



Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS

MEETING AGENDA

January 28, 2026 at 12:30PM

4801 S. Congress Ave

Lake Worth Beach, FL 33461

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

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

- A. **MOTION TO APPROVE:**
Board Meeting Minutes of December 18, 2025 [Pages 1-5]



Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

7. Consent Agenda

MOTION TO APPROVE: Consent Agenda Items

A. ADMINISTRATION

7A-1 RECEIVE AND FILE:

January 2026 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 (Dr. Joshua Adametz) [Page 7-13]

7A-4 RECEIVE AND FILE:

Compliance, Privacy & Ethics Annual CHC Board Education
(Heather Bokor) [Pages 14-35]

B. FINANCE

7B-1 MOTION TO APPROVE:

Community Health Centers November 2025 Financial Report
(Jessica Cafarelli) [Pages 36-54]

8. Regular Agenda

A. ADMINISTRATION

8A-1 RECEIVE AND FILE:

Executive Director Informational Update (Dr. Joshua Adametz)
[Pages 55-56]

B. QUALITY

8B-1 MOTION TO APPROVE:

Quality Report (Dr. Ana Ferwerda) [Pages 57-82]



Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

C. OPERATIONS

8C-1 **MOTION TO APPROVE:**

Operations Report (Angela Santos) [Pages 83-85]

D. RISK

8D-1 **RECEIVE AND FILE:**

Risk Report (Alyssa Tarter) [Pages 86-89]

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

10. Board Member Comments

11. Establishment of Upcoming Meetings

February 25, 2026 (Atlantis)
12:30 p.m. Board of Directors

March 25, 2026 (Atlantis)
12:30 p.m. Board of Directors

April 22, 2026 (Atlantis)
12:30 p.m. Board of Directors

May 27, 2026 (Atlantis)
12:30 p.m. Board of Directors

June 24, 2026 (Atlantis)
12:30 p.m. Board of Directors



Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

11. Establishment of Upcoming Meetings (Continued)

July 22, 2026 (Atlantis)
12:30 p.m. Board of Directors

August 26, 2026 (Atlantis)
12:30 p.m. Board of Directors

September 23, 2026 (Atlantis)
12:30 p.m. Board of Directors

October 21, 2026 (Atlantis)
12:30 p.m. Board of Directors

November 18, 2026 (Atlantis)
12:30 p.m. Board of Directors

December 16, 2026 (Atlantis)
12:30 p.m. Board of Directors

12. Motion to Adjourn



**Community Health Centers Board of Directors
Meeting Minutes
December 17, 2025 at 12:30PM
4801 S. Congress Avenue – Lake Worth, FL 33461**

1. Call to Order – Joseph Gibbons called the meeting to order.

A. Roll Call – Roll Call was taken and a quorum was established.

Community Health Center Board Members present: Michael Smith, Joseph Gibbons, Marni Rogalsky. Julia Bullard (virtual) Nicholas Campbell (virtual). William Johnson, Albert Borroto, Alcolya St. Juste, and Boris Seymore were absent.

Staff present (in person/virtual): Jessica Cafarelli, VP & Chief Financial Officer; Bernabe Icaza, SVP & General Counsel; Regina All, SVP & Chief Nursing Officer; Heather Bokor, Vice President & Chief Compliance, Privacy & Ethics Officer; Geoff Washburn, Vice President & Chief Human Resources Officer; Dr. Joshua Adametz, AVP & Executive Director Community Health Center; Angela Santos; Alyssa Tartar and Steven Sadiku.

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

Dr. Adametz requested the addition of a Regular Agenda Item Presentation of the latest CHC Organization Chart in section 8E-1.

B. Motion to Approve Agenda

CONCLUSION/ACTION: Michael Smith made a motion to approve the agenda. The motion was duly seconded by Nicholas Campbell. There being no opposition, the motion passed unanimously.

3. Awards, Introductions and Presentations

4. Disclosure of Voting Conflict



Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

5. Public Comment

6. Meeting Minutes

Staff Recommends a MOTION TO APPROVE:

Community Health Center Board Meeting Minutes of November 19, 2025

CONCLUSION/ACTION: Michael Smith made a motion to approve the Community Health Center Board Meeting Minutes of November 19, 2025. The motion was duly seconded by Nicholas Campbell. There being no opposition, the motion passed unanimously.

7. Consent Agenda – Motion to Approve Consent Agenda Items

CONCLUSION/ACTION: Michael Smith made a motion to approve the Consent Agenda. The motion was duly seconded by Nicholas Campbell. There being no opposition, the motion passed unanimously.

HEALTH CARE DISTRICT

A. ADMINISTRATION

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

December 2025 Internet Posting of Public Meeting

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

Community Health Center Board of Directors Attendance

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

HRSA Digest

B. FINANCE

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

Community Health Centers October 2025 Financial Report



Health Care District

OF PALM BEACH COUNTY
WE CARE FOR ALL

8. Regular Agenda

A. ADMINISTRATION

8A-1 RECEIVE AND FILE:

Executive Director Informational Update

Dr. Adametz provided an end of year update on UDS preparation and renewal of Certified Application Counselor Designated Organization (CDO).

CONCLUSION/ACTION: RECEIVED AND FILED

B. CREDENTIALING

8B-1 MOTION TO APPROVE:

Licensed Independent Practitioner Credentialing and Privileging

Dr. Ana Ferwerda presented the Licensed Independent Practitioner Credentialing and Privileging Report.

CONCLUSION/ACTION: Michael Smith made a motion to approve the Licensed Independent Practitioner Credentialing and Privileging; the motion was duly seconded by Marni Rogalsky. There being no opposition, the motion passed unanimously.

8B-2 MOTION TO APPROVE:

Maternal Fetal Medicine Delineation of Privileges

Dr. Ana Ferwerda presented the recommendation for Maternal Fetal Medicine practitioners by the FQHC Medical Director and Women's Health Director.

CONCLUSION/ACTION: Michael Smith made a motion to approve the Maternal Fetal Medicine Delineation of Privileges; the motion was duly seconded by Marni Rogalsky. There being no opposition, the motion passed unanimously.

C. QUALITY

8C-1 MOTION TO APPROVE:

Quality Report

Dr. Ana Ferwerda updated the Board on the Quality Report and Improvements, the Quality Council Meeting minutes and the UDS report YTD.



Health Care District

OF PALM BEACH COUNTY
WE CARE FOR ALL

CONCLUSION/ACTION: Michael Smith made a motion to approve the Quality Report, the motion was duly seconded by Marni Rogalsky. There being no opposition, the motion passed unanimously.

D. OPERATIONS

8D-1 MOTION TO APPROVE:

Operations Report

Angela Santos presented the Operations Report for November 2025.

CONCLUSION/ACTION: Marini Rogalsky made a motion to approve the Operations Report; the motion was duly seconded by Michael Smith. There being no opposition, the motion passed unanimously.

8E-1 MOTION TO APPROVE:

Dr. Adametz requested the approval of the 2025 Organizational chart for the Community Health Centers. The Organizational chart has been updated to ensure compliance with HRSA standards outlined in the Site Visit Protocol and Compliance Manual.

CONCLUSION/ACTION: Michael Smith made a motion to approve the 2025 Organizational Chart for Community Health Centers. The motion was duly seconded by Julia Bullard. There being no opposition, the motion passed unanimously.

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

10. Board Member Comments

11. Establishment of Upcoming Community Health Center Board of Directors Meetings

January 28, 2026 (Atlantis)
12:30 p.m. Board of Directors

February 25, 2026 (Atlantis)
12:30 p.m. Board of Directors



Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

Establishment of Upcoming Meetings (Continued)

March 25, 2026 (Atlantis)
12:30 p.m. Board of Directors

April 22, 2026 (Atlantis)
12:30 p.m. Board of Directors

May 27, 2026 (Atlantis)
12:30 p.m. Board of Directors

June 24, 2026 (Atlantis)
12:30 p.m. Board of Directors

July 22, 2026 (Atlantis)
12:30 p.m. Board of Directors

August 26, 2026 (Atlantis)
12:30 p.m. Board of Directors

September 23, 2026 (Atlantis)
12:30 p.m. Board of Directors

October 21, 2026 (Atlantis)
12:30 p.m. Board of Directors

November 18, 2026 (Atlantis)
12:30 p.m. Board of Directors

December 16, 2026 (Atlantis)
12:30 p.m. Board of Directors

12. Motion to Adjourn

There being no further business, the meeting was adjourned.

Julia Bullard, Secretary

Date



Community Health Center Board of Directors Attendance Tracking 2025

	01/22/25	02/26/25	03/26/25	04/23/25	05/28/25	06/25/25	07/23/25	08/27/25	09/24/25	10/22/25	11/19/25	12/17/25
Mike Smith	X	X	X	X	X (ZOOM)	X	E	X	X	X	X	X
Melissa Tascone	X (ZOOM)	E	E	E	X	Absent	E	-	-	-	-	-
Julia Bullard	X	X (ZOOM)	X	X	Absent	X (ZOOM)	E	X (ZOOM)	Absent	Absent	Absent	X (Zoom)
Joseph Gibbons	X	X	E	X	X	X	X	X	X	X	X	X
Alcolya St. Juste	E	X (ZOOM)	X (ZOOM)	E	E	X (ZOOM)	E	Absent	X (Zoom)	X (Zoom)	X (Zoom)	E
William (Bill) Johnson	X	X	X	X	X	X	X (ZOOM)	X	X	X	X	E
Boris Seymore	E	X (ZOOM)	X (ZOOM)	X (ZOOM)	Absent	Absent	X (ZOOM)	Absent	Absent	X (Zoom)	Absent	Absent
Crystal Gonzalez	E	-	-	-	-	-	-	-	-	-	-	-
Albert Borotto	X (ZOOM)	E	X (ZOOM)	X (ZOOM)	X (ZOOM)	X (ZOOM)	X (ZOOM)	X	X (Zoom)	X (Zoom)	X (Zoom)	E
Nicholas Campbell	-	X	X	E	X (ZOOM)	Absent	X (ZOOM)	X (ZOOM)	Absent	X (Zoom)	X (Zoom)	X (Zoom)
Marni Rogalsky	-	-	-	-	-	-	-	X	X	X	X	X
Quorum Established	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q

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

COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS

January 28, 2026

1. **Description: HRSA Primary Health Care 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 the following:

- **BPHC Program Updates Recap**
 - The Site Visit Protocol (SVP) was updated to align with current guidance.
 - BPHC is reorganizing into regional teams and reintroducing the Project Officer role.
 - 2024 Ryan White HIV/AIDS Program Annual Data Report released.
- **Funding Opportunities**
 - FY 2026 National Technical Assistance Programs (NTAP) NOFO.
 - FY 2026 Quality Improvement Fund – Improving Access to Dental Services for Children with Neurodevelopmental Disorders NOFO.
- **Clinical & Policy Updates**
 - New cervical cancer screening guidelines allow self-collection for women ages 30–65 at average risk.
 - Extended telemedicine flexibilities for prescribing controlled medications through December 31, 2026.
- **UDS Reporting Updates**
 - 2025 UDS reports are due February 15, 2026, via EHBS.
 - **2025 UDS Reporting Webinars Available On-Demand:**
 - Recordings and slide decks from recent webinars are posted on the UDS TA webpage.
- **Opportunities for Public Comment and Feedback**
 - Feedback welcomed for the enhancements to the BPHC Contact Form.
 - Public comment open for 2026 UDS PAL Assistance Letter until February 9.
- **Upcoming Events**
 - **BPHC Program Updates Webcast:** Thursday, January 29, 2026, 2:00 p.m.
 - **UDS Pre-Submission Office Hours:**
 - January 21, 2026, 2:00–3:00 p.m.
 - February 4, 2026, 2:00–3:00 p.m.
 - **Enhancing Clinical Outcomes with Self-Measured Blood Pressure**



**COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
January 28, 2026**

Monitoring Webinar: January 26, 2026, 1:00 p.m.

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:

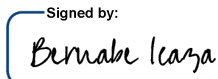
Signed by:


 Jessica Cafarelli
 VP & Chief Financial Officer

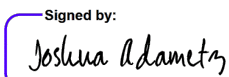
5. Recommendation:

Staff recommends the Committee Receive and File the HRSA Primary Health Care Digest.

Approved for Legal sufficiency:

Signed by:


 Bernabe Icaza
 SVP & General Counsel

Signed by:


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



BPHC Program Updates Recap, National Technical Assistance Programs NOFO, 2025 UDS Reporting Open

From HRSA Primary Health Care Digest <hrsa@public.govdelivery.com>

Date Tue 1/6/2026 1:57 PM

To Krysten Kinsey <kkinsey@hcdpbc.org>



Primary Health Care Digest

January 6, 2026



Dear Colleagues,

On behalf of the Bureau of Primary Health Care, we want to wish you all a Happy New Year! We look forward our continued partnership in 2026 to advance the Health Center Program's mission. Please encourage others in your organization to [subscribe to the Primary Health Care Digest](#) to stay connected to the latest Health Center Program information and events.

With thanks,

Jim Macrae, Onyeka Anaedozi, and Tonya Bowers
HRSA Associate Administrator and Deputy Associate Administrators

BPHC Program Updates Recap

See the slides from the [Thursday, December 18, BPHC Program Updates \(PDF\)](#). Here are other highlights from the webcast:

- We recently updated the [Health Center Program Site Visit Protocol](#) (SVP) to align with current program guidance.
 - See the [SVP summary of updates](#) for an **overview of the changes**.
- We are aiming to start calendar year (CY) 2026 **Operational Site Visits** by the end of January.
- HRSA released the [2024 Ryan White HIV/AIDS Program Annual Data Report](#)
- The Bureau of Primary Health Care (BPHC)'s Office of Health Center Program Monitoring is shifting to regional and segmented teams, and **reintroducing the Health Center Project Officer** role in the coming months.
- Funding Updates:
 - HRSA released the fiscal year (FY) 2026 [National Technical Assistance Programs](#) (NTAP) Notice of Funding Opportunity (NOFO) with applications due in [Grants.gov](#) on March 31, 2026.

- HRSA has forecasted the upcoming release of the FY 2026 [Quality Improvement Fund-Improving Access to Dental Services for Children with Neurodevelopmental Disorders](#) (QIF-DNDD) NOFO.
- Please continue to use the Health Center Program Support as your primary point of contact with BPHC via the [BPHC Contact Form](#) or by calling (877) 464-4772.

The next BPHC Program Updates webcast is scheduled for 2:00-3:00 p.m. ET on **Thursday, January 29**.

What's New

NTAP Cooperative Agreements Funding Opportunity

HRSA announced the availability of approximately \$24 million in fiscal year (FY) 2026 NTAP Cooperative Agreements funding ([HRSA-26-009](#)). This funding will support up to three (3) NTAPs in developing and delivering technical assistance to health centers with a focus on:

- Supporting the delivery of comprehensive, high-quality primary health care.
- Improving chronic disease management, nutrition, and preventive services.
- Improving operational effectiveness, efficiency, and quality.
- Addressing emergent public health needs and priorities.
- Complying with and exceeding Health Center Program and supplemental funding requirements.

FY 2026 NTAP applications are due in [Grants.gov](#) by 11:59 p.m. ET on Tuesday, March 31, 2026.

Visit the [NTAP technical assistance webpage](#) for more information. HRSA will host a question and answer session for applicants. Please submit questions in advance through the [BPHC Contact Form](#) (*Funding > Applications for Notice of Funding Opportunities (NOFOs) > National Technical Assistance Programs (NTAP)*).

TOMORROW, Wednesday, January 7

2:00 – 3:00 p.m. ET

[Join the session](#)

If you prefer to join by phone: 240-800-7959

Phone conference ID: 645 230 215#

Enhancing Clinical Outcomes with Self-Measured Blood Pressure Monitoring Webinar

Self-measured blood pressure (SMBP) monitoring is a proven, patient-centered strategy that strengthens hypertension control and improves health outcomes. Health centers that participated in HRSA's National Hypertension Control initiative (NHCI) SMBP effort reported a median increase of 30% improvement in blood pressure control.

Register for HRSA's upcoming webinar to learn how to implement and scale effective SMBP programs, engage patients in managing their own blood pressure, and leverage data and tools that support long-term success. Whether you're just getting started or looking to enhance existing efforts, this session will offer practical insights, real-world examples, and resources you can use immediately.

Monday, January 26

1:00 – 2:00 p.m. ET

[Register for the session](#)

340B Rebate Model Drug Pricing Program

Please see <https://www.hrsa.gov/opa> for additional information.

New Cervical Cancer Screening Guidelines

Yesterday, HRSA announced updated [cervical cancer screening guidelines](#) that include a recommendation to offer women ages 30 to 65 years and those at average risk the option to self-collect samples for testing. [Read the press release.](#)

Updates for ASPR COVID-19 Therapeutics Distribution Program

Health centers can still order Paxlovid procured by the HHS Administration for Strategic Preparedness and Response (ASPR) through 2028 or until the supply is depleted.

To order no-cost Paxlovid for your health center, visit ASPR's newly updated [ORD Platform](#) and select "Ordering." If you have questions about the process, select "Download User Guide" at the top of the page for detailed instructions.

Sites need to know their Grantee Code and Federal/State PIN to request products. ASPR sent a system-generated email to existing site contacts (including those from the Health Partners Ordering Portal, or HPOP) on Thursday, December 18, 2025, with this information.

If you have questions about placing an order, the status of your order, or how to report your inventor, email ASPR.ORD@hhs.gov or your ASPR Regional Team.

Updated Site Visit Protocol and Summary of Changes

We recently updated the [Health Center Program Site Visit Protocol](#) (SVP) to align with current program guidance, including the recently updated [HHS Grants Policies and Regulations](#). Site visit teams use the SVP to assess compliance with Health Center Program requirements during Operational Site Visits (OSVs) and Look-Alike Initial Designation site visits. Review the [summary of updates](#).

If you have questions about your upcoming OSV, please contact your Federal site visit representative. For general questions about the protocol, use the [BPHC Contact Form](#) (*Policy > Site Visit Protocol General Inquiry*).

Extended Telemedicine Flexibilities for Prescribing Controlled Medications Through 2026

HHS, working jointly with the Drug Enforcement Administration (DEA), announced a fourth temporary extension of telemedicine flexibilities that allow patients to receive prescriptions for controlled medications without a prior in-person visit. The [extension](#) runs from January 1, 2026, through December 31, 2026, preventing disruptions in care while permanent rules are finalized.

Opportunities for Public Comment and Feedback

2026 UDS Proposed Changes Program Assistance Letter Open for Public Comment

We released the [2026 Uniform Data System \(UDS\) Proposed Changes Program Assistance Letter](#) (PAL). It details proposed changes for calendar year 2026 reporting requirements and highlights reporting burden reduction efforts, including:

- Measure removals, additions, and revisions across the Clinical, Financial and Operational tables, and Appendices.
- Updates to UDS clinical quality measure specifications to align with CMS' electronic clinical quality measures (eCQMs).

HRSA published the proposed changes for public comment in the [Federal Register](#). Please review the proposed changes and provide any feedback by **Monday, February 9.**

Health Center Program Forms: Information Collection Request Comment Period

HRSA published proposed updates to the Health Center Program forms in the [Federal Register](#). Please review the proposed changes and provide your feedback by **Friday, February 13**.

BPHC Contact Form Enhancement Feedback

In December, we updated the [BPHC Contact Form](#) to help you get answers to your questions faster by adding new FAQ and knowledge resources sections organized according to the topics you ask us about most. We encourage you to browse through these common questions, review relevant guidance, and access key resources.

We've also created a dedicated area where you can share feedback about these improvements. Look for the gray box towards the bottom right of the page and click on the "Submit Your Contact Form Feedback" link.

UDS Reporting Updates

UDS 2025 Reporting Season Open

The 2025 UDS reporting period **started on Thursday, January 1**. All Health Center Program awardees and look-alikes are required to submit UDS reports **by 11:59 p.m. local time on Sunday, February 15**.

Visit the [UDS Technical Assistance](#) (TA) webpages to access the [2025 UDS Manual](#) and other resources to help health centers submit accurate, timely, and complete UDS reports for this calendar year.

If you need additional assistance, please use these resources:

- **UDS Help Desk:** Assists with UDS measure specifications and reporting requirements. Call 866-837-4357 (866-UDS-HELP) or email udshelp330@bphcdata.net
 - **[BPHC Contact Form](#):** For help with completing UDS Reports:
 - *For additional guidance on viewing UDS standard reports*, under the **Uniform Data System (UDS)** category, select **Reporting** then **Accessing UDS Reports in EHBs**.
 - *For technical issues with the HRSA Electronic Handbooks*, under the **Technical Support** category, select **EHBs Tasks/EHBs Technical Issues**.
-

2025 UDS Reporting Webinars Available On-Demand

We posted recordings and slide decks from recent UDS training webinars. We encourage health center staff who prepare UDS report submissions to visit our [UDS Reporting Technical Assistance \(TA\) webpage](#) to review these materials.

Upcoming UDS Reporting Office Hours

If you are preparing calendar year (CY) 2025 UDS submissions for your health center, please register to join the UDS Reporting Office Hours.

Health center staff will have the opportunity to connect directly with UDS experts to answer reporting questions ahead of the February 15, 2026, submission deadline. Experts will be available to help troubleshoot UDS reporting challenges, streamline the reporting process with personalized guidance, and provide helpful tips.

Please submit questions about UDS reporting when you register for the Office Hour.

UDS Pre-Submission Office Hour 1

Wednesday, January 21, 2026

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

[Register for the session](#)

UDS Pre-Submission Office Hour 2

Wednesday, February 4, 2026

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

[Register for the session](#)

Funding Reminders

BPR for June 1 Starts Due Soon

FY 2026 [Budget Period Progress Reports \(BPR\)](#) for Health Center Program award recipients with a June 1, 2026 (5-H80-26-006) budget period start date are due in HRSA's EHBs by **5:00 p.m. ET on Friday, January 9.**

New this year: Include an update on progress toward meeting the objectives for each supplement you received in the last three years (since FY 2023).

Unsure if you need to submit a BPR? Refer to line 26, "Project Period Start Date - End Date" on your most recent H80 Notice of Award. Health Center Program award recipients with a period of performance end date on or after September 30, 2026, will be required to complete an FY 2026 BPR.

Find application deadlines and TA materials on the [BPR TA webpage](#).

Do you forward the Digest to others?

Encourage them to [subscribe](#).



[Sign up for eNews](#)

[More HRSA email updates / Unsubscribe](#) | [Help](#)

[Health Resources and Services Administration](#)

5600 Fishers Lane | Rockville, MD 20857

This email was sent to kkinsey@hcdpbc.org using GovDelivery Communications Cloud on behalf of: HRSA · 5600 Fishers Lane · Rockville, MD 20857





COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
January 28, 2026

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 (“CHC”) Board for their education and awareness, to help ensure compliance with federal health care program requirements, and to provide information for their role and oversight efforts on Compliance, Privacy, and Ethics.

3. Substantive Analysis:

The Annual Compliance, Privacy & Ethics education material covers the following key information:

- Leadership and program oversight
- Key information and guidance for healthcare boards
- Compliance Purpose, Importance, and the “7 Elements” of an Effective Program
- Governance: Who Regulates the Healthcare Industry
- Office of Inspector General (OIG) New and Updated Program Guidance
- Key laws, rules, and regulations (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)
- Privacy: Why It Matters in Healthcare; Responsible Data Stewardship and Data Protection; Data Breach Reports and Statistics; Cybersecurity and Safeguarding Sensitive Data
- Key Compliance Areas (Standards of Conduct; Fraud, Waste, and Abuse; Conflicts of Interest; Non-retaliation and Whistleblower Protections; Appropriate Use of Resources)
- Compliance Responsibilities.

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"/>



COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS

January 28, 2026

*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:

Signed by:


 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 this training and education presentation.

Approved for Legal sufficiency:

Signed by:


 Bernabe Icaza
 SVP & General Counsel

 Heather Bokor
 VP & Chief Compliance and
 Privacy Officer

Signed by:


 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 (CHC) Board

Heather Bokor
Vice President and Chief Compliance & Privacy Officer

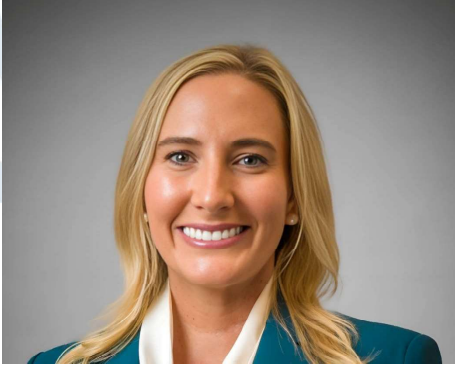
Overview and Objectives

- Leadership and Program Oversight
- Key Information for Healthcare Boards
- Compliance Purpose, Importance, and the 7 Elements of an Effective Program
- Governance: Who Regulates the Healthcare Industry?
- Office of Inspector General (OIG) – New and Updated Program Guidance
- Key Laws, Rules, and Regulations: Compliance and Privacy
- Privacy, Data Stewardship, and Cybersecurity
- Key Compliance Areas
- Compliance: It’s Everyone’s Responsibility
- Contact Information



Health Care District
OF PALM BEACH COUNTY

Leadership and Program Oversight



I serve as the District's Vice President and Chief Compliance and Privacy Officer. In this role, I lead efforts to foster a strong culture of ethics and compliance, oversee the daily operations and long-term strategy of the compliance program, and support the stability and reputation of the District by ensuring adherence to local, state, and federal laws and regulations.

Our compliance work includes auditing and monitoring, providing training and education, maintaining open lines of communication such as the compliance hotline, establishing policies and standards of conduct, addressing questions and concerns, coordinating with internal and external partners, and offering guidance to HCD's workforce. These efforts help safeguard our organization—along with our patients, customers, and staff—from financial, legal, and reputational risks.

Please feel free to contact me or any member of my team if you need assistance. Thank you for your attention to this important training and education topic.

- Heather Bokor, VP & Chief Compliance and Privacy Officer



Key Information for Healthcare Boards

- The compliance function helps prevent, detect, and address activities that fall short of legal, policy, or business standards. Its responsibilities include developing clear policies, promoting compliant behavior, and implementing plans that sustain organizational adherence. It also establishes metrics to evaluate program performance, monitors corrective actions, and provides reporting that enables leadership and the Board to assess overall effectiveness.
- Boards and Committees play a critical role in overseeing compliance and quality, ensuring the organization meets Federal program requirements and delivers high-quality care. To fulfill this role, members should receive regular training in Compliance, Privacy, and Ethics.



Key Information for Healthcare Boards

- Effective oversight requires asking targeted questions that assess the strength of the compliance program, evaluate those responsible for running it, and reinforce that compliance is a shared management responsibility.
- Board and Committee members might inquire about the department's Work Plan and audit results, its independence and resources, the functionality of the Hotline reporting system, compliance with applicable laws, updates on regulatory changes, and how the organization identifies and addresses compliance risks.
- These questions help leaders better understand industry risks, regulatory expectations, and the hallmarks of an effective compliance program.

Additional Guidance for Boards

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>

This guidance document was developed and issued jointly by the Office of Inspector General (U.S. Department of Health and Human Services), the Association of Healthcare Internal Auditors, the American Health Lawyers Association, and the Health Care Compliance Association.

Compliance Purpose, Importance, and the “7 Elements” of an Effective Program

- Healthcare is one of the most heavily regulated industries, and the Compliance function ensures HCD follows the laws and standards that govern our operations while protecting patients, staff, and the community. Compliance is an ongoing commitment to meeting legal, ethical, and professional expectations through effective policies, training, and monitoring.
- Compliance and Privacy promote a culture of accountability and support the District by guiding adherence to local, state, and federal requirements. Our program conducts auditing and monitoring, provides training, maintains communication channels such as the hotline, establishes policies and standards of conduct, responds to concerns, collaborates with partners, and offers ongoing guidance to the HCD workforce.

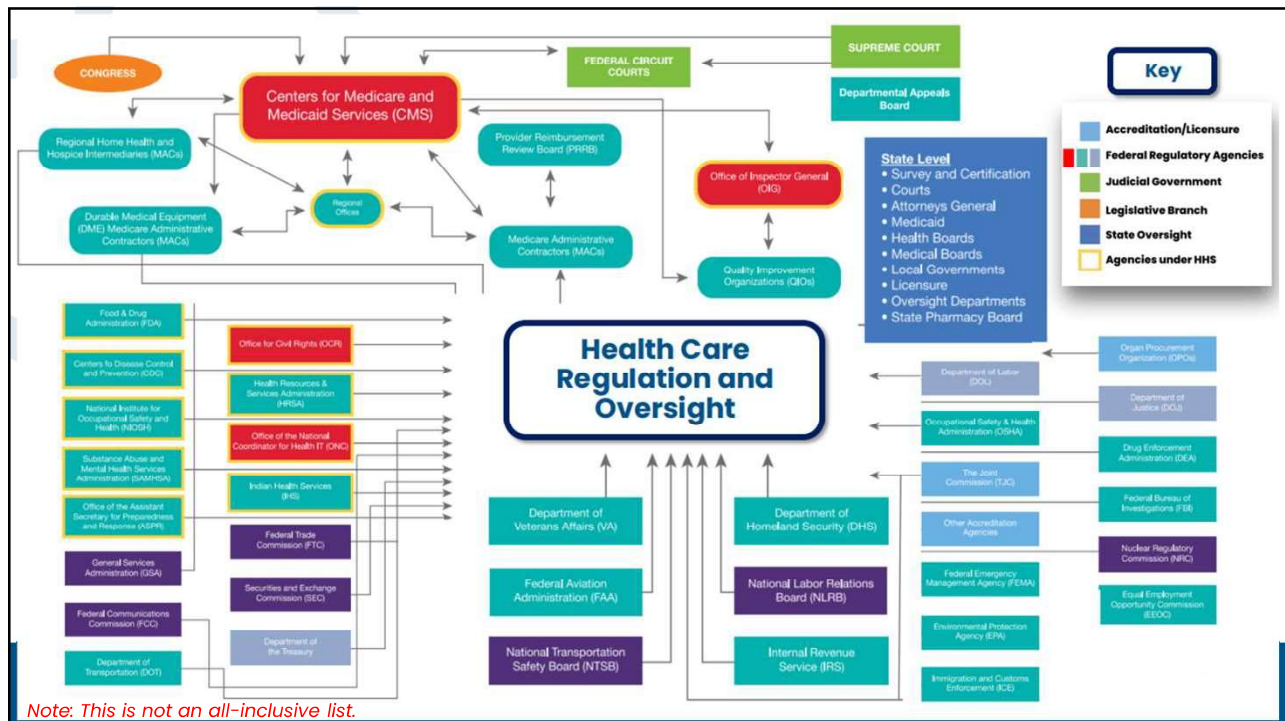
The “7 Elements” of an Effective Compliance Program



HCD's Compliance Program contains all elements.

Compliance Purpose and Importance: Key Expectations

- Uphold all Standards of Conduct and organizational policies
- Comply with all applicable laws, regulations, and program requirements
- Support efforts to prevent and detect fraud, waste, and abuse
- Ensure safety, quality, and required standards of care are consistently met
- Protect patient rights, privacy, and confidentiality
- Demonstrate integrity and ethical decision-making
- Avoid financial influences or conflicts of interest in care delivery
- Maintain accurate documentation, coding, billing, and reimbursement practices
- Ensure care is provided only by qualified, credentialed professionals
- Deliver services in appropriate settings and without deficiencies



Governance: Who Regulates the Healthcare Industry?

- Healthcare is highly regulated.
- While many state and federal entities oversee healthcare organizations, health systems, and compliance activities, the Office of Inspector General (OIG) remains one of the most influential authorities in shaping and guiding healthcare compliance expectations.
- The next slides outline the OIG's updated compliance program guidance that was recently released.
- These updates include important considerations for healthcare Boards and Committees, which are highlighted in the following slides to support their oversight responsibilities.

Office of Inspector General (OIG) – New and Updated Program Guidance

- The Office of Inspector General (OIG) has released its first comprehensive General Compliance Program Guidance (GCPG) in more than fifteen years, consolidating OIG and Department of Justice (DOJ) resources into a single reference for all healthcare stakeholders. The guidance outlines major compliance risks, core program elements, Federal laws and enforcement expectations, and practical tools for building and evaluating effective programs. It also updates the traditional "7 Elements" to reflect the OIG's current thinking.
- The GCPG is the foundation of a new guidance framework launching in 2024, replacing fragmented materials dating back to 1998. Beginning in late 2024, the OIG began issuing industry-specific compliance program guidance (ICPGs) that address subsector-specific fraud and abuse risks and will be updated as issues evolve. The first ICPG focuses on Skilled Nursing Facilities/Nursing Homes. Under this hub-and-spoke model, the GCPG provides overarching direction, while ICPGs offer deeper, sector-focused detail.

Office of Inspector General (OIG) – New and Updated Program Guidance

- The DOJ has also contributed complementary considerations, emphasizing integration of quality into compliance, awareness of broader regulatory and business risks, and enhanced financial monitoring of physicians and other partners to prevent kickbacks and related concerns.
- While preserving the traditional compliance program structure, the GCPG adds greater depth, practical insights, examples of problematic conduct, and elevates cybersecurity as a top priority amid rising threats. The OIG also highlighted several overarching themes: the critical role of the Chief Compliance Officer, strong leadership tone, effective committees and engaged Boards, targeted and Board-specific training, multiple reporting avenues, and the use of incentives to reinforce compliant behavior.
- [HHS-OIG General Compliance Program Guidance | November 2023](#).

13

Key Laws, Rules, and Regulations: Privacy

Privacy and Security:

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

Compliance:

- Stark Law (Physician Self-Referral) and the Anti-Kickback Statute (AKS)
- Excluded Entities and Individuals
- 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 subject to public disclosure.*

KNOW THE RULES!



14

Summary of Key Privacy Regulations (informational)

- **HIPAA** – Federal law which governs the use and disclosure of protected health information (PHI/electronic PHI), personally identifiable information (PII), and Individually Identifiable Health Information (IIHI) ensuring that patient data is handled with confidentiality and security. Gives patients rights regarding their healthcare and records.
- **HITECH** – promotes the adoption of EHRs and improve data privacy through stricter enforcement of HIPAA rules. HITECH also provides financial incentives for healthcare providers to use digital health records.
- **FIPA** – State law that provides procedures for the protection and security of the sensitive personal information (PII) of Florida Residents, including breach notification requirements.
- **FERPA** – Federal law that protects the privacy of student medical records (PII) in schools and gives parents rights related to education records.
- **42 CFR Part 2** – Federal regulations that protects patient health records related to substance abuse disorder treatment (SUD) that requires explicit consent before any sharing of data.
- **PCI DSS** (Payment Card Industry Data Security Standard) – applies to healthcare organizations that process payments for services, which mandates strong encryption and secure handling of credit card information.
- **GDPR** (General Data Protection Regulation) – requires any healthcare providers to obtain explicit consent before the processing of personal European Union (which may impact us) resident data which mandates strict guidelines on the handling and storage of such data.

15

Privacy: Why It Matters in Healthcare

Protecting Patients, Safeguarding Trust

- HIPAA establishes national standards for protecting patient health information (PHI) across all care settings.
- Ensures confidentiality, integrity, and availability of patient data—foundational to quality care and patient trust.

Operational & Legal Obligations

- Requires administrative, technical, and physical safeguards to prevent unauthorized access or disclosure.
- Mandates timely breach reporting and strict controls over how PHI is used, shared, and stored.
- Non-compliance can result in significant civil and criminal penalties, reputational harm, and loss of community confidence.
- The Minimum Necessary standard requires individuals and covered entities to limit the use or disclosure of PHI to only what is needed for the task. PHI should be accessed or shared solely for legitimate, work-related purposes.

16

Privacy: Why It Matters in Healthcare (contd.)

Organizational Importance

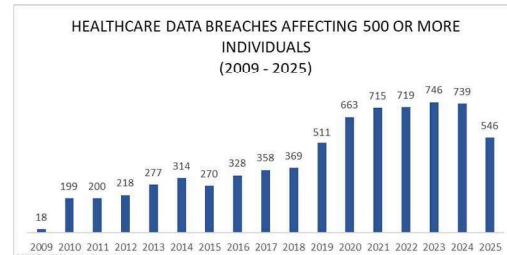
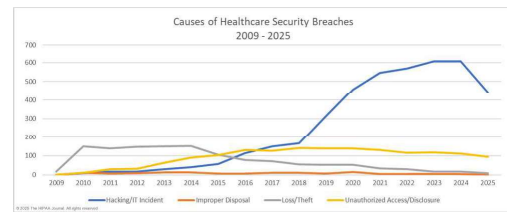
- Protects patients from identity theft, discrimination, and misuse of sensitive information.
- Reinforces ethical standards and supports a culture of privacy and accountability.
- Strengthens operational resilience through strong cybersecurity and data-handling practices.

Board's Role

- Champion a culture of privacy and compliance.
- Ensure adequate resources, oversight, and monitoring of HIPAA-related risks.
- Support ongoing training, auditing, and incident-response readiness.

Healthcare Data Breach Reports & Statistics

- As of 12/31/2025, almost 57 million individuals are known to have been affected by healthcare data breaches in 2025, and at least 642 data breaches affecting 500 or more individuals.
- 2025 data breach statistics are currently under reported by the OCR due to 43-day (Oct-Nov) government shutdown.
- In 2024, 742 data breaches (>500 individuals) were reported to OCR, and so far, 642 (>500 individuals) data breaches are listed on the OCR data breach portal for 2025 – a 13.5% reduction in large healthcare data breaches.
- The total individuals affected for 2025 falls far below 2024, specifically due to the Change Healthcare Breach which added an additional 192 million individuals (66.7% of YTD totals) for 2024.
- Defense is the New Offense!



Responsible Stewardship in Healthcare Data Protection

- Data stewardship refers to the oversight and management of data assets to ensure their quality, integrity, and ethical use. It includes assigning responsibility for data governance, ensuring compliance with regulations, and promoting transparency across an organization.
- Protecting patient and personal information is both a legal requirement and an ethical imperative in healthcare.
- Due to the sensitivity of health data and risks of misuse, access and sharing must be restricted to those with a legitimate professional or medical "need to know".
- Healthcare is highly regulated through state and federal law. Laws like HIPAA impose strict rules on data use and sharing, generally requiring written patient consent except for treatment, payment, and healthcare operations.
- These safeguards promote proper data use and uphold patients' rights to control their health information.
- Responsible data stewardship ensures compliance and transparency while mitigating financial, reputational, security, and legal risks.
- Aligning data practices with legal standards and public expectations strengthens trust in healthcare systems.
- As healthcare evolves with electronic records, telemedicine, and data-driven tools, prioritizing privacy, security, and ethical data governance is essential to delivering patient-centered care.

19

Security and Safeguarding Sensitive Data

Safeguarding Data

With an increasing number of healthcare data breaches and cyber attacks, it is more important than ever to safeguard our patient data. Many attacks start from a phishing attempt or more targeted phishing attempt by personifying an executive.

Important Reminders

- Report all suspicious emails
- Confirm email address prior to sending or opening confidential information
- Do **NOT** share your login credentials with others
- Report known or suspected issues



20

Security and Safeguarding Sensitive Data

What is a breach?

A "Breach" is defined as an unauthorized use, access, or disclosure of PHI or personal information.

What do I do if there is a "breach"?

All HCD workforce members, business associates, and board and committee members, are required to report information privacy and security breaches, or any suspected or suspicious activity that may impact the confidentiality, integrity, and availability of PHI.



Call: 561-804-5800 (IT) or 561-815-9480 (Privacy)

Security and Safeguarding Sensitive Data

Email

- Avoid sending or storing unencrypted confidential information.
- When transmitting PHI, PII, or other sensitive data outside HCD, add [secure] to the subject line to encrypt.



Social Media

- Do not post or reference patient information or any confidential organizational content.
- This includes photos, videos, audio, or indirect details that could identify patients or staff.



Personal Devices

- Refrain from using personal phones, laptops, or tablets to store or communicate patient or business information.



Oversight & Reporting

- Promptly report any suspected privacy or cybersecurity incident to Compliance or IT.
- Your vigilance supports organizational integrity and reduces regulatory and reputational risk.

Key Laws, Rules, and Regulations: Compliance

Privacy and Security:

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

Compliance:

- Stark Law (Physician Self-Referral) and the Anti-Kickback Statute (AKS)
- Excluded Entities and Individuals
- 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 subject to public disclosure.*

**KNOW THE
RULES!**



23

False Claims Act (FCA)

- Program integrity encompasses activities aimed at preventing improper payments, which can lead to false or fraudulent claims under the False Claims Act (FCA).
- The FCA is a federal law that combats fraud and abuse in Medicare and Medicaid by prohibiting knowingly submitting false claims, using false records to obtain payment, or retaining identified overpayments for more than 60 days.
- Beginning in 2026, Florida will also enforce new requirements related to patient overpayments, supplementing these federal rules.

24

Physician Self-Referral Law (Stark Law)

- The Physician Self-Referral Law (Stark Law) prohibits physicians from referring Medicare patients to an entity with which they or an immediate family member have a financial relationship, unless a specific exception applies. It also bars the receiving entity from billing Federal or State healthcare programs for those services. Exceptions generally require arrangements to be in writing, set in advance, and consistent with fair market value.
- While similar in purpose to the Anti-Kickback Statute (AKS), the Stark Law differs in two key ways: the AKS does not require physician involvement, and the Stark Law is a strict liability statute—meaning violations can occur regardless of intent.



25

Anti-Kickback Statute (AKS)

- The Anti-Kickback Statute (AKS) prohibits offering, giving, soliciting, or receiving anything of value to influence patient referrals or generate healthcare business. Remuneration is broadly defined and can include cash, gifts, services, or other benefits.
- Safe harbors exist for properly structured arrangements such as bona fide employment, professional services, and certain leases. Both parties involved can violate the AKS, with penalties including significant fines and imprisonment.
- Claims tainted by kickbacks may also trigger False Claims Act liability, including situations involving gifts or benefits exchanged with physicians, patients, or vendors.



26

OIG Exclusions and Civil Monetary Penalties

- An exclusion is an OIG administrative action that bars an individual or entity from participating in any Federal Health Care Program when they pose a risk to patient safety or program integrity.
- Employing or contracting with an excluded person can result in significant civil monetary penalties, ranging from \$2,000 to over \$100,000 per violation.
- To mitigate this risk, the District routinely checks federal and state exclusion lists to ensure that new hires, physicians, board members, and current employees are not excluded or have been properly cleared.



27

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

- HCD is subject to Florida's Sunshine Law and Public Records Act. These laws provide:
 - The right for the public to access government proceedings, including meetings of public boards
 - The right to access the records of any local government
- Additional guidance on the Sunshine Law and Public Records Act is available to Board and Committee members.
- **IMPORTANT:** *Your emails and other communications may be subject to public disclosure.*

28

Key Compliance Areas

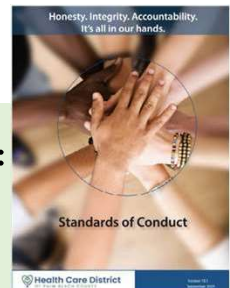
- Standards of Conduct
- Fraud, Waste, and Abuse Prevention
- Non-Retaliation and Whistleblower Protections
- Conflicts of Interest
- Interactions with Vendors, Physicians, and Patients
- Appropriate Use of Organizational Resources

Standards of Conduct

- Demonstrates HCD's commitment to complying with all applicable federal and state requirements
- Articulates the organization's goals, mission, and ethical standards
- Provides guidance and sets clear expectations for all members of HCD's workforce—including the Board and Committees—regarding their responsibilities and appropriate conduct

Principles of the Standard of Conduct:

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



Fraud, Waste, and Abuse (FWA): Why It Matters

Protecting Patients & Quality of Care

- Ensures resources are used appropriately for patient needs
- Prevents practices that compromise safety, quality, or access to care

Protecting the Organization

- Reduces risk of civil, criminal, and administrative penalties
- Safeguards financial stability and preserves public funding
- Strengthens internal controls and operational integrity

Protecting Our Reputation

- Demonstrates ethical stewardship of taxpayer and community resources
- Reinforces trust with patients, regulators, and partners

Board's Role

- Set expectations for ethical conduct and accountability
- Support strong oversight, reporting mechanisms, and corrective action
- Promote a culture where concerns about FWA can be raised without hesitation

31

Fraud, Waste, and Abuse (FWA): Examples

Examples of Fraud (*Intentional deception or misrepresentation for financial gain*)

- Billing for services that were never provided
- Falsifying documentation to justify higher reimbursement
- Paying or receiving kickbacks for patient referrals
- Submitting claims under another provider's identity'
- Altering medical records to obtain payment

Examples of Waste (*Overuse of services or resources that results in unnecessary costs*)

- Ordering excessive or duplicative tests
- Prescribing brand-name drugs when generics are appropriate
- Unnecessary/Unused Supply Stocking

Examples of Abuse (*Practices that are inconsistent with accepted standards*)

- Billing for services that are not medically necessary
- Upcoding or unbundling services without intent to defraud
- Providing care in a more expensive setting than required
- Misusing billing codes due to poor oversight or training

32

Non-Retaliation and Whistleblower Protections

- The District maintains a Non-Retaliation Policy that protects any employee who raises a concern in good faith from experiencing adverse actions.
- HCD's VP/Chief Compliance and Privacy Officer also serves as the organization's Non-Discrimination Officer.

33

Conflicts of Interest (COI)

- A Conflict of Interest (COI) arises when an individual's personal interests have the potential to compromise their judgment, decisions, or actions in the workplace. HCD seeks to prevent COIs—and even the appearance of a conflict.
 - All members of HCD's workforce, including Board and Committee members, are required to disclose or report any potential or actual COI. Attestations must be completed:
 - Before beginning or conducting official business with HCD
 - Annually
 - Whenever a potential or actual COI is identified
- If you are unsure whether something should be disclosed, contact HCD's VP/Chief Compliance and Privacy Officer.

34

COI: Examples

- A Board or Committee member uses information obtained through their position for personal financial gain
- A Board or Committee member awards, or participates in awarding, a contract or business opportunity to friends or family
- A Board or Committee member or Leader hires or promotes a family member
- A physician fails to disclose funding received from a pharmaceutical company, including speaker fees
- A hospital administrator routinely uses hospital funds to purchase catering from a restaurant owned by their spouse
- A member of leadership holds an ownership interest in a medical device manufacturer or vendor that conducts business with the hospital
- An employee accepts free travel from a vendor to attend a conference

35

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

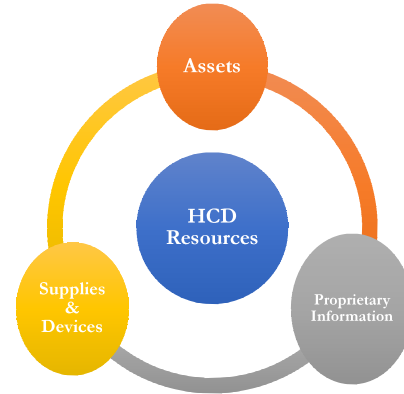
- Never offer, give, solicit, or accept anything that could compromise—or appear to compromise—someone’s ability to make fair, impartial, and objective business decisions.
- This includes acting on behalf of the District for personal, financial, or other outside interests.
- The restriction applies not only to tangible items or “gifts” but also to favors, promises, or other benefits.



36

Appropriate Use of Company Resources

- Fiduciary responsibilities
- Protect HCD assets and proprietary information
- Use HCD resources responsibly and solely for legitimate business purposes (not for personal use)
- Avoid and eliminate wasteful spending



37

Why Compliance Matters – And Why It's Everyone's Responsibility

Protecting the Organization

- Ensures we meet legal, regulatory, and ethical obligations
- Reduces risk of fines, penalties, and reputational harm
- Strengthens operational integrity and financial stewardship

Protecting Patients & the Community

- Promotes safe, high-quality care
- Safeguards patient rights, privacy, and trust
- Reinforces our commitment to ethical decision-making

Protecting Our Workforce

- Provides clear expectations for conduct
- Supports a culture where concerns can be raised without fear
- Helps prevent fraud, waste, abuse, and unsafe practices

Board's Role

- Set the tone for accountability and transparency
- Ensure adequate resources and oversight
- Model compliance as a shared responsibility across all levels



38

Contact Information

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

Email: hbokor@hcdpbc.org

Department Contacts:
compliance@hcdpbc.org
privacy@hcdpbc.org



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

Assisting in the implementation and oversight of the Health Care District's Compliance, Privacy, & Ethics Program are:



Leslie Alvarez

Senior Compliance Specialist



Sandy Bell

Senior Compliance Specialist



Kimberly Cash

Compliance Specialist



David Morsell

Senior Compliance & Privacy Analyst



Patrick O'Connor

Senior Regulatory Compliance & Legal Specialist



Adriana Padron

Executive Assistant



Follow Us on Social Media



**COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
January 28, 2026**

1. Description: Community Health Centers Financial Report November 2025

2. Summary:

The November 2025 financial statements for the Community Health Centers are presented for Board review.

3. Substantive Analysis:

Management has provided the income statements and key statistical information for Community Health Centers. 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:

Signed by:


 Jessica Cafarelli
CA6A21F72E09481...
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

 N/A
 Committee Name

 N/A
 Date Approved

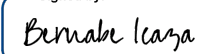


COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
January 28, 2026

6. Recommendation:

Staff recommends the Board approve the November 2025 Community Health Centers financial statements.

Approved for Legal sufficiency:

Signed by:


0CF6F7DD6706434...
Bernabe Icaza
SVP & General Counsel

Signed by:


CA6A24FF2E00481...
Jessica Cafarelli
VP & Chief Financial Officer

Signed by:


2B4234F98784482...
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 28, 2026

Subject: Management Discussion and Analysis as of November 2025 Community Health Centers Financial Statements.

The November financial statements represent the financial performance through the second month of the 2026 fiscal year for the Community Health Centers. On the Comparative Statement of Net Position, total assets increased \$1.3M. Cash increased \$476k as a result of normal business operations related to medical claims payments.

On the Statement of Revenues and Expenses, net patient revenue YTD was favorable to budget by \$210k or 10.2%. Gross patient revenue YTD was unfavorable to budget by (\$208k). Total YTD revenues were favorable to budget by \$341k or 9.8%. YTD grant revenue was favorable to budget by \$122k. Operational expenses before depreciation were favorable to budget by \$1.3M due to timing differences in expenses and staffing. Positive variances YTD in salaries, wages, and benefits were \$324k. YTD net margin was a loss of (\$4.6M) compared to the budgeted loss of (\$6.1M) resulting in a favorable variance of \$1.5M or (24.4%). YTD, the District has transferred in \$0 to subsidize clinic operations, anticipated schedule subsidy will be in December.

Net patient revenue YTD for the Medical clinics was favorable to budget by \$131k. The Medical clinics YTD gross patient revenue was unfavorable to budget by (\$341k). The Medical clinics total YTD revenue was favorable to budget by \$204k. Grant revenue recognition had a positive impact on overall revenue of \$64k. Total operating expenses of \$4.6M were favorable to budget of \$5.7M by \$1.1M or 19.3%. The positive variance is mostly due to purchased services of \$316k, repairs and maintenance of \$265k, and salaries, wages, and benefits of \$208k. Timing differences in expenses and staffing are driving these favorable YTD variances. YTD net margin was a loss of (\$3.5M) compared to the budgeted loss of (\$4.7M) resulting in a favorable variance of \$1.2M or (25.9%).

Net patient revenue YTD for the Dental clinics was favorable to budget by \$46k. The Dental clinics total YTD gross patient revenue was unfavorable to budget by (\$6k). Total YTD operating expenses of \$876k were favorable to budget by \$11k, with lease and rental accounting for \$21k of this favorable variance offset by an unfavorable variance in salaries, wages, and benefits of (\$11k). Total YTD net margin was favorable to budget by \$39k or (7.7%).

Net patient revenue YTD for the Behavioral Health clinics was favorable to budget by \$33k. The Behavioral Health clinics total YTD gross patient revenue was favorable to budget by \$139k. Total YTD operating expenses of \$719k were favorable to budget by \$133k, with salaries, wages, and benefits accounting for \$126k of this favorable variance. Total YTD net margin was favorable to budget by \$227k or (26.4%).

**District Clinic Holdings, Inc.
Comparative Statement of Net Position**

	November 30, 2025	October 31, 2025	Increase (Decrease)
Assets			
Cash and Cash Equivalents	\$ 2,753,045	\$ 2,276,968	\$ 476,078
Accounts Receivable, net	1,806,880	1,790,291	16,589
Due From Other Governments	3,364,535	2,384,742	979,793
Other Current Assets	312,648	286,773	25,875
Net Investment in Capital Assets	5,163,544	5,243,838	(80,294)
Right Of Use Assets	7,896,080	8,000,589	(104,509)
Total Assets	\$ 21,296,734	\$ 19,983,201	\$ 1,313,532
Liabilities			
Accounts Payable	349,675	432,513	(82,838)
Deferred Revenue-	837	1,670	(833)
Accrued Interest	40,734	40,192	542
Other Current Liabilities	4,546,894	4,155,980	390,914
Lease Liability	7,380,801	7,464,279	(83,479)
Non-Current Liabilities	1,000,098	1,356,206	(356,109)
Total Liabilities	13,319,039	13,450,841	(131,803)
Deferred Inflows of Resources			
Deferred Inflows	\$ 59,187	\$ 59,187	\$ 0
Net Position			
Net Investment in Capital Assets	5,163,544	5,243,838	(80,294)
Unrestricted	2,754,964	1,229,335	1,525,629
Total Net Position	7,918,508	6,473,173	1,445,335
Total Liabilities, Deferred Inflows of Resources and Net Position	\$ 21,296,734	\$ 19,983,201	\$ 1,313,532

Note: Amounts may not foot due to rounding.

Primary Care Clinics Statement of Revenues and Expenses
For The Second Month Ended November 30, 2025

Docusign Envelope ID: 10CC2D5B-10FF-4A1B-A9B3-9F19B350B494

	Current Month			Fiscal Year To Date			
	Actual	Budget	Variance	%	Prior Year	Variance	%
10,020	-	(10,020)	74,337	88.1%	-	(10,504)	-
174	-	(174)	38,355	99.5%	-	(505)	-
64,753	40,482	(24,271)	19,497	(60.0%)	80,964	(16,277)	(20.1%)
16,589	24,983	8,394	62,445	33.6%	49,966	22,655	45.3%
17,636	24,009	6,373	24,128	26.5%	48,018	15,066	31.4%
10,737	8,342	(2,395)	11,992	(28.7%)	35,274	(18,590)	(111.4%)
21,706	747	(20,959)	23,865	(2,805.8%)	69,666	(68,172)	(4,563.1%)
1,107	1,448	341	185	23.5%	2,419	2,896	477
-	-	-	12,292	(498.4%)	-	-	-
63,753	43,887	(19,866)	29,316	(45.2%)	87,794	(13,087)	(14.9%)
18,063	6,959	(11,104)	16,298	(159.6%)	13,918	(22,949)	(164.9%)
2,556	3,404	848	3,087	24.9%	6,808	851	12.5%
1,546	2,177	631	-	29.0%	4,354	2,264	52.0%
7,105	6,570	(535)	7,899	(8.1%)	11,653	1,487	11.3%
16,606	12,058	(4,548)	-	(37.7%)	27,746	(3,630)	(15.1%)
96	4,730	4,634	(96)	98.0%	97	9,460	99.0%
971,606	895,803	(75,803)	746,288	(8.5%)	1,791,606	(40,327)	(2.3%)
4,274,711	4,706,866	432,155	3,963,302	9.2%	9,581,268	1,151,917	12.0%
\$ (2,309,808)	\$ (3,079,934)	\$ 770,127	\$ (1,974,960)	(25.0%)	\$ (6,108,495)	\$ 1,492,674	(24.4%)
-	26,641	(26,641)	-	-	53,283	(53,283)	-
-	\$ 2,963,340	\$ (2,963,340)	-	-	\$ 5,926,679	\$ (5,926,679)	-
10,504	-	-	-	-	348,718	338,214	97.0%
505	-	-	-	-	85,052	94,547	99.5%
97,241	80,964	(16,277)	41,563	(20.1%)	41,563	(55,678)	(134.0%)
27,311	49,966	22,655	123,516	45.3%	123,516	96,205	77.9%
32,952	48,018	15,066	46,345	31.4%	46,345	13,393	28.9%
35,274	16,684	(18,590)	24,727	(111.4%)	24,727	(10,547)	(42.7%)
69,666	1,494	(68,172)	48,606	(4,563.1%)	48,606	(21,060)	(43.3%)
2,419	2,896	477	1,138	16.5%	1,138	(1,281)	(112.8%)
-	-	-	25,378	-	25,378	25,378	-
100,881	87,794	(13,087)	58,381	(14.9%)	58,381	(42,500)	(72.8%)
36,867	13,918	(22,949)	41,152	(164.9%)	41,152	4,285	10.4%
5,957	6,808	851	6,653	12.5%	6,653	696	10.5%
2,090	4,354	2,264	-	-	-	(2,090)	-
11,653	13,140	1,487	12,517	11.3%	12,517	864	6.9%
27,746	24,116	(3,630)	-	(15.1%)	-	(27,746)	-
97	9,460	9,363	-	99.0%	-	(97)	-
1,831,933	1,791,606	(40,327)	1,752,882	(2.3%)	1,752,882	(79,051)	(4.5%)
8,429,351	9,581,268	1,151,917	7,823,900	12.0%	7,823,900	(605,451)	(7.7%)
\$ (4,615,821)	\$ (6,108,495)	\$ 1,492,674	\$ (4,401,757)	(24.4%)	\$ (4,401,757)	\$ (214,064)	4.9%
-	-	-	-	-	-	-	-
-	\$ 2,963,340	\$ (2,963,340)	-	-	-	-	-

Statement of Revenues and Expenses by Month

	Oct-25	Nov-25	Year to Date
Gross Patient Revenue	\$ 3,674,429	\$ 2,748,378	\$ 6,422,807
Contractual Allowance	1,271,078	957,052	2,228,130
Charity Care	1,387,151	1,082,550	2,469,701
Bad Debt	399,136	293,644	692,780
Total Contractuals and Bad Debt	3,057,365	2,333,245	5,390,610
Other Patient Revenue	614,253	614,253	1,228,507
Net Patient Service Revenue	1,231,317	1,029,386	2,260,703
Collection %	33.51%	37.45%	35.20%
Non-Operating Revenues			
Grants	615,490	884,895	1,500,386
Other Revenue	1,819	50,622	52,442
Total Other Revenues	\$ 617,309	\$ 935,518	\$ 1,552,827
Total Non-Operating Revenues	\$ 1,848,627	\$ 1,964,904	\$ 3,813,530
Direct Operating Expenses:			
Salaries and Wages	2,206,581	2,172,266	4,378,846
Benefits	525,257	660,369	1,185,626
Purchased Services	20,735	21,754	42,489
Medical Supplies	65,956	36,839	102,795
Other Supplies	14,948	5,702	20,650
Contracted Physician Expense	10,900	(10,900)	-
Medical Services	5,520	26,110	31,631
Drugs	20,340	25,094	45,434
Repairs and Maintenance	58,055	34,577	92,632

Statement of Revenues and Expenses by Month

	Oct-25	Nov-25	Year to Date
Lease and Rental	90,606	71,849	162,455
Utilities	12,433	10,757	23,190
Other Expense	47,616	25,882	73,498
Interest Expense	33,789	33,508	67,298
Insurance	4,495	4,495	8,991
Total Operating Expenses	3,117,231	3,118,302	6,235,533

Net Performance before Depreciation & Overhead Allocations

Depreciation	177,082	184,803	361,885
<i>Overhead Allocations:</i>			
OH Risk Management	6,041	7,438	13,479
OH Revenue Cycle	149,523	131,494	281,017
OH Internal Audit	1,732	1,393	3,125
OH Office Facilities	24,021	15,251	39,272
OH Administration	10,690	34,227	44,917
OH Human Resources	65,020	132,176	197,196
OH Legal	21,796	28,539	50,335
OH Records Management	3,206	3,456	6,662
OH Compliance	12,840	19,669	32,509
OH IT Operations	3,277	(2,002)	1,275
OH IT Security	12	(9)	3
OH Finance	33,504	43,471	76,975
OH Corporate Communications	11,137	12,357	23,494
OH Information Technology	308,812	291,699	600,511
	\$ (1,268,604)	\$ (1,153,399)	\$ (2,422,003)

Statement of Revenues and Expenses by Month

	Oct-25	Nov-25	Year to Date
OH IT Applications	484	10,020	10,504
OH IT Service Center	331	174	505
OH Corporate Quality	32,488	64,753	97,241
OH Security Services	10,722	16,589	27,311
OH Supply Chain	15,316	17,636	32,952
OH Health Information Management	24,537	10,737	35,274
OH Coding	47,960	21,706	69,666
OH Reimbursement	1,312	1,107	2,419
OH Clinical Services Administration	37,128	63,753	100,881
OH Support Services	18,804	18,063	36,867
OH Mail Room	3,401	2,556	5,957
OH Patient Experience	544	1,546	2,090
OH External Affairs	4,548	7,105	11,653
OH Strategic Initiatives and Projects	11,140	16,606	27,746
OH Employee Health	1	96	97
Total Overhead Allocations	860,327	971,606	1,831,933
Total Expenses	4,154,640	4,274,711	8,429,351
Net Margin	\$ (2,306,013)	\$ (2,309,808)	\$ (4,615,821)

Primary Care Clinics - Medical Statement of Revenues and Expenses by Location (YTD)

For The Second Month Ended November 30, 2025

DocuSign Envelope ID: 10CC2D5B-10FF-4A1B-A9B3-9F19B350B494

	CHC Administration	CHC Belle Glade Medical	CHC Delray Beach Medical	CHC Lantana Medical	CHC Mangonia Park Medical	CHC West Palm Beach Medical	CHC Jupiter Medical	CHC Lake Worth Medical	CHC Lewis Center Medical	CHC Boca Medical	CHC St Ann Place Medical	CHC Mobile Van 1 - Warrior Medical	CHC Mobile Van 2 - Scout Medical	CHC Mobile Van 3 - Hero Medical	CHC Atlantis Medical	CHC Port Medical	CHC Atlantis Women's Health	Total
Gross Patient Revenue	\$ 802	\$ 334,749	\$ 363,691	\$ (715)	\$ 463,367	\$ 620,000	\$ 170,325	\$ 179	\$ 36,526	\$ 125,761	\$ 10,559	\$ 48,188	\$ 36,701	\$ 1,217,692	\$ 170	-	\$ 3,427,997	
Contractual Allowance	(357)	118,489	110,518	(34,713)	191,588	204,102	44,235	(21,763)	20,422	37,561	2,902	8,336	20,648	487,686	30	-	1,180,005	
Charity Care	-	86,219	123,945	872	188,598	181,252	63,813	1,048	11,634	49,718	3,004	17,139	9,358	444,230	170	-	1,189,120	
Bad Debt	(1)	18,362	36,507	4,132	145,515	62,470	16,300	8,973	2,518	21,448	3,388	12,466	11,478	11,711	6	-	336,634	
Total Contractual Allowances and Bad Debt	(357)	225,680	276,970	(29,548)	525,711	447,825	124,349	(11,742)	34,574	89,527	9,274	38,021	41,884	943,686	207	-	2,115,960	
Other Patient Revenue	-	85,466	72,104	-	42,622	169,908	39,906	-	14,561	56,828	2,384	10,204	2,072	319,824	86	-	815,966	
Net Patient Revenue	1,159	194,535	158,826	28,934	(19,722)	342,084	85,883	11,922	16,513	93,062	3,670	20,370	(3,112)	593,830	50	-	1,528,003	
Collection %	144.53%	58.11%	43.67%	(4.04%)(31%)	(4.26%)	55.17%	50.42%	6.642(64%)	45.21%	74.00%	34.76%	42.27%	(8.48%)	48.77%	29.22%	-	44.57%	
Grants	291,659	90,223	108,565	-	35,876	145,260	33,993	-	517	28,612	-	12,011	-	327,345	-	-	1,086,431	
Other Revenue	51,394	1,096	-	-	-	-	-	-	-	-	-	-	-	-	-	-	52,440	
Total Other Revenues	343,053	91,269	108,565	-	35,876	145,260	33,993	-	517	28,612	-	12,011	-	327,345	-	-	1,138,871	
Total Revenues	\$ 344,212	\$ 285,804	\$ 267,390	\$ 28,934	\$ 16,154	\$ 487,344	\$ 119,876	\$ 11,922	\$ 17,030	\$ 121,674	\$ 3,670	\$ 32,381	\$ 9,258	\$ 921,176	\$ 50	-	\$ 2,666,874	
Direct Operational Expenses:																		
Salaries and Wages	1,048,830	226,834	261,223	-	146,148	398,550	182,194	-	3,062	99,462	890	38,861	50,814	763,971	-	-	8,492	
Benefits	365,486	56,908	72,140	-	46,030	77,867	26,329	-	-	29,211	-	16,240	14,354	175,305	-	-	6,327	
Purchased Services	7,038	4,778	7,210	68	522	64	2,159	80	606	3,530	-	-	-	1,302	-	-	10,900	
Medical Supplies	137	3,302	1,979	1,595	2,092	1,747	530	70	299	1,811	18	18	1,037	9,706	-	-	47,045	
Other Supplies	-	3,690	4,322	-	(1,629)	12,853	(7,408)	-	1,089	1,096	81	716	100	17,576	-	-	16,057	
Medical Services	-	864	3,957	2,491	7,531	7,265	3,486	-	-	1,089	1,096	18	19,186	2,586	-	-	31,631	
Drugs	72,002	1,803	1,203	-	800	425	425	-	135	1,285	68	735	3,065	1,200	-	-	45,434	
Repairs and Maintenance	-	15,949	14,642	230	10,042	13,934	20	-	-	20,656	40	10	5	52,802	-	-	85,304	
Lease and Rental	-	4,442	5,364	-	1,165	390	1,941	(395)	370	939	252	4,140	-	128,330	-	-	128,330	
Utilities	-	15,053	1,899	385	10,603	2,432	651	282	1,900	928	1,013	125	2,200	4,419	-	-	18,608	
Other Expense	1,651	-	11,218	-	5,061	867	867	1,705	5,468	-	-	32,169	-	58,138	-	-	80,336	
Interest Expense	-	388	503	-	263	999	102	7	56	88	-	1,553	1,553	1,856	-	-	58,138	
Insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8,922	
Total Operating Expenses	1,510,197	326,311	391,880	5,429	229,643	595,173	214,021	1,765	8,427	165,708	2,344	58,276	6,923	1,090,022	-	25,710	4,640,379	
Net Performance before Depreciation & Overhead Allocations	(1,165,984)	(40,507)	(124,489)	23,504	(213,489)	(47,830)	(94,145)	10,157	8,603	(44,034)	1,326	(25,896)	(6,923)	(168,846)	50	(25,710)	(1,973,506)	
Depreciation	-	15,921	6,500	-	4,256	2,564	519	-	167	1,624	167	854	2,438	854	-	-	112,970	
Overhead Allocations:																		
OH Risk Management	10,108	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10,108	
OH Revenue Cycle	120,435	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	120,435	
OH Internal Audit	2,332	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,332	
OH Office Facilities	36,563	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	36,563	
OH Administration	34,009	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	34,009	
OH Human Resources	146,846	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	146,846	
OH Legal	37,775	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	37,775	
OH Records Management	4,989	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,989	
OH Compliance	24,440	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	24,440	
OH IT Operations	864	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	864	
OH IT Security	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	
OH Finance	57,761	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	57,761	
OH Corporate Communications	17,598	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17,598	
OH Information Technology	406,230	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	406,230	
OH IT Applications	8,023	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8,023	
OH IT Service Center	72,941	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	72,941	
OH Corporate Quality	20,027	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20,027	
OH Security Services	24,694	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	24,694	
OH Supply Chain	27,134	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	27,134	
OH Health Information Management	48,766	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	48,766	
OH Coding	1,806	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,806	
OH Reimbursement	75,671	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	75,671	
OH Clinical Services Administration	27,654	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	27,654	
OH Support Services	4,442	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,442	
OH Mail Room	1,568	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,568	
OH Patient Experience	8,763	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8,763	
OH External Affairs	20,812	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20,812	
OH Strategic Initiatives and Projects	74	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	74	
OH Employee Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Overhead Allocations	1,242,702	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,242,702	
Total Expenses	2,774,588	342,232	425,778	5,429	246,790	537,737	232,631	25,524	8,594	181,879	2,510	59,130	9,361	1,236,714	-	25,710	6,184,012	
Net Margin	\$ (2,430,376)	\$ (66,429)	\$ (158,387)	\$ 23,504	\$ (230,636)	\$ (60,393)	\$ (112,755)	\$ (13,603)	\$ 8,436	\$ (60,295)	\$ 1,159	\$ (26,749)	\$ (9,361)	\$ (60,146)	\$ 50	\$ (25,710)	\$ (5,517,138)	
Capital Contributions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Transfer In/(Out)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Primary Care Medical Statement of Revenues and Expenses

For The Second Month Ended November 30, 2025

DocuSign Envelope ID: 10CC2D5B-10FF-4A1B-A9B3-9F19B350B494

Actual	Budget	Current Month		Fiscal Year To Date		Variance	%
		Variance	Prior Year	Variance	Prior Year		
\$ 1,466,294	\$ 1,758,095	\$ (291,801)	\$ 1,774,623	\$ (308,329)	\$ 3,859,103	\$ (431,105)	(11.2%)
515,640	583,965	(68,325)	522,234	(6,594)	1,236,188	(46,183)	(3.7%)
544,963	576,274	(31,311)	571,059	(26,096)	1,265,914	(76,794)	(6.1%)
151,514	270,112	(118,599)	240,599	(89,086)	728,803	(391,969)	(53.8%)
1,212,117	1,430,351	(218,234)	1,333,892	(121,775)	3,230,906	(514,946)	(15.9%)
407,983	323,428	84,555	378,234	29,749	756,469	59,497	7.9%
662,160	651,172	10,988	818,965	(156,805)	1,384,665	143,337	10.4%
45,16%	37.04%	46.15%			35.88%		
649,765	480,782	168,983	595,878	53,887	1,018,650	67,782	6.7%
50,620	20,062	30,558	5,056	45,565	30,299	22,140	73.1%
\$ 1,362,545	\$ 1,152,016	\$ 210,530	\$ 1,419,899	\$ (57,353)	\$ 2,433,614	\$ 233,259	9.6%
Direct Operating Expenses:							
1,645,132	1,629,182	(15,950)	1,386,158	(258,975)	113,744	(425,164)	(15.2%)
506,674	483,534	(23,139)	512,476	5,803	94,586	(29,011)	(3.4%)
19,937	177,056	157,119	19,457	(480)	315,855	(6,838)	(21.8%)
12,899	51,254	38,554	25,061	12,361	55,462	15,772	25.1%
4,300	24,960	20,660	19,475	15,176	33,863	8,604	34.9%
(10,900)	-	10,900	-	10,900	-	-	-
26,110	26,340	230	95,313	69,203	52,680	167,608	84.1%
25,094	70,942	45,848	67,731	42,637	141,883	83,587	64.8%
34,019	175,399	141,379	38,062	4,042	350,797	265,493	75.7%
61,169	77,326	16,157	106,710	45,541	154,652	26,322	17.0%
8,484	12,232	3,748	8,831	347	24,464	11,117	(7.4%)
15,688	59,532	43,844	75,486	59,798	119,064	76,028	63.9%
28,944	26,292	(2,652)	48,246	19,302	52,584	(5,554)	(10.6%)
-	-	-	39,063	39,063	-	40,669	-
4,461	9,215	4,754	6,459	1,988	18,431	9,509	51.6%
2,381,811	2,823,264	441,452	2,448,528	66,717	5,749,040	1,108,661	19.3%
\$ (1,019,266)	\$ (1,671,248)	\$ 651,982	\$ (1,028,629)	\$ 9,363	\$ (3,286,434)	\$ 1,312,928	(39.9%)
154,326	121,828	(32,498)	143,053	(11,273)	243,656	(57,275)	(23.5%)
5,692	4,021	(1,671)	7,050	1,358	8,042	(2,066)	(25.7%)
56,354	54,779	(1,575)	29,314	(27,040)	109,558	(10,877)	(9.9%)
1,066	2,483	1,417	2,026	960	4,966	2,634	53.0%
14,199	13,456	(743)	17,385	3,186	26,912	(9,651)	(35.9%)
26,194	12,875	(13,319)	11,140	(15,054)	25,750	(8,259)	(32.1%)
98,427	67,927	(30,500)	68,739	(29,688)	135,854	(10,992)	(8.1%)
21,841	23,897	2,056	21,599	(242)	47,794	10,019	21.0%
2,645	3,091	446	2,319	(326)	6,182	1,193	19.3%
15,053	11,374	(3,679)	10,291	(4,762)	22,748	(1,692)	(7.4%)
(1,532)	-	1,532	29,285	30,817	-	(864)	-
(7)	-	7	19,070	19,077	-	(2)	-
33,269	31,275	(1,994)	26,262	(7,007)	62,550	4,789	7.7%
9,457	12,891	3,434	9,869	412	25,782	8,184	31.7%
197,327	234,501	37,174	13,802	(183,525)	469,002	62,772	13.4%
\$ (1,973,506)	\$ (1,973,506)	\$ (1,973,506)	\$ (1,973,506)	\$ (1,973,506)	\$ (3,286,434)	\$ 1,312,928	(39.9%)
300,931	243,656	(57,275)	216,522	(84,409)	4,685,007	44,627	1.0%
10,108	8,042	(2,066)	15,586	5,478	15,586	5,478	35.1%
120,435	109,558	(10,877)	67,401	(63,034)	67,401	(63,034)	(78.7%)
2,332	4,966	2,634	4,615	2,283	4,615	2,283	49.5%
36,563	26,912	(9,651)	40,394	3,831	40,394	3,831	9.5%
34,009	25,750	(8,259)	23,973	(10,036)	23,973	(10,036)	(41.9%)
146,846	135,854	(10,992)	148,824	1,978	148,824	1,978	1.3%
37,775	47,794	10,019	56,807	21,032	56,807	21,032	35.8%
4,989	6,182	1,193	5,184	195	5,184	195	3.8%
24,440	22,748	(1,692)	20,119	(4,321)	20,119	(4,321)	(21.5%)
864	-	(864)	44,525	43,661	44,525	43,661	98.1%
2	-	(2)	30,975	30,975	30,975	30,975	100.0%
57,761	62,550	4,789	58,749	988	58,749	988	1.7%
17,598	25,782	8,184	20,837	3,239	20,837	3,239	15.5%
406,230	469,002	62,772	30,421	(375,809)	30,421	(375,809)	(1,235.4%)

Net Performance before Depreciation & Overhead Allocations

Actual	Budget	Variance	Prior Year	Variance	%
\$ 1,019,266	\$ (1,671,248)	\$ 651,982	\$ (1,028,629)	\$ 9,363	(0.9%)
154,326	121,828	(32,498)	143,053	(11,273)	(7.9%)
5,692	4,021	(1,671)	7,050	1,358	19.3%
56,354	54,779	(1,575)	29,314	(27,040)	(92.2%)
1,066	2,483	1,417	2,026	960	47.4%
14,199	13,456	(743)	17,385	3,186	18.3%
26,194	12,875	(13,319)	11,140	(15,054)	(135.1%)
98,427	67,927	(30,500)	68,739	(29,688)	(43.2%)
21,841	23,897	2,056	21,599	(242)	(1.1%)
2,645	3,091	446	2,319	(326)	(14.1%)
15,053	11,374	(3,679)	10,291	(4,762)	(46.3%)
(1,532)	-	1,532	29,285	30,817	105.2%
(7)	-	7	19,070	19,077	100.0%
33,269	31,275	(1,994)	26,262	(7,007)	(26.7%)
9,457	12,891	3,434	9,869	412	4.2%
197,327	234,501	37,174	13,802	(183,525)	(1,325.7%)

Overhead Allocations:

OH Risk Management	19.3%
OH Revenue Cycle	(92.2%)
OH Internal Audit	47.4%
OH Office Facilities	18.3%
OH Administration	(135.1%)
OH Human Resources	(43.2%)
OH Legal	(1.1%)
OH Records Management	(14.1%)
OH Compliance	(46.3%)
OH IT Operations	105.2%
OH IT Security	100.0%
OH Finance	(26.7%)
OH Corporate Communications	4.2%
OH Information Technology	(1,325.7%)

Primary Care Medical Statement of Revenues and Expenses
For The Second Month Ended November 30, 2025

Current Month				Fiscal Year To Date			
Actual	Budget	Variance	%	Actual	Budget	Variance	%
7,669	-	(7,669)	84.9%	8,023	-	(8,023)	-
133	-	(133)	99.5%	375	-	(375)	-
48,572	30,366	(18,206)	(60.0%)	72,941	60,732	(12,209)	(20.1%)
12,165	18,321	6,156	33.6%	20,027	36,642	16,615	45.3%
13,497	18,009	4,512	25.1%	24,694	36,018	11,324	31.4%
8,259	6,417	(1,842)	(28.7%)	27,134	12,834	(14,300)	(111.4%)
15,194	523	(14,671)	(2,805.2%)	48,766	1,046	(47,720)	(4,562.1%)
847	1,086	239	22.0%	1,806	2,172	366	16.9%
-	-	-	-	-	-	-	-
47,821	32,927	(14,894)	(45.2%)	75,671	65,854	(9,817)	(14.9%)
13,549	5,220	(8,329)	(159.6%)	27,654	10,440	(17,214)	(164.9%)
1,956	2,553	597	23.4%	4,442	5,106	664	13.0%
1,160	1,633	473	29.0%	1,568	3,266	1,698	52.0%
5,438	4,928	(510)	(10.3%)	8,763	9,856	1,093	11.1%
12,456	9,045	(3,411)	(37.7%)	20,812	18,090	(2,722)	(15.0%)
73	3,548	3,475	97.9%	74	7,096	7,022	99.0%
668,774	607,146	(61,628)	(10.2%)	1,242,702	1,214,292	(28,410)	(2.3%)
3,204,911	3,552,238	347,326	9.8%	6,184,012	7,206,988	1,022,976	14.2%
\$ (1,842,366)	\$ (2,400,222)	\$ 557,856	(25.2%)	\$ (3,517,138)	\$ (4,744,382)	\$ 1,227,243	(25.9%)
-	20,375	(20,375)	-	-	40,750	(40,750)	-
-	\$ 2,963,340	\$ (2,963,340)	-	-	\$ 5,926,679	\$ (5,926,679)	-
Total Revenues				Total Expenses			
Net Margin				Net Margin			
Capital Contributions				Capital Contributions			
Transfer In/(Out)				Transfer In/(Out)			

Primary Care Clinics - Dental Statement of Revenues and Expenses by Location (YTD)
For The Second Month Ended November 30, 2025

	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	-	\$ 295,021	\$ 562,097	-	\$ 604,474	\$ 498,520	\$ 5,181	\$ 1,965,293
Contractual Allowance	-	114,315	100,589	(2,077)	139,673	271,004	-	631,504
Charity Care	-	107,929	239,482	(1,936)	326,525	190,446	5,181	927,966
Bad Debt	-	36,606	78,940	2,994	50,558	40,774	(87)	206,785
Total Contractual Allowances and Bad Debt	-	258,850	487,010	(482)	516,556	502,227	5,094	1,769,256
Other Patient Revenue	-	70,587	83,793	-	122,364	111,800	-	388,545
Net Patient Revenue	-	106,759	159,890	482	210,282	108,093	87	584,592
Collection %	-	36.19%	28.27%	-	34.79%	21.08%	1.68%	29.75%
Grants	2	23,444	44,071	-	81,930	46,123	-	195,568
Other Revenue	2	-	-	-	-	-	-	2
Total Other Revenues	2	23,444	44,071	-	81,930	46,123	-	195,570
Total Revenues	\$ 2	\$ 130,203	\$ 202,961	\$ 482	\$ 292,212	\$ 154,216	\$ 87	\$ 780,152
Direct Operational Expenses:								
Salaries and Wages	-	75,912	145,142	-	222,739	128,817	-	572,610
Benefits	-	24,623	36,896	-	56,236	39,838	-	157,593
Purchased Services	-	712	3,198	-	128	193	-	4,232
Medical Supplies	-	9,030	15,483	1,184	17,201	12,853	-	55,751
Other Supplies	-	282	298	-	872	3,141	-	4,592
Repairs and Maintenance	-	1,386	2,277	-	2,677	988	-	7,328
Lease and Rental	-	6,179	5,718	-	11,918	7,797	-	31,612
Utilities	-	1,772	1,123	-	390	1,296	-	4,592
Other Expense	579	3,919	7,260	914	9,668	6,479	-	28,619
Interest Expense	-	-	4,452	-	-	4,708	-	9,160
Insurance	-	69	-	-	-	-	-	69
Total Operating Expenses	579	123,884	221,848	2,098	321,828	206,110	-	876,346
Net Performance before Depreciation & Overhead Allocations	(577)	6,319	(18,887)	(1,616)	(29,617)	(51,894)	87	(66,194)
Depreciation	-	3,320	6,669	-	5,013	24,896	-	39,897
Overhead Allocations:								
OH Risk Management	1,850	-	-	-	-	-	-	1,850
OH Revenue Cycle	80,291	-	-	-	-	-	-	80,291
OH Internal Audit	440	-	-	-	-	-	-	440
OH Office Facilities	2,709	-	-	-	-	-	-	2,709
OH Administration	5,853	-	-	-	-	-	-	5,853
OH Human Resources	24,033	-	-	-	-	-	-	24,033
OH Legal	6,882	-	-	-	-	-	-	6,882
OH Records Management	921	-	-	-	-	-	-	921
OH Compliance	4,404	-	-	-	-	-	-	4,404
OH IT Operations	264	-	-	-	-	-	-	264
OH IT Security	1	-	-	-	-	-	-	1
OH Finance	10,531	-	-	-	-	-	-	10,531
OH Corporate Communications	3,244	-	-	-	-	-	-	3,244
OH Information Technology	110,044	-	-	-	-	-	-	110,044
OH IT Applications	1,302	-	-	-	-	-	-	1,302
OH IT Service Center	72	-	-	-	-	-	-	72
OH Corporate Quality	11,218	-	-	-	-	-	-	11,218
OH Security Services	3,642	-	-	-	-	-	-	3,642
OH Supply Chain	4,540	-	-	-	-	-	-	4,540
OH Health Information Management	8,140	-	-	-	-	-	-	8,140
OH Coding	6,967	-	-	-	-	-	-	6,967
OH Reimbursement	340	-	-	-	-	-	-	340
OH Clinical Services Administration	11,638	-	-	-	-	-	-	11,638
OH Support Services	4,253	-	-	-	-	-	-	4,253
OH Mail Room	842	-	-	-	-	-	-	842
OH Patient Experience	241	-	-	-	-	-	-	241
OH External Affairs	1,577	-	-	-	-	-	-	1,577
OH Strategic Initiatives and Projects	3,201	-	-	-	-	-	-	3,201
OH Employee Health	12	-	-	-	-	-	-	12
Total Overhead Allocations	309,452	-	-	-	-	-	-	309,452
Total Expenses	310,031	127,203	239,389	2,098	326,841	241,189	-	1,246,752
Net Margin	\$ (310,029)	\$ 3,000	\$ (36,438)	\$ (1,616)	\$ (34,630)	\$ (86,973)	\$ 87	\$ (466,600)
Capital Contributions	-	-	-	-	-	-	-	-
Transfer In/Out	-	-	48	-	-	-	-	-

Primary Care Dental Statement of Revenues and Expenses
 For The Second Month Ended November 30, 2025

DocuSign Envelope ID: 10CC2D5B-10FF-4A1B-A9B3-9F19B350B494

	Current Month				Fiscal Year To Date					
	Actual	Budget	Variance	%	Prior Year	Variance	%	Prior Year	Variance	%
7,470	4,670	(2,800)	(60.0%)	3,276	(4,194)	(1,878)	(20.1%)	6,984	(4,234)	(60.8%)
2,212	3,331	1,119	33.8%	6,100	3,888	3,020	45.3%	12,066	8,424	69.8%
2,160	2,770	610	22.0%	4,054	1,894	1,000	18.1%	7,787	3,247	41.7%
2,478	1,925	(553)	(28.7%)	2,015	(463)	(4,290)	(111.4%)	4,155	(3,985)	(95.9%)
2,171	75	(2,096)	(2,794.7%)	4,010	1,839	(6,817)	(4,544.7%)	8,167	1,200	14.7%
136	167	31	18.6%	31	(105)	(6)	(1.8%)	191	(149)	(78.0%)
-	-	-	-	2,065	2,065	-	-	4,264	4,264	-
7,355	5,064	(2,291)	(45.2%)	4,926	(2,429)	(1,510)	(14.9%)	9,810	(1,828)	(18.6%)
2,084	803	(1,281)	(159.5%)	2,739	655	(2,647)	(164.8%)	6,915	2,662	38.5%
313	393	80	20.4%	519	206	(56)	(7.1%)	1,118	276	24.7%
178	251	73	29.1%	-	(178)	261	52.0%	-	(241)	-
870	758	(112)	(14.8%)	1,327	457	(61)	(4.0%)	2,103	526	25.0%
1,916	1,391	(525)	(37.7%)	-	(1,916)	(419)	(15.1%)	-	(3,201)	-
12	546	534	97.8%	-	(12)	1,080	98.9%	-	(12)	-
156,980	149,975	(7,005)	(4.7%)	133,851	(23,129)	(9,502)	(3.2%)	315,240	5,788	1.8%
571,779	617,474	45,694	7.4%	645,519	73,740	(1,172)	(0.1%)	1,266,117	19,365	1.5%
\$ (180,179)	\$ (273,232)	\$ 93,052	(34.1%)	\$ (243,809)	\$ 63,630	\$ 38,815	(7.7%)	\$ (543,786)	\$ 77,186	(14.2%)
-	6,267	(6,267)	-	-	-	(12,533)	-	-	-	-

OH Corporate Quality
 OH Security Services
 OH Supply Chain
 OH Health Information Management
 OH Coding
 OH Reimbursement
 OH Clinical Labor Pool
 OH Clinical Services Administration
 OH Support Services
 OH Mail Room
 OH Patient Experience
 OH External Affairs
 OH Strategic Initiatives and Projects
 OH Employee Health
 Total Overhead Allocations-

Total Expenses
Net Margin
Capital Contributions.

Primary Care Behavioral Health Statement of Revenues and Expenses
For The Second Month Ended November 30, 2025

	Current Month				Fiscal Year To Date					
	Actual	Budget	Variance	%	Prior Year	Variance	%	Prior Year	Variance	%
2,430	936	(1,494)	(159.6%)	152	2,562	152	5.9%	6,520	1,560	23.9%
287	458	171	37.3%	202	489	202	41.3%	1,054	381	36.1%
208	293	85	29.0%	(208)	-	(208)	-	-	(281)	-
797	884	87	9.8%	455	1,252	455	36.3%	1,984	671	33.8%
2,234	1,622	(612)	(37.7%)	(2,234)	-	(2,234)	-	-	(3,733)	-
11	636	625	98.3%	(11)	-	(11)	-	-	(11)	-
145,852	138,682	(7,170)	(5.2%)	(22,368)	123,484	(22,368)	(18.1%)	300,112	20,333	6.8%
498,020	537,155	39,135	7.3%	(260,772)	237,248	(260,772)	(109.9%)	518,725	(479,862)	(92.5%)
\$ (287,263)	\$ (406,481)	\$ 119,218	(29.3%)	\$ (216,747)	\$ (70,516)	\$ (216,747)	307.4%	\$ (252,526)	\$ (379,556)	150.3%



CHC Medical Visits - Adults and Pediatrics	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
DeRay Beach	927	722											1,649	1,953	(15.6%)	1,953
DeRay Beach- Women's Health Care													-	-	Included in budget above	
Belle Glade	837	584											1,421	1,553	(8.5%)	1,553
Belle Glade- Women's Health Care													-	-	Included in budget above	
Jupiter	441	359											800	1,097	(27.1%)	1,097
Jupiter- Women's Health Care													-	-	Included in budget above	
West Boca	251	226											477	511	(6.7%)	511
West Boca- Women's Health Care													-	-	Included in budget above	
Atlantis	2,142	1,537											3,679	4,428	(16.9%)	-
Atlantis- Womens Health Care													1,814	1,504	Included in budget above	
West Palm Beach	1,020	794											2,129	2,769	(23.1%)	2,769
Mangonia Park	1,220	909											1,189	1,266	(6.1%)	1,266
Lewis Center	687	502											141	97	45.4%	97
St Ann Place	78	63											51	40	27.5%	122
St Ann Place	31	20											163	60	171.7%	10
Clb Mob 1 Warrior (Mobile Van)	127	36											118	167	(29.3%)	167
Clb Mob 3 Hero	59	59											3	162	(98.1%)	162
Portable Medical	-	3											-	-	0.0%	-
Clb Mob 2 Scout	-	-											-	-	0.0%	-
Total Medical Visits	7,820	5,814											13,634	15,607	(12.6%)	15,150
Dental Visits																
West Palm Beach Dental	1,069	973											2,042	2,010	1.6%	2,010
DeRay Dental	1,082	802											1,884	1,760	7.0%	1,388
Belle Glade Dental	525	395											920	926	(0.6%)	926
Atlantis Dental	808	580											1,388	1,510	(8.1%)	-
Portable Dental	9	7											16	16	0.0%	16
Total Dental Visits	3,493	2,757											6,250	6,222	0.5%	5,546
Total Medical and Dental Visits	11,313	8,571											19,884	21,829	(8.9%)	20,696
Behavioral Health Visits**																
Atlantis BH	514	338											852	1,074	(20.7%)	-
Mangonia Park BH	1,123	904											2,027	1,901	6.6%	1,901
DeRay BH	450	380											830	712	16.6%	712
Lewis Center BH	453	331											784	496	58.1%	496
West Palm Beach BH	179	99											278	40	595.0%	-
Belle Glade BH	53	93											146	72	102.8%	2
St Ann Place BH	5	-											5	30	(83.3%)	-
West Boca BH	54	30											84	40	110.0%	4
Mob 1 Warrior BH (Mobile Van)	93	23											116	10	1,060.0%	1
Mob 3 Hero BH	63	57											120	40	200.0%	-
Jupiter BH	-	-											-	-	0.0%	-
Mobile Van BH	-	-											-	-	0.0%	2
Total Behavioral Health Visits	2,987	2,255											5,242	4,415	18.7%	3,137
GRAND TOTAL	14,300	10,826											25,126	26,244		23,833

**YTD Visits were adjusted to exclude non billable warm hand over(WHO) encounters.



**COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
JANUARY 28, 2026**

1. Description: Executive Director Update

2. Summary:

- Introduction to new Director of Operations

3. Substantive Analysis:

Following a thorough assessment of our operations team and the FTE savings achieved through improved efficiencies, we have chosen to reorganize operational leadership. Angie Santos will continue and expand her great work as the Director of Service Lines, while Kim Brennan will serve as Director of Operations. This restructuring is designed to provide more focused support for our providers and patients within each service line, and to facilitate progress on new initiatives, and enhance revenue collection processes.

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:

Signed by:

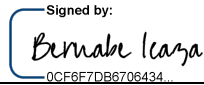

 Jessica Cafarelli
 VP & Chief Financial Officer

COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
JANUARY 28, 2026

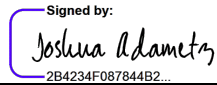
5. Recommendation:

Staff recommends the Committee Receive and File the Executive Director Update

Approved for Legal sufficiency:

Signed by:

0CF6F7DB6706434...

Bernabe Icaza
SVP & General Counsel

Signed by:

2B4234F087844B2...

Joshua Adametz
AVP & Executive Director of
FQHC Services

COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS

January 28, 2026

1. Description: Quality Report

2. Summary:

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

- Quality Council Meeting Minutes – December 2025
- 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

The Health Care District of Palm Beach County Community Health Centers continues to demonstrate progress toward achieving the 2025 Uniform Data System (UDS) Ischemic Vascular Disease (IVD) measure. The institutional target for this measure was set at 86%. As of year-end, the organization achieved an overall performance rate of 81%, reflecting a notable 4% increase during the month of December alone.

Although the internal target was not fully met, this significant late-year improvement positions the organization competitively for HRSA’s Heart Badge recognition and highlights the effectiveness of focused quality improvement efforts. To further strengthen performance, the Quality team is conducting audits of patient charts associated with the IVD measure. These audits are designed to identify opportunities related to clinical documentation, coding accuracy, and adherence to UDS measure specifications.

Audit findings will inform targeted UDS education and training for providers, with



COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
January 28, 2026

the goal of improving measure capture and performance consistency. This proactive strategy is expected to enable the organization to reach the IVD benchmark earlier in the 2026 performance year, supporting sustained quality outcomes and continued eligibility for HRSA quality recognition programs.

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:

Signed by:


 Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

 N/A
 Committee Name

 N/A
 Date Approved

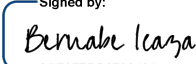


COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
January 28, 2026

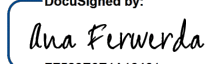
6. Recommendation:

Staff recommends the Board approve the updated Quality Report.

Approved for Legal sufficiency:

Signed by:


0CF0F7DB0700434...
Bernabe Icaza
SVP & General Counsel

DocuSigned by:


FF528E6E1A16461...
Dr. Ana M. Ferwerda
FQHC Medical Director

Signed by:


2B4234E087844B2...
Dr. Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of
FQHC Services



Health Care District
 OF PALM BEACH COUNTY
 WE CARE FOR ALL

Quality Council Meeting Minutes

Date: January 14th, 2026

Time: 11 am – 12:30 pm

Attendees: Steven Sadiku – AVP Corporate Quality & Accreditation; Dr. Josh Adametz – FQHC Executive Director; Angela Santos – Director of Service Lines; Nancy Gonzalez – Dental & Special Projects Manager; Alexa Goodwin – Director of Patient Experience & Creative Services; Laura Acosta – Patient Relations Coordinator; Lisa Hогans – Director of Nursing; Melanie Deeroop-Kangoo – Quality Manager; Ivonne Cohen – Business Intelligence Developer; Ingrid Barlett-Quality Manager; Alyssa Tarter – Director of Risk Management, Dr. Sandra Warren – Associate Medical Director; Dr. Belma Andric – EVP & Chief Medical Officer; Dr. Ana Ferwerda – FQHC Medical Director; Bianca Badolati – Executive Assistant; Dr. Courtney Phillips – VP of Behavioral Health; Dr. Valena Grbic – Medical Director, District Cares; Kimberly Brennan – Specialty Operations Director

Excused: Jose Rodriguez- Director of Pharmacy

Minutes by: Ingrid Barlett- Quality Manager & Melanie Deeroop-Kangoo – Quality Manager

AGENDA ITEM	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
PATIENT SAFETY & ADVERSE EVENTS				
OCCURRENCES	<p><i>Per Compliance, discussion surrounding not recording meetings.</i></p> <p>Report Summary The December 2025 Risk Management Tableau dashboard was presented. Volumes were provided for the following clinic areas and types: total reported events, incidents, and good catches. Trends were also</p>			



	<p>presented by volume of reported entries and clinic location. The Risk Report Summary and graphical data were reviewed with the Committee for December 2025. 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. (December 2025 Risk Report Summary presented with graphs.)</p>			
--	---	--	--	--

UTILIZATION

OPERATIONS	Productivity					
	Productivity December 2025					
	Service Line	Target		Seen		% of Goal
	In Person	Tele	In Person	Tele	Total	
Adult Care	4575		4151		91%	
Pediatrics	1070		1025		96%	
Primary Residents	645		608		94%	
Women's Health	1116		1127		101%	
Women's Health Centering	35		35		100%	
Behavioral Health Integration	1030		780		76%	



	<p>Calls</p> <ul style="list-style-type: none"> • 824 total calls <ul style="list-style-type: none"> ○ 72 voice calls <ul style="list-style-type: none"> ▪ 69 successful calls (95.8%) success rate ▪ 6 calls escalated to video ○ 752 video calls <ul style="list-style-type: none"> ▪ 572 successful calls (76.1%) success rate ○ 28 secure texts <p>(Report with breakdown by speciality and user)</p>			
PATIENT RELATIONS				
<p>GRIEVANCES, COMPLAINTS & COMPLIMENTS</p>	<p><u>Patient Relations Dashboard – December 2025</u> For December 2025, there were a total of 17 Patient Relations Occurrences that occurred between 7 Centers. Of the 17 occurrences, there were 2 Grievance and 15 Complaints. The top 5 Categories were Finance, Communication, Care and Treatment, Respect Related and Medical Records. The top subcategories were Billing issues (refusal to pay request for write off) with 5 occurrences and poor communication with 4 occurrences. There was one compliment received for December for Belle Glade Administration. <i>(Patient Relations Report & Patient Relations Dashboard with Graphs presented.)</i></p>			

<p>SURVEY RESULTS</p>	<p><u>Patient Satisfaction Survey – December 2025</u></p> <p>For December 2025 there were 358 Patient Satisfaction Surveys completed. Atlantis CHC continues to have the highest return rate with 54 completed surveys followed by Delray Primary CHC with 39 completed surveys. Our Net Promoter Score (NPS) was 72 (out of 325 responses) compared to the Phreesia FQHC/CHC/RHC Network at 72. The top 5 and lowest 5 scored-questions were presented for each area.</p> <p>“Best Questions” for in person visits – December 2025:</p> <ul style="list-style-type: none"> • Overall cleanliness of exam room and overall practice – 89% (decrease of 5%) • Time taken to listen and answer your questions – 86% (decrease of 2%) • Overall experience at today’s visit – 84% (decrease of 8%) • Thing explained in a way you could understand – 84% (decrease of 8%) 		
------------------------------	---	--	--



Health Care District

OF PALM BEACH COUNTY
WE CARE FOR ALL

	<ul style="list-style-type: none">• Professionalism of Our Staff – 82% (decrease of 11%) <p>“Worst Questions” for in person visits – December 2025</p> <ul style="list-style-type: none">• Your ability to contact us after hours – 16% (increase of 8%)• Being informed about any delays during this visit – 10% (decrease of 2%)• Appointment available within a reasonable amount of time – 8% (increase of 3%)• Overall Experience at today’s visit – 7% (new)• Each member of my care team identified themselves and their role in my care – 5% (same) <p>Of the surveys received for December 2025, 84% of patients were scheduled and 16% were walk-ins. Most patients preferred to be seen on Tuesday, Thursday and Friday. 32% of patients perceived wait time to be between 6 to 15 minutes, 29% of responses were from patients that this was their first visit to the practice.</p>		
--	---	--	--



Health Care District

OF PALM BEACH COUNTY
WE CARE FOR ALL

	<p>9% of patients contacted our on-call service after hours. 80% of patients rated their experience with their provider as excellent. 52% of calls did not require speaking with the doctor while 48% did. 93% of patients did not experience any technical difficulties while using telemedicine.</p> <p>For Dental services, 94% of patients rated the education they received on how to better care for their teeth and gums as excellent, very good, or good. 95% of patients rated their satisfaction with the results of their dental treatment as excellent, very good, or good. 96% of patients rated that staff explained the procedures to them in a clear and understandable way as excellent, very good, or good. 96% of patients rated staff sensitivity to their concerns as excellent, very good, or good.</p> <p>79% of responses in December were promoters (decrease of 6%), 15% of responses were neutrals (increase of 5%) and 6% of responses were detractors (increase of 1%).</p> <p>(Patient Satisfaction Survey PowerPoint presented.)</p>		
--	--	--	--



Health Care District
 OF PALM BEACH COUNTY
 WE CARE FOR ALL

<p>After Hours</p>	<p><u>Afterhours Report – December 2025 (Outbound Campaign PowerPoint presented.)</u> In December 2025, a total of 207 after-hours calls were received, showing a 29% decrease from November. The majority of calls were related to appointment needs (51 calls), Rescheduling (46) and cancelation (28), and prescription issues or requests (25). By location, the highest call volumes came from Atlantis (25%), West Palm Beach (24%), and Mangonia Park (26%). The highest volume by Specialty was 1. Medical – 187 calls (64%) 2. Behavioral Health – 75 (26%) 3. Dental – 18 (6%) 9 calls were left unreturned in November, maintaining strong follow-up compliance. Overall, after-hours call volume remains stable with consistent response performance across clinics.</p>	<p>Provide breakdown of paged out separately for analysis</p>	<p>Ingrid Barlett</p>
<p>NEXT THIRD AVAILABLE</p>	<p><u>Peds Primary</u> Atlantis – 2 days out West Palm – 3 days out <u>Adult Primary</u></p>		

<p>REFERRAL</p>	<p>Atlantis – 1 days out Belle Glade – 1 days out Boca – 1 days out West Palm – 24 days out</p> <p><u>BH</u> Atlantis – 1 days out Delray – 6 days out Lewis Center – 1 days out Mangonia – 4 days out</p> <p><u>Dental</u> Belle Glade – 35/3 (peds) Delray – 102 Atlantis – 40/31 (Peds) West Palm – 8/6 (peds)</p> <p><u>Women’s Health</u> Atlantis – 11 days out Belle Glade – 19 days out Delray – 5 days out Jupiter – 25 days out</p> <p>Referrals – There were a total of 4,344 referral orders placed. This was a 4.5% decrease in volume from the previous month. The average turnaround time for referral processing was 3.13 days for routine with a goal of 5 days or less. The TAT for urgent referrals was 2.25 days with a goal of 2 days or less.</p>		
	<p>Deep dive into urgent referrals and review workflow and provider data.</p>	<p>Steven Sadiku/ Melanie Deeroop- Kangoo</p>	



Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

	<p>The Atlantis Primary department has the highest referral volume placed with 22.2% of the total referral volume, followed by West Palm Primary with 19.2% and Delray Primary with 17.8% of the volume</p> <p>Dr. Noukelak is our highest producer of referrals with 8.1% of the total volume.</p> <p>Our most common payer is now Self pay with 28% of the volume. Followed by BCBS with 13.7%. Humana is our 3rd highest with 13%</p> <p>Our top referred to specialties this month are Radiology Orders with 27%, followed by Ophthalmology with 7% and Cardiology with 5%</p>			
--	---	--	--	--

QUALITY

QUALITY				
MEDICAL	<p>Breast Cancer Screening – December 2025 Yearly goal 60% We saw 4128 unique patients due for breast cancer screening.</p>			



Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

	<p>Satisfied screenings – 2414 (58%), similar to 2024 with 57% Unsatisfied Screenings – 1714 (42%) Not Met with order – 1189 (29%) Not Met (Patient Missed) – 525 (12%).</p> <p>The clinics with the highest percentage of screening were Belle Glade with 69%, Atlantis with 67%, and Boca 63%. The clinics with the lowest percentage of patients who completed breast cancer screening were West Palm Beach (55%), Delray (57%) and Jupiter (59%). The larger number of patients where the screening was not addressed were Atlantis and Delray clinics. Accounting for 39% of missed patients.</p> <p>The right side of the slide shows the distribution by provider correlating with the clinics with highest percentage of completion of breast cancer screening.</p>		
	<p>Cervical Cancer Screening - December 2025 Yearly goal 65% We saw 11264 unique patients with screening due. Cervical cancer screening was completed</p>		



Health Care District
 OF PALM BEACH COUNTY
 WE CARE FOR ALL

	<p>in 7365 (65%) of the patients and in 3901 (35%) patients the screening was not addressed. We reached our goal of 65% for the first time. In 2024 we reached 63%.</p> <p>Atlantis, Boca, Belle Glade and Jupiter Clinics achieved at or above the goal of 65% or above. The clinics with the lowest percentage of cervical cancer screening were West Palm Beach 58% and Delray 61%.</p> <p>The right side of the slide shows the distribution by provider correlating with the clinics with highest percentage of completion of breast cancer screening.</p> <p>The lowest left graph shows the number of missed patients by clinic in descending order. The larger number of patients where the screening was not addressed were Atlantis and West Palm Beach clinics accounting for 41%. (Report with graph presented.)</p>		
	<p>Colorectal Cancer Screening – December 2025. Yearly goal 82%</p> <p>We saw 10127 unique patients due for colorectal cancer screening. 5390 (47%) of the patients</p>		

	<p>had the screening satisfied and 4737 (53%) of the patients did not have the screening satisfied.</p> <p>We ended the year the same as 2024 at 47%.</p> <p>The highest percentage of screening completed was at the Boca Clinic with 67%.</p> <p>The largest number of patients that needed colorectal cancer screening were at the Atlantis Delray, and West Palm Beach for 61% of the patients. They individually achieved 52%, 49% and 48% of colorectal cancer screening completion.</p> <p>The largest number of patients with missing orders to address the screening were at Atlantis, Mangonia, Belle Glade with 51%.</p> <p>The last graph shows the met, unmet and missed patients by provider percentages.</p> <p>By type of screening test, most patients are screen with Cologuard, followed by FIT test and last with colonoscopy. (Report with graph presented).</p>		
	<p>Controlling High Blood Pressure – December 2025</p> <p>Yearly goal 80%</p>		

	<p>We saw 6469 patients with hypertension. 4773 (73%) of patients had blood pressure controlled (below 140/90) and 1786 (27%) blood pressure uncontrolled.</p> <p>We finished 3% lower with patients with controlled HTN compared with 2024.</p> <p>Of all the clinics, Boca reached 85%, Atlantis 76% and West Palm Beach 75%.</p> <p>Belle glade (69%) and Jupiter (60%) have the lowest percentage of patients with blood pressure controlled.</p> <p>The last graph shows percentages of controlled and uncontrolled BP percentages by provider. (Report with graph presented.)</p>		
	<p>Depression remission at 12 months – December 2025</p> <p>Yearly Goal 14%</p> <p>246 (48%) patients had controlled depression. 270 (52%) patients with controlled depression were not achieved.</p> <p>All the clinics and providers achieved the goal.</p>		



Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

	<p>Controlled Diabetes based on A1c less than 9% - December 2025 Yearly goal 67%</p> <p>We saw 4283 unique patients with diagnosis of diabetes. 3167 (74%) were controlled and 1116 (26%) uncontrolled with an A1c equal or greater than 9%.</p> <p>We finished the year the same as 2024 at 74%</p> <p>By clinic, Boca (79%), Jupiter (77%) and Delray (76%) are the clinics with highest number of patients with controlled diabetes. All the larger clinics achieved the goal of 67%. The larger number of patients with diabetes are in West Palm Beach and Atlantis Clinics accounting for 50% of patients.</p> <p>The Mangonia Clinic improved from 36% to 66% almost achieving goal.</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.</p> <p>(Report with graph presented).</p>		
--	---	--	--



Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

	<p>HIV Screening – December 2025 Yearly goal 32%</p> <p>We saw 22411 unique patients that qualify for HIV screening. Satisfied: 15385 (69%) Not satisfied: 7026 (31%).</p> <p>There was a 2% decrease of HIV screening completion compared to the first half of the year.</p> <p>We increased 8% on HIV screening compared to 61% on December 2024.</p> <p>All the clinics reached above goal. Belle Glade and Boca have the highest percentage of HIV screening completion with 72%.</p> <p>The largest percentage of patients for which the screening was not addressed were from Atlantis, accounting for 41% of the missed patients.</p> <p>The last graph shows percentages of screening percentages of met, unmet and missed patients by provider.</p> <p>(Report with graph presented.)</p>			
--	---	--	--	--

<p>BEHAVIORAL HEALTH</p>	<p><u>PHQ9 – December 2025</u> % of patients with PHQ9: 5,688/5,776 =90.23% Unique patients with positive PHQ9 441/7.00%</p> <p><u>SBIRT- December 2025</u> 2,430 unique patients/5,515 = 8.02% The goal is 5% (Report with graph presented.)</p>			
<p>WOMEN'S HEALTH</p>	<p><u>Early Entry into Prenatal Care December 2025</u> Early Entry into care into the First Trimester is 46% Total population of 1079 prenatal patients</p> <p><u>Low Birth Weight December 2025</u> Babies born with a birth weight below normal (under 2,500 grams) 9% --<1500 grams: 2% --1500–2499 grams: 7% --> 2500 grams: 88% Total deliveries/birth weight: 367</p>			
<p>DENTAL</p>	<p><u>Dental Sealants</u> YTD 2025: 98% (565; n=577)</p> <p><u>Limited Exams Walk-ins = 419</u></p>			



Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

<p>NEXT THIRD AVAILABLE</p>	<p>December: Average Daily</p> <ul style="list-style-type: none"> -Atlantis 2 -Belle glade 2 -Delray 8 -West Palm Beach 11 			
<p>NEXT THIRD AVAILABLE</p>	<p>Dental</p> <p>Belle Glade-</p> <ul style="list-style-type: none"> - Hygiene appointment (adult): 81 days - Hygiene appointment (child): 0 days - Treatment appointment: 44 days <p>Delray-</p> <ul style="list-style-type: none"> - Hygiene appointment (adult): 127 days - Treatment appointment: 34 days <p>Atlantis-</p> <ul style="list-style-type: none"> - Hygiene appointment (adult): 137 days - Hygiene appointment (child): 25 days - Treatment appointment: 28 days <p>West Palm Beach-</p> <ul style="list-style-type: none"> - Hygiene appointment (adult): 62 days - Hygiene appointment (child): 28 days - Treatment appointment (adult): 55 days - Treatment appointment (child): 35 days 			

<p>NURSING</p>	<p>DECEMBER: 133 ER referrals / 124 patients were sent to the ER in December. This is 1% of the billable provider visits in the CHCs. The breakdown of referrals is:</p> <ul style="list-style-type: none"> • WH – 75 (56%) (6% of the women’s health) • Peds – 3 (2% of the pediatric visits) • Adult – 50 (38%) (1% of the primary care visits. This combines urgent care and emergency medicine referrals) • Transport – 0 • Adult Crisis – 4 (3%) • Peds Crisis – 1 (<1%) <p>ADULT REFERRALS: highest producers this month (not including WH) were Carline St Vil Dupuy, APRN Delray 8 (16%) and Dr. Florez WPB 4 (8%).</p> <p>PEDIATRIC REFERRALS: I will not report a highest producer for less than 5 referrals in a month since the volumes have decreased.</p> <p>Top Diagnosis: ADULT</p> <ul style="list-style-type: none"> • Hypertensive urgency, 4 		
-----------------------	---	--	--



Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

	<ul style="list-style-type: none"> • The next 2 were equal at 3 diagnoses for each- Generalized abdominal pain and Amenorrhea. • Uncontrolled type 2 diabetes mellitus with hyperglycemia, 2 <p>PEDS</p> <ul style="list-style-type: none"> • All 3 referrals were for different diagnosis, 1 each- right lower quadrant abdominal pain, mild persistent asthma with acute exacerbation, foreign body in nose, initial encounter <p>The charts were reviewed for the 9 patients that received more than one referral for HLC in the month of December and all referrals were appropriate and none were escalated to the Medical Director for review.</p> <p>Frist time reporting the following data: Referrals with scheduled appointment within 30 days- 47%- December was delayed in the handling the WQ. November was 56%. Completed within 30 days: 10%. November was 12% Referrals with scheduled appointment after 30 days: 6% Completed appointments after 30 days: 2%</p>			
--	--	--	--	--

Peer Reviews	Adult Reviews Q2 2025		
QUALITY METRICS			
UDS YTD 2025			
<p>Of the 17 UDS Measures: 10 exceeded the HRSA Goal, 7 were short of the HRSA Goal (Clinic score/ HRSA Goal)</p>			
Medical	Adult Weight screening and follow-up: (84% / 90%)		
UDS Report	<i>Breast Cancer Screening: (58%/60%)</i>		
	<i>Cervical Cancer Screening: (65% / 65%)</i>		
	Childhood Immunization: (54% / 60%)		
	Colorectal Cancer Screening: (47% / 82%)		
	<i>Coronary Artery Disease CAD: (87% / 81%)</i>		
	Dental Sealants: (98% / 75%)		
	Depression Remission: (48% / 14%)		
	Diabetes: (74% / 67%)		
	Diabetes (Migrant): (72% / 67%)		
	HIV Screening: (69% / 32%)		
	Hypertension: (73% / 80%)		
	<i>Ischemic Vascular Disease (IVD): (83% / 86%)</i>		
	Depression screening: (93%/ 83%)		
	Depression screening (Homeless): (87% / 83%)		
	Tobacco use screening & cessation: (94% / 93%)		
	Weight Screening & Counseling for children/teens (85% / 90%)		



Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

Meeting Adjourned: 12:50pm

UDS PROVIDER LEVEL QUALITY MEASURES 2025

NATIONAL QUALITY LEADER METRICS

	Universe	MET	Not Met	HCD Internal Goal for HRSA	National Average	State Average
Heart Health	Coronary Artery Disease (CAD): Lipid Therapy ...	87%				81%
	Hypertension	73%				80%
	Ischemic Vascular Disease (IVD)	83%				86%
	Tobacco use Screening and Cessation interven...	94%				93%
Diabetes	Adult Weight Screening and Follow Up	84%				90%
	Diabetes: (HbA1c < 9%)	74%				67%
	Diabetes: (HbA1c < 9%) Migrant	72%				67%
Behavioral Health	Depression Remission	48%	14%			
	Patients Screened for Depression and Follow-Up	93%				83%
	Pts Screened for Depression and F/U (Homeless)	87%				83%
Childhood Measures	Childhood Immunization	54%				60%
	Dental Sealants	98%				75%
	Weight Screening and Counseling for children and adolescents	85%				90%
HIV	HIV Screening	69%				32%
Cancer Prevention	Breast Cancer Screening	58%				60%
	Cervical Cancer Screening	65%				65%
	Colorectal Cancer Screening	47%		82		82%



COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
January 28, 2026

1. Description: Operations Report – December 2025

2. Summary:

This agenda item is the Operations report providing the Health Center’s Productivity report from December 2025.

3. Substantive Analysis:

In December, the Health Centers had a total of 12,818 patient visits across all centers. This is an increase of 19% over prior month and 5% over December 2024. There were a total of 8,648 unique patients of which 1,019 or 12% were new to the health centers. 34% of patients were from adult medical, down 1% from prior month, 18% from Dental, no change from prior month and 10% from Psychiatric, also no change from prior month. In December, the Atlantis Health Center had the highest volume of patient visits with 3,860 combined medical, behavioral health and dental visits, followed by the West Palm Beach Health Center with 2,403 combined visits and then the Delray Health Center with 2,238 combined visits.

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:

Signed by:

CA6A21EE2E09481

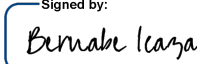
 Jessica Cafarelli
 VP & Chief Financial Officer

COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
January 28, 2026

5. Recommendation:

Staff recommends the Board approve the Operations Report for December 2025. Approved for Legal sufficiency

Approved for Legal sufficiency:

Signed by:


Bernabe Icaza
SVP & General Counsel

DocuSigned by:


Angela Santos
Director of Operations

Signed by:

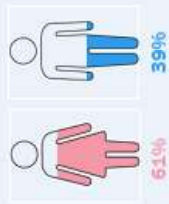

Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of
Community Health Centers

Patient Visits 12,818
New Patients 1,019

Monthly Productivity December 2025

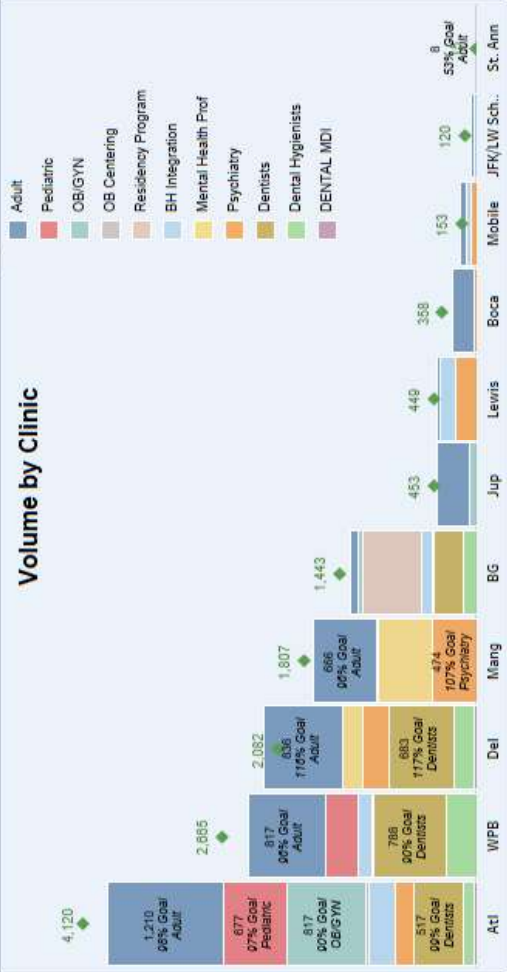
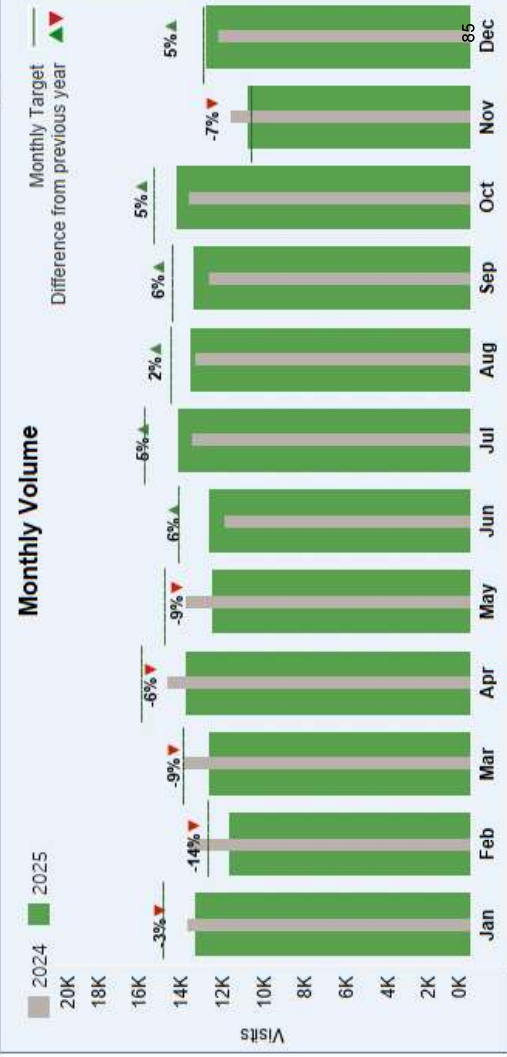
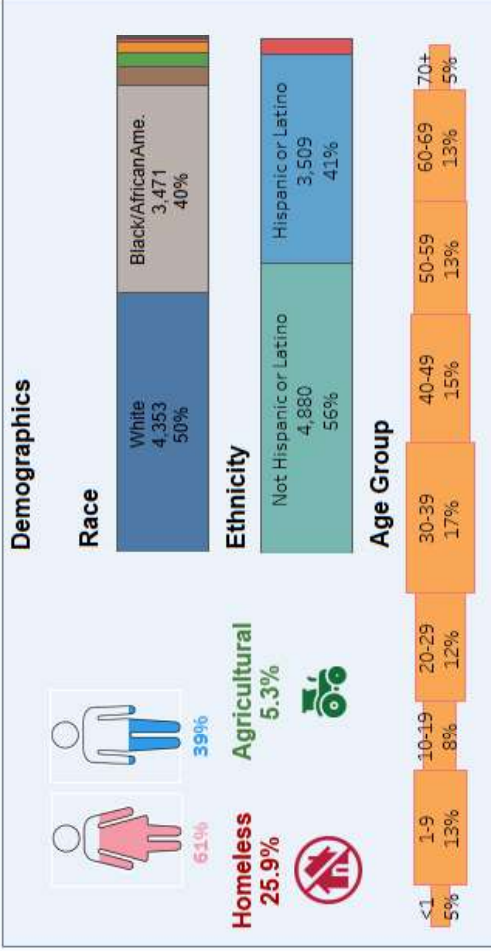
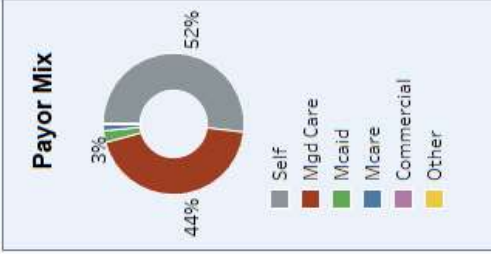
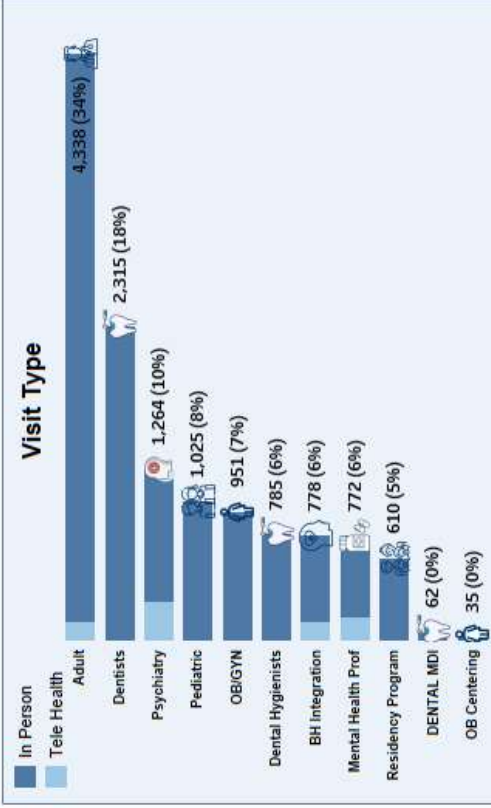
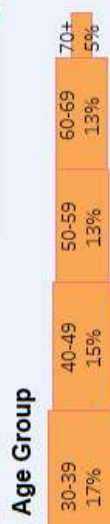
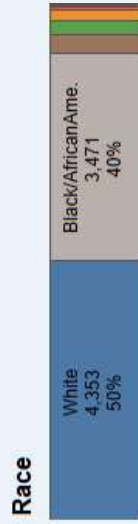
Filters

Demographics



Homeless 25.9%

Agricultural 5.3%



COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS

JANUARY 28, 2026

1. Description: Community Health Centers Risk Management Dashboard – 4TH Quarter 2025

2. Summary:

This agenda item provides the risk severity dashboard report for the fourth quarter of 2025 for the Community Health Centers.

3. Substantive Analysis:

In Q4 2025, the Community Health Centers had a total of 91 events reported in its Safety Event Reporting System. This is a reduction of 32 events, which is approximately a 26% decrease from the reported events for the prior quarter. *Please refer to the details provided below and the data report attached.*

Top 5 Risk Severity Volumes/Types:

The top five categories of reported risk events by severity and volume include:

- 40 Behavior-related events, which included the following subcategories: Aggression, Baker Act and/or Suicide Threat/Attempt, Conflict with Staff, Attempted/Threatened Assault, and other Behavioral events.
- 15 EMS/911 Referral events due to Hyperglycemia, Maternal Fetal Transfers, Dizziness, Anaphylaxis, and Abdominal Pain.
- 7 Equipment Related events which included the following subcategories: Device or Software Interface Issue, Device Failure or Equipment Malfunction, Programming Failure, Misse of equipment (Instadose Badge), and Alarm Issues.
- 5 Safety events which included the following subcategories: DCF/Abuse Registry and Non-Emergency Law Enforcement Contacted; 5 Medication Variance events which included the following subcategories: Pyxis Discrepancy, Vaccine Program Error, and other Medication Issues; 5 Medical Documentation & Patient Records events which included the following subcategories: Notification Issues with Patient or Family, Medical Record Related, Documentation Issue, and other Med/Documentation Issues.
- 4 HIPAA/Privacy events (3 events, 1 near miss) which included the following subcategories Unauthorized Access to PHI/PII, Wrong Recipient, HIPAA Breach, and other HIPAA Issue.

Risk Severity Scores:

Of the 91 events reported, 89 were events/occurrences and 2 were near misses.

- 2 (2.2%) of the events were reported as “Near Miss” events. This type is an event that did not occur, no harm to the patient.



**COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
JANUARY 28, 2026**

- 88 (96.7%) of the events were reported as “No Harm” events. This type is an event that occurred but resulted in no harm to an individual.
- 1 (1.1%) of the events was reported as a “Minor” event. This type is an event that occurred but had no harm to the patient, however, required monitoring.

Risk Management Mitigation Strategies:

All cases are reviewed by the CHC Risk Manager. In addition, events and system improvement opportunities are reviewed collaboratively by the CHC Risk Manager, the Risk Department, and the CHC/HCD leadership team on a case-by-case basis and during the monthly CHC Workgroup meetings. With support from the Security and Behavioral Health departments, behavioral health-related incidents were appropriately de-escalated, and additional measures were implemented to reduce the risk of recurrence. The Q4 quarterly risk assessment focused on the management of behavioral incidents within the CHCs. As a result, a Standard Operating Procedure was developed to support early identification of behavioral concerns and prompt involvement of Mental Health Professionals to facilitate real-time de-escalation and resolution.

All EMS/911 referral-related events were addressed and managed promptly. Appropriate actions were taken to assess, respond, and provide necessary treatment, with no resulting patient harm. When clinically indicated, EMS was activated in a timely manner, and patients were safely transferred to a higher level of care.

All Equipment Related events are reviewed by the CHC Risk Manager in collaboration with the appropriate departments. Each event is assessed to determine contributing factors, patient impact, and opportunities for system improvement. Identified issues are addressed promptly through corrective actions, equipment repair or replacement, staff education, and process improvements as indicated. These events were managed appropriately, with no adverse impact to patient safety.

Risk Management investigates all submitted events and conducts ongoing trending and analysis to identify patterns, emerging risks, and opportunities for system-wide improvement. Findings are reviewed with leadership and relevant departments, and targeted actions are implemented as appropriate to enhance patient and staff safety and reduce the risk of recurrence.

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"/>



**COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
JANUARY 28, 2026**

*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:


Signed by:


CAB6A21FF2E09481...
Jessica Cafarelli
VP & Chief Financial Officer

5. Recommendation:

Staff recommends the Board Receive and File the Community Health Centers Risk Management Dashboard – 4th Quarter 2025.

Approved for Legal sufficiency:

Signed by:


OCF8E7DB6706434
Bernabe Icaza
SVP & General Counsel

DocuSigned by:


UABC457DD69B417
Alyssa Tarter, MSN, RN, CPHRM, CPPS
Director of Corporate Risk Management
& Community Health Centers Risk
Manager

Signed by:


2B4234F087644B2...
Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of
Community Health Centers

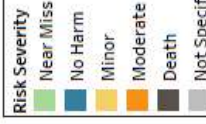
Risk Severity

Start 10/1/2025
End 12/31/2025

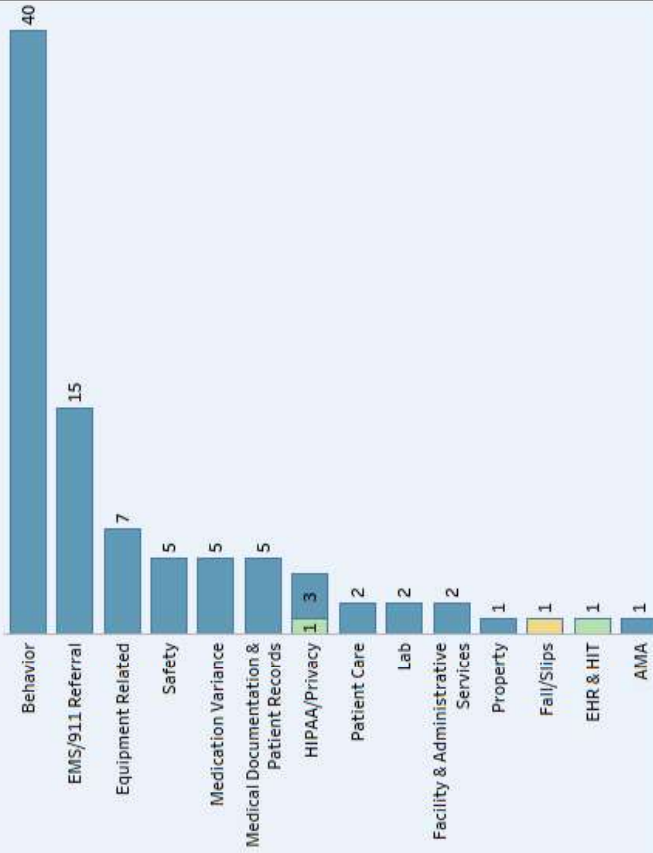
Total Events 91
Near Misses 2
Near Miss % 2.2%

■ Near Miss ■ Event

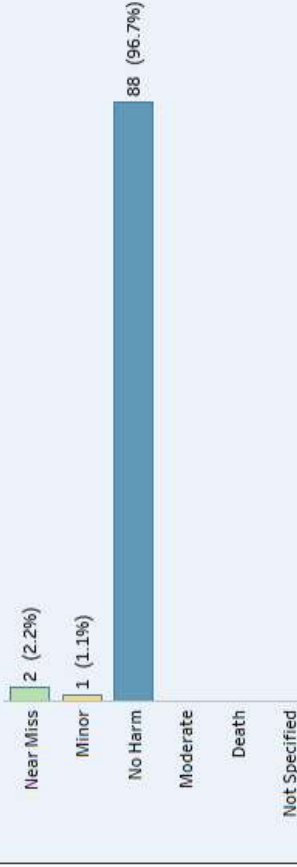
Total Number of Events by Business Unit



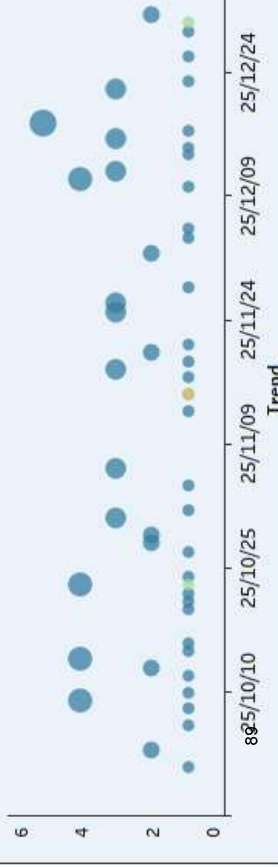
Severity by Event Category



Risk Severity Totals



Risk Severity Trend



Near Miss - did not occur, no harm to patient
No Harm - occurred, no harm to patient
Minor - occurred, no harm to patient but required monitoring
Moderate - occurred, temporary harm, no required treatment
Major - occurred, temporary harm, required treatment
Severe - occurred, permanent patient harm
Catastrophic - permanent neurologic harm or intervention to sustain life
Death - occurred, resulted in death