District Operations Admin | 27,717 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 27,717 |
| OH Mail Room | 4,481 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 4,481 |
| OH External Affairs | 8,430 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 8,430 |
| Total Overhead Allocations | 1,137,530 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1,137,530 |
| Total Expenses | 2,036,981 | 525,042 | 465,684 | 611,921 | 489,024 | 492,877 | 214,269 | 499,930 | 29,780 | 160,244 | 44,725 | 60,486 | 4,839 | 99,662 | 303,595 | - | 6,039,059 |
| Net Margin | \$ (1,808,925) | \$ (254,959) | \$ (209,753) | \$ (190,003) | \$ (346,017) | \$ (60,052) | \$ (98,728) | \$ (238,698) | \$ (9,455) | \$ (72,429) | \$ (28,124) | \$ (31,504) | \$ (4,842) | \$ (54,200) | \$ (196,318) | \$ (1,439) | \$ (3,605,445) |
| Capital | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Transfer In/(Out) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |

| Current Month | | | | | | | Fiscal Year To Date | | | | | | |
|----------------------------|----------------|------------|----------|----------------|------------|----------|---------------------|----------------|--------------|----------|----------------|------------|----------|
| Actual | Budget | Variance | % | Prior Year | Variance | % | Actual | Budget | Variance | % | Prior Year | Variance | % |
| \$ 1,774,623 | \$ 1,634,346 | \$ 140,277 | 8.6% | \$ 1,607,120 | \$ 167,503 | 10.4% | \$ 3,859,103 | \$ 3,423,707 | \$ 435,396 | 12.7% | \$ 3,750,549 | \$ 108,553 | 2.9% |
| Gross Patient Revenue | | | | | | | | | | | | | |
| 522,234 | 509,051 | 13,183 | 2.6% | 913,318 | (391,084) | (42.8%) | 1,236,188 | 1,047,847 | 188,341 | 18.0% | 1,725,663 | (489,475) | (28.4%) |
| 571,059 | 571,577 | (518) | (0.1%) | 532,214 | 38,845 | 7.3% | 1,265,914 | 1,196,581 | 69,334 | 5.8% | 1,304,240 | (38,326) | (2.9%) |
| 240,599 | 224,048 | 16,552 | 7.4% | 107,319 | 133,280 | 124.2% | 728,803 | 469,387 | 259,416 | 55.3% | 313,492 | 415,311 | 132.5% |
| 1,333,892 | 1,304,676 | 29,216 | 2.2% | 1,552,851 | (218,959) | (14.1%) | 3,230,906 | 2,713,815 | 517,091 | 19.1% | 3,343,395 | (112,490) | (3.4%) |
| 378,234 | 424,593 | (46,359) | (10.9%) | 367,453 | 10,781 | 2.9% | 756,469 | 889,614 | (133,145) | (15.0%) | 728,897 | 27,571 | 3.8% |
| 818,965 | 754,263 | 64,702 | 8.6% | 421,723 | 397,242 | 94.2% | 1,384,665 | 1,599,506 | (214,840) | (13.4%) | 1,136,051 | 248,614 | 21.9% |
| 46.15% | 46.15% | | | 26.24% | | | 35.88% | 46.72% | | | 30.29% | | |
| 595,878 | 657,683 | (61,805) | (9.4%) | 540,569 | 55,309 | 10.2% | 1,018,650 | 1,366,699 | (348,050) | (25.5%) | 989,977 | 28,673 | 2.9% |
| - | - | - | - | - | - | - | - | - | - | - | 1,943 | (1,943) | - |
| 5,056 | 6,546 | (1,490) | (22.8%) | 2,051 | 3,005 | 146.5% | 30,299 | 13,136 | 17,163 | 130.7% | 3,012 | 27,287 | 905.9% |
| \$ 1,419,899 | \$ 1,418,492 | \$ 1,407 | 0.1% | \$ 964,342 | \$ 455,556 | 47.2% | \$ 2,433,614 | \$ 2,979,341 | \$ (545,727) | (18.3%) | \$ 2,130,983 | \$ 302,631 | 14.2% |
| | | | | | | | | | | | | | |
| Direct Operating Expenses: | | | | | | | | | | | | | |
| 1,386,158 | 1,613,096 | 226,938 | 14.1% | 1,248,676 | (137,482) | (11.0%) | 2,806,156 | 3,199,636 | 393,480 | 12.3% | 2,773,438 | (32,717) | (1.2%) |
| 512,476 | 417,946 | (94,530) | (22.6%) | 363,505 | (148,971) | (41.0%) | 859,285 | 845,553 | (13,733) | (1.6%) | 745,039 | (114,247) | (15.3%) |
| 19,457 | 33,382 | 13,925 | 41.7% | 32,112 | 12,656 | 39.4% | 31,419 | 66,764 | 35,345 | 52.9% | 35,601 | 4,181 | 11.7% |
| 25,061 | 96,946 | 71,885 | 74.1% | 42,450 | 17,390 | 41.0% | 62,817 | 193,891 | 131,075 | 67.6% | 58,942 | (3,874) | (6.6%) |
| 19,475 | 25,259 | 5,783 | 22.9% | 7,102 | (12,373) | (174.2%) | 24,661 | 50,517 | 25,857 | 51.2% | 12,505 | (12,156) | (97.2%) |
| 95,313 | 77,899 | (17,414) | (22.4%) | 102,323 | 7,010 | 6.9% | 199,238 | 155,798 | (43,440) | (27.9%) | 140,072 | (59,167) | (42.2%) |
| 67,731 | 58,471 | (9,260) | (15.8%) | 46,702 | (21,029) | (45.0%) | 129,021 | 116,942 | (12,079) | (10.3%) | 120,884 | (8,137) | (6.7%) |
| 38,062 | 58,374 | 20,312 | 34.8% | 40,831 | 2,770 | 6.8% | 87,602 | 116,748 | 29,146 | 25.0% | 71,947 | (15,655) | (21.8%) |
| 106,710 | 108,402 | 1,692 | 1.6% | 102,217 | (4,493) | (4.4%) | 249,710 | 216,804 | (32,906) | (15.2%) | 258,152 | 8,442 | 3.3% |
| 8,831 | 13,204 | 4,373 | 33.1% | 9,028 | 198 | 2.2% | 11,117 | 26,408 | 15,291 | 57.9% | 13,763 | 2,647 | 19.2% |
| 75,486 | 85,959 | 10,472 | 12.2% | 68,728 | (6,759) | (9.8%) | 108,062 | 171,917 | 63,855 | 37.1% | 147,955 | 39,893 | 27.0% |
| 48,246 | 13,310 | (34,936) | (262.5%) | - | (48,246) | - | 62,331 | 26,621 | (35,711) | (134.1%) | - | (62,331) | - |
| 39,063 | - | (39,063) | - | - | (39,063) | - | 40,669 | - | (40,669) | - | - | (40,669) | - |
| 6,459 | 6,424 | (35) | (0.5%) | 4,902 | (1,557) | (31.8%) | 12,918 | 12,848 | (71) | (0.6%) | 9,804 | (3,114) | (31.8%) |
| 2,448,528 | 2,608,671 | 160,143 | 6.1% | 2,068,576 | (379,952) | (18.4%) | 4,685,007 | 5,200,447 | 515,440 | 9.9% | 4,388,102 | (296,905) | (6.8%) |
| | | | | | | | | | | | | | |
| \$ (1,028,629) | \$ (1,190,179) | \$ 161,550 | (13.6%) | \$ (1,104,234) | \$ 75,605 | (6.8%) | \$ (2,251,392) | \$ (2,221,106) | \$ (30,287) | 1.4% | \$ (2,257,119) | \$ 5,726 | (0.3%) |
| | | | | | | | | | | | | | |
| 143,053 | 98,507 | (44,547) | (45.2%) | 24,779 | (118,275) | (477.3%) | 216,522 | 197,013 | (19,509) | (9.9%) | 49,557 | (166,965) | (336.9%) |
| | | | | | | | | | | | | | |
| Overhead Allocations: | | | | | | | | | | | | | |
| 7,050 | 9,426 | 2,376 | 25.2% | 8,803 | 1,753 | 19.9% | 15,586 | 18,852 | 3,266 | 17.3% | 18,405 | 2,819 | 15.3% |
| 29,314 | 44,914 | 15,600 | 34.7% | 55,989 | 26,675 | 47.6% | 67,401 | 89,828 | 22,427 | 25.0% | 116,226 | 48,825 | 42.0% |
| 2,026 | 2,507 | 481 | 19.2% | 2,540 | 514 | 20.2% | 4,615 | 5,014 | 399 | 8.0% | 5,533 | 918 | 16.6% |
| 17,385 | 18,927 | 1,542 | 8.1% | 19,600 | 2,215 | 11.3% | 40,394 | 37,854 | (2,540) | (6.7%) | 40,262 | (132) | (0.3%) |
| 11,140 | 10,195 | (945) | (9.3%) | 15,676 | 4,536 | 28.9% | 23,973 | 20,390 | (3,583) | (17.6%) | 17,580 | (6,393) | (36.4%) |
| 68,739 | 84,897 | 16,158 | 19.0% | 55,933 | (12,806) | (22.9%) | 148,824 | 169,794 | 20,970 | 12.4% | 126,330 | (22,494) | (17.8%) |
| 21,599 | 28,821 | 7,222 | 25.1% | 20,398 | (1,201) | (5.9%) | 58,807 | 57,642 | (1,165) | (2.0%) | 39,084 | (19,723) | (50.5%) |
| 2,319 | 3,471 | 1,152 | 33.2% | 2,956 | 637 | 21.5% | 5,184 | 6,942 | 1,758 | 25.3% | 5,987 | 803 | 13.4% |
| 10,291 | 11,681 | 1,390 | 11.9% | 9,864 | (427) | (4.3%) | 20,119 | 23,362 | 3,243 | 13.9% | 21,268 | 1,149 | 5.4% |
| 29,285 | 48,238 | 18,953 | 39.3% | 40,360 | 11,075 | 27.4% | 44,525 | 96,476 | 51,951 | 53.8% | 75,561 | 31,036 | 41.1% |
| 19,070 | 16,746 | (2,324) | (13.9%) | 13,630 | (5,440) | (39.9%) | 30,975 | 33,492 | 2,517 | 7.5% | 23,176 | (7,799) | (33.7%) |
| 26,262 | 32,113 | 5,851 | 18.2% | 29,031 | 2,769 | 9.5% | 58,749 | 64,226 | 5,477 | 8.5% | 57,569 | (1,180) | (2.0%) |
| 9,869 | 14,014 | 4,145 | 29.6% | 12,713 | 2,844 | 22.4% | 20,837 | 28,028 | 7,191 | 25.7% | 27,901 | 7,064 | 25.3% |
| 13,802 | 19,068 | 5,266 | 27.6% | 15,087 | 1,285 | 8.5% | 30,421 | 38,136 | 7,715 | 20.2% | 35,771 | 5,350 | 15.0% |

| Current Month | | | | | | | Fiscal Year To Date | | | | | | |
|----------------|----------------|----------------|----------|----------------|-------------|----------|---------------------|----------------|----------------|---------|----------------|--------------|----------|
| Actual | Budget | Variance | % | Prior Year | Variance | % | Actual | Budget | Variance | % | Prior Year | Variance | % |
| 50,649 | 160,202 | 109,553 | 68.4% | 54,947 | 4,298 | 7.8% | 209,374 | 320,404 | 111,030 | 34.7% | 147,944 | (61,430) | (41.5%) |
| 25,950 | 34,544 | 8,594 | 24.9% | 25,435 | (515) | (2.0%) | 64,019 | 69,088 | 5,069 | 7.3% | 60,316 | (3,703) | (6.1%) |
| - | - | - | - | 8,718 | 8,718 | - | - | - | - | - | 28,855 | 28,855 | - |
| 13,132 | 14,978 | 1,846 | 12.3% | 9,524 | (3,608) | (37.9%) | 27,994 | 29,956 | 1,962 | 6.5% | 20,582 | (7,412) | (36.0%) |
| 44,144 | 40,782 | (3,362) | (8.2%) | 22,082 | (22,062) | (99.9%) | 87,317 | 81,564 | (5,753) | (7.1%) | 48,785 | (38,532) | (79.0%) |
| 16,251 | 15,779 | (472) | (3.0%) | 13,965 | (2,286) | (16.4%) | 31,215 | 31,558 | 343 | 1.1% | 31,209 | (6) | - |
| 8,077 | 9,065 | 988 | 10.9% | 9,939 | 1,862 | 18.7% | 16,654 | 18,130 | 1,476 | 8.1% | 21,250 | 4,596 | 21.6% |
| 16,074 | 19,639 | 3,565 | 18.2% | 15,513 | (561) | (3.6%) | 32,738 | 39,278 | 6,540 | 16.7% | 36,646 | 3,908 | 10.7% |
| 125 | 1,769 | 1,644 | 92.9% | 2,040 | 1,915 | 93.9% | 767 | 3,538 | 2,771 | 78.3% | 3,632 | 2,865 | 78.9% |
| 8,279 | 8,355 | 76 | 0.9% | 1,990 | (6,289) | (316.0%) | 17,093 | 16,710 | (383) | (2.3%) | 3,864 | (13,229) | (342.4%) |
| 19,745 | 28,165 | 8,420 | 29.9% | 8,380 | (11,365) | (135.6%) | 39,321 | 56,330 | 17,009 | 30.2% | 25,353 | (13,968) | (55.1%) |
| 10,977 | 9,709 | (1,268) | (13.1%) | 5,356 | (5,621) | (104.9%) | 27,717 | 19,418 | (8,299) | (42.7%) | 15,324 | (12,393) | (80.9%) |
| 2,079 | 3,385 | 1,306 | 38.6% | 3,560 | 1,481 | 41.6% | 4,481 | 6,770 | 2,289 | 33.8% | 6,808 | 2,327 | 34.2% |
| - | 3,889 | 3,889 | - | - | - | - | - | 7,778 | 7,778 | - | - | - | - |
| 5,320 | 2,595 | (2,725) | (105.0%) | - | (5,320) | - | 8,430 | 5,190 | (3,240) | (62.4%) | - | (8,430) | - |
| - | 12,556 | 12,556 | - | - | - | - | - | 25,112 | 25,112 | - | - | - | - |
| 488,953 | 710,430 | 221,477 | 31.2% | 484,031 | (4,922) | (1.0%) | 1,137,530 | 1,420,860 | 283,330 | 19.9% | 1,061,222 | (76,308) | (7.2%) |
| 3,080,534 | 3,417,608 | 337,073 | 9.9% | 2,577,386 | (503,148) | (19.5%) | 6,039,059 | 6,818,320 | 779,261 | 11.4% | 5,498,882 | (540,177) | (9.8%) |
| \$ (1,660,636) | \$ (1,999,116) | \$ 338,480 | (16.9%) | \$ (1,613,044) | \$ (47,592) | 3.0% | \$ (3,605,445) | \$ (3,838,979) | \$ 233,535 | (6.1%) | \$ (3,367,898) | \$ (237,546) | 7.1% |
| - | 10,478 | (10,478) | - | - | - | - | - | 20,956 | (20,956) | - | 153,638 | (153,638) | - |
| - | \$ 2,333,333 | \$ (2,333,333) | - | - | - | - | - | \$ 4,666,666 | \$ (4,666,666) | - | - | - | - |

| | Dental Clinic Administration | Belle Glade Dental Clinic | Delray Dental Clinic | Lantana Dental Clinic | West Palm Beach Dental Clinic | Atlantis Dental Clinic | Port Dental Clinic | Total |
|---|---------------------------------|------------------------------|-------------------------|--------------------------|-------------------------------------|---------------------------|-----------------------|---------------------|
| Gross Patient Revenue | - | \$ 294,340 | \$ 414,623 | \$ 466,952 | \$ 652,664 | - | \$ 4,993 | \$ 1,833,573 |
| Contractual Allowance | - | 108,722 | 140,463 | 168,176 | 202,353 | - | 25 | 619,739 |
| Charity Care | - | 92,621 | 180,448 | 214,048 | 304,935 | - | 4,993 | 797,044 |
| Bad Debt | - | 33,997 | 68,251 | 54,016 | 67,821 | - | 30 | 224,114 |
| Total Contractual Allowances and Bad Debt | - | 235,339 | 389,162 | 436,239 | 575,109 | - | 5,049 | 1,640,898 |
| Other Patient Revenue | - | 69,955 | 78,301 | 57,800 | 111,836 | 31,145 | - | 349,037 |
| Net Patient Revenue | - | 128,957 | 103,763 | 88,513 | 189,391 | 31,145 | (55) | 541,713 |
| Collection % | - | 43.81% | 25.03% | 18.96% | 29.02% | - | (1.11%) | 29.54% |
| Grants | 4,275 | 22,542 | 44,224 | 46,615 | 61,960 | - | - | 179,617 |
| Other Revenue | 1,001 | - | - | - | - | - | - | 1,001 |
| Total Other Revenues | 5,276 | 22,542 | 44,224 | 46,615 | 61,960 | - | - | 180,618 |
| Total Revenues | \$ 5,276 | \$ 151,499 | \$ 147,987 | \$ 135,128 | \$ 251,351 | \$ 31,145 | \$ (55) | \$ 722,331 |
| <i>Direct Operational Expenses:</i> | | | | | | | | |
| Salaries and Wages | 16,224 | 71,817 | 132,037 | 133,377 | 198,320 | - | - | 551,773 |
| Benefits | 4,601 | 24,084 | 31,860 | 45,313 | 57,355 | - | - | 163,212 |
| Purchased Services | - | 1,662 | 308 | 1,836 | 64 | - | - | 3,870 |
| Medical Supplies | - | 6,006 | 11,600 | 11,236 | 24,796 | 1,364 | - | 55,001 |
| Other Supplies | - | 552 | 461 | 105 | 232 | - | - | 1,351 |
| Repairs and Maintenance | - | 625 | 416 | 851 | 3,632 | - | - | 5,525 |
| Lease and Rental | - | 6,019 | 19,156 | 11,711 | 23,799 | 13,499 | - | 74,185 |
| Utilities | - | 1,522 | 1,780 | 195 | 227 | - | - | 3,919 |
| Other Expense | 4,654 | 2,104 | 3,668 | 4,105 | 18,292 | - | - | 32,823 |
| Interest Expense | - | - | 4,835 | - | - | 5,021 | - | 9,856 |
| Principal And Interest | - | - | - | - | - | 11,434 | - | 11,434 |
| Insurance | - | 353 | - | - | - | - | - | 353 |
| Total Operating Expenses | 25,479 | 114,742 | 206,122 | 208,728 | 326,685 | 31,545 | - | 913,302 |
| Net Performance before Depreciation & Overhead Allocations | (20,203) | 36,757 | (58,135) | (73,600) | (75,334) | (400) | (55) | (190,971) |
| Depreciation | - | 2,171 | 5,023 | 2,526 | 5,802 | 996 | - | 16,519 |
| <i>Overhead Allocations:</i> | | | | | | | | |
| OH Risk Management | 3,889 | - | - | - | - | - | - | 3,889 |
| OH Revenue Cycle | 53,920 | - | - | - | - | - | - | 53,920 |
| OH Internal Audit | 1,152 | - | - | - | - | - | - | 1,152 |
| Home Office Facilities | 4,793 | - | - | - | - | - | - | 4,793 |
| OH Administration | 5,981 | - | - | - | - | - | - | 5,981 |
| OH Human Resources | 40,111 | - | - | - | - | - | - | 40,111 |
| Legal | 14,672 | - | - | - | - | - | - | 14,672 |
| Records | 1,294 | - | - | - | - | - | - | 1,294 |
| OH Compliance | 5,019 | - | - | - | - | - | - | 5,019 |
| IT Operations | 11,108 | - | - | - | - | - | - | 11,108 |
| IT Security | 7,728 | - | - | - | - | - | - | 7,728 |
| OH Finance | 14,657 | - | - | - | - | - | - | 14,657 |
| Corporate Communications | 5,198 | - | - | - | - | - | - | 5,198 |
| OH Information Technology | 7,589 | - | - | - | - | - | - | 7,589 |
| IT Applications | 58,597 | - | - | - | - | - | - | 58,597 |
| IT Service Center | 15,972 | - | - | - | - | - | - | 15,972 |
| Corporate Quality | 6,984 | - | - | - | - | - | - | 6,984 |
| OH Security Services | 12,066 | - | - | - | - | - | - | 12,066 |
| OH Supply Chain | 7,787 | - | - | - | - | - | - | 7,787 |
| HIM Department | 4,155 | - | - | - | - | - | - | 4,155 |
| OH Coding | 8,167 | - | - | - | - | - | - | 8,167 |
| OH Reimbursement | 191 | - | - | - | - | - | - | 191 |
| OH Clinical Labor Pool | 4,264 | - | - | - | - | - | - | 4,264 |
| District Nursing Admin | 9,810 | - | - | - | - | - | - | 9,810 |
| District Operations Admin | 6,915 | - | - | - | - | - | - | 6,915 |
| OH Mail Room | 1,118 | - | - | - | - | - | - | 1,118 |
| OH External Affairs | 2,103 | - | - | - | - | - | - | 2,103 |
| Total Overhead Allocations | 315,240 | | | | | | | 315,240 |
| Total Expenses | 340,719 | 116,914 | 222,018 | 211,254 | 332,487 | 42,724 | - | 1,266,117 |
| Net Margin | \$ (335,443) | \$ 34,586 | \$ (74,031) | \$ (76,127) | \$ (81,136) | \$ (11,580) | \$ (55) | \$ (543,786) |
| Capital | - | - | - | - | - | - | - | - |
| Transfer In/(Out) | - | - | - | - | - | - | - | - |

| Current Month | | | | | | | Fiscal Year To Date | | | | | | |
|----------------------------|-------------|--------------|----------|------------|--------------|----------|---------------------|--------------|--------------|----------|--------------|--------------|----------|
| Actual | Budget | Variance | % | Prior Year | Variance | % | Actual | Budget | Variance | % | Prior Year | Variance | % |
| \$ 850,267 | \$ 966,880 | \$ (116,612) | (12.1%) | \$ 817,396 | \$ 32,871 | 4.0% | \$ 1,833,573 | \$ 2,010,060 | \$ (176,486) | (8.8%) | \$ 1,765,243 | \$ 68,331 | 3.9% |
| Gross Patient Revenue | | | | | | | | | | | | | |
| 255,804 | 358,845 | (103,041) | (28.7%) | 22,693 | 233,111 | 1,027.2% | 619,739 | 743,094 | (123,355) | (16.6%) | 207,540 | 412,199 | 198.6% |
| 377,918 | 362,387 | 15,531 | 4.3% | 338,142 | 39,776 | 11.8% | 797,044 | 754,366 | 42,678 | 5.7% | 728,864 | 68,181 | 9.4% |
| 96,456 | 115,135 | (18,679) | (16.2%) | 73,760 | 22,695 | 30.8% | 224,114 | 239,801 | (15,687) | (6.5%) | 157,616 | 66,499 | 42.2% |
| 730,178 | 836,367 | (106,189) | (12.7%) | 434,596 | 295,582 | 68.0% | 1,640,898 | 1,737,261 | (96,363) | (5.5%) | 1,094,020 | 546,878 | 50.0% |
| 174,519 | 195,730 | (21,211) | (10.8%) | 205,703 | (31,184) | (15.2%) | 349,037 | 406,522 | (57,484) | (14.1%) | 408,594 | (59,557) | (14.6%) |
| 294,608 | 326,243 | (31,635) | (9.7%) | 588,503 | (293,895) | (49.9%) | 541,713 | 679,320 | (137,607) | (20.3%) | 1,079,817 | (538,104) | (49.8%) |
| 34.65% | 33.74% | | | 72.00% | | | 29.54% | 33.80% | | | 61.17% | | |
| 106,402 | 122,520 | (16,117) | (13.2%) | 118,125 | (11,723) | (9.9%) | 179,617 | 256,127 | (76,510) | (29.9%) | 218,839 | (39,222) | (17.9%) |
| 700 | 167 | 533 | 319.2% | 475 | 225 | 47.4% | 1,001 | 334 | 667 | 199.7% | 950 | 51 | 5.4% |
| \$ 401,711 | \$ 448,929 | \$ (47,219) | (10.5%) | \$ 707,103 | \$ (305,393) | (43.2%) | \$ 722,331 | \$ 935,781 | \$ (213,450) | (22.8%) | \$ 1,299,606 | \$ (577,275) | (44.4%) |
| Direct Operating Expenses: | | | | | | | | | | | | | |
| 277,793 | 329,638 | 51,845 | 15.7% | 263,616 | (14,177) | (5.4%) | 551,773 | 648,930 | 97,157 | 15.0% | 611,162 | 59,389 | 9.7% |
| 98,359 | 97,439 | (920) | (0.9%) | 80,575 | (17,784) | (22.1%) | 163,212 | 196,114 | 32,902 | 16.8% | 170,759 | 7,546 | 4.4% |
| 2,903 | 6,940 | 4,037 | 58.2% | 7,729 | 4,825 | 62.4% | 3,870 | 13,881 | 10,010 | 72.1% | 8,021 | 4,150 | 51.7% |
| 24,283 | 28,499 | 4,216 | 14.8% | 29,312 | 5,030 | 17.2% | 55,001 | 56,998 | 1,997 | 3.5% | 43,907 | (11,095) | (25.3%) |
| 369 | 8,827 | 8,458 | 95.8% | 2,717 | 2,348 | 86.4% | 1,351 | 17,654 | 16,303 | 92.3% | 3,173 | 1,822 | 57.4% |
| - | 137 | 137 | - | - | - | - | - | 274 | 274 | - | - | - | - |
| 3,041 | 3,950 | 909 | 23.0% | 3,930 | 889 | 22.6% | 5,525 | 7,900 | 2,375 | 30.1% | 7,117 | 1,592 | 22.4% |
| 36,687 | 22,589 | (14,098) | (62.4%) | 27,669 | (9,018) | (32.6%) | 74,185 | 45,178 | (29,007) | (64.2%) | 63,643 | (10,541) | (16.6%) |
| 3,010 | 2,272 | (738) | (32.5%) | 4,203 | 1,193 | 28.4% | 3,919 | 4,544 | 625 | 13.8% | 5,025 | 1,107 | 22.0% |
| 22,304 | 18,028 | (4,276) | (23.7%) | 9,341 | (12,963) | (138.8%) | 32,823 | 36,055 | 3,233 | 9.0% | 16,379 | (16,444) | (100.4%) |
| 7,431 | 2,339 | (5,092) | (217.7%) | - | (7,431) | - | 9,856 | 4,678 | (5,178) | (110.7%) | - | (9,856) | - |
| 11,434 | - | (11,434) | - | - | (11,434) | - | 11,434 | - | (11,434) | - | - | (11,434) | - |
| 176 | 175 | (1) | (0.6%) | 45 | (131) | (291.1%) | 353 | 350 | (3) | (0.9%) | 91 | (262) | (287.9%) |
| 487,789 | 520,832 | 33,043 | 6.3% | 429,137 | (58,652) | (13.7%) | 913,302 | 1,032,556 | 119,254 | 11.5% | 929,276 | 15,974 | 1.7% |
| \$ (86,079) | \$ (71,903) | \$ (14,175) | 19.7% | \$ 277,967 | \$ (364,045) | (131.0%) | \$ (190,971) | \$ (96,775) | \$ (94,195) | 97.3% | \$ 370,330 | \$ (561,301) | (151.6%) |
| 23,879 | 18,363 | (5,516) | (30.0%) | 6,113 | (17,766) | (290.6%) | 37,575 | 36,726 | (849) | (2.3%) | 12,227 | (25,348) | (207.3%) |
| Overhead Allocations: | | | | | | | | | | | | | |
| 1,759 | 2,352 | 593 | 25.2% | 1,747 | (12) | (0.7%) | 3,889 | 4,704 | 815 | 17.3% | 3,653 | (236) | (6.5%) |
| 23,451 | 35,931 | 12,480 | 34.7% | 19,342 | (4,109) | (21.2%) | 53,920 | 71,862 | 17,942 | 25.0% | 40,151 | (13,769) | (34.3%) |
| 506 | 626 | 120 | 19.2% | 504 | (2) | (0.4%) | 1,152 | 1,252 | 100 | 8.0% | 1,098 | (54) | (4.9%) |
| 2,063 | 2,246 | 183 | 8.1% | 5,490 | 3,427 | 62.4% | 4,793 | 4,492 | (301) | (6.7%) | 11,278 | 6,485 | 57.5% |
| 2,779 | 2,544 | (235) | (9.2%) | 3,111 | 332 | 10.7% | 5,981 | 5,088 | (893) | (17.6%) | 3,489 | (2,492) | (71.4%) |
| 18,526 | 22,881 | 4,355 | 19.0% | 12,074 | (6,452) | (53.4%) | 40,111 | 45,762 | 5,651 | 12.3% | 27,269 | (12,842) | (47.1%) |
| 5,389 | 7,190 | 1,801 | 25.0% | 4,049 | (1,340) | (33.1%) | 14,672 | 14,380 | (292) | (2.0%) | 7,757 | (6,915) | (89.1%) |
| 579 | 866 | 287 | 33.1% | 587 | 8 | 1.4% | 1,294 | 1,732 | 438 | 25.3% | 1,188 | (106) | (8.9%) |
| 2,567 | 2,914 | 347 | 11.9% | 1,958 | (609) | (31.1%) | 5,019 | 5,828 | 809 | 13.9% | 4,221 | (798) | (18.9%) |
| 7,306 | 12,035 | 4,729 | 39.3% | 8,011 | 705 | 8.8% | 11,108 | 24,070 | 12,962 | 53.9% | 14,997 | 3,889 | 25.9% |
| 4,758 | 4,178 | (580) | (13.9%) | 2,705 | (2,053) | (75.9%) | 7,728 | 8,356 | 628 | 7.5% | 4,600 | (3,128) | (68.0%) |
| 6,552 | 8,012 | 1,460 | 18.2% | 5,762 | (790) | (13.7%) | 14,657 | 16,024 | 1,367 | 8.5% | 11,426 | (3,231) | (28.3%) |
| 2,462 | 3,496 | 1,034 | 29.6% | 2,523 | 61 | 2.4% | 5,198 | 6,992 | 1,794 | 25.7% | 5,538 | 340 | 6.1% |
| 3,443 | 4,757 | 1,314 | 27.6% | 2,994 | (449) | (15.0%) | 7,589 | 9,514 | 1,925 | 20.2% | 7,100 | (489) | (6.9%) |
| 14,175 | 57,582 | 43,407 | 75.4% | 10,906 | (3,269) | (30.0%) | 58,597 | 115,164 | 56,567 | 49.1% | 29,364 | (29,233) | (99.6%) |
| 6,474 | 8,618 | 2,144 | 24.9% | 5,048 | (1,426) | (28.2%) | 15,972 | 17,236 | 1,264 | 7.3% | 11,972 | (4,000) | (33.4%) |

| Current Month | | | | | | | Fiscal Year To Date | | | | | | |
|---------------------------------------|--------------|--------------|----------|------------|--------------|----------|-----------------------------|--------------|----------------|---------|------------|--------------|----------|
| Actual | Budget | Variance | % | Prior Year | Variance | % | Actual | Budget | Variance | % | Prior Year | Variance | % |
| - | - | - | - | 1,730 | 1,730 | - | - | - | - | - | 5,727 | 5,727 | - |
| 3,276 | 3,737 | 461 | 12.3% | 1,890 | (1,386) | (73.3%) | 6,984 | 7,474 | 490 | 6.6% | 4,085 | (2,899) | (71.0%) |
| 6,100 | 5,636 | (464) | (8.2%) | 11,041 | 4,941 | 44.8% | 12,066 | 11,272 | (794) | (7.0%) | 24,393 | 12,327 | 50.5% |
| 4,054 | 3,937 | (117) | (3.0%) | 2,772 | (1,282) | (46.2%) | 7,787 | 7,874 | 87 | 1.1% | 6,194 | (1,593) | (25.7%) |
| 2,015 | 2,262 | 247 | 10.9% | 1,973 | (42) | (2.1%) | 4,155 | 4,524 | 369 | 8.2% | 4,218 | 63 | 1.5% |
| 4,010 | 4,900 | 890 | 18.2% | 3,079 | (931) | (30.2%) | 8,167 | 9,800 | 1,633 | 16.7% | 7,273 | (894) | (12.3%) |
| 31 | 441 | 410 | 93.0% | 405 | 374 | 92.3% | 191 | 882 | 691 | 78.3% | 721 | 530 | 73.5% |
| 2,065 | 2,084 | 19 | 0.9% | 395 | (1,670) | (422.8%) | 4,264 | 4,168 | (96) | (2.3%) | 767 | (3,497) | (455.9%) |
| 4,926 | 7,027 | 2,101 | 29.9% | 1,663 | (3,263) | (196.2%) | 9,810 | 14,054 | 4,244 | 30.2% | 5,032 | (4,778) | (95.0%) |
| 2,739 | 2,422 | (317) | (13.1%) | 1,063 | (1,676) | (157.7%) | 6,915 | 4,844 | (2,071) | (42.8%) | 3,042 | (3,873) | (127.3%) |
| 519 | 844 | 325 | 38.5% | 707 | 188 | 26.6% | 1,118 | 1,688 | 570 | 33.8% | 1,351 | 233 | 17.2% |
| - | 970 | 970 | - | - | - | - | - | 1,940 | 1,940 | - | - | - | - |
| 1,327 | 647 | (680) | (105.1%) | - | (1,327) | - | 2,103 | 1,294 | (809) | (62.5%) | - | (2,103) | - |
| - | 3,133 | 3,133 | - | - | - | - | - | 6,266 | 6,266 | - | - | - | - |
| 133,851 | 214,268 | 80,417 | 37.5% | 113,530 | (20,321) | (17.9%) | 315,240 | 428,536 | 113,296 | 26.4% | 247,907 | (67,333) | (27.2%) |
| 645,519 | 753,463 | 107,944 | 14.3% | 548,780 | (96,739) | (17.6%) | 1,266,117 | 1,497,818 | 231,701 | 15.5% | 1,189,409 | (76,708) | (6.4%) |
| \$ (243,809) | \$ (304,534) | \$ 60,726 | (19.9%) | \$ 158,323 | \$ (402,132) | (254.0%) | \$ (543,786) | \$ (562,037) | \$ 18,251 | (3.2%) | \$ 110,197 | \$ (653,983) | (593.5%) |
| - | 20,662 | (20,662) | - | - | - | - | - | 41,324 | (41,324) | - | 51,213 | (51,213) | - |
| - | \$ 500,000 | \$ (500,000) | - | - | - | - | - | \$ 1,000,000 | \$ (1,000,000) | - | - | - | - |
| OH Performance Excellence | | | | | | | Total Overhead Allocations- | | | | | | |
| Corporate Quality | | | | | | | Total Expenses | | | | | | |
| OH Security Services | | | | | | | Net Margin | | | | | | |
| OH Supply Chain | | | | | | | Capital Contributions. | | | | | | |
| HIM Department | | | | | | | Transfer In/(Out) | | | | | | |
| OH Coding | | | | | | | | | | | | | |
| OH Reimbursement | | | | | | | | | | | | | |
| OH Clinical Labor Pool | | | | | | | | | | | | | |
| District Nursing Admin | | | | | | | | | | | | | |
| District Operations Admin | | | | | | | | | | | | | |
| OH Mail Room | | | | | | | | | | | | | |
| OH Patient Experience | | | | | | | | | | | | | |
| OH External Affairs | | | | | | | | | | | | | |
| OH Strategic Initiatives and Projects | | | | | | | | | | | | | |

| | Belle Glade Behavioral Health | Delray Behavioral Health | Lantana Behavioral Health | Mangonia Park Behavioral Health | Mangonia Pilot | West Palm Beach Behavioral Health | Lake Worth Behavioral Health | Lewis Center Behavioral Health | Mobile Warrior Behavioral Health | Co-Responder Unit | Total |
|---|-------------------------------------|--------------------------------|---------------------------------|---------------------------------------|---------------------|--|------------------------------------|--------------------------------------|--|----------------------|---------------------|
| Gross Patient Revenue | \$144 | \$195,587 | (\$385) | \$426,031 | - | \$6,555 | - | \$134,957 | - | - | \$762,888 |
| Contractual Allowance | (10) | 58,551 | 5,723 | 109,986 | - | 6,670 | - | 39,889 | 175 | - | 220,984 |
| Charity Care | - | 48,207 | (150) | 78,407 | - | 1,269 | - | 41,127 | - | - | 168,859 |
| Bad Debt | - | 48,782 | 11,747 | 103,752 | - | 9,398 | 8 | 7,386 | - | - | 181,073 |
| Total Contractual Allowances and Bad Debt | (10) | 155,540 | 17,320 | 292,144 | - | 17,337 | 8 | 88,401 | 175 | - | 570,915 |
| Other Patient Revenue | - | 5,993 | 246 | 7,061 | - | - | - | 3,859 | - | - | 17,159 |
| Net Patient Revenue | 154 | 46,040 | (17,459) | 140,947 | - | (10,782) | (8) | 50,414 | (175) | - | 209,132 |
| Collection % | 106.69% | 23.54% | 4,530.43% | 33.08% | - | (164.48%) | - | 37.36% | - | - | 27.41% |
| Ad Valorem Taxes | - | - | - | - | - | - | - | - | - | - | - |
| Intergovernmental Revenue | - | - | - | - | - | - | - | - | - | - | - |
| Grants | - | - | - | - | 33,675 | - | - | 3,581 | 2,523 | 17,287 | 57,066 |
| Interest Earnings | - | - | - | - | - | - | - | - | - | - | - |
| Unrealized Gain/(Loss) On Investments | - | - | - | - | - | - | - | - | - | - | - |
| Other Financial Assistance | - | - | - | - | - | - | - | - | - | - | - |
| Other Revenue | - | - | - | - | - | - | - | - | - | - | - |
| Total Other Revenues | - | - | - | - | 33,675 | - | - | 3,581 | 2,523 | 17,287 | 57,066 |
| Total Revenues | \$ 154 | \$ 46,040 | \$ (17,459) | \$ 140,947 | \$ 33,675 | \$ (10,782) | \$ (8) | \$ 53,995 | \$ 2,348 | \$ 17,287 | \$ 266,198 |
| <i>Direct Operational Expenses:</i> | | | | | | | | | | | |
| Salaries and Wages | - | - | - | - | 106,750 | - | - | 12,474 | 7,375 | 41,101 | 167,701 |
| Benefits | - | - | - | - | 30,567 | - | - | 4,847 | 1,855 | 11,862 | 49,131 |
| Other Expense | - | - | - | - | 1,781 | - | - | - | - | - | 1,781 |
| Total Operating Expenses | - | - | - | - | 139,098 | - | - | 17,321 | 9,230 | 52,963 | 218,613 |
| Net Performance before Depreciation & Overhead Allocations | 154 | 46,040 | (17,459) | 140,947 | (105,423) | (10,782) | (8) | 36,674 | (6,882) | (35,676) | 47,586 |
| Depreciation | - | - | - | - | - | - | - | - | - | - | - |
| <i>Overhead Allocations:</i> | | | | | | | | | | | |
| OH Risk Management | - | - | - | - | 3,667 | - | - | - | - | - | 3,667 |
| OH Revenue Cycle | - | - | - | - | 13,480 | - | - | - | - | - | 13,480 |
| OH Internal Audit | - | - | - | - | 1,086 | - | - | - | - | - | 1,086 |
| Home Office Facilities | - | - | - | - | 4,793 | - | - | - | - | - | 4,793 |
| OH Administration | - | - | - | - | 5,640 | - | - | - | - | - | 5,640 |
| OH Human Resources | - | - | - | - | 39,521 | - | - | - | - | - | 39,521 |
| Legal | - | - | - | - | 13,834 | - | - | - | - | - | 13,834 |
| Records | - | - | - | - | 1,220 | - | - | - | - | - | 1,220 |
| OH Compliance | - | - | - | - | 4,733 | - | - | - | - | - | 4,733 |
| IT Operations | - | - | - | - | 10,474 | - | - | - | - | - | 10,474 |
| IT Security | - | - | - | - | 7,287 | - | - | - | - | - | 7,287 |
| OH Finance | - | - | - | - | 13,821 | - | - | - | - | - | 13,821 |
| Corporate Communications | - | - | - | - | 4,902 | - | - | - | - | - | 4,902 |
| OH Information Technology | - | - | - | - | 7,157 | - | - | - | - | - | 7,157 |
| IT Applications | - | - | - | - | 80,747 | - | - | - | - | - | 80,747 |
| IT Service Center | - | - | - | - | 15,061 | - | - | - | - | - | 15,061 |
| Corporate Quality | - | - | - | - | 6,585 | - | - | - | - | - | 6,585 |
| OH Security Services | - | - | - | - | 24,133 | - | - | - | - | - | 24,133 |
| OH Supply Chain | - | - | - | - | 7,343 | - | - | - | - | - | 7,343 |
| HIM Department | - | - | - | - | 3,918 | - | - | - | - | - | 3,918 |
| OH Coding | - | - | - | - | 7,701 | - | - | - | - | - | 7,701 |
| OH Reimbursement | - | - | - | - | 180 | - | - | - | - | - | 180 |
| OH Clinical Labor Pool | - | - | - | - | 4,021 | - | - | - | - | - | 4,021 |
| District Nursing Admin | - | - | - | - | 9,250 | - | - | - | - | - | 9,250 |
| District Operations Admin | - | - | - | - | 6,520 | - | - | - | - | - | 6,520 |
| OH Mail Room | - | - | - | - | 1,054 | - | - | - | - | - | 1,054 |
| OH External Affairs | - | - | - | - | 1,984 | - | - | - | - | - | 1,984 |
| Total Overhead Allocations | - | - | - | - | 300,112 | - | - | - | - | - | 300,112 |
| Total Expenses | - | - | - | - | 439,210 | - | - | 17,321 | 9,230 | 52,963 | 518,725 |
| Net Margin | \$ 154 | \$ 46,040 | \$ (17,459) | \$ 140,947 | \$ (405,535) | \$ (10,782) | \$ (8) | \$ 36,674 | \$ (6,882) | \$ (35,676) | \$ (252,526) |
| Capital | - | - | - | - | - | - | - | - | - | - | - |
| General Fund Support/Transfer In | - | - | - | - | - | - | - | - | - | - | - |

| Current Month | | | | | | |
|---------------|------------|------------|---------|------------|------------|----------|
| Actual | Budget | Variance | % | Prior Year | Variance | % |
| \$ 366,765 | \$ 146,099 | \$ 220,667 | 151.0% | \$ 106,982 | \$ 259,783 | 242.8% |
| 68,002 | 53,458 | 14,545 | 27.2% | 4,961 | 63,042 | 1,270.8% |
| 86,506 | 19,548 | 66,958 | 342.5% | 22,946 | 63,560 | 277.0% |
| 92,613 | 26,064 | 66,549 | 255.3% | 23,363 | 69,250 | 296.4% |
| 247,121 | 99,069 | 148,052 | 149.4% | 51,270 | 195,852 | 382.0% |
| 8,580 | 1,622 | 6,958 | 429.0% | 2,349 | 6,231 | 265.3% |
| 128,224 | 48,651 | 79,573 | 163.6% | 58,061 | 70,162 | 120.8% |
| 34.96% | 33.30% | | | 54.27% | | |
| 38,509 | 50,000 | (11,491) | (23.0%) | - | 38,509 | - |
| \$ 166,733 | \$ 98,651 | \$ 68,082 | 69.0% | \$ 58,061 | \$ 108,672 | 187.2% |

| | | | | | | |
|---------|---------|---------|-------|---|-----------|---|
| 84,264 | 400,728 | 316,464 | 79.0% | - | (84,264) | - |
| 28,767 | 120,747 | 91,980 | 76.2% | - | (28,767) | - |
| - | 62 | 62 | - | - | - | - |
| - | 2,603 | 2,603 | - | - | - | - |
| - | 6,836 | 6,836 | - | - | - | - |
| - | 4,754 | 4,754 | - | - | - | - |
| 733 | 1,537 | 804 | 52.3% | - | (733) | - |
| 113,764 | 537,267 | 423,503 | 78.8% | - | (113,764) | - |

| | | | | | | |
|-----------|--------------|------------|----------|-----------|------------|--------|
| \$ 52,968 | \$ (438,617) | \$ 491,585 | (112.1%) | \$ 58,061 | \$ (5,093) | (8.8%) |
|-----------|--------------|------------|----------|-----------|------------|--------|

| | | | | | | |
|--------|--------|-------|---------|---|----------|---|
| 1,659 | 2,217 | 558 | 25.2% | - | (1,659) | - |
| 5,863 | 8,983 | 3,120 | 34.7% | - | (5,863) | - |
| 477 | 590 | 113 | 19.2% | - | (477) | - |
| 2,063 | 2,246 | 183 | 8.1% | - | (2,063) | - |
| 2,621 | 2,398 | (223) | (9.3%) | - | (2,621) | - |
| 18,254 | 22,545 | 4,291 | 19.0% | - | (18,254) | - |
| 5,081 | 6,780 | 1,699 | 25.1% | - | (5,081) | - |
| 546 | 817 | 271 | 33.2% | - | (546) | - |
| 2,421 | 2,748 | 327 | 11.9% | - | (2,421) | - |
| 6,889 | 11,348 | 4,459 | 39.3% | - | (6,889) | - |
| 4,486 | 3,940 | (546) | (13.9%) | - | (4,486) | - |
| 6,178 | 7,555 | 1,377 | 18.2% | - | (6,178) | - |
| 2,322 | 3,297 | 975 | 29.6% | - | (2,322) | - |
| 3,247 | 4,486 | 1,239 | 27.6% | - | (3,247) | - |
| 19,533 | 24,333 | 4,800 | 19.7% | - | (19,533) | - |
| 6,105 | 8,126 | 2,021 | 24.9% | - | (6,105) | - |
| 3,089 | 3,524 | 435 | 12.3% | - | (3,089) | - |
| 12,201 | 11,272 | (929) | (8.2%) | - | (12,201) | - |
| 3,823 | 3,712 | (111) | (3.0%) | - | (3,823) | - |
| 1,900 | 2,132 | 232 | 10.9% | - | (1,900) | - |
| 3,781 | 4,620 | 839 | 18.2% | - | (3,781) | - |
| 29 | 416 | 387 | 93.0% | - | (29) | - |
| 1,948 | 1,966 | 18 | 0.9% | - | (1,948) | - |
| 4,645 | 6,626 | 1,981 | 29.9% | - | (4,645) | - |
| 2,582 | 2,284 | (298) | (13.0%) | - | (2,582) | - |

| Fiscal Year To Date | | | | | | |
|---------------------|------------|------------|---------|------------|------------|--------|
| Actual | Budget | Variance | % | Prior Year | Variance | % |
| \$ 762,888 | \$ 292,197 | \$ 470,691 | 161.1% | \$ 224,237 | \$ 538,651 | 240.2% |
| 220,984 | 106,915 | 114,069 | 106.7% | 67,194 | 153,790 | 228.9% |
| 168,859 | 39,095 | 129,764 | 331.9% | 48,541 | 120,318 | 247.9% |
| 181,073 | 52,129 | 128,944 | 247.4% | 58,709 | 122,363 | 208.4% |
| 570,915 | 198,139 | 372,777 | 188.1% | 174,444 | 396,471 | 227.3% |
| 17,159 | 3,243 | 13,916 | 429.1% | 4,697 | 12,462 | 265.3% |
| 209,132 | 97,301 | 111,831 | 114.9% | 54,490 | 154,641 | 283.8% |
| 27.41% | 33.30% | | | 24.30% | | |
| 57,066 | 100,000 | (42,934) | (42.9%) | - | 57,066 | - |
| \$ 266,198 | \$ 197,301 | \$ 68,897 | 34.9% | \$ 54,490 | \$ 211,708 | 388.5% |

| | | | | | | |
|---------|-----------|---------|-------|---|-----------|---|
| 167,701 | 829,976 | 662,275 | 79.8% | - | (167,701) | - |
| 49,131 | 247,300 | 198,169 | 80.1% | - | (49,131) | - |
| - | 124 | 124 | - | - | - | - |
| - | 5,206 | 5,206 | - | - | - | - |
| - | 13,672 | 13,672 | - | - | - | - |
| - | 9,508 | 9,508 | - | - | - | - |
| 1,781 | 3,074 | 1,293 | 42.1% | - | (1,781) | - |
| 218,613 | 1,108,859 | 890,247 | 80.3% | - | (218,613) | - |

| | | | | | | |
|-----------|--------------|------------|----------|-----------|------------|---------|
| \$ 47,586 | \$ (911,558) | \$ 959,144 | (105.2%) | \$ 54,490 | \$ (6,905) | (12.7%) |
|-----------|--------------|------------|----------|-----------|------------|---------|

| | | | | | | |
|--------|--------|----------|---------|---|----------|---|
| 3,667 | 4,434 | 767 | 17.3% | - | (3,667) | - |
| 13,480 | 17,966 | 4,486 | 25.0% | - | (13,480) | - |
| 1,086 | 1,180 | 94 | 8.0% | - | (1,086) | - |
| 4,793 | 4,492 | (301) | (6.7%) | - | (4,793) | - |
| 5,640 | 4,796 | (844) | (17.6%) | - | (5,640) | - |
| 39,521 | 45,090 | 5,569 | 12.4% | - | (39,521) | - |
| 13,834 | 13,560 | (274) | (2.0%) | - | (13,834) | - |
| 1,220 | 1,634 | 414 | 25.3% | - | (1,220) | - |
| 4,733 | 5,496 | 763 | 13.9% | - | (4,733) | - |
| 10,474 | 22,696 | 12,222 | 53.9% | - | (10,474) | - |
| 7,287 | 7,880 | 593 | 7.5% | - | (7,287) | - |
| 13,821 | 15,110 | 1,289 | 8.5% | - | (13,821) | - |
| 4,902 | 6,594 | 1,692 | 25.7% | - | (4,902) | - |
| 7,157 | 8,972 | 1,815 | 20.2% | - | (7,157) | - |
| 80,747 | 48,666 | (32,081) | (65.9%) | - | (80,747) | - |
| 15,061 | 16,252 | 1,191 | 7.3% | - | (15,061) | - |
| 6,585 | 7,048 | 463 | 6.6% | - | (6,585) | - |
| 24,133 | 22,544 | (1,589) | (7.0%) | - | (24,133) | - |
| 7,343 | 7,424 | 81 | 1.1% | - | (7,343) | - |
| 3,918 | 4,264 | 346 | 8.1% | - | (3,918) | - |
| 7,701 | 9,240 | 1,539 | 16.7% | - | (7,701) | - |
| 180 | 832 | 652 | 78.4% | - | (180) | - |
| 4,021 | 3,932 | (89) | (2.3%) | - | (4,021) | - |
| 9,250 | 13,252 | 4,002 | 30.2% | - | (9,250) | - |
| 6,520 | 4,568 | (1,952) | (42.7%) | - | (6,520) | - |

| Current Month | | | | | | | Fiscal Year To Date | | | | | | |
|---------------|--------------|--------------|----------|------------|--------------|----------|---------------------|----------------|----------------|---------|------------|--------------|----------|
| Actual | Budget | Variance | % | Prior Year | Variance | % | Actual | Budget | Variance | % | Prior Year | Variance | % |
| 489 | 796 | 307 | 38.6% | - | (489) | - | 1,054 | 1,592 | 538 | 33.8% | - | (1,054) | - |
| - | 915 | 915 | - | - | - | - | - | 1,830 | 1,830 | - | - | - | - |
| 1,252 | 610 | (642) | (105.2%) | - | (1,252) | - | 1,984 | 1,220 | (764) | (62.6%) | - | (1,984) | - |
| - | 2,954 | 2,954 | - | - | - | - | - | 5,908 | 5,908 | - | - | - | - |
| 123,484 | 154,236 | 30,752 | 19.9% | - | (123,484) | - | 300,112 | 308,472 | 8,360 | 2.7% | - | (300,112) | - |
| 237,248 | 691,503 | 454,255 | 65.7% | - | (237,248) | - | 518,725 | 1,417,331 | 898,607 | 63.4% | - | (518,725) | - |
| \$ (70,516) | \$ (592,853) | \$ 522,337 | (88.1%) | \$ 58,061 | \$ (128,577) | (221.5%) | \$ (252,526) | \$ (1,220,030) | \$ 967,504 | (79.3%) | \$ 54,490 | \$ (307,017) | (563.4%) |
| - | \$ 750,000 | \$ (750,000) | - | - | - | - | - | \$ 1,499,999 | \$ (1,499,999) | - | - | - | - |

| | |
|---------------------------------------|--|
| OH Mail Room | |
| OH Patient Experience | |
| OH External Affairs | |
| OH Strategic Initiatives and Projects | |
| Total Overhead Allocations- | |
| Total Expenses | |
| Net Margin | |
| Transfer In/(Out) | |



District Clinic Holdings, Inc.

| Clinic Visits – Adults and Pediatrics | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Current Year Total | Current YTD Budget | %Var to Budget | Prior Year Total |
|--|---------------|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------------|--------------------|----------------|------------------|
| West Palm Beach | 1,552 | 1,223 | | | | | | | | | | | 2,775 | 3,229 | (14.1%) | 3,211 |
| Delray & Women's Health Care | 1,056 | 896 | | | | | | | | | | | 1,952 | 1,488 | 31.2% | 1,488 |
| Lantana & Atlantis | 1,730 | 1,432 | | | | | | | | | | | 3,162 | 2,919 | 8.3% | 3,610 |
| Belle Glade & Women's Health Care | 793 | 764 | | | | | | | | | | | 1,557 | 1,577 | (1.3%) | 1,577 |
| Lewis Center | 40 | 57 | | | | | | | | | | | 97 | 66 | 47.0% | 66 |
| Lake Worth & Women's Health Care & Atlantis | 1,268 | 1,010 | | | | | | | | | | | 2,278 | 2,919 | (22.0%) | 2,228 |
| Jupiter & Women's Health Care | 597 | 500 | | | | | | | | | | | 1,097 | 1,154 | (4.9%) | 1,154 |
| West Boca & Women's Health Care | 276 | 235 | | | | | | | | | | | 511 | 712 | (28.2%) | 712 |
| St Ann Place | 68 | 54 | | | | | | | | | | | 122 | 26 | 369.2% | 26 |
| Cib Mob 1 Warrior (Mobile Van) | 10 | - | | | | | | | | | | | 10 | - | 100.0% | 48 |
| Cib Mob 2 Scout | - | - | | | | | | | | | | | - | 3 | (100.0%) | - |
| Cib Mob 3 Hero | 84 | 83 | | | | | | | | | | | 167 | 37 | 351.4% | 37 |
| Portable Medical | 96 | 66 | | | | | | | | | | | 162 | 121 | 33.9% | 121 |
| Mangonia Park | 679 | 594 | | | | | | | | | | | 1,273 | 1,248 | 2.0% | 1,248 |
| Total Clinic Visits | 8,249 | 6,914 | - | - | - | - | - | - | - | - | - | - | 15,163 | 15,499 | (2.2%) | 15,526 |
| Dental Visits | | | | | | | | | | | | | | | | |
| West Palm Beach Dental | 1,230 | 1,084 | | | | | | | | | | | 2,314 | 2,277 | 1.6% | 2,277 |
| Delray Dental | 734 | 654 | | | | | | | | | | | 1,388 | 1,014 | 36.9% | 1,014 |
| Lantana & Atlantis Dental | 856 | 672 | | | | | | | | | | | 1,528 | 1,639 | (6.8%) | 1,639 |
| Belle Glade Dental | 514 | 411 | | | | | | | | | | | 925 | 1,005 | (8.0%) | 1,005 |
| Portable Dental | - | 16 | | | | | | | | | | | 16 | 31 | (48.4%) | 31 |
| Total Dental Visits | 3,334 | 2,837 | - | - | - | - | - | - | - | - | - | - | 6,171 | 5,966 | 3.4% | 5,966 |
| Total Medical and Dental Visits | 11,583 | 9,751 | - | - | - | - | - | - | - | - | - | - | 21,334 | 21,465 | (0.6%) | 21,492 |
| Mental Health Counselors (non-billable) | | | | | | | | | | | | | | | | |
| West Palm Beach BH | 58 | 30 | | | | | | | | | | | 88 | 252 | (65.1%) | 252 |
| Delray BH | 520 | 437 | | | | | | | | | | | 957 | 830 | 15.3% | 830 |
| Lantana & Atlantis BH | 151 | 150 | | | | | | | | | | | 301 | - | 100.0% | 324 |
| Belle Glade BH | 55 | 22 | | | | | | | | | | | 77 | 10 | 670.0% | - |
| Mangonia Park BH | 989 | 921 | | | | | | | | | | | 1,910 | 2,851 | (33.0%) | 1,908 |
| Lewis Center BH | 307 | 315 | | | | | | | | | | | 622 | - | 100.0% | - |
| Lake Worth BH | 132 | 97 | | | | | | | | | | | 229 | - | 100.0% | 274 |
| Jupiter BH | - | - | | | | | | | | | | | - | - | 0.0% | - |
| St Ann Place BH | 32 | 20 | | | | | | | | | | | 52 | 147 | (64.6%) | 147 |
| West Boca BH | 34 | 22 | | | | | | | | | | | 56 | - | 100.0% | 50 |
| Mob 1 Warrior BH | 62 | - | | | | | | | | | | | 62 | - | 100.0% | - |
| Mob 3 Hero BH | 54 | 55 | | | | | | | | | | | 109 | - | 100.0% | - |
| Mobile Van BH | 21 | 47 | | | | | | | | | | | 68 | - | 100.0% | - |
| Total Mental Health Screenings | 2,415 | 2,116 | - | - | - | - | - | - | - | - | - | - | 4,531 | 4,090 | 10.8% | 3,785 |
| GRAND TOTAL | 13,998 | 11,867 | - | - | - | - | - | - | - | - | - | - | 25,865 | 25,555 | | 25,277 |



**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 22, 2025**

1. Description: Change in Scope of Services for Form 5A Specialty Services– Other – Ambulatory General Surgery

2. Summary:

Health Care District Community Center request to remove Other Ambulatory General Surgery services from HRSA Form 5A Column I Scope of Services.

3. Substantive Analysis:

Staff respectfully recommends the Board remove Other Ambulatory General Surgery as the services will no longer be provided at the Community Health Center.

4. Fiscal Analysis & Economic Impact Statement:

| | Current FY Amounts | Total Amounts (Current + Future) | Budget |
|----------------------|-------------------------------|---|--|
| Capital Requirements | N/A | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Net Operating Impact | N/A | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved

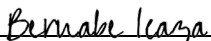
DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 22, 2025

6. Recommendation:

Staff recommends the Board Approve the Change in Scope of Services for Form 5A Specialty services to remove Other – Ambulatory General Surgery from Column I.

Approved for Legal sufficiency:

Signed by:



0CF6F7DB6706434...
Bernabe Icaza
SVP & General Counsel

Signed by:



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Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of Community
Health Centers

Self Updates: Services details

▼ H80CS25684: Health Care District of Palm Beach County, West Palm Beach, FL

Grant Number: H80CS25684

BHCNIS ID: 04E00551

Project Period: 01/01/2013 - 12/31/2025

Budget Period: 01/01/2025 - 12/31/2025

| Required Services | | | |
|---|--|---|--|
| Service Type | Service Delivery Methods | | |
| | Column I. Direct (Health Center Pays) | Column II. Formal Written Contract/Agreement (Health Center Pays) | Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay) |
| General Primary Medical Care | X | | |
| Diagnostic Laboratory | X | X | X |
| Diagnostic Radiology | | | X |
| Screenings | X | | X |
| Coverage for Emergencies During and After Hours | X | | |
| Voluntary Family Planning | X | | X |
| Immunizations | X | | |
| Well Child Services | X | | |
| Gynecological Care | X | | X |
| Obstetrical Care | | | |
| Prenatal Care | X | | X |
| Intrapartum Care (Labor & Delivery) | | | X |
| Postpartum Care | X | | X |
| Preventive Dental | X | | |
| Pharmaceutical Services | X | X | |
| HCH Required Substance Use Disorder Services | X | | X |

| Service Type | Service Delivery Methods | | |
|------------------------|--|---|--|
| | Column I. Direct (Health Center Pays) | Column II. Formal Written Contract/Agreement (Health Center Pays) | Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay) |
| Case Management | X | | X |
| Eligibility Assistance | X | | |
| Health Education | X | | X |
| Outreach | X | | |
| Transportation | | X | |
| Translation | X | X | |

| Additional Services | | | |
|----------------------------|--|---|--|
| Service Type | Service Delivery Methods | | |
| | Column I. Direct (Health Center Pays) | Column II. Formal Written Contract/Agreement (Health Center Pays) | Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay) |
| Additional Dental Services | X | | |
| Behavioral Health Services | | | |
| Mental Health Services | X | | |
| Nutrition | X | | |

| Speciality Services | | | |
|---------------------|--|---|--|
| Service Type | Service Delivery Methods | | |
| | Column I. Direct (Health Center Pays) | Column II. Formal Written Contract/Agreement (Health Center Pays) | Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay) |
| Psychiatry | X | | |

| Service Type | Service Delivery Methods | | |
|------------------------------------|--|---|--|
| | Column I. Direct (Health Center Pays) | Column II. Formal Written Contract/Agreement (Health Center Pays) | Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay) |
| Infectious Disease | | | X |
| Other - Ambulatory General Surgery | X | | |
| Other - Dental Oral Surgery | X | | |

Close Window

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
JANUARY 22, 2025

1. Description: Community Health Center’s Risk Management Dashboard – Fourth Quarter 2024 (Q4 2024)

2. Summary:

This agenda item provides the Risk Severity Dashboard and Risk Mitigation Strategies for the fourth quarter of 2024 (Q4 2024) for the Health Care District of Palm Beach County’s Community Health Centers “CHC’s”.

3. Substantive Analysis:

In Q4 2024, the CHC’s had a total of 84 events reported (82 events and 2 Near Misses) in the Safety Event Reporting System. *Please refer to the details provided below and the Risk Severity Dashboard attached.*

Risk Severity Volumes/Types:

The top five (5) event categories/subcategories reported are noted below, sorted by volume:

- **Behavior-related events made up 21 of the reported incidents.** These included the following subcategories: Baker Act and/or Suicide threat/attempt, Conflict with Staff, Conflict with visitor, Self-inflicted, and Suicidal ideations.
- **EMS/911 Referral related events made up 16 of the reported incidents.** These included the following subcategories: Chest pain/Palpitations, Hypertension, Hyperglycemia, Respiratory difficulty, Syncopal episode, Tachycardia, Tremors, Uncontrolled bleeding, and Other Conditions.
- **Safety-related events made up 13 of the reported incidents.** These included the following subcategories: Code blue, DCF/Abuse Registry, and Other Safety Issues.
- **Patient Care related events made up 9 of the reported incidents.** These included the following subcategories: Communication issues, Delay in Results, Rapid Response, Scheduling issues, and Other Patient Care issues.
- **Equipment Related events made up 6 of the reported incidents.** These included the following subcategories: Misuse of Equipment, Damaged Equipment, and Other Equipment Related events.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
JANUARY 22, 2025

- **There were two (2) Near Misses (Good Catches) reported during this time period. These were both included in the following category: HIPAA/Privacy**

Risk Severity Scores:

Of the 84 events reported, 82 were events/occurrences and 2 were near misses.

- 2.4% (2) were "Near Miss Events." This type of event is one that did not occur, no harm to patient.
- 97.6% (82) were "No Harm Events." This type of event is one that occurred but resulted in no harm to an individual.

Risk Mitigation Strategies:

All events were reviewed/evaluated by the Senior Risk Manager of the Community Health Centers. The Senior Risk Manager, along with the Risk Management department and CHC/HCD leadership team, review and discuss all events as well as opportunities for system improvement on a case-by-case basis and during the monthly CHC Risk Management Workgroup. Below are some of the risk mitigation strategies related to the events:

During Q4 2024, the following actions were taken to address reported events and near misses:

- With support from the security department, behavioral issues were effectively de-escalated, and additional measures were put in place to prevent recurrence. The appropriate Baker Act process and procedure was followed for each incident.
- Due to the patient's clinical condition, EMS was promptly contacted, and the patients were transferred to a higher level of care, when necessary, with no harm reported.
- Safety concerns were quickly resolved, with reeducation and training provided, ensuring no delays in treatment or care occurred.
- All Patient Care events were reviewed to ensure appropriate measures were taken and resolution of any concerns were taken.



**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
JANUARY 22, 2025**

- All reported equipment events were reviewed to ensure regular maintenance and inspection of equipment and prompt reporting and resolution of any malfunctions or safety concerns, there was no interference with patient care or treatment.

4. Fiscal Analysis & Economic Impact Statement:

| | Current FY Amounts | Total Amounts (Current + Future) | Budget |
|----------------------|-------------------------------|---|---|
| Capital Requirements | N/A | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Net Operating Impact | N/A | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved

6. Recommendation:

Staff recommends the Board Receive and File the Risk Management Report Q4.

Approved for Legal sufficiency:

Signed by:

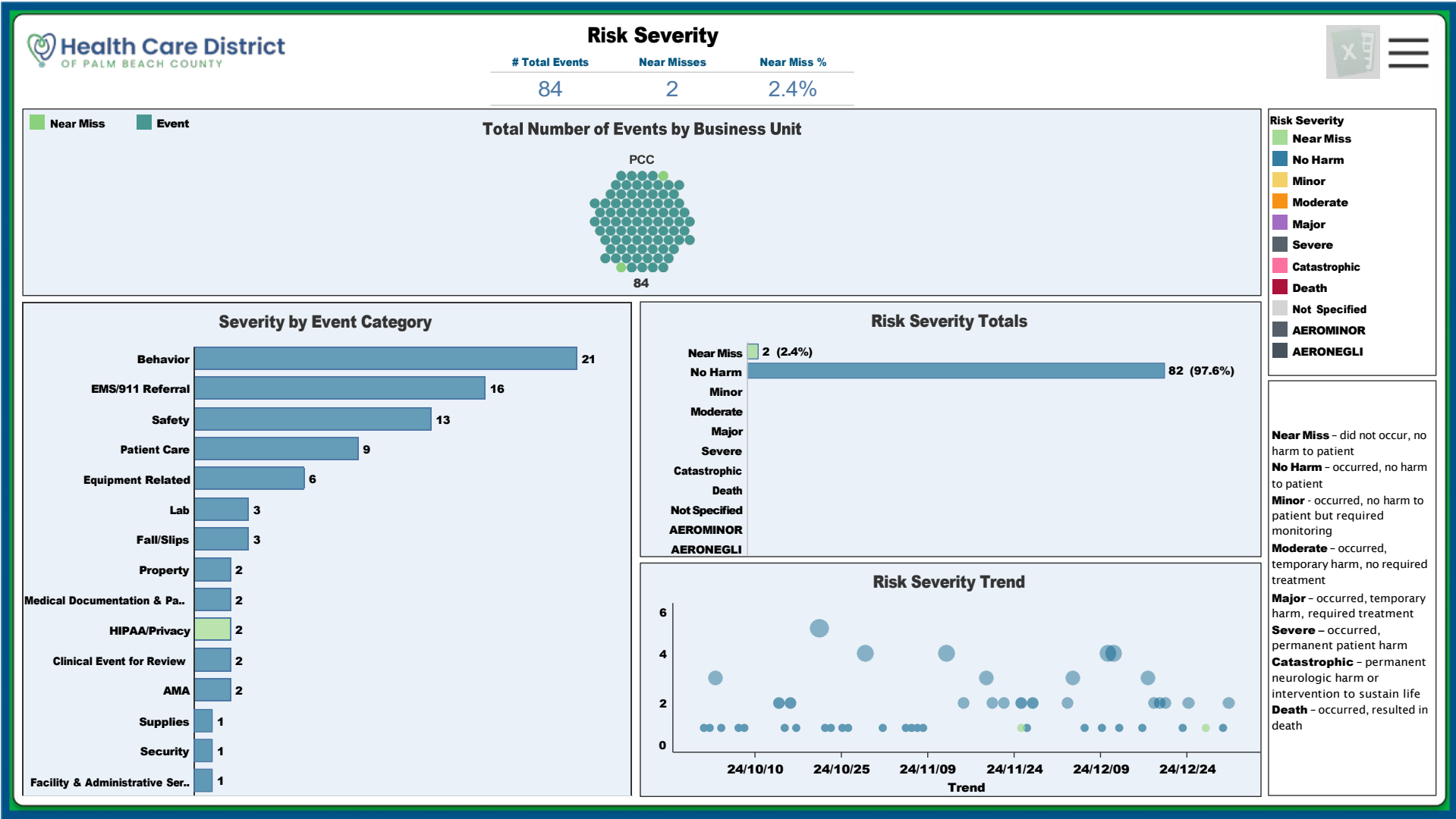
Bernabe Icaza
0CF6F7DB68...
VP & General Counsel

DocuSigned by:

Shauniel Brown
4E403876DEA8...
Senior Risk Manager of Community
Health Centers

Signed by:

Joshua Adametz
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Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of Community
Health Centers





DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 22, 2025

1. Description: Executive Director Informational Update

2. Summary:

- Board Training
- UDS Preparation

3. Substantive Analysis:

Board Training: Reviewed poll results. Aiming to have first session in February's meeting. ~30-45 minutes of additional time after the meeting. Available to learn in person and virtually.

UDS Preparation: UDS data due 2/15. Have started preparing to submit timely.

4. Fiscal Analysis & Economic Impact Statement:

| | Current FY Amounts | Total Amounts (Current + Future) | Budget |
|----------------------|-------------------------------|---|---|
| Capital Requirements | N/A | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Net Operating Impact | N/A | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

 N/A
 Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

 N/A
 Committee Name

 N/A
 Date Approved

6. Recommendation:

Staff recommends the Board Receive and File the Executive Director Informational Update.



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 22, 2025

Approved for Legal sufficiency:

Signed by:

Bernabe Icaza

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Bernabe Icaza
SVP & General Counsel

Signed by:

Joshua Adametz

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Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of Community
Health Centers

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 22, 2025

1. Description: Licensed Independent Practitioner Credentialing and Privileging

2. Summary:

The agenda item represents the licensed independent practitioners recommended for credentialing and privileging by the FQHC Medical Director.

3. Substantive Analysis:

The LIPs listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and standards of professional qualifications. This criterion includes, but is not limited to:

- Current licensure, registration or certification
- Relevant education, training and experience
- Current clinical competence
- Health fitness, or ability to perform the requested privileges
- Malpractice history (NPDB query)
- Immunization and PPD status; and
- Life support training (BLS)

| Last Name | First Name | Degree | Specialty | Credentialing |
|------------|------------|--------|----------------------------------|-----------------------|
| Wisdom | Marilyn | LMHC | Licensed Mental Health Counselor | Initial Credentialing |
| Dessalines | Duclos | MD | Pediatric Medicine | Recredentialing |
| Fidler | Lisa | APRN | Nurse Practitioner | Recredentialing |

Primary source and secondary source verifications were performed for credentialing and privileging elements in accordance with state, federal and HRSA requirements. A Nationally accredited Credentials Verification Organization (CVO) was utilized to verify the elements requiring primary source verification.

The C.L. Brumback Primary Care Clinics utilized internal Credentialing staff and the FQHC medical Director to support the credentialing and privileging process.



DISTRICT CLINIC HOLDINGS, INC.
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Marilyn Wisdom, LMHC joined the Mangonia Beach Clinic in 2025 as a Licensed Mental Health Counselor. She attended Nova Southeastern University and has been in practice for one year.

Duclos Dessalines, MD joined the Lantana Clinic in 2017 specializing in Pediatrics. He attended National Polytechnic University and also completed his residency at Mount Sinai Hospital. Dr. Dessalines is certified in General Pediatrics by the American Board of Pediatrics. He has been practice for twenty seven years and is fluent in Creole, French and Spanish.

Lisa Fidler, APRN joined the Lantana Clinic in 2023 as a Family Nurse Practitioner. She attended the West Virginia Wesleyan College and is certified as a Family Nurse Practitioner by the American Nurses Credentialing Center. Ms. Fidler has been in practice for two years.

4. Fiscal Analysis & Economic Impact Statement:

| | Current FY Amounts | Total Amounts (Current + Future) | Budget |
|----------------------|---------------------------|---|--|
| Capital Requirements | N/A | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Net Operating Impact | N/A | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

 N/A
 Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

 N/A
 Committee Name

 N/A
 Date Approved

6. Recommendation:

Staff recommends the Board approve the Initial Credentialing and privileging of Marilyn Wisdom, Licensed Mental Health Counselor.

Staff recommends the Board approve the Recredentialing and privileging of Duclos Dessalines, MD, Pediatric Medicine.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 22, 2025

Staff recommends the Board approve the Recredentialing and privileging of Lisa Fidler, APRN, Family Nurse Practitioner.

Approved for Legal sufficiency:

Signed by:



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SVP & General Counsel

DocuSigned by:



FF528E6E1A16461... Dr. Ana Ferwerda
FQHC Medical Director

Signed by:



2D4234F007044B2... Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of Community
Health Centers

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 22, 2024

1. Description: Quality Report

2. Summary:

This agenda item presents the updated Quality Improvement & Quality Updates:

- Quality Council Meeting Minutes – November 2024
- UDS Report – YTD

3. Substantive Analysis:

PATIENT SAFETY & ADVERSE EVENTS

Patient safety and risk, including adverse events, peer review and chart review are brought to the board “under separate cover” on a quarterly basis.

QUALITY ASSURANCE & IMPROVEMENT

In the ongoing fight against HIV, proactive measures like screening, testing, and prevention strategies are critical in reducing new infections and improving health outcomes for individuals. Our organization has made significant strides in these areas.

In 2023, we screened 53% of individuals, and by 2024, that number increased to an impressive 61%. This 8% rise in testing shows our dedication to reaching more people and providing them with the knowledge they need to take control of their health. Early detection through regular HIV screenings can significantly reduce the chances of transmission and can also lead to better management of the virus through timely treatment.

However, testing is only one part of the equation. Prevention plays an equally important role. PrEP (Pre-Exposure Prophylaxis) is a highly effective HIV prevention method that reduces the risk of infection for individuals who are at higher risk. Starting in January, our providers will begin specialized training in PrEP. This crucial step will allow us to offer this prevention tool to those who could benefit most, helping to reduce new infections and supporting those in need of additional protection.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 22, 2024

The combination of increasing screening rates and expanding prevention strategies like PrEP is key to reducing the spread of HIV in our community. By increasing awareness and offering solutions that address both early detection and prevention, we are making a tangible difference in the lives of individuals, families, and communities. Our efforts in 2024 have set a strong foundation for the future, and as we move forward with training our providers in PrEP, we will continue to lead the charge in improving health outcomes and making HIV a less daunting challenge to face.

4. Fiscal Analysis & Economic Impact Statement:

| | Current FY Amounts | Total Amounts (Current + Future) | Budget |
|--------------------------------|-------------------------------|---|--|
| Capital Requirements | N/A | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Net Operating Impact | N/A | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.
Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved

6. Recommendation:

Staff recommends the Board Approve the updated Quality Report.



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 22, 2024

Approved for Legal sufficiency:

Signed by:

Bernabe Icaza

0CF6F7DB6706434 Bernabe Icaza

SVP & General Counsel

DocuSigned by:

Ana Ferwerda

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Dr. Ana M. Ferwerda
FQHC Medical Director

Signed by:

Joshua Adametz

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Dr. Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of
FQHC Services



Quality Council Meeting Minutes

Date: January 8, 2025

Time: 11am-1:30pm

Attendees: Steven Sadiku – Director of Corporate Quality; Shauniel Brown – Senior Risk Manager; Jessica Ramirez – Manager Patient Access Services, Erik Lalani –Operations Manager; Dr. Sandra Warren – Associate Medical Director; Angela Santos – Director of Ops; Dr. Josh Adametz – FQHC Executive Director & Dental Director; Nancy Gonzalez – Director of Clinic Operations; Elizabeth Haller-Quality Manager; Irene Garcia– Dental Quality Coordinator; Sakiya Henderson– Dental Clinical Manager, , Joe-Ann Reynolds-Patient Relations Coordinator, Manager, Dr. Valena Grbic – Medical Director District Cares; Alexa Goodwin – Patient Relations Manager; Ivonne Cohen – Business Intelligence Developer, Dr. Courtney Phillips – VP of Behavioral Health; Maria Chamberlin – Assistant Director of Nursing, Carolina Foksinski- Operations Manager; Jesenia Montalvo- Manager of Regulatory and Accreditation; Bianca Badolati – Executive Assistant; Lisa Hogans – Director of Nursing; Dr. Ana Ferwerda – FQHC Medical Director; Dr. Belma Andric – SVP & Chief Medical Officer

Excused: Candice Abbot – SVP & Chief Operating Officer; Jokebed Laroure-Clinical Educator; Miriam Meza – Clinic Service Center Supervisor

Minutes by: Steven Sadiku – Director of Corporate Quality

| <u>AGENDA ITEM</u> | <u>DISCUSSION / RECOMMENDATIONS</u> | <u>ACTION ITEMS (AI)</u> | <u>RESPONSIBLE PARTY</u> | <u>DATE</u> |
|--|--|--------------------------|--------------------------|-------------|
| PATIENT SAFETY & ADVERSE EVENTS | | | | |
| OCCURRENCES | <p><i>Per Compliance, discussion surrounding not recording meetings.</i></p> <p><u>Report Summary</u></p> <p>The December 2024 Risk Management Tableau dashboard was presented. Volumes</p> | | | |



| | | | | |
|--|---|--|--|--|
| | <p>were provided for the following clinic areas and types: total reported events, incidents, and good catches. Trends were also presented by volume of reported entries and clinic location. The Risk Report Summary and graphical data were reviewed with the Committee for November 2024. Reports included the risk severity – volume and category/type for incidents and near misses entered in HCD’s safety event reporting system. Risk mitigation strategies were also shared with the Committee.</p> <p>(December 2024 Risk Report Summary presented with graphs.)</p> | | | |
|--|---|--|--|--|

UTILIZATION

| | | | | | | | | | |
|------------|----------------------------|-----------|------|-----------|------|-----------------------------------|---------------|--|-----------|
| OPERATIONS | Productivity | | | | | Request monthly data from Startel | Angela Santos | | |
| | Productivity December 2024 | | | | | | | | |
| | Service Line | Target | | Seen | | | | | % of Goal |
| | | In Person | Tele | In Person | Tele | | | | Total |
| | Adult Care | 5138 | | 4441 | | | | | 86% |
| | Pediatrics | 1610 | | 1460 | | | | | 91% |
| | Primary Residents | 793.5 | | 634 | | | | | 80% |
| | Women's Health | 727 | | 652 | | | | | 90% |



| | | | | | | | | | |
|--|--|------|--|------|--|-----|--|--|--|
| | Behavioral Health Integration | 910 | | 681 | | 75% | | | |
| | Behavioral Health – Psych | 987 | | 876 | | 89% | | | |
| | Psych Residents | N/A | | N/A | | N/A | | | |
| | Behavioral Health Addiction | 836 | | 621 | | 74% | | | |
| | Dental Health | 2074 | | 1945 | | 94% | | | |
| | Dental Hygiene | 747 | | 840 | | 89% | | | |
| | Dental MDI | 178 | | 216 | | 82% | | | |
| | <i>(Clinic productivity report with graphs were presented.)</i> | | | | | | | | |
| | <u>Walk-ins</u> 18% Between Medical and Dental 94% same day walk-ins scheduled by front line staff 6% same-day walk-ins scheduled by the CSC | | | | | | | | |
| | <u>No Show Rates</u> 21% between Medical and Dental 12% of no-shows have already completed an encounter in August. | | | | | | | | |



| | | | | |
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| | <p>13% have a future scheduled appointment.</p> <p>(Report with graph presented.)</p> | | | |
| | <p><u>Doximity Dialer Usage (Telemedicine) - December 2024</u></p> <p>Users</p> <ul style="list-style-type: none"> 74 registered users (100% registration rate) <ul style="list-style-type: none"> 29 active users (9 MD/DOs, 6 NP, PA, 12 Care Team) <p>Calls</p> <ul style="list-style-type: none"> 693 total calls <ul style="list-style-type: none"> 232 voice calls <ul style="list-style-type: none"> 195 successful calls (84.1%) success rate 11 calls escalated to video 461 video calls <ul style="list-style-type: none"> 318 successful calls (69%) success rate 27 secure texts <p>(Report with breakdown by specialty and user)</p> | | | |



| PATIENT RELATIONS | | | | |
|---|---|--|----------|--|
| GRIEVANCES, COMPLAINTS & COMPLIMENTS | <p><u>Patient Relations Dashboard – December 2024</u></p> <p>For December 2024, there were a total of 12 Patient Relations Occurrences that occurred between 5 Centers. Of the 12 occurrences, there were 4 Grievances and 8 Complaints. The top 5 Categories were Respect Related, Care & Treatment, Communication, Medical records, Finance, Physician Related and RX. There was also a total of 50 compliments received across 4 Centers. All were patient generated compliments.</p> <p><i>(Patient Relations Report & Patient Relations Dashboard with Graphs presented.)</i></p> | | | |
| SURVEY RESULTS | <p><u>Patient Satisfaction Survey – December 2024</u></p> <p>For December 2024 there were 418 Patient Satisfaction Surveys completed. West Palm Primary had the highest return rate with 62 completed surveys followed by Delray Primary with 50 completed surveys. Our Net Promoter Score (NPS) was 74 (out of 384 responses) compared to the Phreesia FQHC/CHC/RHC</p> | Updating patient satisfaction survey to include specific times for hours of operations requested by patients | Alexa G. | |



| | | | | |
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| | <p>Network at 69. The top 5 and lowest 5 scored-questions were presented for each area.</p> <p>“Best Questions” for in person visits – December 2024: Overall cleanliness of exam rooms and overall practice – 92% Professionalism of our staff – 91% Things explained in way you could understand – 91% (increase) Overall experience at today’s visit – 90% (increase) Instructions given regarding medication/follow-up care – 90% (increase)</p> <p>“Worst Questions” for in person visits – December 2024: Being informed about any delays during this visit? – 14% (2% decrease) Appointment available within a reasonable amount of time – 13% (5% increase) Your ability to contact us after hours – 15% (3% decrease) Ease of making your appointment – 8% (same)</p> | | | |
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| | <p>Each member of my care team identified themselves and their role in my care – 7% (2% decrease)</p> <p>Of the surveys received for December, 34% of patients perceived wait time between 6 to 15 minutes, 27% of responses were from patients that this was their first visit to the practice. 83% of patients were scheduled and 17% were a walk-in.</p> <p>61% of surveys completed were by females and most patients preferred to be seen on Monday, Tuesday and Wednesday mornings.</p> <p>For Dental, 68% of patients felt educated on how to better care for your teeth and gums, 72% were satisfied with results of dental treatment, 71% felt staff explained the procedures in a clear and understandable way and 71% felt staff who provided dental care were sensitive to my concerns.</p> | | | |
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| | <p>84% of responses in December were promoters (1% increase), 10% of responses were neutrals (1% increase) and 6% of responses were detractors (2% decrease).</p> <p>Top promoters, detractors, and patient comments presented by center and service line.</p> <p>(Patient Satisfaction Survey PowerPoint presented.)</p> | | | |
| After Hours | <p><u>Afterhours Report –Dec 2024</u> <i>(Outbound Campaign PowerPoint presented.)</i></p> <p>The Clinic Service Center received 156 after hours calls</p> <p>Our top 3 call types are Appt request with 36% of the volume. Followed by cancellations with 20% and Providers – paged out with 19%</p> <p>Our WPB Location remains our highest volume health center with 28% of the call volume. Followed by Delray with 24% and Delray with 12%.</p> <p>AH Paged Out calls – There were 29 after hours calls that required a provider to be paged out. Of those 23 had telephone encounters in the chart.</p> <p>13 of those encounters had the correct reason for encounter listed as “after Hours”.</p> | | | |



| | | | | |
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| | 6 patients telephone encounters were missed | | | |
| NEXT THIRD AVAILABLE | <p>PCP</p> <p>Belle Glade – 3 days out Boca – 10 days out Delray – 14 days out Jupiter – 8 days out Lake Worth – 22 days out Lantana – 11 days out West Palm – 18 days out</p> <p><u>BH</u></p> <p>Delray – 1 (PEDS) day out Lewis Center – 9 days out Mangonia – 21 days out</p> <p><u>Dental</u></p> <p>Belle Glade – 2 days out Delray – 43 days out Lantana – 198 days out West Palm – 43 days out Adults/ Peds – 83 days out</p> <p><u>Womens Health</u></p> <p>Belle Glade – 29 days out Delray – 27 days out Jupiter – 21 days out Lake Worth – 20 days out</p> | | | |



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| REFERRAL/ CALL CENTER | <p>Referrals – There were a total of 5,472 referral orders placed in Dec. This was a 1% increase in volume from the previous month. The average turnaround time for referral processing was 5.5 days for routine referrals with a goal of 5 days or less. The TAT for urgent referrals was 3.13 days with a goal of 2 days or less.</p> <p>Lantna is our new highest referral volume placed with 20% of the total referral volume, followed by WPB with 18% and Delray with 15%.</p> <p>Lisa Fidler has the highest volume of referrals for this month with 7% of the total volume. She is followed by Lam with 6% and Carline with 5%</p> <p>Our most common payer remains the HCD Voucher with 27% of the referral volume followed by Self pay (no coverage) with 19% and Humana with 10%. Very similar to last month</p> <p>Our top referred to specialties this month are Radiology Orders with 28%, followed by Ophthalmology with 8% and Gastro with 5% . Also very similar to last month</p> | <p>Monitor referral volume by specialty and by provider</p> | <p>Steven Sadiku</p> | |
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| | <p><u>Call Center –</u></p> <p>The call center received 17,890 calls. This was a 3% increase from the previous month. 92% of the total call volume reached a live agent and was resolved.</p> <p>The abandonment rate for December was 7% with a goal of 10% or less.</p> <p>The service level (Calls Answered within 3 mins) Was 83% with a goal of 80% or higher.</p> | | | |
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| QUALITY | | | | |
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| QUALITY | | | | |
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| MEDICAL | <p><u>Controlled Diabetes based on A1c less than 9% December, 2024</u></p> <p>Yearly goal 67%</p> <p>We saw 4208 unique patients with a diagnosis of diabetes. 71% were controlled and 26% uncontrolled with an A1c equal or greater than 9%. 72 patients (3%) did not have data.</p> <p>By clinic, Jupiter (77%), Boca (75%) and Lake Worth (74%) are the clinics with highest number of patients with controlled diabetes. Belle Glade, Lantana, Delray and West Palm Beach ranged between 68% to 72%. The larger number of patients</p> | | | |
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| | with diabetes are in Lantana and West Palm Beach Clinics. | | | |
| | <p><u>Colorectal Cancer Screening – December, 2024</u> Yearly goal 82%</p> <p>We saw 9975 unique patients due for colorectal cancer screening. 4264 (43%) of the patients had the screening satisfied with an increase by 1% compared with the previous month. 5711 (57%) of the patients did not have the screening satisfied.</p> <p>The highest percentage of screening completed was at the Boca Clinic with 60%.</p> <p>The largest number of patients that needed colorectal cancer screening were at the West Palm Beach, Lake Worth and Delray Clinics accounting for 49% of the patients. They individually achieved 38%, 50% and 42% of colorectal cancer screening completion.</p> <p>The largest number of patients with missing orders to address the screening were at West Palm Beach, Belle Glade, Mangonia and Lake Work clinics.</p> <p>The last graph shows the met, unmet and missed patients by provider percentages</p> | | | |



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| | <p>The type of screening test ordered shows the majority of patients are screen with fit test, followed by colonoscopy and last with Cologuard. (Report with graph presented.)</p> | | | |
| | <p>Breast Cancer Screening – December, 2024 Yearly goal 60%</p> <p>Satisfied screenings – 2306 (57%) Unsatisfied Screenings – 1749 (43%) There was no improvement compared to the previous month. Not Met with order – 1303 (32%) Not Met (Patient Missed) – 446 (11%) The clinics with the highest percentage of screening were Belle Glade with 73%, Boca with 69% and Lantana 65%. The clinics with the lowest percentage of patients who completed breast cancer screening were West Palm Beach (49%), Delray (54%) and Jupiter (53%). The larger number of patients where the screening was not addressed were Delray, Jupiter, West Palm Beach and Lake Worth clinics. Accounting for 66% of missed patients. (Report with graph presented.)</p> | | | |



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| | <p><u>Cervical Cancer Screening – December, 2024</u> Yearly goal 65%</p> <p>We saw 11977 unique patients with screening due. Cervical cancer screening was completed in 7525 (63%) of the patients and 4452 (37%) patients the screening was not addressed. Boca, Lake Worth, Lantana and Belle Glade Clinics achieved at or above the goal of 65%.</p> <p>The graph on the right shows the distribution by percentage of met, not met and missing orders to address the screening by provider which correlates with the clinics with larger percentage of screening met.</p> <p>The lowest right graph shows the number of missed patients by clinic in descending order.</p> <p>The last slide shows the number of PAPs orders by provider and the number of referrals during 2024.</p> <p>Report with graph presented.)</p> | | | |
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| | <p><u>HIV Screening – December, 2024</u> Yearly goal 32%</p> <p>Satisfied: 14026 (61%) No satisfied: 9051(39%). There was no increase compared to the previous month.</p> <p>The majority of the clinics are meeting the screening above 60% except Lantana, Mangonia, and West Palm Beach. The largest percentage of patients for which the screening was not addressed were from West Palm, Lake Worth, Lantana and Belle Glade Clinics accounting for 70% of the missed patients.</p> | | | |
| | <p><u>Controlling High Blood Pressure – December, 2024</u> Yearly goal 80%</p> <p>4797 (72%) of patients had BP controlled and 1872 (28%) BP uncontrolled. From all the clinics Boca reached 83%, Mangonia 74%, and Lake worth 74%. BY provider some of the providers had reached the 80% goal and the majority of them had reached above 70%.</p> | | | |



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|--------------------------|--|--|--|--|
| BEHAVIORAL HEALTH | <p><u>PHQ9 – December 2024</u> % of patients with PHQ9: 5,227/5,776 =90.5% Unique patients with positive PHQ9= 487/8.43%</p> <p><u>SBIRT- December 2024</u> 2,031 unique patients/32,757 = 6.2% The goal is 5%</p> <p>(Report with graph presented.)</p> | | | |
| | <p><u>Depression Remission December 2024</u> Yearly goal 14% We are currently meeting this metric at 45% of patients with depression in remission. (Report with graph presented.)</p> | | | |
| WOMEN'S HEALTH | <p><u>Early Entry into Prenatal Care Jan–December 2024</u> Early Entry into care into the First Trimester is 52% UDS National Average for 2022 is 72% Total population of 490 prenatal patients</p> <p><u>Low Birth Weight Jan–December 2024</u> Babies born with a birth weight below normal (under 2,500 grams) 9% --<1500 grams: 2% --1500–2499 grams: 7% UDS 2022 National average 8.43% Total deliveries/birth weight= 173</p> | | | |



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|---------------|--|--|--|--|
| DENTAL | <u>Dental Sealants</u> YTD 2024: 99% (609; n=616) | | | |
| | <u>Limited Exams</u> December 2024: 205 - Same Day Extractions: 95 (41%, n=233) - Antibiotics Given: Patients without a future extraction appointment type 84 (36%, n=233) - Ext. not needed(non-emergent): 43 (18%, n=233) - Returns (Follow-Up): Patients with a future extraction appointment type 11 (5%, n=233) - Returned within 21 days for ext.: 5(45%, n=11) | | | |
| | <u>MDI/WHO</u> <u>December 2024</u> <u>Total Well Visit Pediatric Patients: 129</u> <ul style="list-style-type: none"> - Excluded from MDI KPI 70 (54%; n=129) - Eligible MDI 58(45%; n=129) <u>Total Pediatrician KPI Patients (Pts who do not have a dental home): 58</u> <ul style="list-style-type: none"> - No MDI 5(9% n=58) - MDI 53 (91% n=58) | | | |



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| | <p><u>Total of patients who had MDI visit:</u> 53</p> <ul style="list-style-type: none"> - Declined WHO 51 (96% n=53) - Interested in WHO2 (4% n=53) <p><u>Total Dentist KPI Patients (Pts. Interested in WHO):</u> 2</p> <ul style="list-style-type: none"> - WHO not seen by Dentists 1 (50%; n=10) - WHO seen by Dentists 1(50%; n=10) | | | |
| NURSING | <p><u>Higher Level of Care</u></p> <p>This a summary of December HLC. 102 ER referrals /98 patients were sent to the ER in December. The breakdown of referrals is:</p> <ul style="list-style-type: none"> • WH – 26 (25%) • Peds – 21 (21%) • Adult – 55 (54%) (this combines urgent care and emergency medicine referrals) <ul style="list-style-type: none"> ○ Transport – 0 ○ Adult Crisis – 1 ○ Peds Crisis – 0 <p>ADULT REFERRALS: highest producer this month is Carline St. Vil Dupuy, APRN Delray with 6 referrals (11%) and Dr. Zhang in Jupiter (also in October and November) with 4 referrals (7%)</p> <p>PEDIATRIC REFERRALS: highest producer this month was Dr. Clarke in WPB with 15 referrals (72%). Note</p> | | | |



| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|---|-------------|-------|--------|-------|---------|-------|------------|-------|---------|-------|--------------|-------|----------|-------|-------------|-------|--------------|-------|---------|-------|--------------|-------|--|--|--|
| | <p>*Dr. Hernandez in same clinic had 2 referral. Lantana peds provider Dr. Marzouca referred 4</p> <p>Top Diagnosis:</p> <p>ADULT</p> <ul style="list-style-type: none">• Uncontrolled Hypertension 3• Chest pain, unspecified type 3 <p>PEDS</p> <ul style="list-style-type: none">• Upper respiratory tract infection, unspecified type 8• Lower respiratory tract infection 2• High direct bilirubin 2 <p>There were 3 patients with duplicate referrals. All reviewed and no charts sent to Medical Director for review.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Quality Site Visit | <p><u>Quarter 4-2024 Clinical QSV</u></p> <table><tr><td>Belle Glade</td><td>96.9%</td></tr><tr><td>Delray</td><td>98.5%</td></tr><tr><td>Jupiter</td><td>96.7%</td></tr><tr><td>Lake Worth</td><td>92.2%</td></tr><tr><td>Lantana</td><td>93.3%</td></tr><tr><td>Lewis Center</td><td>92.1%</td></tr><tr><td>Mangonia</td><td>95.0%</td></tr><tr><td>Mobile-Hero</td><td>93.1%</td></tr><tr><td>Mobile-Warr.</td><td>94.6%</td></tr><tr><td>St.Anns</td><td>89.3%</td></tr><tr><td>W.Boca Raton</td><td>98.2%</td></tr></table> | Belle Glade | 96.9% | Delray | 98.5% | Jupiter | 96.7% | Lake Worth | 92.2% | Lantana | 93.3% | Lewis Center | 92.1% | Mangonia | 95.0% | Mobile-Hero | 93.1% | Mobile-Warr. | 94.6% | St.Anns | 89.3% | W.Boca Raton | 98.2% | | | |
| Belle Glade | 96.9% | | | | | | | | | | | | | | | | | | | | | | | | | |
| Delray | 98.5% | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jupiter | 96.7% | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lake Worth | 92.2% | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lantana | 93.3% | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lewis Center | 92.1% | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mangonia | 95.0% | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile-Hero | 93.1% | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile-Warr. | 94.6% | | | | | | | | | | | | | | | | | | | | | | | | | |
| St.Anns | 89.3% | | | | | | | | | | | | | | | | | | | | | | | | | |
| W.Boca Raton | 98.2% | | | | | | | | | | | | | | | | | | | | | | | | | |



| | | | | |
|---|--|--|--|--|
| West Palm Beach 89.1% | | | | |
| <u>Quarter 4-2024 Non-Clinical QSV</u> | | | | |
| Belle Glade 98.4% | | | | |
| Delray 98.3% | | | | |
| Jupiter 99.2% | | | | |
| Lake Worth 96.6% | | | | |
| Lantana 98.3% | | | | |
| Lewis Center 90.3% | | | | |
| Mangonia 97.4% | | | | |
| Mobile-Hero 95.2% | | | | |
| Mobile-Warr. 94.4% | | | | |
| St.Anns 89.8% | | | | |
| W.Boca Raton 99.2% | | | | |
| West Palm B. 95.0% | | | | |
| <u>Quarter 4-2024 Dental Clinical QSV</u> | | | | |
| Belle Glade 94.1% | | | | |
| Delray 92.6% | | | | |
| Lantana 97.1% | | | | |
| WPB 95.7% | | | | |
| <u>Quarter 4-2024 Non-Clinical QSV</u> | | | | |
| Belle Glade 100% | | | | |
| Delray 100% | | | | |
| Lantana 97.3% | | | | |
| WPB 97.3% | | | | |



QUALITY METRICS

UDS YTD 2024

Of the 17 UDS Measures: 10 Exceeded the HRSA Goal, 7 were short of the HRSA Goal (*Clinic Score/ HRSA Goal*)

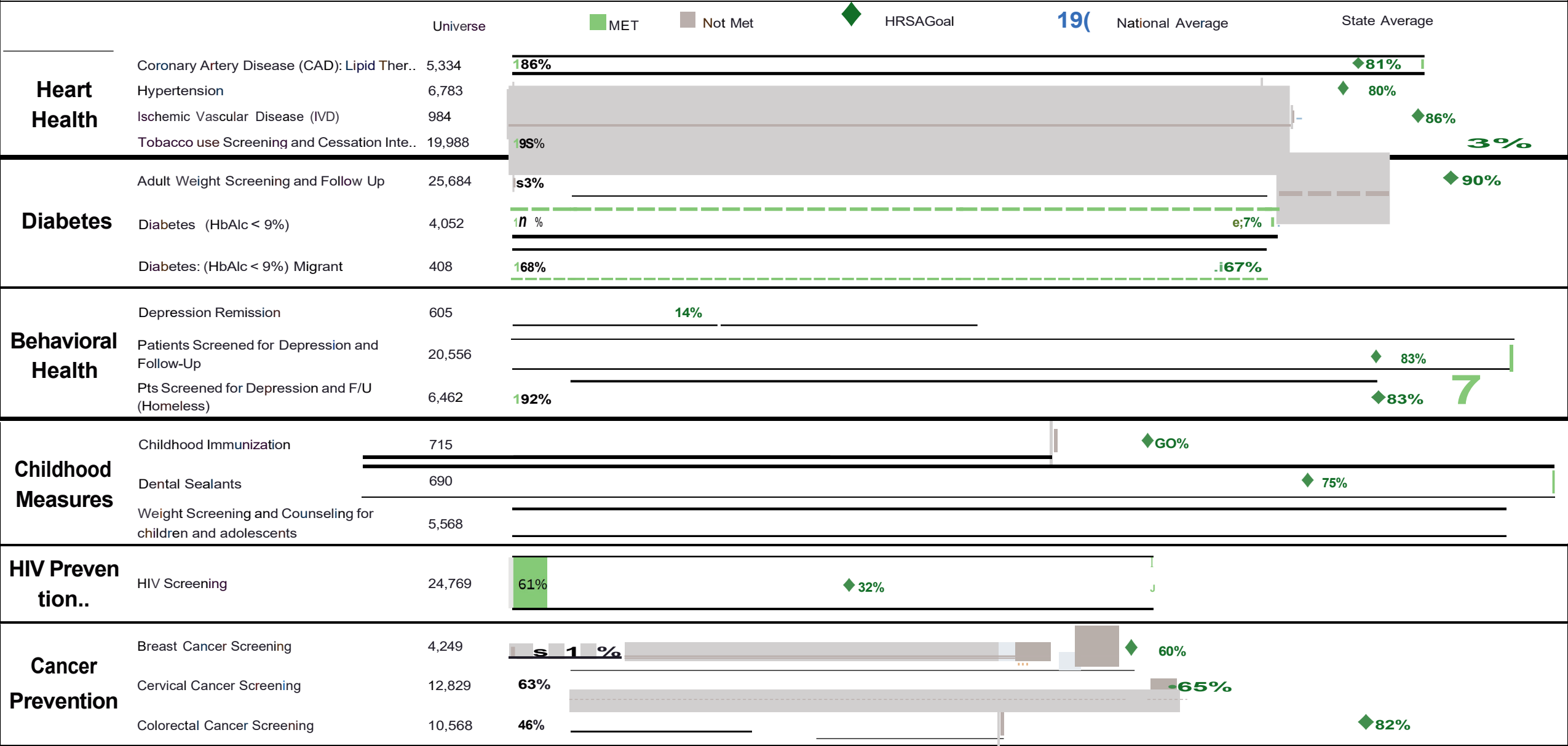
Medical UDS Report

| | | | |
|---|--|--|--|
| Adult Weight screening and follow-up: (83% / 90%) | | | |
| Breast Cancer Screening: (57%/60%) | | | |
| Cervical Cancer Screening: (63% /65%) | | | |
| Childhood Immunization: (51% / 60%) | | | |
| Colorectal Cancer Screening: (46% / 82%) | | | |
| Coronary Artery Disease CAD: (86% / 81%) | | | |
| Dental Sealants: (98% / 75%) | | | |
| Depression Remission: (45% / 14%) | | | |
| Diabetes: (72% / 67%) | | | |
| HIV Screening: (61% / 32%) | | | |
| Hypertension: (72% / 80%) | | | |
| Ischemic Vascular Disease (IVD): (74% / 86%) | | | |
| Depression screening: (94% / 83%) | | | |
| Depression screening (Homeless): (92% / 83%) | | | |
| Tobacco use screening & cessation: (95% / 93%) | | | |

Meeting Adjourned: 1:15pm

UDS PROVIDER LEVEL QUALITY MEASURES 2024

NATIONAL QUALITY LEADER METRICS





**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 22, 2025**

1. Description: Operations Report – December 2024

2. Summary:

This agenda item provides the operations report for December 2024 containing Health Center Productivity.

3. Substantive Analysis:

In December, the Health Centers had a total of 8,567 unique patients and 12,163 visits across health centers which is a 5.5% increase from last month and a 3.8% increase when compared to December 2023. 1,334 patients, or 15.6% of unique patients were new to the Health Centers. 36% of visits were from Adult Primary Care, which showed a 3% increase. 22% from Dental, with no change from December. 12% came from Pediatric, showing 2% increase from the prior month. Lantana Medical had the highest volume of visits followed by the Mangonia Health Center for December.

4. Fiscal Analysis & Economic Impact Statement:

| | Current FY Amounts | Total Amounts (Current + Future) | Budget |
|----------------------|-------------------------------|---|--|
| Capital Requirements | N/A | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Net Operating Impact | N/A | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved

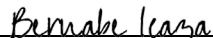
DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 22, 2025

6. Recommendation:

Staff recommends the Board Approve the Operations Report for December 2024.

Approved for Legal sufficiency:

Signed by:



0CF6F7DB6706434... Bernabe Icaza
SVP & General Counsel

DocuSigned by:




24CBCE432B6840B... Nancy Gonzalez
Director of Specialty Operations


Signed by:




2B4234F087844B2... Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of Community
Health Centers




60%



40%



Homeless
29.8%



Agricultural
4.7%

White
4,225
49%

Black/AfricanAme.
3,645
43%

Not Hispanic or atino
5,033
59%

Hispanic or Latino
3,338
39%

<1
7%

1-9
13%

10-19
7%

20-29
11%

30-39
17%

40A9
15%

50-59
14%

60-69
11%

In Person

Tele Health

Visit Type

Adult
4,439 (36%)

Dental
2,681 (22%)

Pediatric
1,460 (12%)

Psychiatry
864 (7%)

BH Addiotion
773 (6%)

BH Integration
660,(5%)

OB/GYN -
652 (5%)

Residency Program
634 (5%)

Payo,r Miix

41%

54%

4%

Self

Mgd Care

Mcaid

Mcare

Other

Com ercial

Worker's Co p

2023

2024

Monthly Volume

Monthly Target

Differnnc from previous year .t.T

18K

16K

14K

12K

10K

8K

6K

4K

2K

OK

Jl,m

Feb

Mar

A.pr

May

Ju11

Juli

Aug

Sep

Oeit

Nov

Dec

21%

19%

0%

17%

2%

-7%

12%

-1%

0%

1%

-1%

3%

Volume by Clinic

1,687

1,617

1,417

1,363

1,190

1,083

870

802

452

441

430

274

268

141

94

51

70

16

2

Lant

Miang

Del

WPB

LW

WPB Denial

Del Denial

BG

BG Denial

Jup

Lewis

Boca

Lant Denial

He.ro

LW High

Sl. Ann

JPK Midi

LW High BH

Port Denial

WairrL

JFK Midi BH



**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
JANUARY 22, 2025**

1. Description: Patient Relations Dashboard Report

2. Summary:

This agenda item provides the following:

Quarterly Patient Relations Dashboard Q4 2024

3. Substantive Analysis:

For Quarter 4 2024, there were a total of 35 Patient Relations Occurrences that occurred between 8 Centers and Center Administration. This was a slight increase from the previous quarter where we had 27 Complaints and Grievances. The top category for the quarter was Respect Related issues with 8 occurrences.

Additionally, there was a notable increase in Compliments, with a total of 63 received across 5 Centers—doubling the number reported in the previous quarter.

4. Fiscal Analysis & Economic Impact Statement:

| | Current FY Amounts | Total Amounts (Current + Future) | Budget |
|----------------------|-------------------------------|---|--|
| Capital Requirements | N/A | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Net Operating Impact | N/A | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
JANUARY 22, 2025

6. Recommendation:

Staff recommends the Board Approve the Quarterly Patient Relations Dashboard for Q4 2024.

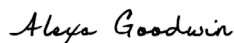
Approved for Legal sufficiency:

Signed by:



0CF6F7DB6706434... Bernabe Icaza
SVP & General Counsel

DocuSigned by:



25C1B22931DA480... Alexa Goodwin
Manager, Patient Experience & Creative
Services

Signed by:



2B4234F007044B2... Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of Community
Health Centers

2024 04

Dept Desc All

Pro111idell' All

Total Complaints and Grievances

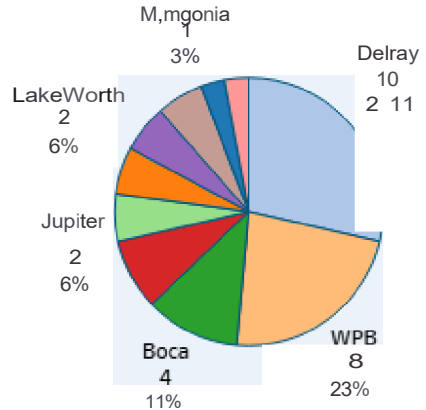
35

Late Entries: S cli11ic

All

Community Health Centers

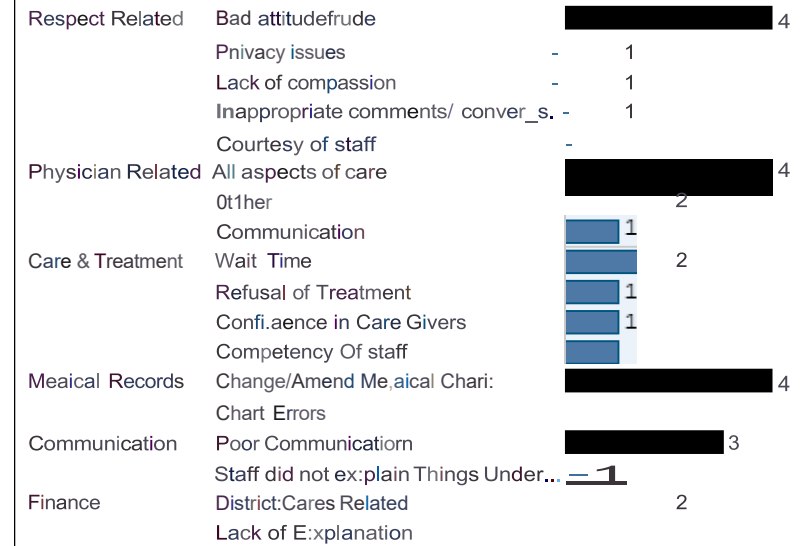
- Delray
- WPB
- Boca
- Lewis
- Jupiter
- LakeWorth
- Lantana
- Pharmacy
- Admin
- Mangonia



Top 5 Categories



Total Top 5 Subcategories



Total Compliments

63

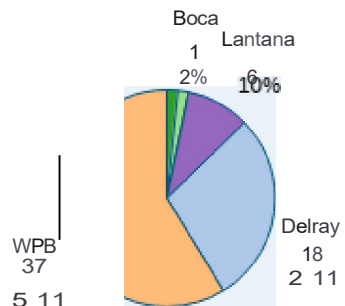
Late Entries: -Comp

Complaints/Grievances Prev 4 Quarters

88

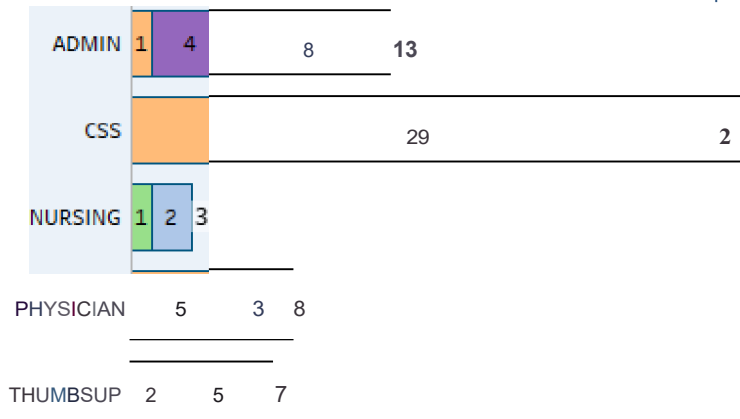
Community Health Centers

- Boca
- Jupiter
- Lantana
- Delray
- WPB



Care and Treatment Categories

* Color represents Dep,art ment
** CSS =Clinical Sup orl: Staff



Top 5 Categories Trended

