



COMMUNITY HEALTH CENTER

BOARD OF DIRECTORS

October 23, 2024

12:30 P.M.

Meeting Location

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

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



BOARD OF DIRECTORS MEETING

AGENDA

October 23, 2024

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

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

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

1. Call to Order – Melissa Tascone, 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

HRSA and AHA Quality Award Badges

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

- A. **MOTION TO APPROVE:**
Board Meeting Minutes of September 25, 2024 [Pages 1-5]



7. Consent Agenda – MOTION TO APPROVE: Consent Agenda Items

A. ADMINISTRATION

7A-1 RECEIVE AND FILE:

September 2024 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
(Jesenia Montalvo) [Pages 7-13]

B. FINANCE

7B-1 MOTION TO APPROVE:

District Clinic Holdings, Inc. Financial Report August 2024
(Jessica Cafarelli) [Pages 14-30]

8. Regular Agenda

A. ADMINISTRATION

8A-1 MOTION TO APPROVE:

Election of Officers and Committee Appointments
(Dr. Joshua Adametz) [Pages 31-33]

8A-2 MOTION TO APPROVE:

Bylaws Amendment
(Bernabe Icaza) [Pages 34-59]

8A-3 MOTION TO APPROVE:

Board Member Self-Evaluation Survey Results
(Dr. Joshua Adametz) [Pages 60-76]



8A-4 **MOTION TO APPROVE:**

Board Member Executive Director Evaluation Results
(Candice Abbott) [Pages 77-92]

8A-5 **RECEIVE AND FILE:**

CHC's Risk Management Dashboard – Q3 2024
(Shauniel Brown) [Pages 93-97]

B. EXECUTIVE

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

Executive Director Informational Update
(Dr. Joshua Adametz) [Pages 98-99]

C. CREDENTIALING

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

Licensed Independent Practitioner Re-credentialing and Privileging
(Dr. Ana Ferwerda) [Pages 100-101]

D. QUALITY

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

Quality Report
(Dr. Ana Ferwerda) [Pages 102-126]

E. OPERATIONS

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

Operations Report- August 2024
(Angela Santos) [Pages 127-138]

8E-2 **MOTION TO APPROVE:**

Patient Relations Report Q3 2024
(Alexa Goodwin) [Pages 139-141]



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

10. Board Member Comments

11. Establishment of Upcoming Meetings

November 20, 2024 (TBD)

12:30 p.m. Board of Directors

December 18, 2024 (TBD)

12:30 p.m. Board of Directors

12. Motion to Adjourn Public Meeting



District Clinic Holdings, Inc.; d.b.a. Health Care District Community Health Center
Board of Directors Meeting
Healthcare District Palm Beach County, 1515 N. Flagler Drive, Suite 101, WPB, FL 33401
Summary Minutes
09/25/2024

Present: Melissa Tascone – Chair (ZOOM); Michael Smith – Vice Chair; Joseph Gibbons-Secretary; Cathleen Ward (ZOOM); Alcolya St. Juste; Julia Bullard; Boris Seymore

Absent: None

Excused: William Johnson-Treasurer; Crystal Gonzalez

Staff: Bernabe Icaza; Candice Abbott; Darcy Davis (ZOOM); Dr. Belma Andric (ZOOM); Dr. Joshua Adametz; Regina All (ZOOM); Jessica Cafarelli; Heather Bokor (ZOOM); Geoff Washburn; Dr. Ana Ferwerda; Angela Santos; Jesenia Montalvo; Gina Kenyon; Nancy Gonzalez; Lou Bassi; Maxine Sonnenschein (ZOOM)

Minutes Transcribed By: Gina Kenyon

The meeting is scheduled for 12:30pm.

Meeting Began at 12:30pm.

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order 1A. Roll Call 1B. Affirmation of Mission	Melissa Tascone called the meeting to order. Roll call was taken and a quorum was established. Ms. Tascone read the affirmation of mission.	The meeting was called to order at 12:30 p.m.
2. Agenda Approval 2A. Additions/Deletions/ Substitutions 2B: Motion to Approve Agenda Items	None.	VOTE TAKEN: Mr. Mike Smith made a motion to approve the agenda. Mr. Joseph Gibbons duly seconded the motion. A vote was called and the motion passed unanimously.



3. Awards, Introductions & Presentations	A. FY25 Community Health Center Budget (Jessica Cafarelli)	No action necessary.
4. Disclosure of Voting Conflict	None.	No action necessary.
5. Public Comment	None.	No action necessary.
6. Meeting Minutes A. MOTION TO APPROVE: Board meeting minutes of August 28, 2024	There were no changes or comments to the minutes dated August 28, 2024.	VOTE TAKEN: As presented, Mr. Joseph Gibbons made a motion to approve the Board meeting minutes. Ms. Julia Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.
7. Consent Agenda – Motion to Approve Consent Agenda Items		VOTE TAKEN: Mr. Mike Smith motioned to approve the Consent Agenda. Ms. Julia Bullard duly seconded the motion. A vote was called, & the motion passed unanimously.
A. ADMINISTRATION 7A-1. Receive & File: September 2024 Internet Posting of District Public Meeting	The September 2024 meeting notice was posted.	Received & Filed. No further action is necessary.
7A-2. Receive & File: Attendance Tracking	Attendance tracking was updated.	Received & Filed. No further action is necessary.



7A-3. Receive & File: HRSA Digest	Per the request of the clinic Board, the latest HRSA Digest was provided.	Received & Filed. No further action is necessary.
B. FINANCE 7B-1. Motion To Approve: DCH, Inc. Financial Report July 2024	This agenda item recommends the Board approve the July 2024 Financials which were provided in the Board packet.	Motion approved unanimously.
7B-2. Motion To Approve: FY25 CHC Budget	This agenda item recommends the Board approve the FY25 Community Health Center Budget	Motion approved unanimously.
8. REGULAR AGENDA		
A. ADMINISTRATION: 8A-1 MOTION TO APPROVE: Change in Scope of Services Mangonia Park	Dr. Adametz presented the Change in Scope of Services for Mangonia Park hours from 8am – 8pm to 7am – 7pm as well as the total hours of operation will be updated from 64 hours to 60 hours due to Saturday hours no longer being performed.	Received & Filed. No further action is necessary.
B. EXECUTIVE 8B-1 RECEIVE AND FILE: Executive Director Informational Update	Dr. Adametz presented his Executive Director Informational Update. <ul style="list-style-type: none">• Board Member Exec. Dir. Eval/Self Eval• Patient Letter	Received & Filed. No further action is necessary.
C.CREDENTIALING 8C-1 MOTION TO APPROVE: LIP Credentialing and Privileging	Dr. Ferwerda presented the Licensed Independent Practitioner Credentialing and Privileging Report: <ul style="list-style-type: none">• Ariel Rodriguez Pimentel, MD – Initial Credentialing• Elaine Nelson, LMHC – Initial Credentialing• Nicole Finley, APRN – Recredentialing• Maria Lara, APRN – Recredentialing• Althea Wilmot, APRN – Recredentialing	VOTE TAKEN: Mr. Mike Smith made a motion to approve the LIP Credentialing and Privileging agenda item as presented. Ms. Cathleen Ward duly seconded the motion. A vote was called, and the motion passed unanimously.
D.QUALITY	This agenda item presents the updated Quality Improvement & Quality Updates:	VOTE TAKEN: Mr. Joseph Gibbons made a motion to approve the



<p>8D-1. MOTION TO APPROVE: Quality Reports</p>	<ul style="list-style-type: none"> • Quality Council Meeting Minutes – September 2024 • UDS Report – YTD <p>Dr. Ferwerda presented the above topics and reviewed the UDS Report Dashboard.</p>	<p>Quality Reports as presented. Mr. Mike Smith duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>E. OPERATIONS</p> <p>8E-1 MOTION TO APPROVE: Operations Report</p>	<p>Angela Santos presented the Operations Report for August 2024</p> <ul style="list-style-type: none"> • Clinic Productivity, Demographics, Payor Mix, Walk-In Dashboard, and No-Show Dashboard. 	<p>VOTE TAKEN: Mr. Mike Smith made a motion to approve the Quality Reports as presented. Mr. Boris Seymore duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>9. Executive Director of FQHC Services Comments</p>	<p>Dr. Joshua Adametz mentioned that the NNOHA Conference was very informative.</p> <p>Dr. Adametz wanted to thank the Patient Experience team for assisting with appointments.</p> <p>He also reminded the board members to please RSVP asap for quorum reasons and to please notify us asap if anything changes last minute.</p> <p>A group photo was taken at this time of the board members present.</p>	<p>No action necessary.</p>
<p>10: Board Member Comments</p>	<p>Ms. Julia Bullard mentioned she had a great experience with her dental services received.</p> <p>Mr. Joe Gibbons also gave kudos regarding his patient experience.</p>	<p>No action necessary.</p>



	<p>Mr. Mike Smith had some questions regarding patients with no insurance coverage. Ms. Abbott explained we have our District Cares program that assists with that.</p> <p>Mr. Smith also asked how we evaluate our physicians. Dr. Ferwerda explained they are shadowed/precepted. Dr. Warren and Dr. Ferwerda observe all exams. The physicians are also required to complete a questionnaire. We also do extensive on boarding training.</p>	
11. Establishment of Upcoming Meetings	<p><u>October 23, 2024 (TBD)</u> 12:30 p.m. Board of Directors</p> <p><u>November 20, 2024 (TBD)</u> 12:30 p.m. Board of Directors</p> <p><u>December 18, 2024 (TBD)</u> 12:30 p.m. Board of Directors</p>	No action necessary.
12. Motion to Adjourn	<p>Mr. Mike Smith motioned to adjourn the public meeting at 1:15 pm.</p>	VOTE TAKEN: Mr. Mike Smith made a motion to adjourn the public meeting. Mr. Joseph Gibbons duly seconded the motion. A vote was called, and the motion passed unanimously.

Minutes Reviewed by: _____

Signature

Date



Community Health Center Board of Directors Attendance Tracking 2024

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

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



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 23, 2024

1. Description: HRSA Digest

2. Summary:

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

3. Substantive Analysis:

The October HRSA Digest highlighted Send Us Your Questions, BPHC CX Summit Next Week, EHBs Email Update, Deadline Reminder for SAC Applications and National Hispanic Heritage Month.

4. Fiscal Analysis & Economic Impact Statement:

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

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

N/A

 Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

N/A

 Date Approved




DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 23, 2024

6. Recommendation:


Staff recommends the Board Receive and File the HRSA Digest.

Approved for Legal sufficiency:

DocuSigned by:

0CF6F7DB6706434
Bernabe Icaza
SVP & General Counsel

DocuSigned by:

D31F5A902D3B4
Jesenia Montalvo
Manager, Regulatory & Accreditation

Signed by:

2BA234E087844B2
Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of Community
Health Centers

Send Us Your Questions, BPHC CX Summit, EHBs Email Update

Subscribe to updates from HRSA

HRSA sent this bulletin at 10/08/2024 09:40 AM EDT

Email Address

e.g. name@e:Subscribe

Share Bulletin



October 8, 2024



Got Questions?

This month's Today with Macrae webcast is a Question-and-Answer session. Submit your questions by Tuesday, October 15, via the [BPHC Contact Form](#) (General/Other HRSA > Today with Macrae: Health Center Program Updates). We'll do our best to answer as many as possible.

Thursday, October 24
3:00-4:15 p.m. ET
[Join the day of the session](#)
Join by phone: 833-568-8864
Webinar ID: 161 111 7979



BPHC CX Summit Next Week

We issued a bulletin yesterday notifying you that staff will attend a bureau-wide summit next week (Wednesday, October 16, and Thursday, October 17). If you missed it, read the [bulletin](#).



EHBs Email Update

HRSA's Office of Information Technology will update the sender information for system-generated emails from HRSA's Electronic Handbooks (EHBs) later this month.

Currently, you may receive EHBs system emails from various sender addresses, such as "HRSA GEMS" or "Administrator User." HRSA will replace these with one standard sender ID: grantsupport@hrsa.gov. This single address will make it easier for you to identify legitimate EHBs system-generated emails and avoid confusion.

We encourage you to add this new email address as a "safe sender" so you don't miss any important messages. This change is scheduled for release on Thursday, October 24. Be sure to pay attention to emails from EHBs for updates.



Did You Miss It?

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

- Have you taken the **National Training and Technical Assistance Needs Assessment** yet? It's only open for a few more weeks. Visit the [Health Center Resource Clearinghouse](#) to learn about it or take it.
- Find out how and when to apply for **Health Center Program Look-alike Initial Designation** in the [September 3 Digest](#).
- See our [September 4 bulletin](#), "**Referral of Separated Immigrant Families to Health Centers for Health Services.**"

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



Jump To: [National Hispanic Heritage Month](#) | [Behavioral Health](#) | [Hypertension](#) | [Workforce](#) | [Additional Resources](#) | [Training Calendar](#)

HRSA-funded [National Training and Technical Assistance Partners](#) (NTTAPs) host or developed many of these events and resources.

What's New

Navigating the OSV Journey: How to Prepare for a Successful Operational Site Visit

Learn the purpose of the operational site visit (OSV), what to expect during your OSV, and hear directly from an expert consultant and a panel of health centers on OSV-related best practices. We'll address content that appears in our [Site Visit Protocol website](#). We encourage you to join — *especially* if you are scheduled for an OSV in FY 2025!

Wednesday, October 30
2:00-3:30 p.m. ET
[Registration page](#)

Deadline Reminder: SAC Applications for April 1 and May 1 Starts

The application deadlines are approaching for the fiscal year (FY) 2025 Service Area Competition (SAC) Notice of Funding Opportunities (NOFO) for service areas with an April 1, 2025, or May 1, 2025, period of performance start date.

- Find details for each of the announced service areas on the [Service Area Announcement Table](#).
- Links to the NOFOs in Grants.gov and technical assistance (TA) materials are available on the [SAC TA webpage](#).

The table below lists application deadlines for all released FY 2025 SAC NOFOs.

Start Date (in 2025)	NOFO #	Grants.gov Due by 11:59 p.m. ET	EHBs Due by 5:00 p.m. ET
April 1	HRSA-25-015	Passed	October 24
May 1	HRSA-25-016	October 15	November 14
June 1	HRSA-25-017	October 29	December 2



Good Shepherd Community Clinic has a specialized facility focused on women's health, staffed by women, just a few doors down from its primary office.

Health Center Stories Showcase Women's Health and Care

Check out our [Health Center Stories webpage](#) to enjoy these new featured stories:

- Good Shepherd Community Clinic in Ardmore, Oklahoma, held a special outreach event for women and girls, drawing thousands of participants.
- HOPE Clinic in Houston, Texas, helped launch a doula training program.
- Family HealthCare in Fargo, North Dakota, has language services to serve patients from far flung locations such as Ukraine and Afghanistan.

Have a story to share? Contact us at HealthCenterStories@hrsa.gov.

Preparedness and Response Forum: Emerging Issues

The first webinar in a series from multiple NTTAPs will focus on emerging issues. The registration page lists all session dates and topics.

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

THURSDAY: Updates on Diagnostic Testing and Outpatient Treatment for COVID-19 and Influenza

CDC's Clinician Outreach and Communication Activity (COCA) group will share an overview of COVID-19 and influenza testing and therapeutic options, including eligibility, indications, and other considerations such as

Training Calendar



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

Through October 15

Communicating with and about People with Disabilities

Hosted by the National Center for Health in Public Housing
Wednesday, October 9
1:00-2:00 p.m. ET
[Registration page](#)

National Ambulatory Medical Care Survey Health Center Component

Hosted by CDC
Wednesday, October 9
1:00-2:00 p.m. ET
[Registration page](#)

Best Practices and Resources for Developing Effective Health Education for Indigenous MSAWs

Hosted by NCFH
Wednesday, October 9
2:00-3:00 p.m. ET
[Registration page](#)

Supporting IPV Survivors through Harm Reduction (Health Cares about Domestic Violence Day) (in English with Spanish and ASL interpretation)

Hosted by Health Partners on IPV + Exploitation
Wednesday, October 9
2:00-3:00 p.m. ET
[Registration page](#)

UDS Clinical Tables Part 2: Maternal Care and Children's Health Measures

Wednesday, October 9
2:00-3:30 p.m. ET
[Registration page](#)

Expanding Access: Integrating Telebehavioral Health and Telehealth Solutions for Communities Served by Health Centers Series

Hosted by the National Nurse-Led Care Consortium (NNCC)
Thursdays, October 10, 17, and 24
3:00-4:00 p.m. ET
[Registration page](#)

Empowering Communities: How Community Health Workers Drive Equity in Early Breast Cancer Detection and Treatment

Hosted by NNCC
[Registration page](#)

In English:
Tuesday, October 15
3:00-4:00 p.m. ET

In Spanish:
Tuesday, October 22
3:00-4:00 p.m. ET

Upcoming

Babies Born with Congenital Syphilis: What Happens Next?

Hosted by RJHA
Wednesday, October 16
Noon-1:15 p.m. ET
[Registration page](#)

National Women's Blood

drug interactions.

Thursday, October 10

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

[Join the day of the session](#)

****CE available****

Visit the [call webpage](#) for call-in info and more details.

Many of CDC's recent Morbidity and Mortality Weekly Reports (MMWR) include studies and updates related to seasonal respiratory viruses. Visit their [MMWR site](#) to see these reports.



National Hispanic Heritage Month

Transportation is a Health Equity Issue – Fact Sheet

Health Outreach Partners (HOP) presents the Spanish version of one of their most widely viewed resources. It allows those who prefer Spanish to access important information on transportation.

The fact sheet:

- Investigates how transportation impacts access to care and other social drivers of health.
- Analyzes unmet needs and gaps in laws or policies affecting access to transportation.
- Uncovers the structural factors predisposing marginalized populations to reduced access to transportation.
- Provides recommendations to health centers on addressing patient transportation inequities and barriers.

Visit [HOP's website](#) to access the Spanish fact sheet. (It's available in English on this [HOP webpage](#).)

En español:

El transporte es un tema de equidad en salud – Hoja Informativa

Health Outreach Partners (HOP, por sus siglas en inglés) presenta la versión en español de uno de sus recursos más populares. Este recurso permite el acceso a información importante sobre el transporte para las personas que prefieren el español.

La hoja informativa:

- Investiga cómo el transporte influye el acceso a la atención médica y otros determinantes sociales de la salud.
- Analiza las necesidades insatisfechas y las faltas en las leyes o políticas que impactan el acceso al transporte.
- Descubre los factores estructurales que predisponen a las poblaciones marginadas a un acceso limitado al transporte.
- Proporciona recomendaciones a los centros de salud sobre cómo abordar las desigualdades y barreras en el transporte de pacientes.

Visite el [sitio web de HOP](#) para acceder a la hoja informativa en español. (Está disponible en inglés en esta [página web de HOP](#)).

Behavioral Health

Supporting the Mental Health Needs of Migrant and Seasonal Agricultural Workers of All Ages Amidst Extreme Heat

Join Farmworker Justice and HOP to learn about the effects of extreme heat and aging on the mental health of migratory and seasonal agricultural workers (MSAWs). Speakers will explore the intersection of environmental stressors and the aging process. They will focus on identifying and fostering resilience among MSAWs and explore how community health workers (CHWs) and enabling services can best support and recognize community strength and adaptability in the face of adversity. Spanish interpretation will be available.

Wednesday, November 6

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

[Registration page](#)

Pressure Awareness Week Resource Round-up Panel

Hosted by the HHS Office on Women's Health

Wednesday, October 16

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

[Registration page](#)

Health Center Preparedness and Response Forum: Emerging Issues

Hosted by multiple NTTAPs

Wednesday, October 16

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

[Registration page](#)

Pediatric Dental Care: Building a Successful Program

Hosted by RJHA and NNOHA

Thursday, October 17

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

[Registration page](#)

Improve Health Care Delivery to Military Veterans

Hosted by NACHC

Thursday, October 17

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

[Registration page](#)

****CE available****

Integrating Behavioral Health into Pediatric Care, Part 1

Hosted by RJHA

Friday, October 18

Noon-1:00 p.m. ET

[Registration page](#)

Navigating Screening Mammography: Guidelines, Importance, and Reaching Underserved Populations

Tuesday, October 22

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

[Registration page](#)

Beyond Screening: Using SDOH Data for Effective Care Solutions

Hosted by NHCHC and the HITEQ Center

Tuesday, October 22

3:00-4:15 p.m. ET

[Registration page](#)

Orientation to Agricultural Worker Health

Hosted by NCFH

Wednesday, October 23

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

[Registration page](#)

The Value of Connection in Mental Health Supports for AANHPI Elders

Hosted by AAPCHO and NCECE

Thursday, October 24

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

[Registration page](#)

Building Trust: Addressing Vaccine Hesitancy and Health Misinformation in Vulnerable Communities

Hosted by NNCC

Tuesday, October 29

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

[Registration page](#)

Navigating the OSV Journey: How to Prepare for a Successful Operational Site Visit

Wednesday, October 30

2:00-3:30 p.m. ET

[Registration page](#)

Navigating Comprehensive Care for Refugees: Integrating Clinical Care, Cultural Sensitivity, and Community Collaboration

Hypertension

Million Hearts Hypertension in Pregnancy Action Forum

The Million Hearts Hypertension in Pregnancy Action Forum is a national collaborative for clinical, public health, and community-based partners to exchange best and promising practices, identify solutions to common obstacles, and share resources related to improving hypertension management for women during and after pregnancy. The November Forum will focus on aspirin prophylaxis to prevent preeclampsia. Visit the [Million Hearts website](#) to learn more about the Forum and see resources.

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

Workforce

Learn about HRSA Funding for Graduate Psychology Education Programs

The Bureau of Health Workforce (BHW) National Health Workforce Collaborative invites health centers and educational programs that train interdisciplinary behavioral health professionals for placement in community-based primary care settings to an information session. Learn more in a [bulletin](#) we sent to health centers last week.

Developing a Strategy for Workforce Well-being

Join us for a workshop on developing an organizational workforce well-being strategy using the [Workforce Well-being Strategy Template tool](#) (PDF). We will use a case study to review the first two steps and walk through the remaining two steps.

Thursday, October 31
2:00-3:00 p.m. ET
[Registration page](#)

Reimagining Human Resources with your Management Team Learning Collaborative

Join our learning collaborative to re-imagine your health center's human resources processes to improve workforce well-being. Learn strategies to drive organizational change, build an inclusive and diverse culture, and create equitable policies and procedures to support work-life balance. You will create a re-imagination project workplan to put what you learn into practice. Visit the [application page](#) for details.

CHW Workforce Skill-Building: Communicating Care in SDOH Screening Listening Sessions

Are you a CHW, *promotore*, or representative? Join a virtual listening session on your communication challenges and training needs in social determinants of health (SDOH) screening. HOP, MHP Salud, and the National Health Care for the Homeless Council (NHCHC) host these sessions, each focusing on a specific population. Visit the [Google sign-up form](#) to register for a session.

NTTAP Learning Collaboratives

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

- I-HELP Bootcamp: Strengthening Your Ability to Spot and Manage Patients' Complex Health-Harming Legal Issues**
Join the National Center for Medical-Legal Partnership's bootcamp to better identify legal needs that affect health, improve your ability to screen and refer patients to legal aid, and develop strategies to provide more precise guidance and quality referrals to legal partners. Visit the [application page](#) to apply by Tuesday, October 15.
- Quality Improvement & Measures for Health Care for the Homeless**
Does your health center serve people experiencing homelessness? NHCHC invites you to join discussions on relevant quality improvement strategies and measures. They encourage you to invite up to three team members. Visit the [application page](#) to apply by Monday, October 21.

Pediatric Dental Care: Building a Successful Program

Learn about the importance of integrating dental care into primary care practices and data visualization to measure a pediatric oral health program's success. Speakers will identify challenges to pediatric dental care and provide strategies to improve access and outcomes. Renaye James Healthcare Advisors (RJHA) host this webinar in partnership with the National Network for Oral Health Access (NNOHA).

Thursday, October 17
1:00-2:00 p.m. ET

Hosted by Community Health Center, Inc.

Thursday, October 31
2:00-3:00 p.m. ET
[Registration page](#)

HIV Prevention and Care for People Assigned Female at Birth

Hosted by the National LGBTQIA+ Health Education Center
Thursday, November 7
Noon-1:00 p.m. ET
[Registration page](#)

Advances In Team-based Retinal Eye Care for Patients with Diabetes

Hosted by RJHA
Thursday, November 14
1:00-2:00 p.m. ET
[Registration page](#)

Webinars are hosted by HRSA unless otherwise noted.

1:00-2:00 p.m. ET
[Registration page](#)

Additional Resources

Navigating Screening Mammography: Guidelines, Importance, and Reaching Underserved Populations

In recognition of Breast Cancer Awareness Month, we’re hosting a webinar on the guidelines and methods to better reach underserved populations. The presenter is Dr. Stamatia Destounis, the Chair of the American College of Radiology Breast Commission.

Tuesday, October 22
3:00-4:00 p.m. ET
[Registration page](#)

Save the Date: Fall 2024 Agricultural Worker Health Symposium

The National Center for Farmworker Health (NCFH) will host the inaugural Agricultural Worker Health Symposium from Tuesday, December 3, to Thursday, December 5, in Tampa, Florida. The symposium will explore the occupational health and safety risks agricultural workers face, including environmental, biological, and respiratory hazards. Visit the [registration page](#) for more information.

Beyond Screening: Using SDOH Data for Effective Care Solutions

NHCHC and the Health Information and Technology, Evaluation and Quality (HITEQ) Center invite you to learn ways to improve workflows used to screen for social needs and how to address positive screens. Speakers will address workflows housed in Electronic Health Records and promising practices in social care planning at Health Care for the Homeless programs.

Tuesday, October 22
3:00-4:15 p.m. ET
[Registration page](#)

Health Center Value-Based Payment and Financial Readiness Tool

The National Association of Community Health Centers (NACHC) has developed [this tool](#) to assist health centers in evaluating their financial readiness for value-based payment models as well as develop estimates of projected revenues, costs, and returns on investment for various alternative payment arrangements.

The Value of Connection in Mental Health Supports for AANHPI Elders

Join the Association of Asian Pacific Community Health Organizations (AAPCHO) and the National Center for Equitable Care for Elders (NCECE) to explore approaches for fostering trust with older AANHPI patients to improve their mental health outcomes. Guest speakers will share outreach and engagement strategies for building belonging among their AANHPI elder patient populations as well as the culturally specific context for conversations around depression care.

Thursday, October 24
2:00-3:00 p.m. ET
[Registration page](#)

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DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 23, 2024

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

2. Summary:

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

3. Substantive Analysis:

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

4. Fiscal Analysis & Economic Impact Statement:

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

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

N/A

Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

N/A

Date Approved

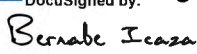


DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 23, 2024

6. Recommendation:


Staff recommends the Board approve the August 2024 District Clinic Holdings, Inc. financial statements.

Approved for Legal sufficiency:

DocuSigned by:

0CF6F7DB6706434 **Bernabe Icaza**
SVP & General Counsel

Signed by:

CA6A21FF2E09481 **Jessica Cafarelli**
VP & Chief Financial Officer

Signed by:

2B4234F0B7844B2 **Joshua Adametz, DMD, MPH, MA**
AVP & Executive Director of Community Health Centers



MEMO

To: Finance Committee

From: Jessica Cafarelli
VP, Chief Financial Officer

Date: October 23, 2024

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

The August financial statements represent the financial performance through the eleventh month of the 2024 fiscal year for the C.L. Brumback Primary Care Clinics. On the Comparative Statement of Net Position, cash increased \$3.1M due to HRSA payments of \$2.4M, and other normal business operations. Due from Other Governments decreased (\$1.3M) as a result of HRSA payments received as well.

On the Statement of Revenues and Expenses, net patient revenue YTD was favorable to budget by \$4.0M or 49.0% primarily due to Medicaid wrap accruals and increased patient visits. Increased patient visits also contributed to Gross patient revenue YTD being favorable to budget by \$5.7M. Total YTD revenues were favorable to budget by \$3.3M or 19.6%. Operational expenses before depreciation were favorable to budget by \$5.3M due to timing differences in expenses and staffing. Positive variances YTD were in salaries, wages, and benefits of \$3.7M, medical supplies of \$286k, other supplies of \$224k, repairs and maintenance of \$148k, lease and rental of \$829k, and other expense of \$289k. The favorable lease and rental variance resulted from the delay in the Atlantis clinic move. Negative variances YTD were in and medical services (\$229k) and Interest expense (\$93k). The medical services negative variance stemmed from increased lab fees due to increased patient volume. The interest expense negative variance is related to leasing activities. YTD net margin was a loss of (\$22.4M) compared to the budgeted loss of (\$32.7M) resulting in a favorable variance of \$10.4M or (31.7%).

Net patient revenue YTD for the Medical clinics was favorable to budget by \$2.2M. The Medical clinics YTD gross patient revenue was favorable to budget by \$3.2M due to increased patient volumes. The Medical clinics total YTD revenue was favorable to budget by \$1.7M due to increased patient volume and Medicaid wrap. Grant revenue recognition had a negative impact on overall revenue. Total operating expenses of \$27.1M were favorable to budget of \$31.6M by \$4.6M or 14.4%. The positive variance is mostly due to salaries, wages, and benefits of \$3.1M, medical supplies of \$298k, other supplies of \$186k, repairs and maintenance of \$159k, lease and rental of \$681k, and other expense \$302k. Timing differences in expenses and staffing are driving these favorable YTD variances. Total YTD net margin was favorable to budget by \$7.8M or (28.4%).

Net patient revenue YTD for the Dental clinics was favorable to budget by \$1.6M. Increased patient volume and Medicaid wrap accruals contributed to this favorable variance. The Dental clinics total YTD gross patient revenue was favorable to budget by \$1.5M. Total YTD operating expenses of \$5.4M were favorable to budget by \$892k, with timing differences in staffing primarily accounting for this favorable variance. Total YTD net margin was favorable to budget by \$2.6M or (48.1%).

District Clinic Holdings, Inc.
Comparative Statement of Net Position

	August 31, 2024	July 31, 2024	Increase (Decrease)
Assets			
Cash and Cash Equivalents	\$ 6,530,344	\$ 3,477,391	\$ 3,052,953
Accounts Receivable, net	2,419,827	1,952,552	467,275
Due From Other Governments	1,062,253	2,376,785	(1,314,533)
Other Current Assets	336,459	356,379	(19,921)
Net Investment in Capital Assets	4,142,229	4,163,951	(21,722)
Right Of Use Assets	4,136,841	4,193,860	(57,018)
Total Assets	<u>\$ 18,627,952</u>	<u>\$ 16,520,918</u>	<u>\$ 2,107,034</u>
Liabilities			
Accounts Payable	555,333	664,074	(108,742)
Deferred Revenue-	3,336	4,169	(833)
Accrued Interest	16,976	17,143	(167)
Other Current Liabilities	2,135,418	2,795,251	(659,833)
Lease Liability	3,870,251	3,920,813	(50,562)
Non-Current Liabilities	1,236,371	1,217,769	18,602
Total Liabilities	<u>7,817,685</u>	<u>8,619,220</u>	<u>(801,535)</u>
Deferred Inflows of Resources			
Deferred Inflows	<u>\$ 30,757</u>	<u>\$ 30,757</u>	<u>\$ 0</u>
Net Position			
Net Investment in Capital Assets	4,142,229	4,163,951	(21,722)
Unrestricted	6,637,282	3,706,991	2,930,291
Total Net Position	<u>10,779,511</u>	<u>7,870,942</u>	<u>2,908,569</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 18,627,952</u>	<u>\$ 16,520,918</u>	<u>\$ 2,107,034</u>

Note: Amounts may not foot due to rounding.

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 3,705,563	\$ 2,511,811	\$ 1,193,752	47.5%	\$ 2,841,225	\$ 864,338	30.4%	Gross Patient Revenue	\$ 33,121,394	\$ 27,410,283	\$ 5,711,111	20.8%	\$ 28,749,523	\$ 4,371,871	15.2%
1,206,688	805,259	401,428	49.9%	806,290	400,398	49.7%	Contractual Allowance	10,480,971	8,788,834	1,692,137	19.3%	9,420,446	1,060,525	11.3%
1,215,302	1,052,501	162,801	15.5%	822,983	392,318	47.7%	Charity Care	11,955,346	11,483,527	471,819	4.1%	10,894,804	1,060,542	9.7%
515,822	224,074	291,748	130.2%	710,907	(195,085)	(27.4%)	Bad Debt	4,589,442	2,446,650	2,142,792	87.6%	3,514,378	1,075,064	30.6%
2,937,811	2,081,834	855,977	41.1%	2,340,179	597,632	25.5%	Total Contractuals and Bad Debt	27,025,759	22,719,010	4,306,748	19.0%	23,829,628	3,196,130	13.4%
770,867	324,247	446,620	137.7%	365,321	405,546	111.0%	Other Patient Revenue	6,163,072	3,537,291	2,625,781	74.2%	4,197,472	1,965,600	46.8%
1,538,620	754,225	784,395	104.0%	866,367	672,253	77.6%	Net Patient Service Revenue	12,258,707	8,228,563	4,030,144	49.0%	9,117,367	3,141,341	34.5%
41.52%	30.03%			30.49%			Collection %	37.01%	30.02%			31.71%		
661,745	766,917	(105,173)	(13.7%)	765,354	(103,609)	(13.5%)	Grants	7,653,601	8,366,395	(712,794)	(8.5%)	9,769,155	(2,115,554)	(21.7%)
-	-	-	-	818	(818)	-	Interest Earnings	1,943	-	1,943	-	818	1,125	137.5%
-	-	-	-	-	-	-	Other Financial Assistance	-	-	-	-	738,416	(738,416)	-
3,123	11,204	(8,081)	(72.1%)	7,104	(3,981)	(56.0%)	Other Revenue	80,612	122,227	(41,615)	(34.0%)	918,761	(838,149)	(91.2%)
\$ 2,203,487	\$ 1,532,346	\$ 671,141	43.8%	\$ 1,639,642	\$ 563,845	34.4%	Total Revenues	\$ 19,994,863	\$ 16,717,185	\$ 3,277,678	19.6%	\$ 20,544,516	\$ (549,653)	(2.7%)
							Direct Operating Expenses:							
1,974,992	2,173,165	198,173	9.1%	1,797,791	(177,201)	(9.9%)	Salaries and Wages	20,346,890	23,554,780	3,207,891	13.6%	18,476,681	(1,870,209)	(10.1%)
525,478	544,436	18,958	3.5%	467,410	(58,068)	(12.4%)	Benefits	5,491,400	5,950,136	458,736	7.7%	4,934,633	(556,767)	(11.3%)
73,259	117,137	43,878	37.5%	36,797	(36,462)	(99.1%)	Purchased Services	1,263,085	1,288,507	25,422	2.0%	374,675	(888,410)	(237.1%)
69,578	116,203	46,625	40.1%	91,719	22,141	24.1%	Medical Supplies	992,646	1,278,237	285,591	22.3%	879,335	(113,311)	(12.9%)
9,617	45,513	35,896	78.9%	166,181	156,564	94.2%	Other Supplies	276,862	500,643	223,781	44.7%	406,625	129,763	31.9%
104,037	68,151	(35,886)	(52.7%)	71,557	(32,480)	(45.4%)	Medical Services	978,399	749,661	(228,738)	(30.5%)	721,490	(256,909)	(35.6%)
82,270	57,362	(24,908)	(43.4%)	45,452	(36,818)	(81.0%)	Drugs	601,875	630,982	29,107	4.6%	473,740	(128,135)	(27.0%)
44,710	58,246	13,536	23.2%	46,419	1,709	3.7%	Repairs and Maintenance	492,606	640,706	148,100	23.1%	410,365	(82,240)	(20.0%)
8,719	153,520	144,801	94.3%	177,859	169,140	95.1%	Lease and Rental	860,090	1,688,715	828,625	49.1%	1,330,061	469,971	35.3%
9,131	14,618	5,487	37.5%	7,501	(1,630)	(21.7%)	Utilities	94,532	160,798	66,266	41.2%	81,714	(12,818)	(15.7%)
65,206	116,459	51,253	44.0%	154,792	89,586	57.9%	Other Expense	992,047	1,281,049	289,002	22.6%	1,093,209	101,162	9.3%
16,976	8,965	(8,011)	(89.4%)	-	(16,976)	-	Interest Expense	197,003	103,619	(93,384)	(90.1%)	-	(197,003)	-
6,635	6,528	(108)	(1.7%)	4,947	(1,688)	(34.1%)	Insurance	61,173	71,803	10,629	14.8%	58,906	(2,267)	(3.8%)
2,990,609	3,480,302	489,693	14.1%	3,068,426	77,817	2.5%	Total Operating Expenses	32,648,606	37,899,636	5,251,030	13.9%	29,241,432	(3,407,174)	(11.7%)
							Net Performance before Depreciation & Overhead Allocations	\$ (12,653,743)	\$ (21,182,451)	\$ 8,528,708	(40.3%)	\$ (8,696,916)	\$ (3,956,828)	45.5%
90,885	73,871	(17,014)	(23.0%)	29,546	(61,338)	(207.6%)	Depreciation	980,577	812,581	(167,996)	(20.7%)	292,737	(687,840)	(235.0%)
							Overhead Allocations:							
11,647	16,443	4,796	29.2%	10,520	(1,127)	(10.7%)	OH Risk Management	119,621	180,873	61,252	33.9%	106,007	(13,614)	(12.8%)
109,286	103,522	(5,764)	(5.6%)	81,579	(27,707)	(34.0%)	OH Revenue Cycle	920,602	1,138,742	218,140	19.2%	887,138	(33,464)	(3.8%)
4,286	3,182	(1,104)	(34.7%)	3,234	(1,052)	(32.5%)	OH Internal Audit	30,410	35,002	4,592	13.1%	25,193	(5,217)	(20.7%)
40,396	28,133	(12,263)	(43.6%)	29,123	(11,273)	(38.7%)	Home Office Facilities	288,291	309,463	21,172	6.8%	343,980	55,689	16.2%
12,208	14,511	2,303	15.9%	10,209	22,417	45.5%	OH Administration	153,538	159,621	6,083	3.8%	497,720	344,182	69.2%
90,882	99,173	8,291	8.4%	69,168	(21,714)	(31.4%)	OH Human Resources	934,234	1,090,903	156,669	14.4%	752,760	(181,474)	(24.1%)
30,283	38,033	7,750	20.4%	27,627	(2,656)	(9.6%)	Legal	302,313	418,363	116,050	27.7%	190,226	(112,087)	(58.9%)
3,737	4,523	786	17.4%	3,720	(17)	(0.5%)	Records	39,984	49,753	9,769	19.6%	37,962	(2,022)	(5.3%)
-	8,915	8,915	-	7,570	7,570	-	OH Compliance	106,985	98,065	(8,920)	(9.1%)	76,599	(30,386)	(39.7%)
53,251	58,201	4,950	8.5%	38,226	(15,025)	(39.3%)	IT Operations	546,922	640,211	93,289	14.6%	421,703	(125,219)	(29.7%)
11,414	19,491	8,077	41.4%	15,806	4,392	27.8%	IT Security	154,378	214,401	60,023	28.0%	196,195	41,817	21.3%
36,333	39,351	3,018	7.7%	30,667	(5,666)	(18.5%)	OH Finance	164,276	432,861	16,585	3.8%	309,174	(107,102)	(34.6%)
18,208	20,025	1,817	9.1%	12,976	(5,232)	(40.3%)	Corporate Communications	161,058	220,275	59,217	26.9%	123,794	(37,264)	(30.1%)
17,448	19,300	1,852	9.6%	-	(17,448)	-	OH Information Technology	230,111	212,300	(17,811)	(8.4%)	60,595	(169,516)	(279.8%)

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
313,445	242,579	(70,866)	(29.2%)	168,812	(144,633)	(85.7%)	IT Applications	1,973,577	2,668,369	694,792	26.0%	1,950,672	(22,905)	(1.2%)
57,946	45,852	(12,094)	(26.4%)	32,857	(25,089)	(76.4%)	IT Service Center	432,269	504,372	72,103	14.3%	388,878	(43,391)	(11.2%)
17,045	20,701	3,656	17.7%	-	(17,045)	-	OH Performance Excellence	182,652	227,711	45,059	19.8%	77,609	(105,043)	(135.3%)
3,718	13,780	10,062	73.0%	3,928	210	5.3%	Corporate Quality	165,364	151,580	(13,784)	(9.1%)	86,999	(78,365)	(90.1%)
53,949	55,383	1,434	2.6%	36,958	(16,991)	(46.0%)	OH Security Services	457,880	609,213	151,333	24.8%	450,172	(7,708)	(1.7%)
18,271	21,357	3,086	14.4%	5,825	(12,446)	(213.7%)	OH Supply Chain	194,732	234,927	40,195	17.1%	70,603	(124,129)	(175.8%)
11,905	12,286	381	3.1%	-	(11,905)	-	HIM Department	137,037	135,146	(1,891)	(1.4%)	121,464	(15,573)	(12.8%)
20,488	20,831	343	1.6%	21,133	645	3.1%	OH Coding	242,730	229,141	(13,589)	(5.9%)	210,859	(31,871)	(15.1%)
3,583	2,394	(1,189)	(49.7%)	2,066	(1,517)	(73.4%)	OH Reimbursement	26,050	26,334	284	1.1%	24,492	(1,558)	(6.4%)
8,289	29,523	21,234	71.9%	-	(8,289)	-	OH Clinical Labor Pool	92,424	324,757	232,333	71.5%	-	(92,424)	-
19,532	22,557	3,025	13.4%	-	(19,532)	-	District Nursing Admin	269,281	248,123	(21,159)	(8.5%)	-	(269,281)	-
7,673	10,674	3,001	28.1%	-	(7,673)	-	District Operations Admin	105,781	117,411	11,630	9.9%	-	(105,781)	-
3,745	4,779	1,034	21.6%	-	(3,745)	-	OH Mail Room	45,072	52,564	7,492	14.3%	-	(45,072)	-
978,968	975,498	(3,470)	(0.4%)	624,212	(354,756)	(56.8%)	Total Overhead Allocations-	8,729,571	10,730,481	2,000,910	18.6%	7,410,794	(1,318,777)	(17.8%)
4,060,462	4,529,672	469,210	10.4%	3,722,184	(338,278)	(9.1%)	Total Expenses	42,358,754	49,442,698	7,083,944	14.3%	36,944,962	(5,413,792)	(14.7%)
\$ (1,856,975)	\$ (2,997,326)	\$ 1,140,351	(38.0%)	\$ (2,082,541)	\$ 225,567	(10.8%)	Net Margin	\$ (22,363,891)	\$ (32,725,513)	\$ 10,361,622	(31.7%)	\$ (16,400,446)	\$ (5,963,445)	36.4%
12,144	252,458	(240,314)	(95.2%)	-	12,144	-	Capital Contributions.	1,072,347	2,777,038	(1,704,691)	(61.4%)	132,840	939,508	707.2%
-	-	-	-	-	-	-	Transfer In/(Out)	\$ 19,344,650	\$ 37,000,000	\$ (17,655,350)	(47.7%)	\$ 14,099,698	\$ (5,244,951)	(37.2%)

Primary Care Clinics Statement of Revenues and Expenses by Month

	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Year to Date
Gross Patient Revenue	\$ 3,208,530	\$ 2,531,499	\$ 2,552,091	\$ 2,896,182	\$ 2,909,023	\$ 3,190,147	\$ 3,138,945	\$ 3,090,915	\$ 2,811,962	\$ 3,086,536	\$ 3,705,563	\$ 33,121,394
Contractual Allowance	1,059,426	940,971	795,450	911,759	1,014,205	921,809	815,993	1,230,968	673,491	910,212	1,206,688	10,480,971
Charity Care	1,188,343	893,302	917,542	1,078,843	1,050,015	1,175,551	1,166,762	1,098,122	973,009	1,198,555	1,215,302	11,955,346
Bad Debt	325,374	204,443	347,137	404,411	354,100	398,923	309,917	381,214	648,346	699,755	515,822	4,589,442
Total Contractuals and Bad Debt	2,573,143	2,038,717	2,060,129	2,395,013	2,418,320	2,496,283	2,292,672	2,710,304	2,294,846	2,808,522	2,937,811	27,025,759
Other Patient Revenue	566,684	575,505	543,247	678,114	590,888	590,888	679,561	350,153	589,156	228,008	770,867	6,163,072
Net Patient Service Revenue	1,202,071	1,068,287	1,035,210	1,179,284	1,081,590	1,284,752	1,525,834	730,765	1,106,272	506,023	1,538,620	12,258,707
Collection %	37.46%	42.20%	40.56%	40.72%	37.18%	40.27%	48.61%	23.64%	39.34%	16.39%	41.52%	37.01%
Non-Operating Revenues												
Grants	550,122	658,694	428,700	450,916	969,806	756,066	766,155	671,832	678,531	1,061,035	661,745	7,653,601
Interest Earnings	1,943	-	-	-	-	-	-	-	-	-	-	1,943
Other Revenue	1,437	2,526	13,368	1,092	2,155	895	3,630	1,590	13,983	36,816	3,123	80,612
Total Other Revenues	\$ 553,502	\$ 661,220	\$ 442,068	\$ 452,008	\$ 971,960	\$ 756,960	\$ 769,785	\$ 673,422	\$ 692,513	\$ 1,097,851	\$ 664,867	\$ 7,736,156
Total Non-Operating Revenues	\$ 1,755,573	\$ 1,729,507	\$ 1,477,278	\$ 1,631,292	\$ 2,053,550	\$ 2,041,712	\$ 2,295,619	\$ 1,404,186	\$ 1,798,785	\$ 1,603,873	\$ 2,203,487	\$ 19,994,863
Direct Operating Expenses:												
Salaries and Wages	1,872,309	1,512,292	1,998,118	1,593,013	1,992,463	1,948,992	1,843,046	1,801,624	2,026,079	1,783,964	1,974,992	20,346,890
Benefits	471,718	444,080	475,086	511,022	495,690	531,749	529,481	483,407	521,285	502,406	525,478	5,491,400
Purchased Services	3,780	39,841	27,633	301,222	336,285	108,413	114,020	123,775	89,583	45,273	73,259	1,263,085
Medical Supplies	31,086	71,763	74,918	166,912	88,454	141,793	80,069	90,637	54,694	122,742	69,578	992,646
Other Supplies	5,859	9,819	7,603	12,044	12,747	75,884	27,911	70,018	29,716	15,645	9,617	276,862
Medical Services	37,749	102,323	125,019	69,614	82,573	76,331	91,847	114,405	79,063	95,437	104,037	978,399
Drugs	74,182	46,702	41,892	42,320	42,188	63,681	53,006	50,428	58,629	46,578	82,270	601,875
Repairs and Maintenance	34,302	44,761	36,325	64,782	33,531	16,288	86,800	20,299	48,558	62,251	44,710	492,606
Lease and Rental	191,910	129,886	(54,422)	90,137	90,805	83,498	92,625	151,394	37,932	37,605	8,719	860,090
Utilities	5,558	13,231	5,510	7,644	10,006	7,361	10,185	9,291	8,555	8,059	9,131	94,532
Other Expense	86,265	78,069	93,788	58,676	105,038	75,674	92,735	92,956	99,414	144,225	65,206	992,047
Interest Expense	-	-	56,288	18,450	17,949	17,790	17,630	17,470	17,308	17,143	16,976	197,003
Insurance	4,947	4,947	4,947	4,947	4,947	4,947	4,947	6,334	6,937	6,635	6,635	61,173
Total Operating Expenses	2,819,665	2,497,713	2,892,703	2,940,782	3,312,676	3,152,400	3,044,303	3,032,038	3,077,754	2,887,964	2,990,609	32,648,606
Net Performance before Depreciation & Overhead Allocations	\$ (1,064,092)	\$ (768,206)	\$ (1,415,425)	\$ (1,309,490)	\$ (1,259,126)	\$ (1,110,688)	\$ (748,684)	\$ (1,627,851)	\$ (1,278,969)	\$ (1,284,090)	\$ (787,122)	\$ (12,653,743)
Depreciation	30,892	30,892	201,655	87,803	89,261	88,977	89,813	89,813	90,241	90,345	90,885	980,577
Overhead Allocations:												
OH Risk Management	11,508	10,550	11,012	10,599	11,437	10,402	11,655	10,891	9,818	10,102	11,647	119,621
OH Revenue Cycle	81,046	75,330	-	162,033	84,800	85,134	73,335	79,426	79,387	90,824	109,286	920,602
OH Internal Audit	3,588	3,044	3,008	3,211	3,189	2,070	1,976	2,031	1,977	2,031	4,286	30,410
Home Office Facilities	26,450	25,091	-	37,902	19,592	25,574	24,239	37,077	18,192	33,779	40,396	288,291
OH Administration	2,283	18,787	12,453	13,871	12,698	13,349	18,937	13,648	21,108	14,196	12,208	153,538
OH Human Resources	85,592	68,007	134,987	68,587	90,552	82,055	64,698	91,855	82,713	74,306	90,882	934,234
Legal	22,394	24,447	22,316	40,492	33,271	26,867	25,216	25,941	27,432	23,653	30,283	302,313
Records	3,633	3,542	3,789	3,875	2,924	3,470	3,607	3,746	4,473	3,187	3,737	39,984

Primary Care Clinics Statement of Revenues and Expenses by Month

	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Year to Date
OH Compliance	13,667	11,822	14,607	12,306	12,965	12,765	12,096	13,047	3,710	-	-	106,985
IT Operations	42,187	48,371	5,820	68,578	36,151	44,138	64,162	47,012	135,914	1,337	53,251	546,922
IT Security	11,440	16,335	11,257	12,739	15,875	12,433	12,969	13,431	24,634	11,851	11,414	154,378
OH Finance	34,202	34,793	38,236	32,428	38,205	40,967	34,849	39,512	43,144	43,607	36,333	416,276
Corporate Communications	18,203	15,236	11,791	10,279	14,449	13,466	11,992	15,054	12,805	19,574	18,208	161,058
OH Information Technology	24,790	18,081	20,994	25,954	14,034	20,951	19,251	22,228	46,380	-	17,448	230,111
IT Applications	111,456	65,852	-	736,277	116,402	117,312	59,647	167,228	107,474	178,484	313,445	1,973,577
IT Service Center	41,803	30,484	35,825	34,788	38,269	45,034	56,323	38,254	28,602	24,940	57,946	432,269
OH Performance Excellence	24,133	10,449	15,136	15,961	14,678	20,187	15,833	15,706	18,321	15,203	17,045	182,652
Corporate Quality	13,253	11,415	17,059	16,561	20,146	19,739	19,246	20,925	23,302	-	3,718	165,364
OH Security Services	40,055	33,123	39,430	55,297	33,543	25,329	38,937	55,663	40,590	41,963	53,949	457,880
OH Supply Chain	20,666	16,737	17,733	17,584	17,338	15,756	17,348	17,412	19,662	16,225	18,271	194,732
HIM Department	13,556	11,912	15,225	10,052	12,903	12,507	12,059	12,517	12,126	12,275	11,905	137,037
OH Coding	25,327	18,592	22,685	21,159	21,870	21,803	21,748	21,702	25,565	21,791	20,488	242,730
OH Reimbursement	1,908	2,445	2,220	2,221	2,209	2,244	2,170	2,238	2,560	2,251	3,583	26,050
OH Clinical Labor Pool	2,245	2,386	7,201	13,315	10,555	10,094	10,949	6,541	11,522	9,328	8,289	92,424
District Nursing Admin	20,342	10,043	15,230	23,024	11,314	24,702	78,439	22,709	17,639	26,307	19,532	269,281
District Operations Admin	11,946	6,420	13,665	10,752	9,784	9,300	12,343	6,064	8,533	9,301	7,673	105,781
OH Mail Room	3,893	4,266	5,253	2,595	4,140	4,583	3,833	4,824	2,929	5,012	3,745	45,072
Total Overhead Allocations	711,568	597,561	496,932	1,462,440	703,293	722,231	727,857	806,682	830,512	691,527	978,968	8,729,571
Total Expenses	3,562,125	3,126,166	3,591,290	4,491,025	4,105,230	3,963,609	3,861,973	3,928,533	3,998,506	3,669,835	4,060,462	42,358,754
Net Margin	\$ (1,806,552)	\$ (1,396,660)	\$ (2,114,013)	\$ (2,859,733)	\$ (2,051,680)	\$ (1,921,897)	\$ (1,566,354)	\$ (2,524,346)	\$ (2,199,721)	\$ (2,065,962)	\$ (1,856,975)	\$ (22,363,891)
Capital Contributions.	204,850	-	79,780	-	-	46,790	201,342	233,306	49,312	244,823	12,144	1,072,347
General Fund Support/Transfer In	-	-	-	-	-	-	\$14,702,849	-	\$4,641,801	-	-	\$19,344,650

22

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 2,395,749	\$ 1,590,063	\$ 805,686	50.7%	\$ 1,699,716	\$ 696,033	40.9%	Gross Patient Revenue	\$ 20,580,504	\$ 17,346,119	\$ 3,234,385	18.6%	\$ 17,082,050	\$ 3,498,454	20.5%
802,273	454,997	347,276	76.3%	797,573	4,700	0.6%	Contractual Allowance	6,222,613	4,963,599	1,259,014	25.4%	7,522,616	(1,300,002)	(17.3%)
740,003	611,044	128,959	21.1%	539,465	200,538	37.2%	Charity Care	6,985,178	6,665,944	319,234	4.8%	6,478,323	506,855	7.8%
335,506	150,678	184,828	122.7%	428,578	(93,071)	(21.7%)	Bad Debt	2,660,606	1,643,760	1,016,846	61.9%	2,230,896	429,709	19.3%
1,877,782	1,216,719	661,063	54.3%	1,765,615	112,167	6.4%	Total Contractuals and Bad Debt	15,868,396	13,273,303	2,595,093	19.6%	16,231,834	(363,438)	(2.2%)
520,726	237,758	282,968	119.0%	224,263	296,463	132.2%	Other Patient Revenue	4,171,694	2,593,739	1,577,955	60.8%	2,803,127	1,368,567	48.8%
1,038,693	611,102	427,591	70.0%	158,364	880,329	555.9%	Net Patient Service Revenue	8,883,802	6,666,555	2,217,247	33.3%	3,653,343	5,230,459	143.2%
43.36%	38.43%			9.32%			Collection %	43.17%	38.43%			21.39%		
555,977	628,521	(72,545)	(11.5%)	659,144	(103,167)	(15.7%)	Grants	6,396,277	6,856,603	(460,326)	(6.7%)	8,200,573	(1,804,296)	(22.0%)
-	-	-	-	818	(818)	-	Interest Earnings	1,943	-	1,943	-	818	1,125	137.5%
-	-	-	-	-	-	-	Other Financial Assistance	-	-	-	-	649,065	(649,065)	-
2,873	11,025	(8,152)	(73.9%)	5,904	(3,031)	(51.3%)	Other Revenue	78,693	120,277	(41,584)	(34.6%)	797,835	(719,142)	(90.1%)
\$ 1,597,542	\$ 1,250,648	\$ 346,895	27.7%	\$ 824,229	\$ 773,313	93.8%	Total Revenues	\$ 15,360,715	\$ 13,643,435	\$ 1,717,280	12.6%	\$ 13,301,633	\$ 2,059,082	15.5%
							Direct Operating Expenses:							
1,559,641	1,787,437	227,795	12.7%	1,497,804	(61,837)	(4.1%)	Salaries and Wages	16,608,327	19,373,920	2,765,593	14.3%	15,182,063	(1,426,264)	(9.4%)
419,692	443,735	24,043	5.4%	384,063	(35,629)	(9.3%)	Benefits	4,485,853	4,849,269	363,416	7.5%	4,059,568	(426,285)	(10.5%)
70,843	111,219	40,376	36.3%	34,834	(36,009)	(103.4%)	Purchased Services	1,223,887	1,223,409	(478)	-	347,383	(876,504)	(252.3%)
47,808	90,537	42,729	47.2%	59,345	11,537	19.4%	Medical Supplies	698,379	995,911	297,532	29.9%	641,812	(56,567)	(8.8%)
8,941	37,540	28,599	76.2%	165,055	156,115	94.6%	Other Supplies	226,513	412,940	186,427	45.1%	370,872	144,359	38.9%
104,037	68,151	(35,886)	(52.7%)	71,557	(32,480)	(45.4%)	Medical Services	978,399	749,661	(228,738)	(30.5%)	721,490	(256,909)	(35.6%)
82,270	57,154	(25,116)	(43.9%)	45,448	(36,822)	(81.0%)	Drugs	601,875	628,694	26,819	4.3%	472,697	(129,178)	(27.3%)
42,564	55,755	13,191	23.7%	43,729	1,165	2.7%	Repairs and Maintenance	453,921	613,305	159,384	26.0%	336,665	(117,256)	(34.8%)
11,827	120,629	108,802	90.2%	144,608	132,781	91.8%	Lease and Rental	645,563	1,326,923	681,360	51.3%	1,070,732	425,169	39.7%
7,493	11,959	4,466	37.3%	6,315	(1,178)	(18.7%)	Utilities	74,473	131,549	57,076	43.4%	65,991	(8,481)	(12.9%)
44,922	104,091	59,169	56.8%	144,791	99,868	69.0%	Other Expense	843,078	1,145,001	301,923	26.4%	1,005,887	162,809	16.2%
14,520	8,965	(5,555)	(62.0%)	-	(14,520)	-	Interest Expense	169,183	103,619	(65,564)	(63.3%)	-	(169,183)	-
6,459	6,479	20	0.3%	4,902	(1,557)	(31.8%)	Insurance	60,150	71,269	11,119	15.6%	58,137	(2,013)	(3.5%)
2,421,018	2,903,652	482,634	16.6%	2,602,451	181,433	7.0%	Total Operating Expenses	27,069,601	31,625,469	4,555,869	14.4%	24,333,296	(2,736,304)	(11.2%)
							Net Performance before Depreciation & Overhead Allocations	\$ (11,708,886)	\$ (17,982,035)	\$ 6,273,149	(34.9%)	\$ (11,031,663)	\$ (677,223)	6.1%
77,391	69,165	(8,226)	(11.9%)	22,411	(54,980)	(245.3%)	Depreciation	846,685	760,815	(85,870)	(11.3%)	231,420	(615,265)	(265.9%)
							Overhead Allocations:							
9,718	13,720	4,002	29.2%	8,881	(837)	(9.4%)	OH Risk Management	99,810	150,920	51,110	33.9%	89,491	(10,319)	(11.5%)
81,226	76,942	(4,284)	(5.6%)	67,445	(13,781)	(20.4%)	OH Revenue Cycle	684,231	846,362	162,131	19.2%	733,437	49,206	6.7%
3,576	2,655	(921)	(34.7%)	2,730	(846)	(31.0%)	OH Internal Audit	25,375	29,205	3,830	13.1%	21,267	(4,108)	(19.3%)
31,556	21,977	(9,579)	(43.6%)	25,468	(6,088)	(23.9%)	Home Office Facilities	225,206	241,747	16,541	6.8%	300,812	75,606	25.1%
10,186	12,108	1,922	15.9%	18,924	8,738	46.2%	OH Administration	128,110	133,188	5,078	3.8%	420,173	292,063	69.5%
74,747	81,566	6,819	8.4%	59,072	(15,675)	(26.5%)	OH Human Resources	768,372	897,226	128,854	14.4%	642,887	(125,485)	(19.5%)
25,268	31,734	6,466	20.4%	23,323	(1,945)	(8.3%)	Legal	252,247	349,074	96,827	27.7%	160,588	(91,659)	(57.1%)
3,118	3,774	656	17.4%	3,140	22	0.7%	Records	33,362	41,514	8,152	19.6%	32,046	(1,316)	(4.1%)
-	7,439	7,439	-	6,391	6,391	-	OH Compliance	89,268	81,829	(7,439)	(9.1%)	64,664	(24,604)	(38.0%)
44,432	48,562	4,130	8.5%	32,270	(12,162)	(37.7%)	IT Operations	456,345	534,182	77,837	14.6%	355,998	(100,347)	(28.2%)
9,524	16,263	6,739	41.4%	13,343	3,819	28.6%	IT Security	128,811	178,893	50,082	28.0%	165,627	36,816	22.2%
30,316	32,834	2,518	7.7%	25,889	(4,427)	(17.1%)	OH Finance	347,337	361,174	13,837	3.8%	261,003	(86,334)	(33.1%)
15,193	16,709	1,516	9.1%	10,954	(4,239)	(38.7%)	Corporate Communications	134,385	183,799	49,414	26.9%	104,505	(29,880)	(28.6%)
14,558	16,104	1,546	9.6%	-	(14,558)	-	OH Information Technology	192,003	177,144	(14,859)	(8.4%)	51,154	(140,849)	(275.3%)

Primary Care Medical Statement of Revenues and Expenses
For The Eleventh Month Ended August 31, 2024

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
261,535	202,405	(59,130)	(29.2%)	142,510	(119,025)	(83.5%)	1,646,732	2,226,455	579,723	26.0%	1,646,749	17	-
48,350	38,258	(10,092)	(26.4%)	27,738	(20,612)	(74.3%)	360,681	420,838	60,157	14.3%	328,288	(32,393)	(9.9%)
14,222	17,273	3,051	17.7%	-	(14,222)	-	152,403	190,003	37,600	19.8%	65,517	(86,886)	(132.6%)
3,102	11,498	8,396	73.0%	3,316	214	6.5%	137,978	126,478	(11,500)	(9.1%)	73,445	(64,533)	(87.9%)
35,966	36,922	956	2.6%	30,505	(5,461)	(17.9%)	305,253	406,142	100,889	24.8%	371,574	66,321	17.8%
15,245	17,820	2,575	14.5%	4,917	(10,328)	(210.0%)	162,483	196,020	33,537	17.1%	59,604	(102,879)	(172.6%)
9,933	10,251	318	3.1%	-	(9,933)	-	114,342	112,761	(1,581)	(1.4%)	102,540	(11,802)	(11.5%)
17,095	17,381	286	1.6%	17,840	745	4.2%	202,531	191,191	(11,340)	(5.9%)	178,006	(24,525)	(13.8%)
2,990	1,998	(992)	(49.6%)	1,744	(1,246)	(71.4%)	21,735	21,978	243	1.1%	20,675	(1,060)	(5.1%)
6,916	24,634	17,718	71.9%	-	(6,916)	-	77,118	270,974	193,856	71.5%	-	(77,118)	-
16,297	18,821	2,524	13.4%	-	(16,297)	-	224,685	207,031	(17,654)	(8.5%)	-	(224,685)	-
6,402	8,906	2,504	28.1%	-	(6,402)	-	88,263	97,966	9,703	9.9%	-	(88,263)	-
3,125	3,987	862	21.6%	-	(3,125)	-	37,607	43,859	6,252	14.3%	-	(37,607)	-
794,596	792,541	(2,055)	(0.3%)	526,400	(268,196)	(50.9%)	7,096,674	8,717,953	1,621,279	18.6%	6,250,050	(846,624)	(13.5%)
3,293,005	3,765,358	472,353	12.5%	3,151,262	(141,743)	(4.5%)	35,012,960	41,104,237	6,091,278	14.8%	30,814,767	(4,198,193)	(13.6%)
\$ (1,695,463)	\$ (2,514,710)	\$ 819,247	(32.6%)	\$ (2,327,033)	\$ 631,570	(27.1%)	\$ (19,652,245)	\$ (27,460,803)	\$ 7,808,558	(28.4%)	\$ (17,513,134)	\$ (2,139,111)	12.2%
-	198,183	(198,183)	-	-	-	-	706,370	2,180,013	(1,473,643)	(67.6%)	37,419	668,951	1,787.7%
-	-	-	-	-	-	-	\$ 15,781,126	\$ 31,000,000	\$ (15,218,874)	(49.1%)	\$ 13,375,018	\$ (2,406,109)	(18.0%)

	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	-	\$ 1,650,676	\$ 2,499,938	\$ 2,968,142	\$ 3,353,689	-	\$ 48,159	\$ 10,520,603
Contractual Allowance	-	573,056	628,772	1,044,590	1,229,820	-	139	3,476,378
Charity Care	-	500,450	1,099,738	1,254,673	1,594,114	-	47,907	4,496,881
Bad Debt	-	169,277	402,374	416,230	399,199	-	4,243	1,391,322
Total Contractual Allowances and Bad Debt	-	1,242,783	2,130,884	2,715,493	3,223,133	-	52,289	9,364,581
Other Patient Revenue	-	373,142	445,297	520,731	619,880	-	344	1,959,394
Net Patient Revenue	-	781,035	814,352	773,381	750,436	-	(3,787)	3,115,416
Collection %	-	47.32%	32.57%	26.06%	22.38%	-	(7.86%)	29.61%
Grants	80,987	142,106	281,337	343,429	409,465	-	-	1,257,324
Other Revenue	1,919	-	-	-	-	-	-	1,919
Total Other Revenues	82,906	142,106	281,337	343,429	409,465	-	-	1,259,243
Total Revenues	\$ 82,906	\$ 923,141	\$ 1,095,689	\$ 1,116,809	\$ 1,159,901	-	\$ (3,787)	\$ 4,374,659
Direct Operational Expenses:								
Salaries and Wages	355,342	399,691	599,209	873,309	1,343,194	-	-	3,570,745
Benefits	100,080	130,397	159,196	273,077	315,711	-	-	978,462
Purchased Services	-	10,566	4,753	21,615	2,263	-	-	39,197
Medical Supplies	-	38,980	61,670	75,958	117,658	-	-	294,267
Other Supplies	75	2,811	17,838	5,144	19,853	4,628	-	50,349
Repairs and Maintenance	-	6,390	10,913	7,830	10,690	2,862	-	38,685
Lease and Rental	-	32,144	34,784	49,975	97,624	-	-	214,527
Utilities	-	9,713	4,171	1,755	1,755	2,665	-	20,059
Other Expense	14,326	23,424	32,485	36,535	38,937	909	-	146,617
Interest Expense	-	-	27,820	-	-	-	-	27,820
Insurance	-	1,023	-	-	-	-	-	1,023
Total Operating Expenses	469,823	655,139	952,840	1,345,200	1,947,685	11,064	-	5,381,751
Net Performance before Depreciation & Overhead Allocations	(386,917)	268,001	142,849	(228,391)	(787,784)	(11,064)	(3,787)	(1,007,092)
Depreciation	-	13,327	21,775	9,240	28,885	710	-	73,937
Overhead Allocations:								
OH Risk Management	19,811	-	-	-	-	-	-	19,811
OH Revenue Cycle	236,371	-	-	-	-	-	-	236,371
OH Internal Audit	5,035	-	-	-	-	-	-	5,035
Home Office Facilities	63,085	-	-	-	-	-	-	63,085
OH Administration	25,428	-	-	-	-	-	-	25,428
OH Human Resources	165,861	-	-	-	-	-	-	165,861
Legal	50,065	-	-	-	-	-	-	50,065
Records	6,622	-	-	-	-	-	-	6,622
OH Compliance	17,717	-	-	-	-	-	-	17,717
IT Operations	90,576	-	-	-	-	-	-	90,576
IT Security	25,567	-	-	-	-	-	-	25,567
OH Finance	68,940	-	-	-	-	-	-	68,940
Corporate Communications	26,673	-	-	-	-	-	-	26,673
OH Information Technology	38,109	-	-	-	-	-	-	38,109
IT Applications	326,845	-	-	-	-	-	-	326,845
IT Service Center	71,588	-	-	-	-	-	-	71,588
OH Performance Excellence	30,249	-	-	-	-	-	-	30,249
Corporate Quality	27,385	-	-	-	-	-	-	27,385
OH Security Services	152,626	-	-	-	-	-	-	152,626
OH Supply Chain	32,249	-	-	-	-	-	-	32,249
HIM Department	22,695	-	-	-	-	-	-	22,695
OH Coding	40,199	-	-	-	-	-	-	40,199
OH Reimbursement	4,315	-	-	-	-	-	-	4,315
OH Clinical Labor Pool	15,306	-	-	-	-	-	-	15,306
District Nursing Admin	44,596	-	-	-	-	-	-	44,596
District Operations Admin	17,518	-	-	-	-	-	-	17,518
OH Mail Room	7,465	-	-	-	-	-	-	7,465
Total Overhead Allocations	1,632,897	-	-	-	-	-	-	1,632,897
Total Expenses	2,102,720	668,466	1,034,570	1,354,440	1,976,569	11,774	-	7,148,539
Net Margin	\$ (2,019,814)	\$ 254,675	\$ 61,119	\$ (237,631)	\$ (816,669)	\$ (11,774)	\$ (3,787)	\$ (2,773,881)
Capital	-	-	-	-	-	-	-	-
Transfer In/(Out)	-	-	25	-	-	-	-	-

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 1,030,507	\$ 825,815	\$ 204,692	24.8%	\$ 1,020,305	\$ 10,202	1.0%	\$ 10,520,603	\$ 9,008,897	\$ 1,511,706	16.8%	\$ 10,654,572	\$ (133,969)	(1.3%)
Gross Patient Revenue													
287,747	304,151	(16,404)	(5.4%)	(1,116)	288,863	(25,883.8%)	3,476,378	3,318,011	158,367	4.8%	1,791,281	1,685,097	94.1%
416,800	422,827	(6,027)	(1.4%)	259,149	157,651	60.8%	4,496,881	4,612,658	(115,777)	(2.5%)	4,230,249	266,633	6.3%
103,255	49,180	54,075	110.0%	230,274	(127,019)	(55.2%)	1,391,322	536,516	854,806	159.3%	978,654	412,668	42.2%
807,802	776,158	31,644	4.1%	488,307	319,495	65.4%	9,364,581	8,467,185	897,396	10.6%	7,000,184	2,364,397	33.8%
246,085	86,072	160,013	185.9%	138,709	107,376	77.4%	1,959,394	938,969	1,020,425	108.7%	1,376,953	582,441	42.3%
468,790	135,729	333,060	245.4%	670,707	(201,918)	(30.1%)	3,115,416	1,480,681	1,634,735	110.4%	5,031,341	(1,915,925)	(38.1%)
45.49%	16.44%			65.74%			29.61%	16.44%			47.22%		
105,768	138,396	(32,628)	(23.6%)	106,210	(442)	(0.4%)	1,257,324	1,509,792	(252,468)	(16.7%)	1,568,582	(311,258)	(19.8%)
-	-	-	-	-	-	-	-	-	-	-	89,351	(89,351)	-
250	179	71	39.7%	1,200	(950)	(79.2%)	1,919	1,950	(31)	(1.6%)	120,927	(119,008)	(98.4%)
\$ 574,808	\$ 274,304	\$ 300,503	109.6%	\$ 778,117	\$ (203,310)	(26.1%)	\$ 4,374,659	\$ 2,992,423	\$ 1,382,236	46.2%	\$ 6,810,200	\$ (2,435,541)	(35.8%)
Direct Operating Expenses:													
328,303	385,728	57,425	14.9%	299,987	(28,316)	(9.4%)	3,570,745	4,180,861	610,116	14.6%	3,294,618	(276,127)	(8.4%)
91,086	100,701	9,615	9.5%	83,347	(7,739)	(9.3%)	978,462	1,100,867	122,405	11.1%	875,065	(103,397)	(11.8%)
2,416	5,918	3,502	59.2%	1,963	(453)	(23.1%)	39,197	65,098	25,901	39.8%	27,291	(11,906)	(43.6%)
21,770	25,666	3,896	15.2%	32,375	10,605	32.8%	294,267	282,326	(11,941)	(4.2%)	237,523	(56,744)	(23.9%)
676	7,973	7,297	91.5%	1,126	450	40.0%	50,349	87,703	37,354	42.6%	35,753	(14,596)	(40.8%)
-	208	208	-	5	5	-	-	2,288	2,288	100.0%	1,043	1,043	100.0%
2,146	2,491	345	13.8%	2,690	544	20.2%	38,685	27,401	(11,284)	(41.2%)	73,701	35,016	47.5%
(3,108)	32,890	35,998	109.4%	33,252	36,360	109.3%	214,527	361,792	147,265	40.7%	259,329	44,802	17.3%
1,639	2,659	1,020	38.4%	1,186	(453)	(38.2%)	20,059	29,249	9,190	31.4%	15,722	(4,337)	(27.6%)
18,520	12,368	(6,152)	(49.7%)	10,001	(8,519)	(85.2%)	147,205	136,048	(11,157)	(8.2%)	87,322	(59,883)	(68.6%)
2,456	-	(2,456)	-	-	(2,456)	-	27,820	-	(27,820)	-	-	(27,820)	-
176	49	(128)	(261.2%)	45	(131)	(291.1%)	1,023	534	(490)	(91.8%)	769	(254)	(33.0%)
466,079	576,650	110,571	19.2%	465,975	(105)	-	5,382,339	6,274,166	891,828	14.2%	4,908,136	(474,203)	(9.7%)
Net Performance before Depreciation & Overhead Allocations													
\$ 108,729	\$ (302,346)	\$ 411,075	(136.0%)	\$ 312,143	\$ (203,414)	(65.2%)	\$ (1,007,680)	\$ (3,281,744)	\$ 2,274,064	(69.3%)	\$ 1,902,064	\$ (2,909,744)	(153.0%)
13,494	4,706	(8,788)	(186.7%)	7,135	(6,359)	(89.1%)	133,892	51,766	(82,126)	(158.6%)	61,316	(72,576)	(118.4%)
Overhead Allocations:													
1,929	2,723	794	29.2%	1,639	(290)	(17.7%)	19,811	29,953	10,142	33.9%	16,516	(3,295)	(20.0%)
28,060	26,580	(1,480)	(5.6%)	14,134	(13,926)	(98.5%)	236,371	292,380	56,009	19.2%	153,701	(82,670)	(53.8%)
710	527	(183)	(34.7%)	504	(206)	(40.9%)	5,035	5,797	762	13.1%	3,926	(1,109)	(28.2%)
8,840	6,156	(2,684)	(43.6%)	3,655	(5,185)	(141.9%)	63,085	67,716	4,631	6.8%	43,168	(19,917)	(46.1%)
2,022	2,403	381	15.9%	3,493	1,471	42.1%	25,428	26,433	1,005	3.8%	77,547	52,119	67.2%
16,135	17,607	1,472	8.4%	10,096	(6,039)	(59.8%)	165,861	193,677	27,816	14.4%	109,873	(55,988)	(51.0%)
5,015	6,299	1,284	20.4%	4,304	(711)	(16.5%)	50,065	69,289	19,224	27.7%	29,638	(20,427)	(68.9%)
619	749	130	17.4%	580	(39)	(6.7%)	6,622	8,239	1,617	19.6%	5,916	(706)	(11.9%)
-	1,476	1,476	-	1,179	1,179	-	17,717	16,236	(1,481)	(9.1%)	11,935	(5,782)	(48.4%)
8,819	9,639	820	8.5%	5,956	(2,863)	(48.1%)	90,576	106,029	15,453	14.6%	65,705	(24,871)	(37.9%)
1,890	3,228	1,338	41.4%	2,463	573	23.3%	25,567	35,508	9,941	28.0%	30,568	5,001	16.4%
6,017	6,517	500	7.7%	4,778	(1,239)	(25.9%)	68,940	71,687	2,747	3.8%	48,171	(20,769)	(43.1%)
3,015	3,316	301	9.1%	2,022	(993)	(49.1%)	26,673	36,476	9,803	26.9%	19,289	(7,384)	(38.3%)
2,890	3,196	306	9.6%	-	(2,890)	-	38,109	35,156	(2,953)	(8.4%)	9,441	(28,668)	(303.7%)
51,910	40,174	(11,736)	(29.2%)	26,302	(25,608)	(97.4%)	326,845	441,914	115,069	26.0%	303,923	(22,922)	(7.5%)
9,596	7,594	(2,002)	(26.4%)	5,119	(4,477)	(87.5%)	71,588	83,534	11,946	14.3%	60,590	(10,998)	(18.2%)

Primary Care Dental Statement of Revenues and Expenses
For The Eleventh Month Ended August 31, 2024

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
2,823	3,428	605	17.6%	-	(2,823)	-	30,249	37,708	7,459	19.8%	12,092	(18,157)	(150.2%)
616	2,282	1,666	73.0%	612	(4)	(0.7%)	27,385	25,102	(2,283)	(9.1%)	13,554	(13,831)	(102.0%)
17,983	18,461	478	2.6%	6,453	(11,530)	(178.7%)	152,626	203,071	50,445	24.8%	78,598	(74,028)	(94.2%)
3,026	3,537	511	14.4%	908	(2,118)	(233.3%)	32,249	38,907	6,658	17.1%	10,999	(21,250)	(193.2%)
1,972	2,035	63	3.1%	-	(1,972)	-	22,695	22,385	(310)	(1.4%)	18,924	(3,771)	(19.9%)
3,393	3,450	57	1.7%	3,293	(100)	(3.0%)	40,199	37,950	(2,249)	(5.9%)	32,853	(7,346)	(22.4%)
593	396	(197)	(49.7%)	322	(271)	(84.2%)	4,315	4,356	41	0.9%	3,817	(498)	(13.0%)
1,373	4,889	3,516	71.9%	-	(1,373)	-	15,306	53,783	38,477	71.5%	-	(15,306)	-
3,235	3,736	501	13.4%	-	(3,235)	-	44,596	41,092	(3,505)	(8.5%)	-	(44,596)	-
1,271	1,768	497	28.1%	-	(1,271)	-	17,518	19,444	1,927	9.9%	-	(17,518)	-
620	791	171	21.6%	-	(620)	-	7,465	8,706	1,241	14.3%	-	(7,465)	-
184,372	182,957	(1,415)	(0.8%)	97,812	(86,560)	(88.5%)	1,632,897	2,012,528	379,631	18.9%	1,160,744	(472,153)	(40.7%)
663,945	764,314	100,369	13.1%	570,921	(93,023)	(16.3%)	7,149,127	8,338,460	1,189,333	14.3%	6,130,196	(1,018,931)	(16.6%)
\$ (89,137)	\$ (490,009)	\$ 400,872	(81.8%)	\$ 207,196	\$ (296,333)	(143.0%)	\$ (2,774,468)	\$ (5,346,037)	\$ 2,571,569	(48.1%)	\$ 680,004	\$ (3,454,473)	(508.0%)
12,144	54,275	(42,131)	(77.6%)	-	12,144	-	365,977	597,025	(231,048)	(38.7%)	95,421	270,556	283.5%
-	-	-	-	-	-	-	\$ 3,603,316	\$ 6,000,000	\$ (2,396,684)	(39.9%)	\$ 724,681	\$ (2,878,635)	(397.2%)

	Belle Glade Behavioral Health	St Ann Place Behavioral Health	Delray Behavioral Health	Lantana Behavioral Health	Mangonia Park Behavioral Health	Mangonia Pilot	Co-Responder Unit	West Palm Beach Behavioral Health	Lake Worth Behavioral Health	Lewis Center Behavioral Health	Mobile Warrior Behavioral Health	Total
Gross Patient Revenue	-	\$188	\$482,818	\$158,574	\$1,123,306	-	-	\$162,094	\$170	\$92,926	\$210	\$2,020,287
Contractual Allowance	-	237	181,197	36,405	492,410	-	-	49,259	-	22,411	63	781,980
Charity Care	-	-	104,468	58,216	225,678	-	-	54,089	-	30,835	-	473,286
Bad Debt	1	69	91,331	30,648	341,511	-	-	35,894	52	38,009	-	537,514
Total Contractual Allowances and Bad Debt	1	306	376,996	125,269	1,059,598	-	-	139,243	52	91,254	63	1,792,781
Other Patient Revenue	-	-	6,659	1,214	16,504	-	-	7,606	-	-	-	31,984
Net Patient Revenue	(1)	(118)	112,481	34,520	80,213	-	-	30,458	118	1,672	147	259,490
Collection %	-	(62.80%)	23.30%	21.77%	7.14%	-	-	18.79%	69.35%	1.80%	69.96%	12.84%
Ad Valorem Taxes	-	-	-	-	-	-	-	-	-	-	-	-
Intergovernmental Revenue	-	-	-	-	-	-	-	-	-	-	-	-
Grants	-	-	-	-	-	-	-	-	-	-	-	-
Interest Earnings	-	-	-	-	-	-	-	-	-	-	-	-
Unrealized Gain/(Loss) On Investments	-	-	-	-	-	-	-	-	-	-	-	-
Other Financial Assistance	-	-	-	-	-	-	-	-	-	-	-	-
Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-
Total Other Revenues	-	-	-	-	-	-	-	-	-	-	-	-
Total Revenues	\$ (1)	\$ (118)	\$ 112,481	\$ 34,520	\$ 80,213	-	-	\$ 30,458	\$ 118	\$ 1,672	\$ 147	\$ 259,490
Direct Operational Expenses:												
Salaries and Wages	-	-	-	-	-	140,094	27,725	-	-	-	-	167,818
Benefits	-	-	-	-	-	22,410	4,676	-	-	-	-	27,086
Other Expense	-	-	-	-	-	1,763	-	-	-	-	-	1,763
Total Operating Expenses	-	-	-	-	-	164,267	32,400	-	-	-	-	196,667
Net Performance before Depreciation & Overhead Allocations	(1)	(118)	112,481	34,520	80,213	(164,267)	(32,400)	30,458	118	1,672	147	62,823
Depreciation	-	-	-	-	-	-	-	-	-	-	-	-
Overhead Allocations:												
Total Overhead Allocations	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenses	-	-	-	-	-	164,267	32,400	-	-	-	-	196,667
Net Margin	\$ (1)	\$ (118)	\$ 112,481	\$ 34,520	\$ 80,213	\$ (164,267)	\$ (32,400)	\$ 30,458	\$ 118	\$ 1,672	\$ 147	\$ 62,823
Capital	-	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/Transfer In	-	-	-	-	-	-	-	-	-	-	-	-

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 279,307	\$ 95,933	\$ 183,374	191.1%	\$ 121,204	\$ 158,103	130.4%	Gross Patient Revenue	\$ 2,020,287	\$ 1,055,267	\$ 965,020	91.4%	\$ 1,012,901	\$ 1,007,385	99.5%
116,668	46,111	70,557	153.0%	9,833	106,835	1,086.5%	Contractual Allowance	781,980	507,224	274,756	54.2%	106,549	675,431	633.9%
58,499	18,630	39,869	214.0%	24,370	34,129	140.0%	Charity Care	473,286	204,925	268,362	131.0%	186,233	287,054	154.1%
77,060	24,216	52,845	218.2%	52,055	25,006	48.0%	Bad Debt	537,514	266,374	271,140	101.8%	304,828	232,687	76.3%
252,227	88,957	163,271	183.5%	86,258	165,970	192.4%	Total Contractuals and Bad Debt	1,792,781	978,522	814,258	83.2%	597,610	1,195,171	200.0%
4,057	417	3,640	872.9%	2,349	1,708	72.7%	Other Patient Revenue	31,984	4,583	27,401	597.9%	17,392	14,592	83.9%
31,137	7,393	23,743	321.2%	37,295	(6,159)	(16.5%)	Net Patient Service Revenue	259,490	81,328	178,162	219.1%	432,684	(173,194)	(40.0%)
11.15%	7.71%			30.77%			Collection %	12.84%	7.71%			42.72%		
\$ 31,137	\$ 7,393	\$ 23,743	321.2%	\$ 37,295	\$ (6,159)	(16.5%)	Total Revenues	\$ 259,490	\$ 81,328	\$ 178,162	219.1%	\$ 432,684	\$ (173,194)	(40.0%)
							Direct Operating Expenses:							
87,048	-	(87,048)	-	-	(87,048)	-	Salaries and Wages	167,818	-	(167,818)	-	-	(167,818)	-
14,700	-	(14,700)	-	-	(14,700)	-	Benefits	27,086	-	(27,086)	-	-	(27,086)	-
1,763	-	(1,763)	-	-	(1,763)	-	Other Expense	1,763	-	(1,763)	-	-	(1,763)	-
103,512	-	(103,512)	-	-	(103,512)	-	Total Operating Expenses	196,667	-	(196,667)	-	-	(196,667)	-
\$ (72,375)	\$ 7,393	\$ (79,768)	(1,079.0%)	\$ 37,295	\$ (109,670)	(294.1%)	Net Performance before Depreciation & Overhead Allocations	\$ 62,823	\$ 81,328	\$ (18,505)	(22.8%)	\$ 432,684	\$ (369,861)	(85.5%)
103,512	-	(103,512)	-	-	(103,512)	-	Total Expenses	196,667	-	(196,667)	-	-	(196,667)	-
\$ (72,375)	\$ 7,393	\$ (79,768)	(1,079.0%)	\$ 37,295	\$ (109,670)	(294.1%)	Net Margin	\$ 62,823	\$ 81,328	\$ (18,505)	(22.8%)	\$ 432,684	\$ (369,861)	(85.5%)
-	-	-	-	-	-	-	Transfer In/(Out)	\$ (39,793)	-	\$ (39,793)	-	-	\$ 39,793	-



District Clinic Holdings, Inc.

	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
Clinic Visits - Adults and Pediatrics																
West Palm Beach	1,749	1,462	1,463	1,714	1,592	1,580	1,706	1,673	1,504	1,612	1,557		17,612	15,923	10.6%	15,923
Delray & Women's Health Care	728	760	735	846	774	884	927	843	731	956	904		9,088	8,168	11.3%	8,168
Lantana & Atlantis	1,894	1,716	1,658	1,980	1,927	2,028	2,084	1,774	1,736	1,692	1,945		20,434	19,637	4.1%	19,637
Belle Glade & Women's Health Care	821	756	792	913	848	909	887	896	753	889	973		9,437	8,670	8.8%	8,670
Lewis Center	22	44	27	33	45	35	43	48	30	58	74		459	304	51.0%	261
Lake Worth & Women's Health Care	1,205	1,023	1,063	1,184	1,141	1,094	1,252	1,228	1,058	1,324	1,238		12,810	12,543	2.1%	12,543
Jupiter & Women's Health Care	599	555	497	549	514	528	548	554	466	612	551		5,973	5,309	12.5%	5,309
West Boca & Women's Health Care	388	324	304	383	360	356	379	394	295	407	321		3,911	3,476	12.5%	3,476
St Ann Place	15	11	14	18	10	19	20	8	17	1	12		145	143	1.4%	74
Cib Mob 1 Warrior	30	18	-	-	-	-	-	-	-	32	-		80	-	100.0%	17
Cib Mob 2 Scout	-	-	-	-	-	-	-	-	-	-	-		-	-	0.0%	-
Cib Mob 3 Hero	5	32	24	27	27	24	35	38	46	116	89		463	534	(13.3%)	534
Portable Medical	88	33	47	80	100	68	78	74	-	24	197		789	297	165.7%	27
Mangonia Park	623	625	609	825	809	832	847	853	673	587	648		7,931	9,715	(18.4%)	9,715
Total Clinic Visits	8,167	7,359	7,233	8,552	8,147	8,357	8,806	8,383	7,309	8,310	8,509	-	89,132	84,719	5.2%	84,354
Dental Visits																
West Palm Beach Dental	1,292	985	896	1,150	1,141	1,124	1,165	1,110	867	1,177	1,148		12,055	12,295	(2.0%)	12,295
Delray Dental	533	481	541	783	791	782	927	901	803	880	814		8,236	6,555	25.6%	6,555
Lantana & Atlantis Dental	921	718	783	920	970	938	962	890	869	960	856		9,787	9,081	7.8%	9,081
Belle Glade Dental	543	462	477	430	511	465	566	453	449	538	535		5,429	4,669	16.3%	4,669
Portable Dental	15	16	10	13	12	8	15	8	14	-	14		125	134	(6.7%)	99
Total Dental Visits	3,304	2,662	2,707	3,296	3,425	3,317	3,635	3,362	3,002	3,555	3,367	-	35,632	32,734	8.9%	32,699
Total Medical and Dental Visits	11,471	10,021	9,940	11,848	11,572	11,674	12,441	11,745	10,311	11,865	11,876	-	124,764	117,453	6.2%	117,053
Mental Health Counselors (non-billable)																
West Palm Beach BH	96	156	192	274	300	310	323	318	257	10	59		2,295	979	134.4%	979
Delray BH	436	394	391	503	496	514	548	525	381	423	370		4,981	1,713	190.8%	1,713
Lantana BH	144	180	191	161	266	276	276	256	274	262	206		2,492	1,492	67.0%	1,492
Belle Glade BH	-	-	-	35	31	-	-	-	-	-	22		88	-	100.0%	235
Mangonia Park BH	1,110	798	839	834	782	796	820	778	810	778	753		9,098	10,095	(9.9%)	10,095
Lewis Center BH	-	-	-	-	-	-	-	-	-	222	229		451	-	0.0%	38
Lake Worth BH	143	131	114	115	141	157	189	190	117	173	34		1,504	1,878	(19.9%)	1,878
Jupiter BH	-	-	-	-	-	-	-	-	-	-	-		-	139	(100.0%)	139
St Ann Place BH	82	65	75	100	70	84	97	101	40	58	34		806	1,058	(23.8%)	593
West Boca BH	33	17	25	24	26	37	33	43	29	27	43		337	406	(17.0%)	266
Mob 1 Warrior BH	-	-	-	-	-	-	-	-	-	-	38		38	-	0.0%	-
Mob 3 Hero BH	-	-	-	-	-	-	-	-	-	-	55		55	-	0.0%	-
Total Mental Health Screenings	2,044	1,741	1,827	2,046	2,112	2,174	2,286	2,211	1,908	1,953	1,843	-	22,145	17,760	24.7%	17,428
GRAND TOTAL	13,515	11,762	11,767	13,894	13,684	13,848	14,727	13,956	12,219	13,818	13,719	-	146,909	135,213		134,481

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 23, 2024

1. Description: Election of Officers and Committee Appointments

2. Summary:

This agenda item presents the annual election of Officers and Committee Appointments.

3. Substantive Analysis:

The Clinic Bylaws require the Officers of the Board to be elected each year. This agenda item presents the current Officers of the Board as well as the current Committee Appointments. The Clinic Bylaws only permit someone to hold a specific officer position for two consecutive terms. Officers in their second term are not permitted to hold the same Officer Position for another term. However, they can hold other Officer Positions. This year's Election of Officers, the Board will need to elect a new Secretary and a new Treasurer. Committee appointments do not have limits on how long a Board Member can serve on a committee.

The current Officers of the Board as of May 2024 were:

Chairperson

Melissa Tascone (First Term)

Vice-Chairperson

Michael Smith (First Term)

Secretary

Julia Bullard (Second Term)

Treasurer

Joe Gibbons (Second Term)

DISTRICT CLINIC HOLDINGS, INC.

BOARD OF DIRECTORS

October 23, 2024

The current Committee Appointments are:

Finance Committee:

Michael Smith
Joseph Gibbons
William Johnson

Planning Committee:

All Board Members

Membership / Nominating Committee:

William Johnson
Joseph Gibbons
Julia Bullard

4. Fiscal Analysis & Economic Impact Statement:

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

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

N/A

Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

N/A

Date Approved



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 23, 2024


6. Recommendation:

Staff recommends the Board Elect Officers and appoint Committee Membership/Designations.

Approved for Legal sufficiency:

DocuSigned by:

0CF6F7DB6706434... **Bernabe Icaza**
SVP & General Counsel

Signed by:

2B4724F987844B2... **Joshua Adametz**, DMD, MPH, MA
AVP & Executive Director of Community
Health Centers

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 23, 2024

1. Description: Bylaws Amendment

2. Summary:

This agenda item presents proposed amendments to the Bylaws of District Clinic Holdings, Inc.

3. Substantive Analysis:

The Clinic Bylaws currently require that the Board review and approve any Bylaw amendments, which are subject to final approval by the District Board as outlined in Section 14, Amendments.

Staff recommends amending Section 10, Officers. The proposed changes are as follows:

- Revising Section 10.1 to change the Annual Meeting from May to September.

Staff also recommends amending Section 12, Meeting. The proposed changes are as follows:

- Revising Section 12.4 to change the Annual Meeting from May to September.

Attached for your review are the updated Bylaws showing the proposed changes.

4. Fiscal Analysis & Economic Impact Statement:

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

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

N/A

Jessica Cafarelli
VP & Chief Financial Officer



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 23, 2024

5. Reviewed/Approved by Committee:

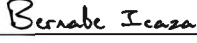
N/A
Committee Name

N/A
Date Approved


6. Recommendation:

Staff recommends the Board approve the proposed amendments to the District Clinic Holdings, Inc. Bylaws and forward to the Health Care District Board for approval.

Approved for Legal sufficiency:

DocuSigned by:


0CF6F7DB6706438... Bernabe Icaza
SVP & General Counsel

Signed by:


2B4234F087841B0 Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of Community
Health Centers



**Amended
Bylaws of
District Clinic Holdings, Inc.**

Amended: 2013, 2014, 2016, 2018, 2019, 2020, 2023, 2024

**Amended
Bylaws of
District Clinic Holdings, Inc.**

Section 1	Statutory Authority
Section 2	Name
Section 3	Purpose
Section 4	Officers
Section 5	Objectives
Section 6	Powers
Section 7	Board Member Responsibilities
Section 8	Member Composition
Section 9	Term of Office
Section 10	Officers
Section 11	Committees
Section 12	Meetings
Section 13	Authority
Section 14	Amendments

DISTRICT CLINIC HOLDINGS, INC.

AMENDED BY-LAWS

Section 1 – Statutory Authority

- 1.1 Statutory Authority. These Bylaws have been adopted as the Bylaws of the District Clinic Holdings, Inc. (“Clinics”) governing board of said Clinics pursuant to authority conferred upon that same governing board by Section 330 of the Public Health Service Act.
- 1.2 Health Care District of Palm Beach County. The term “District,” as used in these Bylaws, means the Health Care District of Palm Beach County and all affiliated entities.

Section 2 – Name

- 2.1 District Clinic Holdings, Inc. will be known as the “C.L. Brumback Primary Care Clinics” which shall be the common business name of the clinics.
- 2.2 Board Name. This authority shall be known as the C.L. Brumback Primary Care Clinics Board of Directors. (hereinafter referred to as the “Board”)

Section 3 – Purpose

- 3.1 Purpose. The purpose of the Board is to ensure that persons have access to high quality comprehensive health services, and that such health services are provided without regard to any persons race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, age, physical handicap, medical condition, medical history, genetics, evidence of insurability, or claims history in compliance with all applicable State, Federal and local laws and regulations.

Section 4 – Offices

- 4.1 Offices. The Board shall have and continuously maintain its principal office at the Heath Care District of Palm Beach County administrative office located at 1515 N Flagler, Suite 101, West Palm Beach, FL 33401.

Section 5 – Objectives

- 5.1 The objectives of the Board are as follows:
 - a. Improvement of the general health status of the community through the promotion of preventive health services and early identification and treatment of the disease.
 - b. Identification and referral of individuals in need of health and social services.
 - c. Participation in the development of the Federal grant application.
 - d. Monitoring services provided by the clinics to ensure that community needs are being met

within the constraints of the agency.

- e. Ensure that professional standards are maintained.
- f. Interpret the health needs of the community to clinic administrative staff and interpret the services provided by the clinics, to the community.

Section 6 – Powers

- 6.1 General Powers. The Board is vested with authority and responsibility to provide for the comprehensive planning and delivery of adequate health care services, including, but not limited to, clinical services for the citizens of Palm Beach County, particularly medically needy citizens. For those purposes, the Board shall have and may utilize all enumerated general powers as set forth in the Health Care Act, including but not limited to:
- a. To approve and recommend the budget of the clinic operations annually. Monthly financial reports will be provided to the Governing Board at the regularly scheduled meetings. An annual financial audit and financial report by an independent auditor will be submitted to the Governing Board.
 - b. To be responsible for approving the selection and dismissal of the Executive Director within the guidelines of the Health Care District of Palm Beach County Personnel Policies and Procedures.
 - c. To provide input from the community, regarding appropriate matters, including, but not limited to, the health care needs of the community served.
 - d. To continually provide information about the accessibility of services to the community and the clinic's responsiveness to those needs.
 - e. To provide guidance regarding services and their priorities; and to establish how these priorities should be ranked as they pertain to program development.
 - f. To provide a viable link with the community, engaging in community education, public relation activities and other activities which promote community identification and understanding of the clinics and services provided.
 - g. To provide a nucleus in the community which reaches out to local agencies, governmental entities, and foundations, etc., to support the clinics financially and otherwise.
 - h. Establish and approve general policies for the clinics. The Board acknowledges that the District is the public entity co-applicant and is permitted to retain the responsibility of establishing fiscal and personnel policies. When the public entity's board does not meet health center composition requirements, a separate health center governing board may be established. The health center board must meet all the membership requirements and perform all the responsibilities expected of governing boards except that the public entity may retain

the responsibility of establishing fiscal and personnel policies. The health center board can be a formally incorporated entity and it and the public entity board are co-applicants for the health center program. When there are two boards, each board's responsibilities must be specified in writing so that the responsibilities for carrying out the governance functions are clearly understood.

- . The Board shall work collaboratively with the District to specify each board's responsibilities, in writing so that the responsibilities of carrying out the governance functions are clearly understood by both boards.
- i. To be responsible for evaluating health care activities including services utilization patterns, productivity of the clinics, patient satisfaction, achievement of project objectives, and development of a process for hearing and resolving patient grievances.
- j. To assure that the clinics are operated in compliance with applicable federal, state and local laws, rules and regulations.
- k. To adopt health care policies, including scope and availability of services, location and hours of services.
- l. To assure compliance with the approved Quality Improvement/Quality Assurance Plan.
- m. To establish and review policies regarding the conduct of the federally funded project.
- n. Responsible for evaluating the clinics projects and achievements at least annually, and using the knowledge gained to revise its mission, goals, objectives, plans, and budgets as may be appropriate and necessary.
- o. Responsible for the annual performance evaluation of the Executive Director.
- p. To recruit, appoint, re-appoint, credential and discipline the Licensed Independent Practitioners of the Clinics and to approve policies to be adopted by the Clinics. The term Licensed Independent Practitioner shall mean any individual, as permitted by law and regulation, and also by the Clinics, to provide care and services without direction or supervision within the scope of the individual's license and consistent with the privileges granted by the organization. The foregoing shall be in accordance with applicable state, federal and local laws, rules and regulations, and in accordance with the standards of any applicable accrediting body. The Board may, in its discretion, delegate duties related to the performance of recruitment, appointment, credentialing and discipline of medical staff to the appropriate Medical Director/Dental Director except that recommendations regarding appointment, credentialing and discipline shall be presented to the Board by the Medical Director for consideration and final vote.

Section 7 – Board Member Responsibilities

7.1 ***Key function and responsibilities.***

- a. Attends and participates in all Board meetings.
- b. Each board member should be prepared for the meetings (i.e., read reports and minutes provided prior to the meetings and be familiar with the agenda), ask questions (as appropriate).
- c. Express his/her opinion and be respectful of the opinion of other members.
- d. Act in the best interests of the clinics at all times.
- e. Ensure confidentiality of clinics' information.
- f. Conflicts of Interest. Board members shall not enter into contracts or other arrangements or transactions that would be, or would give the appearance of, a conflict of interest. Further:
 1. Board members are subject to the provisions of Florida law pertaining to public officials avoiding conflicts of interest including, but not limited to, Ch. 112, Florida Statutes, the Code of Ethics for Public Officers and Employees, as well as any and all other applicable standards established by the applicable regulatory and accreditation agencies
 2. No Board member, administrator, employee or representative of the Clinics, nor any other person, organization or agency shall, directly or indirectly, be paid or receive any commission, bonus, kickback, rebate or gratuity or engage in any fee-splitting arrangement in any form whatsoever for the referral of any patient to the District or Clinics.

Section 8 – Membership Composition

- 8.1 Orientation. As new members are elected or appointed to the Board they shall receive an orientation regarding C. L. Brumback Primary Care Clinics Board to include, but not be limited to, their authority and responsibility under the 330 grant requirements, legal status, and relation to the Health Care District of Palm Beach County and a review of these By-Laws.
- 8.2 The Board shall consist of 9-13 members.
- 8.3 A majority of the Board members will be users of the in scope clinic's services within the past twenty-four months. A patient is an individual who has generated at least one health center visit. These members will be representatives of the individuals receiving services at any of the clinics.
- 8.4 The user Board members as appropriately defined in the Bylaws are consistent with applicable law, regulations and policy.
- 8.5 User Board members are defined as individuals who are (or, for planning grantees, will be) served by the clinics and who utilize the clinics as their principal source of primary care and who have used the clinic's services within the last two years.
- 8.6 Board members must live in one of the clinic's service areas.

- 8.7 No more than half of the remaining members of the Board may be individuals who derive more than 10% of their annual income from the healthcare industry. Healthcare industry is defined as “hospitals and other healthcare institutions, nurses, doctors, dentists, and other licensed healthcare professionals whose primary responsibility is providing primary preventive and therapeutic healthcare services”.
- 8.8 The remaining members of the board must be representatives of the community where the project’s catchment area is located and shall be selected for their expertise in community affairs, local government, finance, and banking, legal affairs, trade unions and other commercial and industrial concerns or social service agencies within the community.
- 8.9 No member of the Board shall be an employee of the clinics, or spouse, child, parent, brother or sister by blood, adoption or marriage of such an employee. The Executive Director may be a non-voting, ex-officio member of the Board.
- 8.10 No Board member, employee, consultant or those providing services and or goods to the Clinics may pursue any personal activity that will involve a conflict-of-interest or use their official position to make secret or private profits and will treat all matters of the clinics as confidential. Board members will not use or give the appearance of using their position for the purpose of financial gain. “Financial gain” includes financial interest, gifts, gratuities, favors, nepotism and bribery. Political favors will also be considered improper. Board members must identify any conflict-of-interest they may have regarding a particular matter and abstain from discussing or voting in the matter.
- 8.11 No Board members should act or speak, or otherwise indicate that they are authorized to act or speak, on behalf of the entire Board without express Board approval/consent.
- 8.12 Recommendation for Board membership shall be from the community being served.
- 8.13 One Board position shall be filled by the District Chair, or his/her designee, by appointing a member of the District’s Governing Board in accordance with that body’s applicable bylaws.
- 8.14 One Board member shall serve on the Finance and Audit Committee of the District’s Governing Board and one Board member shall serve on the Quality, Patient Safety, and Compliance Committee of the District’s Governing Board.

Section 9 – Term of Membership

- 9.1 Board membership will be for a period of four (4) years starting on the date membership is approved and terminating four (4) years from the date of approval. No Board member shall serve more than two (2) consecutive terms. If at any time there is a question concerning the length of the term of office for any Board member, the Governing Board will decide through any appropriate means the term of the questioned incumbent.
- 9.2 Selection of New Board Member(s) for open Member positions. The selection of new Board members to fill any vacancy then existing may or to replace any member whose Term is ended, will be as follows:
 - a. Vacancies on the Board due to the termination, resignation or death of a Member prior to the

expiration of his/her Term may be filled within sixty (60) days of the vacancy by a majority vote of the Members at the next regular meeting, or at a special meeting called for that purpose, from those eligible persons recommended by the Nominating/Membership Committee.

- b. Members eligible to serve for a second 4-year term may apply for reappointment according to the procedures instituted by the Nominating Committee and approved by the Board. When a vacancy is anticipated to occur at the completion of any Member's 4-year term, the Nominating Committee shall submit names of eligible persons to the Board for consideration at least one month prior to the Annual Meeting of the Board, and the Board shall select those persons to fill the anticipated vacancy by a majority vote at the Annual Meeting. In selecting its new members, the Board will use the criteria set out in Section 8.

9.3 Membership on the board may be terminated by resignation of a member or by resolution of the Board after any member has three (3) unexcused absences. For purposes of these Bylaws, an unexcused absence occurs when a Board member fails to attend a regularly scheduled meeting and fails to give advance notice of such absence to the Executive Director who will notify the Chair. After two (2) unexcused absences, the secretary shall send the member a reminder. On the third unexcused absence, the Board shall take action to terminate membership and the individual shall be so advised. The migrant/seasonal farm worker who is absent due to job obligation will be granted and excused absence without restrictions.

9.4 Any Board member may be removed from the Board with or without cause by a two-thirds vote of the remaining board members present and voting at any regular or special meeting called for such purpose.

Board member can be removed for cause including, but not limited to:

- a. Repeated failure to attend Board meetings, or for conduct detrimental to the interests of the clinics.
- b. Conduct inconsistent with the clinics purpose.
- c. Refusing to render reasonable assistance in carrying out the clinics purpose.
- d. Refusing to act in a manner consistent with the clinic's mission and priorities.
- e. Individual is suspended or debarred from participation in federal programs.
- f. Whenever it is determined that the best interest of the clinics could be served by such removal.

Allegations made in support of the proposal to remove a board member shall be presented in writing, by mail, to the Board member in question at least five (5) calendar days in advance of the meeting. The allegation(s) shall be noted on the agenda of the meeting. The Board member in question shall be entitled to appear before the Board and be heard at such meeting. Removal of the Board member shall create a vacancy and a new Board member shall be elected in accordance with Section 8 of this Article.

9.5 Each member will be entitled to one (1) vote.

- a. Membership shall be designated as Consumer, Health Care Provider, Community Representative, or Migrant/Seasonal Farm worker.
- b. Voting Conflict. No member shall cast a vote on any matter that could result in direct or indirect financial benefit to such member or otherwise give the appearance of or create a conflict of interest as defined in Ch. 112, Florida Statutes. Nothing in the foregoing shall prevent Board Members from voting upon matters of Board Compensation as set forth in Section 10.5.

Section 10 – Officers

10.1 Corporation officers shall be elected by the Members at the Annual Meeting in ~~May~~ September of each year for a one (1) year term of office. Any officer may be elected to serve consecutive terms in the same office, but may not serve more than two consecutive one-year terms in the same office. If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the election of officers may be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed.

10.2 Removal of Officers. Any officer of the Board may be removed from office, with or without cause, by a majority vote of the Board of Directors at any meeting of the Board where a quorum exists.

10.3 Vacancies. Any time there is a vacant officer position, the Board may elect a replacement officer at its next regular meeting to serve out the remainder of the term of office, and any person so elected shall not have the remaining term count for purposes of calculating the ‘two consecutive one-year terms’ referenced in Section 10.1.

10.4 The officers and their duties for this organization shall be:

10.4.1 Chairperson

- a. To preside over all meetings and to appoint all committee and councils.
- b. The Chairperson or such representative selected by the Board shall be authorized to act for the Board, and assume on its behalf the obligations imposed by the terms and conditions of any award and Public Health Service regulations. Such execution shall constitute the acceptance by the Board of the terms and conditions of the Grant and obligate it to perform its function under the approved project in accordance with the terms thereof.
- c. The Chairperson shall be the Board’s sole and primary liaison for external affairs including serving as Board’s representative to the media.
- d. Appoint a Board member to attend District governing Board meeting in conjunction with the Executive Director, solely in advisory capacity to enhance oversight and communication between each organization

10.4.2 Vice Chairperson

- a. The Vice-Chairperson shall succeed to the office of the Chairperson if the office becomes vacant or if otherwise the chairperson is otherwise unable to perform his/her duties.
- b. To assume the duties as assigned by the Chairperson in his/her absence.
- c. Perform such duties as assigned by the Chairperson or Board of Directors.

10.4.3 Secretary

- a. The secretary shall be responsible for ensuring recording and maintaining of the minutes of all meetings of the governing Board, and shall perform such duties as may be assigned by the Chairperson of the Board. The Secretary or designee shall distribute copies of minutes of all Board and/or committee meetings to all members of the Board.
- b. To monitor the minutes of all meeting of the Board and Executive Committee.
- c. To assure that his/her designees notifies members of all Board meetings and conferences.
- d. To advise staff members regarding correspondence.
- e. To monitor, review and approve the preparation of the agendas.

10.4.4 Treasurer

- a. To review monthly and/or periodic financial reports prior to presentation to the Board during scheduled meetings.

10.5 Compensation

Members shall serve without compensation except the Board may authorize and establish policies governing the reimbursement of certain reasonable expenses, such as mileage, incurred to attend meetings.

Section 11 – Committees

- 11.1 There shall be an Executive/By-Law Committee comprised of the officers of the Board. This committee shall meet as provided in these Bylaws and as otherwise deemed necessary by the Chairperson. The Chairperson shall serve as the Committee chair and the Executive Director will serve as a non-voting, *ex officio*, member of the Executive Committee. The Executive Committee shall:
 - a. Act as advisor to the Chairperson;
 - b. Exercise the powers of the Board between regular Board meetings, except that the Executive Committee may not take final action to amend these bylaws, remove a board member from office, hire or remove the Executive Director, or sell or acquire assets;

- c. Report to the Board at its next regular meeting on any official actions it has taken;
 - d. Annually review and recommend to the Board any necessary change to the bylaws; and
 - e. Annually review the performance of the Executive Director for report to the Board.
 - f. Serve as the ad hoc Personnel Committee as needed.
- 11.2 Vacancies of the Executive committee occur when there is a vacant officer position. The vacancy is filled with the election of a member to serve out the officer's remaining term (See Section 10).
- 11.3 The Standing Committees shall be the Finance Committee, Quality Council and Planning Committee.
- 11.4 The Membership/Nominating Committee shall be an ad hoc committee, activated and populated at the direction of the Chairperson to recruit and nominate individuals to fill vacancies of the Governing Board. The Membership/Nominating Committee shall, if requested, review, edit, and submit proposed revisions to policies and procedures for the recruitment, screening and orientation of potential new Board members and present to the Board information on eligible persons to fill vacancies. This committee shall, if requested, assist in development of a board orientation program. The Executive Director, or his/her designee, will serve as a no voting, ex-officio member of this committee.
- 11.5 The Planning Committee shall oversee the clinic's goals and objectives, and develop a strategic planning workshop for the Board to be held at least every three (3) years. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.
- 11.6 The Quality Council shall review and make recommendations for clinical services, monitor progress of Health Care Plan objectives, review Clinical Outcome measures audits, monitor and review Quality Assurance and Continuous Quality Improvement, Principles of Practice, credentialing, community needs survey data, patient satisfaction survey, and recommend new clinical programs. The Quality Council will meet on a monthly basis. If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the Quality Council meetings may be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.
- 11.7 The Standing Committees will meet as set forth in these Bylaws and will provide a report of its meeting(s) during the next Board meeting following the Committee meeting, and make any recommendations for Board action, which will then become part of the Board documents.
- 11.8 Proxy: An absent member shall not be allowed to vote by proxy.
- 11.9 Members of the Planning Committee and Quality Council may also include non-board members with specific areas of expertise that support the mission of that committee.
- 11.10 The Finance Committee shall review the budget, expenditures, and all other financial reports related to the operations of the C. L. Brumback Primary Care Clinics. The Finance Committee will report to the full Board of Directors. The Finance Committee will meet on a quarterly basis, and may include clinic staff employees. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

Section 12 – Meeting

- 12.1 Regular meetings shall be held monthly. Time and place shall be determined by Board.
- 12.2 Special meetings may be called by the Chairperson whenever Board business cannot be held until the next regular meeting.
- 12.3 Meetings shall conform to the requirements of Ch. 286, Florida Statutes (“Government in the Sunshine Act”), including the taking and maintenance of meeting minutes, and such minutes shall be retained by District in accordance with the requirements of the State of Florida’s Record Retention Schedules GS1-SL (State and Local Government Agencies), GS4 (Public Health Care Facilities and Providers), and/or any other applicable Schedule(s)), regarding Minutes of Official Meetings.
- 12.4 The Annual Meeting shall coincide with the Regular meeting held during the Month of ~~May~~ September and shall hold the election of officers.
- 12.5 Quorum shall consist of a majority of the members of the Governing Board as then constituted, for the regular scheduled meetings and the special called meetings. Once a quorum is established for any meeting it remains for the duration of the meeting unless one or more members permanently absents him/herself from the meeting and the sum of the remaining members falls below the number needed for a quorum.
- 12.6 Board members should make every reasonable effort to attend Board meetings in person and the needs of the District are best served when all Board members are physically present at Board meetings. However, if a Board member is unable to be physically present at a Board meeting, a Board member may attend a meeting of the Board by teleconferencing or other technological means. Attendance by Board members pursuant to the foregoing shall constitute in person presence at the meetings and shall be counted towards the quorum. . . Any electronic or technological means utilized to permit the Board members to participate or vote in a Board meeting must be properly amplified or displayed so that all attending the meeting can hear or see the Board member’s comments and vote and so that the board member can hear and see all other board members’ comments and or votes and the comments of other participants in the meeting.

Section 13 – Authority

The parliament authority of the Governing Board shall be used based on ROBERTS RULE OF ORDER (current edition), unless contrary procedure is established by the Articles of Incorporation, these Bylaws, standing rule, or by resolution of the Board of Directors.

Section 14 – Amendments

These By-Laws may be amended or repealed by a vote from the majority of the total membership of the Governing Board. Changes in the By-Laws are subject to approval by the District.

Section 15 – Dissolution of the Corporation

In the event of the liquidation, dissolution or winding up of the corporation whether voluntary, or involuntary, or operation of law, the Board of Directors of the Corporation shall dispose of the assets of the Corporation in conformance with Federal and State of Florida law, as modified by the regulations promulgated by designated oversight agency or department, and in accordance with the Corporation's Articles of Incorporation.

CERTIFICATE

This certifies that the foregoing constitutes the Bylaws of District Clinics Holdings, Inc., amended and adopted by the Members of the Corporation at a meeting held on the 25th day of October 2024.

BY: _____

Julia Bullard, Secretary

**Approved as to form and
Legal Sufficiency**

BY: _____

**Bernabe Icaza
General Counsel**

HISTORY OF DISTRICT CLINIC HOLDINGS, INC. BYLAWS

The initial Bylaws of the District Clinic Holdings, Inc. Board were first adopted on the 24th day of January, 2013. Amendments made subject to Section 14 of the District Clinic Holdings, Inc. Bylaws are listed below:

Change Number	Date of Adoption	Section(s) Amended
1	March 28, 2013	<p>Title Pages amended to read:</p> <p>Section 11.3 relating to the Finance Committee deleted and</p> <p>Section 11.9 amended to remove reference to Finance Committee.</p>
2	May 23, 2013	<p>Section 2.1 amended to remove the following: “Thus, as used in these bylaws, the terms “Board” shall mean the C.L. Brumback Health Clinic Board of Directors.”</p> <p>Section 6.1m amended to remove ability to establish and revise policies.</p> <p>Section 6.1q amended to remove the following: “Within its discretion to file article of dissolution and dissolve the corporation.</p> <p>Section 8.10 “The Board shall ensure that the provision is made applicable to all employees, consultants and those providing goods and or services to the Center.” deleted.</p> <p>Section 11.1 removed requirement to make recommendations to full Board.</p>

Section 11.7 removed “The Personnel Committee shall review staffing needs and recommends changes in staffing levels when deemed desirable. While the Board’s personnel policies shall be consistent with those of the Health Care District the Board must tailor its personnel policies to the clinical operations of the corporation.” To dissolve the Personnel Committee.

Section 11.8 removed “The Finance Committee shall review the budget, expenditures, and financial policies and make recommendations to the Board in regard to certain concerns. While the Board’s financial policies shall be consistent with those the Health Care District the Board must tailor its financial policies to the clinical operation of the corporation.” To dissolve Finance Committee.

3

August 1, 2013

Section 2.1 amended to include: “hereinafter referred to as the “Board”)

Section 6.1m amended to include establishment of policies.

Section 6.1q added power to: “Facilitate the annual Chief Executive Officer performance evaluation process.”

Section 8.10 amended to include: “...employee, consultant or those providing services and or goods to the Clinic...”

4

August 9, 2013

Section 2.1 established for clarification regarding common business name

Section 2.2 replaced Health Clinic Board with Primary Care Clinics Board of Directors

Section 6.1.b replaced Project with Executive

Section 6.1.h removed “To adopt and be responsible for operating and personnel policies and procedures, including selection and dismissal procedures, salary and benefits scales and employee grievance procedures within the guidelines of the Health Care District of Palm Beach County Personnel Policies and Procedures” and amended to include ability to establish and approve general policies for the clinics as stated in PIN 1998-12, Part II Section 330, Governance Requirements.

Section 6.1.m amended to include ability to establish policies

Section 6.1.q amended to establish responsibility for the Executive Director’s annual performance evaluation

Section 8.1 amended to include the common business name, CL Brumback Primary Clinics

Section 8.9 amended to replace previously referenced project director with Executive Director

Section 8.11 amended to

include "...otherwise indicate that they are authorized to act or speak..."

Section 8.13 added

Section 9 amended to read:
Term of Membership

Section 9.1 amended to clarify membership length of terms

Section 9.2 added for establishment of selecting New Board Members.

Section 9.2.a added to establish requirements for filling vacancies on the Board due to termination, resignation, or death of a Member.

Section 9.2.b added to establish procedure for member reappointment instituted by the Nominating Committee

Section 9.3 amended to define an unexcused absence

Section 9.4 amended to read:
"Board member can be removed for cause including, but not limited to:"

Section 9.4.a "...causes include the" deleted

Section 9.5 regarding Board vacancies was deleted, became section 9.2.a

Section 10.1 amended to become Section 10.4

Section 10.1 included to establish election of officers by Members

Section 10.2 added in order to establish process for removal of officers.

Section 10.3 added to establish election of a replacement officer on a vacant position.

Section 10.4.d. deleted: “The Chairperson, or his/her designee, shall represent the board before the news.”

Section 10.4.d reads: “The Chairperson shall be the Board’s sole and primary liaison for external affairs including serving as Board’s representative to the media.”

Section 10.4.e added to read: “Appoint a Board member to attend District governing Board meeting in conjunction with the Executive Director, solely in advisory capacity to enhance oversight and communication between each organization.”

Section 10.4.e amended to include ability to review and approve agendas.

Section 10.5 added: “the Board may authorize and establish policies governing the reimbursement of certain...”

Section 11.1 replaced clinic’s director with Executive Director. Added “The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of

this committee.

Section 11.2 included for establishment of a Personnel Committee

Section 11.3 removed “The Executive Committee of the Board shall consist of the Officers of the Board”

Section 11.4 added requirement to develop policies and procedures for recruitment, screening and orientation of potential new Board members and present information to the Board on eligible persons to fill vacancies.

Section 11.5 added: “The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.”

Section 11.6 amended to read that the Clinical Committee is to be also known as the Quality Committee.

Section 11.7 amended to include requirement for committees report to include any recommendations for Board action

Section 11.9 deleted Committee members

Section 11.10 added to read: The Finance Committee shall review the budget, expenditures, and all other financial reports related to the operations of the C.L.

Brumback Primary Care Clinics. The Finance Committee will report to the full Board of Directors. The Finance Committee will meet on a monthly basis, and may include clinic staff employees. The Finance Committee will meet on a monthly basis. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee. Section 13 added: “unless contrary procedure is established by the Articles of Incorporation, these Bylaws, standing rule, or by resolution of the Board of Directors.

Section 15 added for requirement for disposing of assets in the event of dissolution of the Corporation

5

February 18, 2014

Section 11 renumbered for efficiency.

Section 8.2 amended to increase the number of Board members to 10-13.

Section 10.3 added: to serve out the remainder of the term of office, and any person so elected shall not have the remaining term count for purposes of calculating the ‘two consecutive one-year terms’ referenced in 10.1.

Section 11.3 amended to establish process for filling vacancy of an officer position.

Section 12.3 added: “Meetings shall conform to the requirements of Ch. 286, Florida Statutes (“Government in the Sunshine Act”), including the

taking and maintenance of meeting minutes, and such minutes shall be retained by District in accordance with the requirements of the State of Florida's Record Retention Schedules GS1-SL (State and Local Government Agencies), GS4 (Public Health Care Facilities and Providers), and/or any other applicable Schedule(s)), regarding Minutes of Official Meetings".

Section 12.4 added to read: "Effective in 2014, the Annual Meeting shall coincide with the Regular meeting held during the month of May and the election of officers to hold office commencing in the next fiscal year shall be held. In order to transition to this new schedule, the election of officers held in November 2013 for terms to continue through December 31, 2014, shall remain unchanged. The election to be held in May 2014 shall be for the officers whose terms shall commence on January 1, 2015, and each election that follows shall select the officers whose terms shall commence on the following January 1".

Section 12.5 previously section 12.3 added "unless one or more members permanently absents him/herself from the premises of the meeting and the sum of the remaining members falls below the number need for a quorum".

Section 12.6 previously section 12.4 amended to include condition to comply with Government in the Sunshine Act requirement.

Section 6.1.o Remove provision, it is duplicative of

audit language in Section 6.1.a

Added Section 6.1.q

Added Section. 7.1.f to establish Board member responsibilities regarding Conflicts of Interest

Section 9.5.b added.

Section 10.4.1 removed subsection b (Chairperson shall have the same right to vote on matters as any other Board member)

Replaced Section 11.1 with the following: There shall be an Executive/Bylaw Committee comprised of the officers of the Board. This committee shall meet as provided in these Bylaws and as otherwise deemed necessary by the Chairperson. The Chairperson shall serve as the Committee chair, and the Executive Director will serve as a non-voting, *ex officio* member of the Executive Committee. The Executive Committee shall:

- a. Act as advisor to the Chairperson;
- b. Exercise the powers of the Board between regular Board meetings, except that the Executive Committee may not take final action to amend these bylaws, remove a board member from office, hire or remove the Executive Director, or sell or acquire assets;
- c. Report to the Board at its next regular meeting on any official actions it has taken;

- d. Annually review and recommend to the Board any necessary change to the bylaws; and Annually review the performance of the Executive Director for report to the Board

7	May 26, 2015	Amended Section 6.1.q to include Licensed Independent Practitioner and term of same. Addition of Dental Director.
8	March 28, 2018	Amended Section 4.1 to update administrative address. Addressed grammatical errors throughout.
9	December 11, 2019	Amended Section 8.7 to define healthcare.
10	January 29, 2020	Amended Section 6.1h to remove invalid HRSA PIN, 6.11 to updated QI/QA Plan, 8.3 to define patient and 8.9 to include adoption. Added robust language to section 9.4 regarding Board member termination.
11	May 27, 2020	Amended Section 10.1 to permit postponement of officer elections in the event of a declared state of emergency Added Section 12.7 to permit remote meetings during public emergencies.
12	September 30, 2020	Amended Section 11.6 to permit postponement of the Quality Council meetings in the event of a declared state of emergency
13	January 27, 2021	Amended Section 12.6 adding

Amended Section 9 updating Membership term to 4 years from date of appointment; removed language related to filing unexpired terms; and Section 11 updating Finance Committee meetings to Quarterly.

Amended Section 12.6 to allow Board members to participate in meetings by technological means. Amended Section 14 requiring Bylaws amendment by majority of the Board members and approval by Governing Board.

Amended Section 10.1 to change the Annual Meeting from May to September.
Amended Section 12.4 to change the Annual Meeting from May to September.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 23, 2024

1. Description: Summary of Board Member Self-Evaluation

2. Summary:

This Agenda Item presents the Board's Annual Self-Evaluation tally as of October 2024.

3. Substantive Analysis:

The Health Care District Community Health Centers Board members complete an annual self-evaluation. A tally of results from the completed Annual Evaluation Form is attached for your consideration.

4. Fiscal Analysis & Economic Impact Statement:

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

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

N/A

Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

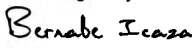
N/A

Date Approved

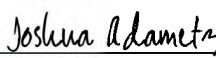
6. Recommendation:

Staff recommends the Board Approve the Self-Evaluation

Approved for Legal sufficiency:

DocuSigned by:


0CF6F7DB670643 Bernabe Icaza
SVP & General Counsel

Signed by:


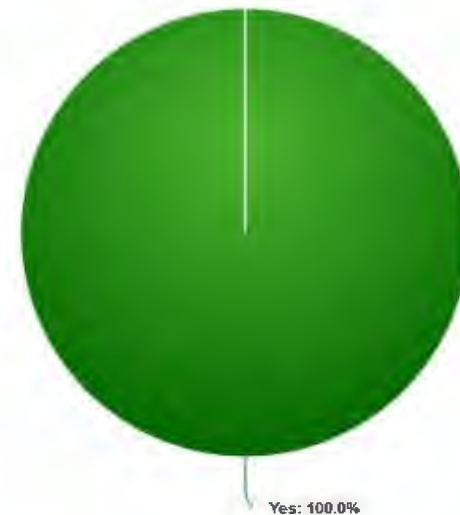
2B40640A404040 Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of Community
Health Centers



Community Health Centers Board of Directors Self - Evaluations

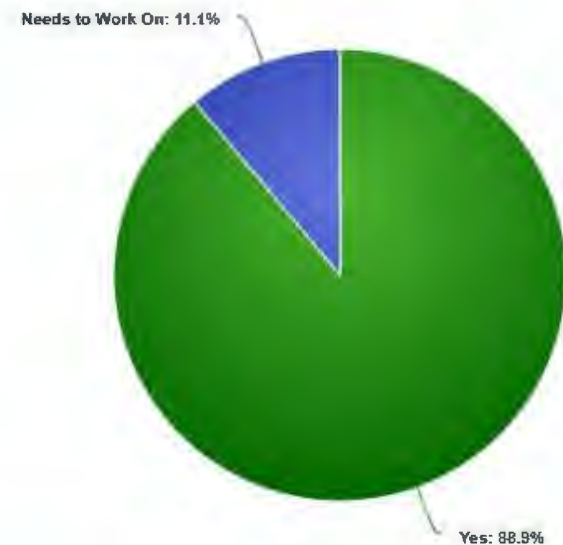
Selection and Composition

- Ensuring that the Board is composed of persons vitally interested in the work of the organization.
- Ensuring that there is a satisfactory combination of experience and new Board members to guarantee both continuity and new thinking.



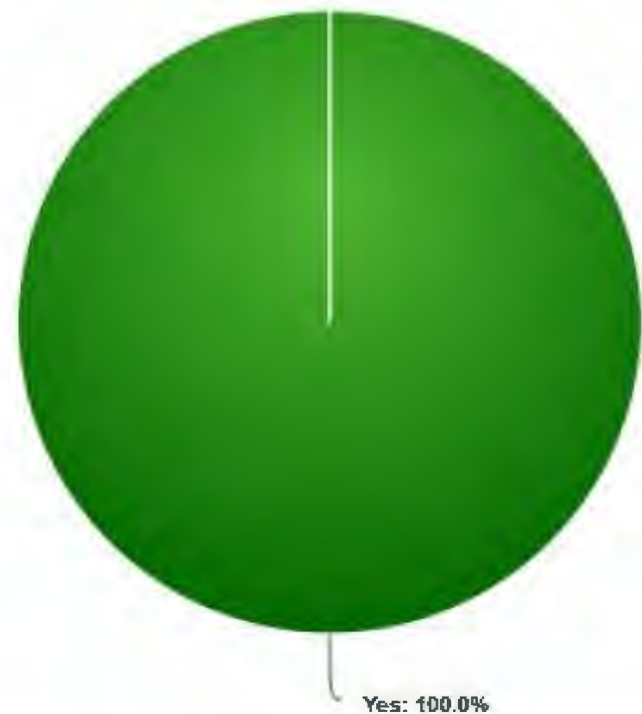
Selection and Composition

- Ensuring that the Board is widely representative of the community.



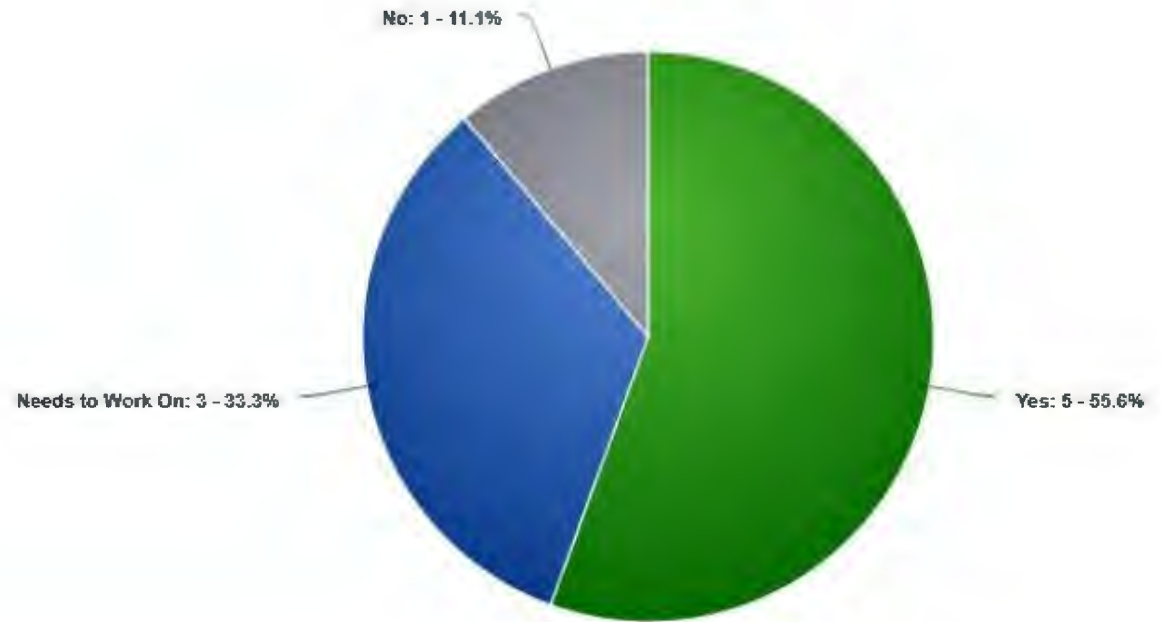
Orientation and Training

- Ensuring that the organization has a Board Member manual, which it supplies to all Board members. The manual is revised periodically
- Conducting orientation of all new Board members
- Integrating new members into the team as quickly as possible
- Performing an annual evaluation of Board and organization operations
- Providing all Board members with copies of the mission statement, by-laws, and all other important documents of the organization
- Touring the facilities on a regular basis
- Ensuring that Board activities are confined to policy issues rather than management issues

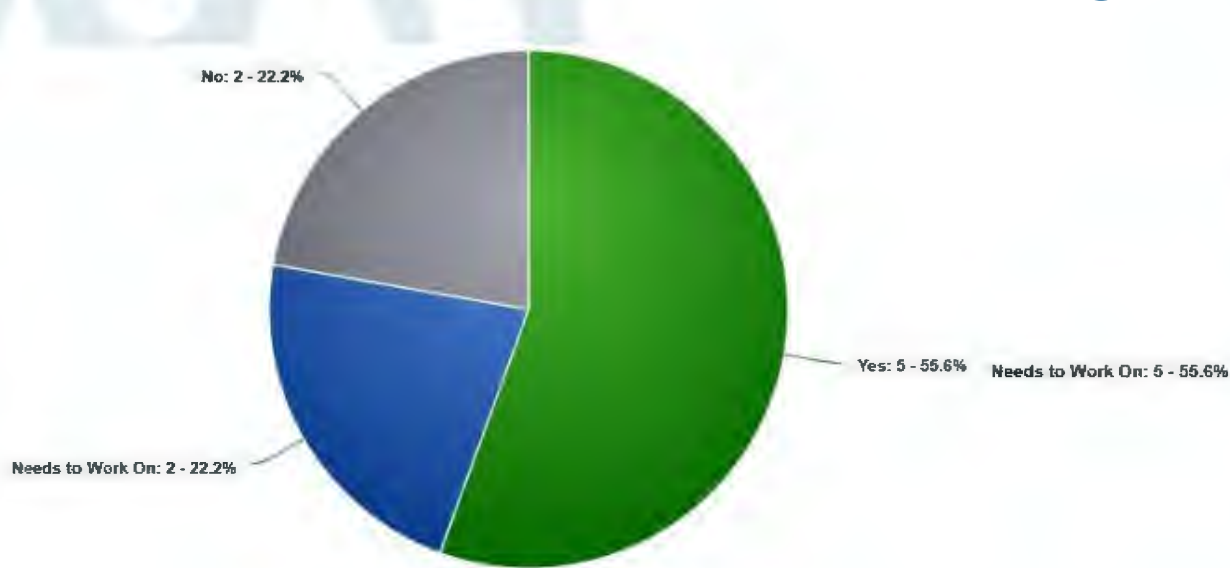


Orientation and Training

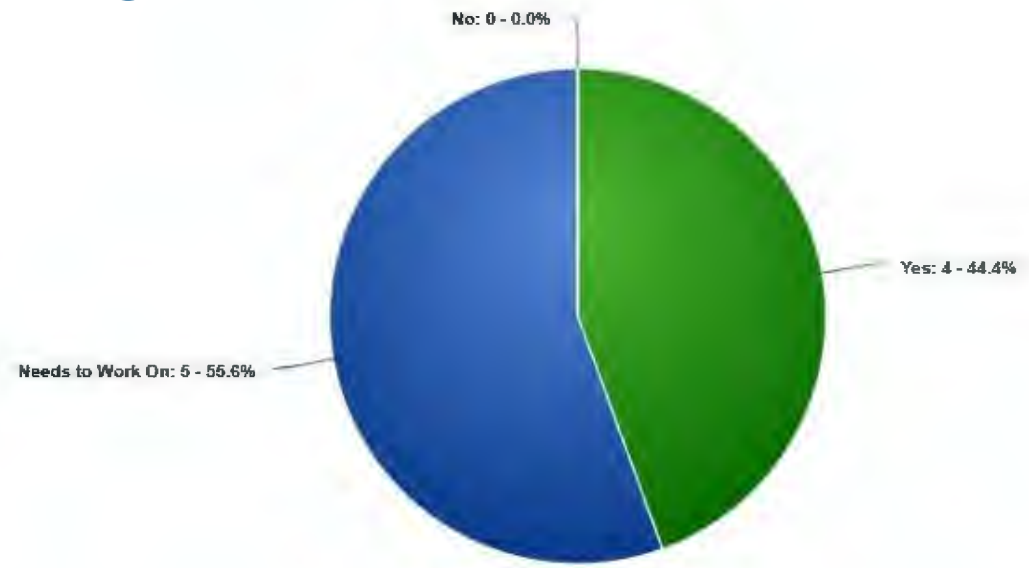
- Ensuring that Board members participate in community, state regional and national training opportunities.



Orientation and Training



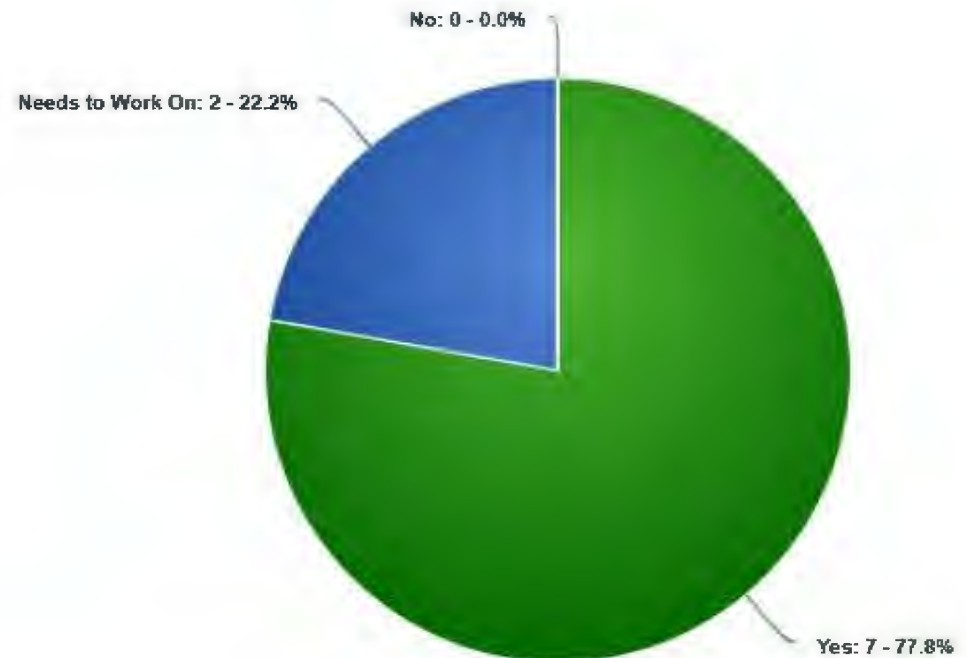
Attending Board development activities for all Board members



Providing Board development activities for all Board members

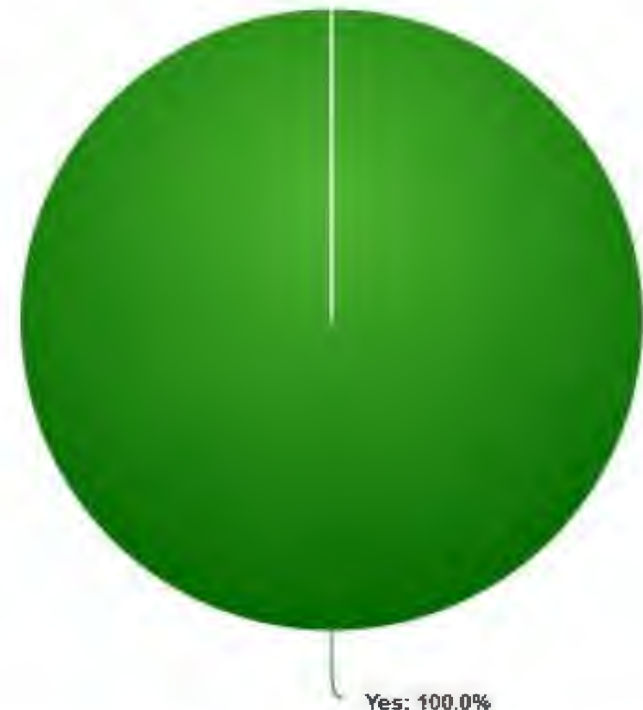
Orientation and Training

- Ensuring that Board members understand their legal responsibilities



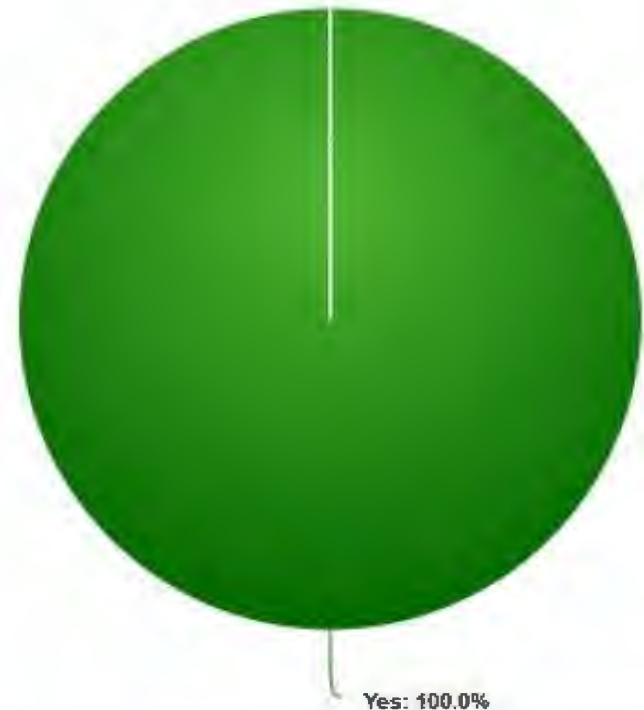
Our Board Ensures Good Meetings By

- Ensuring that the minutes of the Board and committee meetings are written and circulated to members
- Limited most meeting to two (2) hours or less
- Providing a comfortable meeting room conducive to business
- Convening and adjourning on time
- Sticking to the prepared agenda and are businesslike
- Working for consensus rather than fighting for a majority
- Following a businesslike system of parliamentary rules
- Including the Executive Director and/or other appropriate staff.
- Confining all discussion to policy issues and avoiding management issues.
- Allowing/encouraging all Board members to participate in discussion



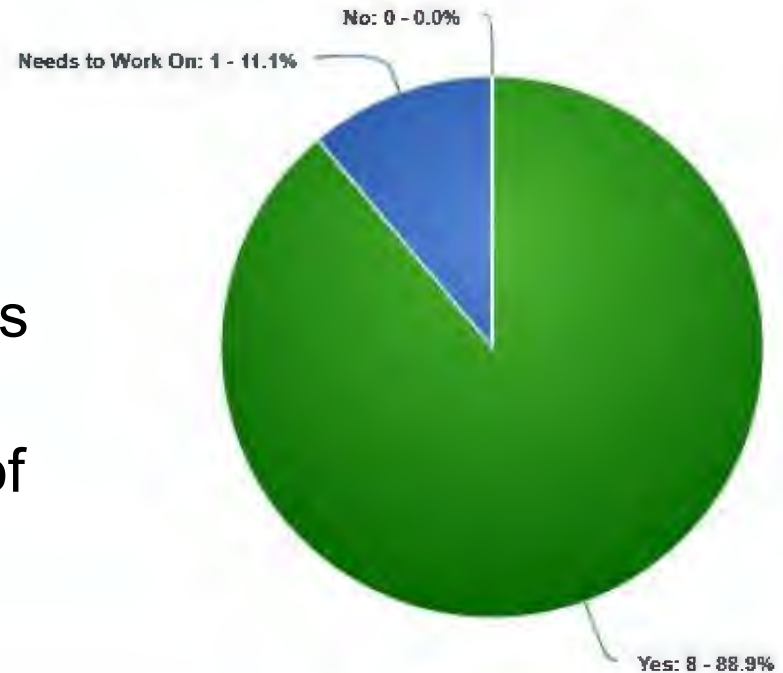
Individual Board Members

- Come to meetings on time.
- See themselves as a part of a team effort.
- Attempt to exercise authority only during official meetings of a Board
- Represent the Board interest of the organization and all constituents, not special interests.
- Understand that the most efficient way to govern is to delegate management to the Executive Director



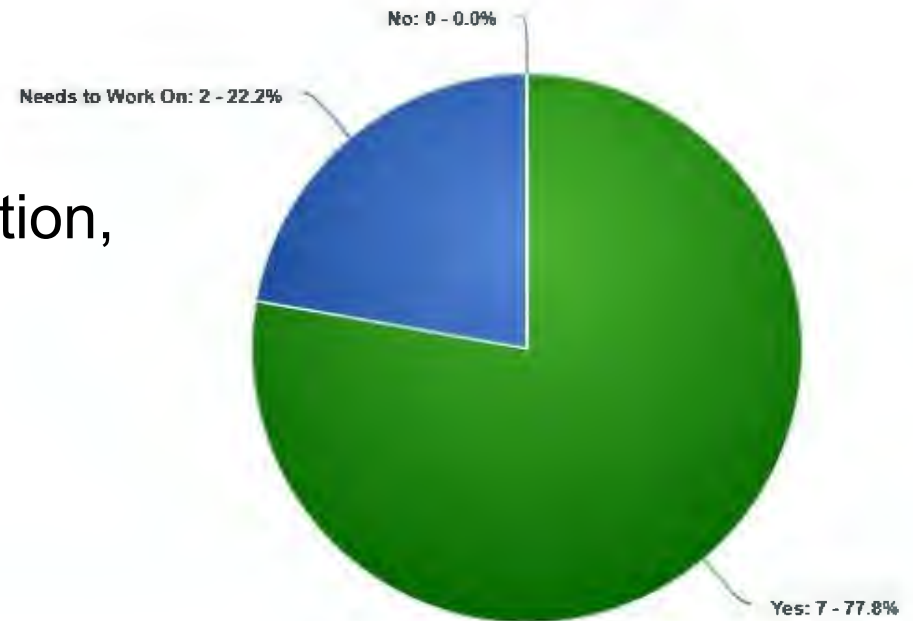
Individual Board Members

- Attend at least 80% of all Board meetings and committee meetings to which they are assigned
- Come to meetings prepared to discuss agenda items
- Know their responsibility as trustees of the organization.

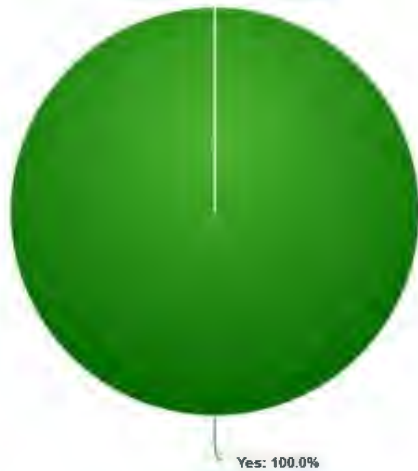


Individual Board Members

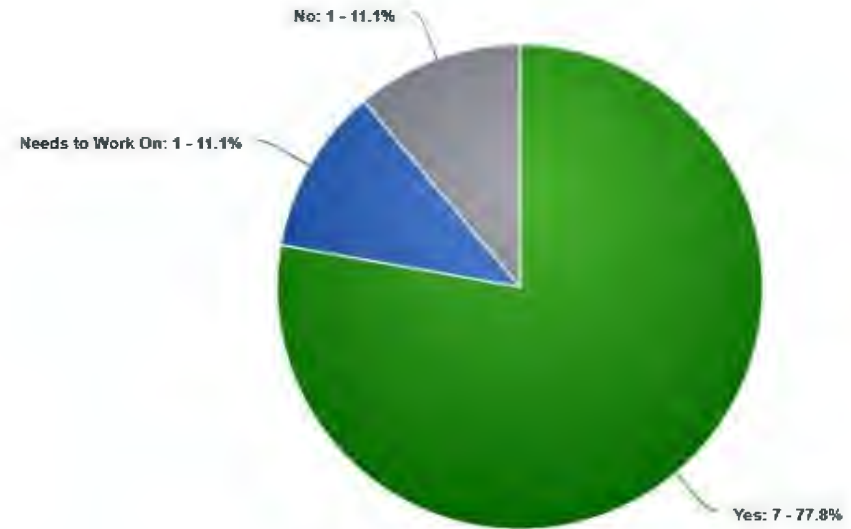
- Act as lobbyists for the organization, as required and/or needed,



Our Board Plans For the Future of the Organization By:



Operating from opportunity to opportunity rather than crisis to crisis



Annually reviewing and approving the mission statement

In which of the major categories above does our Board show real strength?

- Touring facilities
- Wide participation in discussion of issues
- Organization
- I think the HCD staff work to ensure that the Board is widely representative of the community we serve. Additionally, staff does a very good one-on-one orientation to new Board members
- Being prepared to discuss the agenda
- I think our Board shows real strength in all of the major categories
- Ensuring that Board members understand their legal responsibilities

In which of the major categories does our Board need improvement?

- N/A
- See those marked “need to work on.”
- The meeting packets provided are extremely large (typically about 100± pages). It takes me several hours to review each packet, beginning to end, and it is not always easy to find this amount of time prior to the BOD meeting(s). We typically get the Board packet 1 to 2 days prior to the meeting. It would be ideal to get these packets a day or so sooner. This may give us more time to review and Board members may come to meetings more prepared to discuss agenda items. Additionally, I do not recall the BOD being involved in the review and/or approval of the mission statement, so I answered that question “No.” Finally, as there are several new BOD members, I believe the Board would benefit from more Board-focused training and/or development. NACHC has some resources. Additionally, Bernabe Icaza could provide us with Sunshine Law training, parliamentary rules training, etc. Just a suggestion.

In which of the major categories does our Board need improvement?

- Representation of all areas/demographics of the community.
- Our Board consistently maintains a professional and knowledgeable attitude toward the CHC.
- You could add a little more training opportunities



Follow Us on Social Media

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 23, 2024

1. Description: AVP & Executive Director of Community Health Centers Annual Evaluation by the Board 2024

2. Summary:

This Agenda Item presents the Board’s Annual Evaluation of Dr. Joshua Adametz, AVP & Executive Director of Community Health Centers tally as of October 2024.

3. Substantive Analysis:

The Bylaws and HRSA Compliance Manual indicate that the annual evaluation of the Executive Director of the Community Health Centers is reviewed and approved by the Board. A tally of results from the completed Annual Evaluation Form is attached for your consideration.

4. Fiscal Analysis & Economic Impact Statement:

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

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

N/A

Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

N/A

Date Approved

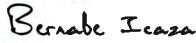


DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 23, 2024

6. Recommendation:

Staff recommends the Board Approve Dr. Joshua Adametz's Annual Evaluation by the Board

Approved for Legal sufficiency:

DocuSigned by:

0CF6F7DB6706434... **Bernabe Icaza**
SVP & General Counsel

Signed by:

F637D209DB57427 **Candice Abbott, MBA**
SVP & Chief Operating Officer



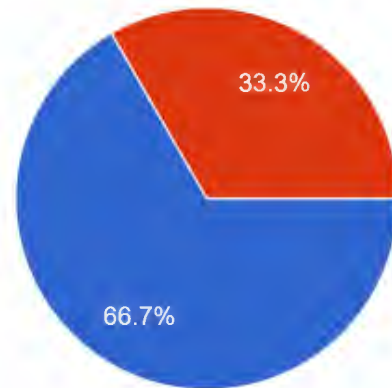
Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

Community Health Centers Board of Directors Evaluations

Executive Director Evaluation

Leadership - Acts as liaison between Executive Leadership and Governing Boards of the District and CHC's. Provides leadership to ensure the mission, values, and core guiding principles are practiced.

9 responses

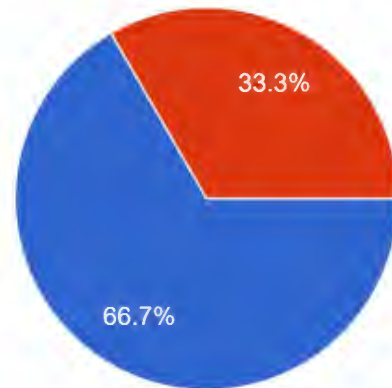


- 3 = OUTSTANDING: Consistently exceeds expectation. Example for others.
- 2 = EXCELLENT: Always meets expectation. Supervisor has complete confidence.
- 1 = DOES NOT MEET EXPECTATION: Does not always meet expectation. Less than 100% confidence.

Executive Director Evaluation

Cooperation - Establishes and maintains positive external relationships among community organizations, local governments and with other health care organizations, including but not limited to, Health Care District Clinic Holdings, Inc. and related CHC services.

9 responses

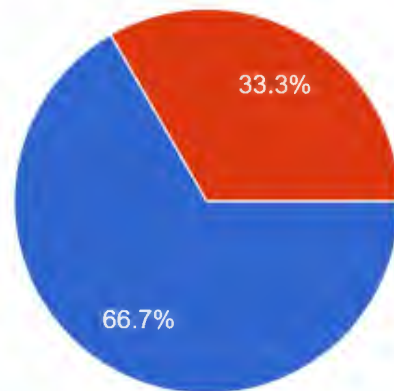


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Executive Director Evaluation

Communication - Prepares annual and progress reports to the CHC Board/staff on program updates, goals and objectives. Maintains appropriate communication with staff for decisions impacting the CHC operations.

9 responses

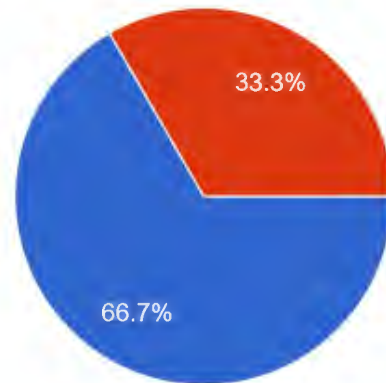


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Executive Director Evaluation

Decision Making - Ensures that process and outcome objectives and work plans are created for all non-clinical areas. Prepares and coordinates service...esponse to federal, state, local audits, or surveys.

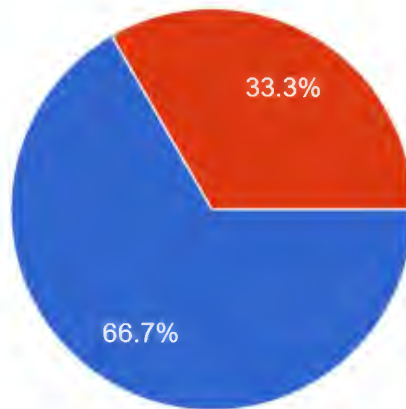
9 responses



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Executive Director Evaluation

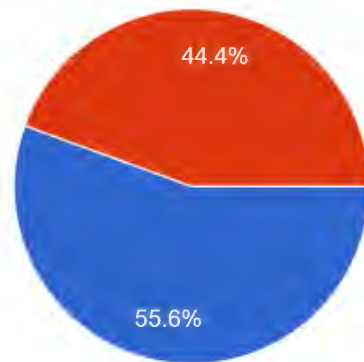
Job Knowledge - Maintains current knowledge of trends and developments for CHC operations.
9 responses



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Executive Director Evaluation

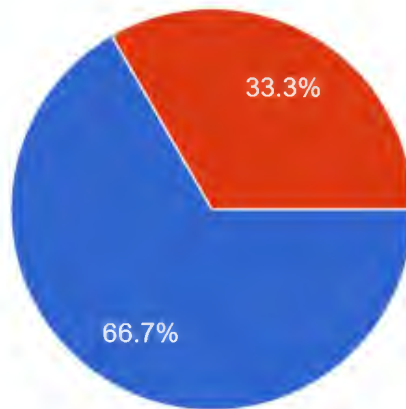
Compliance - Coordinates the preparation and submission of grant reports to grantors and the CHC Board on a monthly, quarterly, and annual basis as r...iate and timely disclosure of material information.
9 responses



- 3 = OUTSTANDING: Consistently exceeds expectation. Example for others.
- 2 = EXCELLENT: Always meets expectation. Supervisor has complete confidence.
- 1 = DOES NOT MEET EXPECTATION: Does not always meet expectation. Less than 100% confidence.

Executive Director Evaluation

CHC Knowledge - Participates and attends CHC related educational and training events.
9 responses

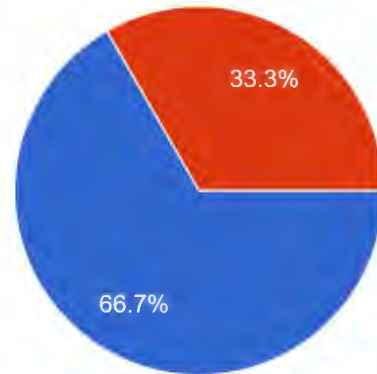


- 3 = OUTSTANDING: Consistently exceeds expectation. Example for others.
- 2 = EXCELLENT: Always meets expectation. Supervisor has complete confidence.
- 1 = DOES NOT MEET EXPECTATION: Does not always meet expectation. Less than 100% confidence.

Executive Director Evaluation

CHC Funding - Maintains and expands the existing level of funding and research and identifies new funding opportunities. Serves as HRSA Grant leader ...resources to secure funding related to the clinics.

9 responses

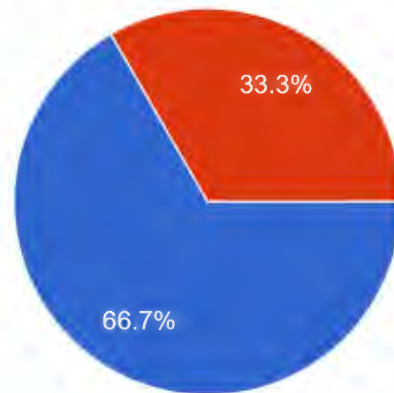


- 3 = OUTSTANDING: Consistently exceeds expectation. Example for others.
- 2 = EXCELLENT: Always meets expectation. Supervisor has complete confidence.
- 1 = DOES NOT MEET EXPECTATION: Does not always meet expectation. Less than 100% confidence.

Executive Director Evaluation

Staff Supervision - Prepares performance evaluations including counseling or disciplinary actions as applicable to direct reports.

9 responses

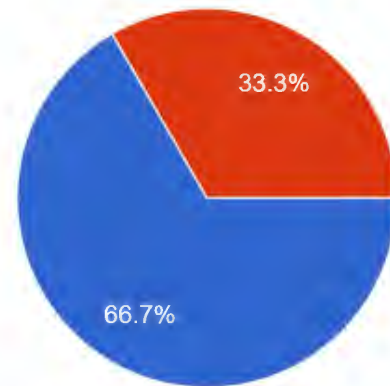


- 3 = OUTSTANDING: Consistently exceeds expectation. Example for others.
- 2 = EXCELLENT: Always meets expectation. Supervisor has complete confidence.
- 1 = DOES NOT MEET EXPECTATION: Does not always meet expectation. Less than 100% confidence.

Executive Director Evaluation

Board Support and Relations - Serves as an ex-officio member of the CHC Board, all standing committees, and assist the Chair in planning the a...d development of appropriate educational material.

9 responses



- 3 = OUTSTANDING: Consistently exceeds expectation. Example for others.
- 2 = EXCELLENT: Always meets expectation. Supervisor has complete confidence.
- 1 = DOES NOT MEET EXPECTATION: Does not always meet expectation. Less than 100% confidence.

Executive Director Evaluation - Comments

Things are going and growing very well.

Dr. Adametz is relatively new in this position and the Board is getting to know him, but he seems off to a good start with a solid knowledge base, enthusiasm, and excellent communication efforts.

Everyone continues to demonstrate exemplary work and a strong commitment to the success of the organization as a whole.

Our Executive Director is quite knowledgeable of all principles and guidelines of the CHC.

Continued increase in the community members we are able to reach.

The Executive Director maintains an excellent relationship with the CHC Board and Staff in making decisions that impact the operation of the CHC.

Executive Director Evaluation - Comments

Dr. Adametz assumed the position of Executive Director of the CLB Primary Care [FQHC] Clinics on ≈June 26, 2024. To date, he has officially presided over three (3) PCC Board Meetings, only one (1) of which I have been physically present (one other by Zoom™, and the other I was excused). Therefore, it is a bit challenging for me to provide a thorough or comprehensive evaluation of his performance at this point in time. However, I believe that Dr. Adametz communicates well with Board members – he quickly and thoroughly responds to my inquiries. And, he is knowledgeable of his role and responsibilities, as well as clinic operations. I believe he provides calm leadership to steer the Board to ensure the Board governs rather than get sucked into the day-to-day operations. He has a thorough understanding of the content of his reports and works to assure compliance with all contractual and funding requirements, as well as provides transparent and timely disclosure of material information. I look forward to my continued association with the PCC BOD under Joshua's direction.



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DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
OCTOBER 23, 2024

1. Description: Community Health Center’s Risk Management Dashboard – Third Quarter 2024 (Q3 2024)

2. Summary:

This agenda item provides the Risk Severity Dashboard and Risk Mitigation Strategies for the third quarter of 2024 (Q3 2024) for the Health Care District of Palm Beach County’s Community Health Centers “CHC’s”.

3. Substantive Analysis:

In Q3 2024, the CHC’s had a total of 114 events reported (111 events and 3 Near Misses) in the Safety Event Reporting System. *Please refer to the details provided below and the Risk Severity Dashboard attached.*

Risk Severity Volumes/Types:

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

- **Behavior-related events made up 40 of the reported incidents.** These included the following subcategories: Baker Act and/or Suicide threat/attempt, Conflict with Staff, Conflict with visitor, Aggressive, Attempted/Threatened Assault, Unprofessional Conduct, and Other behavioral Issues.
- **EMS/911 Referral related events made up 13 of the reported incidents.** These included the following subcategories: Chest pain/Palpitations, Hypertension, Abdominal Pain, Anaphalaxis, Dizziness, and Other Conditions.
- **Safety-related events made up 11 of the reported incidents.** These included the following subcategories: DCF/Abuse Registry, Elevator Entrapment, and Other Safety Issues.
- **Lab related events made up 9 of the reported incidents.** These included the following subcategories: Communication Results Issues, Discrepancy, Mislabeled and/or Unlabeled Specimen, Obtained Incorrectly, and Results Reported Incorrectly.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
OCTOBER 23, 2024

- **Equipment Related events made up 7 of the reported incidents.** These included the following subcategories: Equipment Malfunction, Device Failure or Equipment Malfunction, and Other Equipment Related events.
- **There were zero (3) Near Misses (Good Catches) reported during this time period. These included the following subcategories:** Medical Documentation & Patient Records, Facility & Administrative Services, and Medication Variance.

Risk Severity Scores:

Of the 114 events reported, 111 were events/occurrences and 3 were near misses.

- 2.6% (3) were "Near Miss Events." This type of event is one that
- 96.5% (110) were "No Harm Events." This type of event is one that occurred but resulted in no harm to an individual.
- 0.9% (1) were "Minor Events." This type is an event that occurred, but had no harm to the patient, however, required monitoring.

Risk Mitigation Strategies:

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

During Q3 2024, the following actions were taken to address reported events and near misses:

- With support from the security department, behavioral issues were effectively de-escalated, and additional measures were put in place to prevent recurrence. The appropriate Baker Act process and procedure was followed for each incident.



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
OCTOBER 23, 2024

- Due to the patient's clinical condition, EMS was promptly contacted, and the patients were transferred to a higher level of care, when necessary, with no harm reported.
- Safety concerns were quickly resolved, with reeducation and training provided, ensuring no delays in treatment or care occurred.
- The provider and nursing team received education and reminders about proper specimen labeling procedures, emphasizing the importance of accuracy and patient identification practices.
- All reported equipment events were reviewed to ensure regular maintenance and inspection of equipment and prompt reporting and resolution of any malfunctions or safety concerns, there was no interference with patient care or treatment.

4. Fiscal Analysis & Economic Impact Statement:

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

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

N/A

 Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

District Clinic Holdings, Inc. Board of
 Directors

 Committee Name

 Date Approved

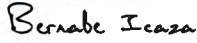



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BOARD OF DIRECTORS
OCTOBER 23, 2024

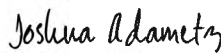
6. Recommendation:

Staff recommends the Board receive and file this information.

Approved for Legal sufficiency:

DocuSigned by:

0CF6F7DB670643B Bernabe Icaza
SVP & General Counsel

DocuSigned by:

4E403876DEA842E Shauniel Brown
Senior Risk Manager

Signed by:

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



Risk Severity

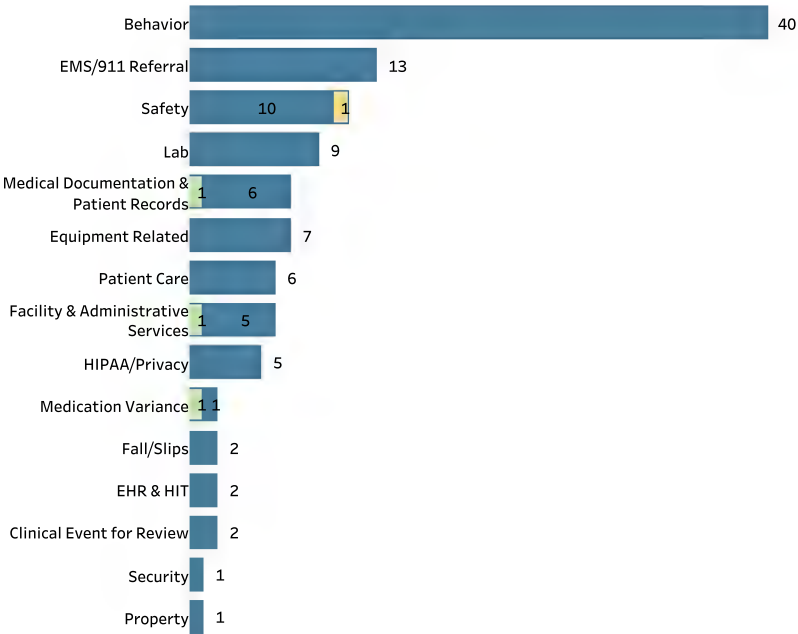
# Events	Severity A or B	Severity A or B %	Near Miss Flag	Near Miss Flag %
114	3	2.6%	3	2.6%

■ Near Miss ■ Event

Total Number of Events by Business Unit



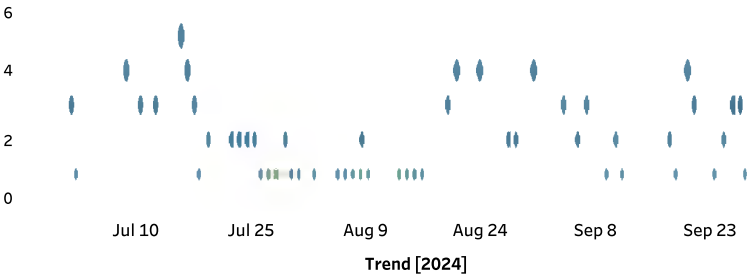
Severity by Event Category



Risk Severity Totals



Risk Severity Trend



7/1/2024 to 9/30/2024

Facility
C.L. Brumback Primary Care Cl..

Department
All

Category
All

Sub Category
All

- Risk Severity**
- Near Miss
 - No Harm
 - Minor
 - Moderate
 - Major
 - Severe
 - Catastrophic
 - Death
 - Not Specified
- 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



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 23, 2024

1. Description: Executive Director Informational Update

2. Summary:

- Hurricane Operations
- Integrated Behavioral and Oral Health

3. Substantive Analysis:

Hurricane Operations: Community Health Center facilities closed Tuesday 10/8 at noon, and all day Wednesday 10/9 and Thursday 10/10. We utilized telehealth visits to facilitate 135 patients on Wednesday/Thursday connecting them with the care they needed.

Integrated Behavioral and Oral Health: Currently in a Learning Collaborative with the National Network of Oral Health Access and implemented a pilot depression screenings in our Delray Center in dental starting on 10/7.

4. Fiscal Analysis & Economic Impact Statement:

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

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

N/A
Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved

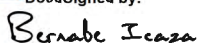


DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 23, 2024

6. Recommendation:

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

Approved for Legal sufficiency:

DocuSigned by:

0CF6F7DB6706434 Bernabe Icaza
SVP & General Counsel

Signed by:

2B440844 Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of Community
Health Centers

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 23, 2024

1. Description: Licensed Independent Practitioner Credentialing and Privileging

2. Summary:

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

3. Substantive Analysis:

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

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

Last Name	First Name	Degree	Specialty	Credentialing
Pierre	Andraw	LMHC	Licensed Mental Health Counselor	Initial Credentialing

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

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

Andraw Pierre, LMHC joined the Lantana Clinic in 2024 as a Licensed Mental Health Counselor. She attended Nova Southeastern University and has been in practice for twelve years.



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 23, 2024

4. Fiscal Analysis & Economic Impact Statement:

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

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

N/A
Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved

6. Recommendation:

Staff recommends the Board approve the Initial Credentialing and privileging of Andraw Pierre, LMHC, Licensed Mental Health Counselor.

Approved for Legal sufficiency:

DocuSigned by:

0CF6F7DB6706434 Bernabe Icaza
SVP & General Counsel

DocuSigned by:

FF528E6E1D64 Ana Ferwerda
FQHC Medical Director

Signed by:

7B4234F087844B2 Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of Community
Health Centers

DISTRICT CLINIC HOLDINGS, INC.

BOARD OF DIRECTORS

October 23, 2024

1. Description: Quality Report

2. Summary:

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

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

3. Substantive Analysis:

PATIENT SAFETY & ADVERSE EVENTS

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

QUALITY ASSURANCE & IMPROVEMENT

Substance use disorders significantly impact individual health and can lead to chronic diseases, mental health issues, and increased healthcare expenditures. SBIRT (Screening, Brief Intervention, and Referral to Treatment) is an evidence-based approach that integrates substance use screening into routine primary care.

At the Health Centers we have provided training sessions for all primary care staff on SBIRT protocols, including screening tools and intervention techniques. We have Integrated standardized screening tools (e.g., AUDIT, CAGE) into electronic health records to facilitate routine assessments during patient visits.

We have created easy to follow protocols for conducting brief interventions that motivate patients to change risky behaviors. We have also established clear referral pathways to local treatment services and resources for patients identified as needing more extensive support.

We also implemented a system to monitor SBIRT rates of screening, intervention uptake, and patient follow-up, to assess effectiveness and areas for improvement. We are proud to report that by focusing on changing our



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 23, 2024

screening and intervention workflow the rate of SBIRT increased from 2.8% in September to 4.72% in October. Our goal for the year was to perform SBIRT on 5% of our patients, and we anticipate with will achieve our goal.

4. Fiscal Analysis & Economic Impact Statement:

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

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

N/A

 Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

N/A

 Date Approved

6. Recommendation:

Staff recommends the Board approve the updated Quality Report.

Approved for Legal sufficiency:

Signed by:

 0CF6F7DB6706434 Bernabe Icaza

Signed by:

 FF528E6E1A1B461 Ana M. Ferwerda
 SVP & General Counsel
 FQHC Medical Director

Signed by:

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



Quality Council Meeting Minutes

Date: October 16, 2024

Time: 11am-1pm

Attendees: Steven Sadiku – Director of Corporate Quality; Shauniel Brown – Senior Risk Manager; Jessica Ramirez – Manager Patient Access Services, Erik Lalani –Operations Manager; Dr. Sandra Warren – Associate Medical Director; Angela Santos – Director of Ops; Dr. Josh Adametz – FQHC Executive Director & Dental Director; Lisa Hogans – Director of Nursing; Nancy Gonzalez – Director of Clinic Operations; Elizabeth Haller-Quality Manager; Irene Garcia– Dental Quality Coordinator; Sakiya Henderson– Dental Clinical Manager, Jokebed Laroure–Clinical Educator, Joe–Ann Reynolds–Patient Relations Coordinator, Sonja Susnjevic–Skilled Nursing Facility Quality Manager, Fe Pagtakhan–School Health Quality Manager, Dr. Valena Grbic – Medical Director District Cares

Excused: Candice Abbot – SVP & Chief Operating Officer; Dr. Belma Andric – SVP & Chief Medical Officer; Dr. Ana Ferwerda – FQHC Medical Director; Dr. Courtney Phillips – VP of Behavioral Health; Maria Chamberlin – Assistant Director of Nursing, Carolina Foksinski- Operations Manager; Alexa Goodwin – Patient Relations Manager; Ivonne Cohen – Business Intelligence Developer;

Minutes by: Steven Sadiku – Director of Corporate Quality

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><u>Report Summary</u></p> <p>The September 2024 Risk Management Tableau dashboard was presented. Volumes were provided for the following clinic areas</p>			



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

OPERATIONS	Productivity							
	Productivity September 2024							
	Service Line	Target		Seen		% of Goal		
		In Person	Tele	In Person	Tele	Total		
	Adult Care	5590		4937		88%		
	Pediatrics	1774		1622		91%		
	Primary Residents	778		641		82%		
	Women's Health	707		672		95%		
	Behavioral Health Integration	714		654		92%		



	<table><tr><td>Behavioral Health - Psych</td><td>845</td><td></td><td>767</td><td></td><td>91%</td></tr><tr><td>Psych Residents</td><td>N/A</td><td></td><td>N/A</td><td></td><td>N/A</td></tr><tr><td>Behavioral Health Addiction</td><td>743</td><td></td><td>589</td><td></td><td>79%</td></tr><tr><td>Dental Health</td><td>1951</td><td></td><td>2043</td><td></td><td>105%</td></tr><tr><td>Dental Hygiene</td><td>821</td><td></td><td>732</td><td></td><td>91%</td></tr><tr><td>Dental MDI</td><td>400</td><td></td><td>362</td><td></td><td>91%</td></tr></table>	Behavioral Health - Psych	845		767		91%	Psych Residents	N/A		N/A		N/A	Behavioral Health Addiction	743		589		79%	Dental Health	1951		2043		105%	Dental Hygiene	821		732		91%	Dental MDI	400		362		91%			
Behavioral Health - Psych	845		767		91%																																			
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Dental Health	1951		2043		105%																																			
Dental Hygiene	821		732		91%																																			
Dental MDI	400		362		91%																																			
	<p><i>(Clinic productivity report with graphs were presented.)</i></p>																																							
	<p><u>Walk-ins</u></p> <p>20% Between Medical and Dental</p> <p>92% same day walk-ins scheduled by front line staff</p> <p>8% same-day walk-ins scheduled by the CSC</p>																																							
	<p><u>No Show Rates</u></p> <p>24% between Medical and Dental</p> <p>12% of no-shows have already completed an encounter in August.</p> <p>13% have a future scheduled appointment.</p> <p>(Report with graph presented.)</p>																																							



	<p><u>Doximity Dialer Usage (Telemedicine) - September 2024</u></p> <p>Users</p> <ul style="list-style-type: none"> 69 registered users (100% registration rate) <ul style="list-style-type: none"> 29 active users (12 MD/DOs, 7 NP, PA, 10 Care Team) <p>Calls</p> <ul style="list-style-type: none"> 394 total calls <ul style="list-style-type: none"> 170 voice calls <ul style="list-style-type: none"> 152 successful calls (89.4%) success rate 4 calls escalated to video 224 video calls <ul style="list-style-type: none"> 157 successful calls (70.1%) success rate 5 secure texts <p>(Report with breakdown by specialty and user)</p>	Follow up provider registrations for Doximity	Angela Santos	



PATIENT RELATIONS				
GRIEVANCES, COMPLAINTS & COMPLIMENTS	<p><u>Patient Relations Dashboard – September 2024</u></p> <p>For September 2024, there were a total of 12 Patient Relations Occurrences that occurred between 6 Centers and Center Administration. Of the 12 occurrences, there was 1 Grievance and 11 Complaints. The top 5 Categories were Care & Treatment, Communication, Finance and Physician Related. There was also a total of 7 compliments received across 2 Centers and Center Administration. 3 were patient generated compliments and 4 were employee to employee compliments known as Thumbs-Up.</p> <p><i>(Patient Relations Report & Patient Relations Dashboard with Graphs presented.)</i></p>			
SURVEY RESULTS	<p><u>Patient Satisfaction Survey – September 2024</u></p> <p>For September 2024 there were 516 Patient Satisfaction Surveys completed. West Palm Primary continues to have the highest return rate with 74 completed surveys followed by Lake Worth Primary with 63 completed surveys.</p>			



	<p>Our Net Promoter Score (NPS) was 70 (out of 472 responses) compared to the Phreesia FQHC/CHC/RHC Network at 81. The top 5 and lowest 5 scored-questions were presented for each area.</p> <p>“Best Questions” for in person visits – September 2024:</p> <ul style="list-style-type: none">• Time taken to listen and answer your questions – 86% (decrease of 5%)• Things explained in a way you could understand – 83% (decrease of 7%)• How likely are you to recommend using telemedicine to a family member – 83% (new)• How satisfied were you with your providers thoroughness while using telemedicine – 83% (new)• Professionalism of our staff – 83% (11% decrease) <p>“Worst Questions” for in person visits – September 2024:</p>			
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	<ul style="list-style-type: none"> • Being informed about any delays during this visit? – 13% (same) • Professionalism of our staff – 10% • Each member of my care team identified themselves and their role in my care – 10% (increase of 4%) • Your ability to contact us after hours – 9% (1% increase) • Appointment available within a reasonable amount of time – 9% (3% increase) <p>Of the surveys received for September, 43% of patients perceived wait time between 6 to 15 minutes, 36% of responses were from patients that this was their first visit to the practice. 88% of patients were scheduled and 26% were a walk-in.</p> <p>70% of surveys completed were by females and most patients preferred to be seen on Monday, Tuesday and Wednesday mornings.</p>			
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	<p>For Dental, 68% of patients felt educated on how to better care for your teeth and gums, 69% were satisfied with results of dental treatment, 69% felt staff explained the procedures in a clear and understandable way and 68% felt staff who provided dental care were sensitive to my concerns.</p> <p>80% of responses in September were promoters (7% decrease), 12% of responses were neutrals (4% increase) and 8% of responses were detractors (3% increase). Top promoters, detractors, and patient comments presented by center and service line.</p> <p>(Patient Satisfaction Survey PowerPoint presented.)</p>			
After Hours	<p><u>Afterhours Report – Sept 2024</u></p> <p>In Sept 2024, the Clinic Service Center received 180 after hours calls. This was a 12% increase from the previous month.</p> <p>We continue to see our top 3 highest volume in AHC's for Appt request with 39% of the volume.</p>			



	<p>Followed by Reschedule with 20% and cancellation requests with 11% of the volume</p> <p>Our WPB Location remains at our highest volume health center with 37% of the call volume. Followed by Delray with 22% and Lantana with 13%.</p> <p>AH Paged Out calls - There were 14 after hours calls that required a provider to be paged out. 70% (9) of those calls had telephone encounters created in their Epic chart. Of the 9 encounters created, 3 had the correct reason for encounter listed as "after Hours".</p> <p>5 patients telephone encounters were missed <i>(Outbound Campaign PowerPoint presented.)</i></p>			
NEXT THIRD AVAILABLE	<p><u>PCP</u></p> <p>Belle Glade - 11 days out Boca - 28 days out Delray - 18 days out Jupiter - 6 days out Lake Worth - 24 days out Lantana - 17 days out West Palm - 16 days out</p> <p><u>BH</u></p> <p>Delray - 11 days out Lewis Center - 15 days out Mangonia - 9 days out</p>			



	<p><u>Womens Health</u> Belle Glade – 77 days out Lake Worth – 32 days out Jupiter 40 days out</p> <p><u>Dental</u> Belle Glade – 18 days out Delray = No access Lantana – 76 days out West Palm – No Access</p>			
REFERRAL/ CALL CENTER	<p>Referrals – In Sept 2024, the HCD providers placed a total of 6,238 referral orders. This was a 7% decrease in volume from the previous month. The average turnaround time for referral processing was 8 days for routine with a goal of 5-7 days or less. The TAT for referrals placed as urgent was 2.07 days with a goal of 2 days or less.</p> <p>We continue to see our highest volume of referrals placed by our WPB Health Center with 21% of the total referral volume, followed by Delray with 17% and Lantana with 13% of the</p>	Monitor referral volume by specialty and by provider	Steven Sadiku	



	<p>total volume. This is consistent with the previous month.</p> <p>Carline St Vil placed the most referrals for Sept with 6.9% of the total volume. Followed by Lam with 6.8% and Dr Noukelak with 6.0%.</p> <p>Our most common payer remains the HCD Voucher with 26% of the referral volume followed by Self pay (no coverage) with 17% and BCBS with 9%. Humana is no longer in the top 3</p> <p>Our top referred to specialties this month are Radiology Orders with 31%, followed by Ophthalmology with 7% and Gastro with 4% .</p> <p><u>Call Center –</u></p> <p>For the month of Sept 24', the call center received 20,238 calls. This was a 9% decrease from Aug 24.</p> <p>Of those, 1,735, or 91% of the total call volume reached a live agent and was resolved.</p> <p>The abandonment rate for August was 9% with a goal of 10% or less.</p>			
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	<p>We saw a 2% increase in the abandonment rate from the previous month.</p> <p>The service level (Calls Answered within 3 mins) Was 74% with a goal of 80% or higher. We an decrease of 4% from the previous month.</p> <p>The Average hold time for August was 2min 1s with a goal of 3 minutes or less.</p>			
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QUALITY

QUALITY

MEDICAL	<p><u>Controlled Diabetes based on A1c less than 9%</u></p> <p><u>September, 2024</u></p> <p>Yearly goal 67%</p> <p>We saw 4018 unique patients with a diagnosis of diabetes. 72% were controlled and 25% uncontrolled with an A1c equal or greater than 9%. 72 patients (2%) did not have data.</p> <p>By clinic Jupiter (80%), Lake Worth (77%) and Boca (74%) are the clinics with highest number of patients with controlled diabetes. Belle Glade, Lantana, Delray and West Palm Beach ranged between 68% to 72%. The larger number of patients with diabetes are in Lantana and West Palm Beach Clinics.</p>			
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	<p><u>Colorectal Cancer Screening – September, 2024</u></p> <p>Yearly goal 82%</p> <p>We saw 9598 unique patients. 3931 (41%) of the patients had the screening satisfied with an increase by 1% compared with the previous month. 5667 (59%) of the patients did not have the screening satisfied. Among those patients, 239 (4%) had a fit test done in the previous 12 months and was not due.</p> <p>Compared to the previous year we have a lower percentage of missed patients with 15% vs 31%. The highest percentage of screening completed was at the Boca Clinic with 55%.</p> <p>The largest number of patients that needed colorectal cancer screening were at the West Palm Beach, Lantana and Delray Clinics accounting for 47% of the patients. They individually achieved 37%, 45% and 40% of colorectal cancer screening completion.</p> <p>The largest number of patients with missing orders to address the screening were at Mangonia, Belle Glade, Lantana and West Palm Beach Clinics.</p> <p>The last graph shows the met, unmet and missed patients by provider percentages</p>			



	<p>The type of screening test ordered shows the majority of patients are screen with fit test, followed by colonoscopy and last with Cologuard. By clinics the majority of Cologuard orders are from Boca Raton, Delray and Jupiter Clinics. Similarly, the providers on those clinics are the most frequent providers ordering Cologuard to screen for colorectal cancer.</p> <p>(Report with graph presented.)</p>			
	<p>Breast Cancer Screening – September, 2024</p> <p>Yearly goal 60%</p> <p>Satisfied screenings – 2215 (57%)</p> <p>Unsatisfied Screenings – 1687 (43%)</p> <p>There was no improvement compared to the previous month.</p> <p>Not Met with order – 1316 (78%)</p> <p>Not Met (Patient Missed) – 371 (22%)</p> <p>The clinics with the highest percentage of screening were Belle Glade with 72%, Boca with 67% and Lantana 63%.</p> <p>The clinics with the lowest percentage of patients who completed breast cancer screening were West Palm Beach (48%), Delray (54%) and Jupiter (52%).</p> <p>The larger number of patients where the screening was not addressed were Delray, Lake Worth, Jupiter and West palm Beach clinics. Accounting for 60%</p> <p>(Report with graph presented.)</p>			



	<p><u>Cervical Cancer Screening - September, 2024</u></p> <p>Yearly goal 65%</p> <p>We saw 11289 unique patients with screening due. Cervical cancer screening was completed in 6899 (61%) of the patients and 4026 (36%) patients the screening was not addressed. 364 (3%) of patients have an order but no result.</p> <p>Boca, Lake Worth and Lantana Clinics achieved at or above the goal of 65%.</p> <p>The graph on the right shows the distribution by percentage of met, not met and missing orders to address the screening by provider and correlates with the clinics with larger percentage of screening met. The lowest right graph shows the number of missed patients by clinic in descending order.</p> <p>The last slide shows the number of PAPs orders by provider and the number of referrals during 2024.</p> <p>Report with graph presented.)</p>			



	<p><u>HIV Screening – September, 2024</u></p> <p>Yearly goal 32%</p> <p>Satisfied: 12386 (57%) No satisfied: 9330(42%)</p> <p>The majority of the clinics are meeting the screening above 60% except Lantana, Mangonia, Delray and West Palm Beach. The largest percentage of patients for which the screening was not addressed were from West Palm, Lake Worth, Lantana and Belle Glade Clinics accounting for more than 50% of the missed patients.</p>			
	<p><u>Controlling High Blood Pressure – September, 2024</u></p> <p>Yearly goal 80%</p> <p>4802 (72%) of patients had BP controlled and 1855 (28%) BP uncontrolled.</p> <p>From all the clinics Boca reached 82%, Lantana 74%, Lake worth 74%, and Mangonia 75%.</p> <p>BY provider some of the providers had reached the 80% goal and the majority of them had reached above 70%.</p>			
BEHAVIORAL HEALTH	<p><u>PHQ9 – September 2024</u></p> <p>% of patients with PHQ9: 5,669/6,265 =90.49%</p> <p>Unique patients with positive PHQ9= 461/7.92%</p>			



	<p><u>SBIRT- September 2024</u> 644 unique patients/27,047 = 4.72% The goal is 5%</p> <p>(Report with graph presented.)</p>			
	<p><u>Depression Remission September, 2024</u> Yearly goal 14% We are currently meeting this metric at 44% of patients with depression in remission. (Report with graph presented.)</p>			
WOMEN'S HEALTH	<p><u>Early Entry into Prenatal Care Jan-September 2024</u> Early Entry into care into the First Trimester is 52% UDS National Average for 2022 is 72% Total population of 412 prenatal patients</p> <p><u>Low Birth Weight Jan-September 2024</u> Babies born with a birth weight below normal (under 2,500 grams) 5% --<1500 grams: 1% --1500—2499 grams: 6% UDS 2022 National average 8.43% Total deliveries/birth weight= 136</p>			
DENTAL	<p><u>Dental Sealants</u> YTD 2024: 99% (560; n=566)</p>			
	<p><u>Limited Exams</u></p>			



	<p>September 2024: 249</p> <ul style="list-style-type: none"> -Same Day Extractions: 94 (38%, n=249) -Antibiotics Given: Patients without a future extraction appointment type 76 (31%, n=249) -Ext. not needed(non-emergent): 65 (26%, n=249) -Returns (Follow-Up): Patients with a future extraction appointment type 14 (6%, n=249) -Returned within 21 days for ext.: 11 (79%, n=14) 			
	<p><u>MDI/WHO</u></p> <p>September 2024</p> <p><u>Total Well Visit Pediatric Patients: 229</u></p> <ul style="list-style-type: none"> - Excluded from MDI KPI 105 (46%; n=229) - Eligible MDI 124 (54%; n=229) <p><u>Total Pediatrician KPI Patients (Pts who do not have a dental home): 124</u></p> <ul style="list-style-type: none"> - No MDI 18 (15% n=124) - MDI 106 (85% n=124) <p><u>Total of patients who had MDI visit: 106</u></p> <ul style="list-style-type: none"> - Declined WHO 44 (42% n=106) - Interested in WHO 62 (58% n=106) 			



	<p><u>Total Dentist KPI Patients (Pts. Interested in WHO): 62</u></p> <ul style="list-style-type: none"> - WHO not seen by Dentists 58 (92%; n=62) - WHO seen by Dentists 5 (8%; n=62) 			
NURSING	<p><u>Higher Level of Care</u></p> <p>This a summary of September HLC.</p> <p>93 ER referrals/91 patients were sent to the ER in September.</p> <p>The breakdown of the referrals is:</p> <ul style="list-style-type: none"> • WH- 14 (15%) • Peds- 16 (17%) • Adult- 63 (67%)(this combines urgent care and emergency medicine referrals) • Transport- 0 • Adult Crisis- 2 (<1%) • Peds Crisis- 0 <p>ADULT REFERRALS- highest producer this month Ewelina Stanek, PA in WPB with 7 (13%) (<u>fourth month in a row for Ewelina</u>)- note* Dr. Florez in WPB had 2 and Dr. Noukelak in WPB had 0 for the same clinic.</p>			



	<p>PEDIATRICS REFERRALS- highest producer this month was Dr. Clarke in WPB with 12 (75%)- note*Dr. Hernandez in same clinic had 1</p> <p>Top diagnosis:</p> <p>ADULT- Chest pain was not a top diagnosis this month.</p> <p>Hypertensive Urgency 3</p> <p>RUQ pain 3</p> <p>SOB 3</p> <p>Hypertensive Emergency 2</p> <p>Acute pain of the right knee 2</p> <p>PEDS-</p> <p>Only 1 referral with more than 1- Bronchiolitis</p> <p>There were 2 patients with more than one referral in September:</p> <ol style="list-style-type: none"> 1. Patient was referred on 9/6 to LMC for HLC; emergency medicine; and potentially a Baker Act. Crisis 			
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	<p>stabilization referral ordered at follow up visit in clinic on 9/12. Requesting this referral be reviewed.</p> <p>2. These referrals were appropriate for maternity patient for PIH eval 9/3 and NST/BPP on 9/10</p>			
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QUALITY METRICS

UDS YTD 2024

Of the 16 UDS Measures: 9 Exceeded the HRSA Goal, and 7 were short of the HRSA Goal (*Clinic Score/ HRSA Goal*)

Medical UDS Report	Adult Weight screening and follow-up: (84% / 90%)			
	<i>Breast Cancer Screening:</i> (_57_ %/60%)			
	<i>Cervical Cancer Screening:</i> (_61_ % /65%)			
	Childhood Immunization: (_53_ % / 60%)			
	Colorectal Cancer Screening: (_41_ % / 82%)			
	<i>Coronary Artery Disease CAD:</i> (_86_ % / 81%)			
	Dental Sealants: (_99_ % / 75%)			
	Depression Remission: (_44_ % / 14%)			
	Diabetes: (_72_ % / 67%)			
	HIV Screening: (_57_ % / 32%)			
	Hypertension: (_72_ % / 80%)			
	<i>Ischemic Vascular Disease (IVD):</i> (_74_ % / 86%)			



Depression screening: (_95_ % / 83%)			
Depression screening (Homeless): (_91_ % / 83%)			
Tobacco use screening & cessation: (_94_ % / 93%)			
Weight assessment, Children & Adolescent: (2%/90%) *Incorrect performance measure			
Meeting Adjourned: 1:05 pm			

UDS PROVIDER LEVEL QUALITY MEASURES 2024
NATIONAL QUALITY LEADER METRICS

Load Date
10/7/2024

Filters

		Universe	<div><div></div> MET</div>	<div><div></div> Not Met</div>	<div><div></div> HRSA Goal</div>	<div><div></div> National Average</div>	<div><div></div> State Average</div>
Heart Health	Coronary Artery Disease (CAD): Lipid Ther...	4,817	86%				81%
	Hypertension	6,657	72%				80%
	Ischemic Vascular Disease (IVD)	927	74%				86%
	Tobacco use Screening and Cessation Inte..	16,858	94%				93%
Diabetes	Adult Weight Screening and Follow Up	22,674	84%				90%
	Diabetes: (HbA1c < 9%)	3,669	72%				67%
	Diabetes: (HbA1c < 9%) Migrant	349	70%				67%
Behavioral Health	Depression Remission	590	44%		14%		
	Patients Screened for Depression and Follow-Up	18,268	95%				83%
	Pts Screened for Depression and F/U (Homeless)	5,591	91%				83%
Childhood Measures	Childhood Immunization	691	53%			60%	
	Dental Sealants	566	99%				75%
	Weight Screening and Counseling for children and adolescents	5,092	2%				90%
HIV Preven tion..	HIV Screening	21,716	57%		32%		
Cancer Prevention	Breast Cancer Screening	3,902	57%			60%	
	Cervical Cancer Screening	11,289	61%			65%	
	Colorectal Cancer Screening	9,598	41%	126			82%

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 23, 2024

1. Description: Operations Report – September 2024 and FY 2024

2. Summary:

This agenda item provides the following operations report for September 2024 and a FY 2024 Summary : Clinic Productivity, Payer Mix, Demographics, Walk-In Dashboard and No-Show Dashboard

3. Substantive Analysis:

In September, the Health Centers had a total of 9,238 unique patients and 12,582 visits across health centers which is a 5.4% decrease from last month and a .8% decrease when compared to September 2023. 1,808 patients, or 19.5% of unique patients were new to the Health Centers. 39% of visits were from Adult Primary Care and 22% from Dental, both down 1% from August. 13% came from Pediatric, which was no change from from last month. In September, Lantana Medical had the highest volume with 2,081 visits, followed by Mangonia Health Center with 1708 visits.

Our payer mix for September reflected 54% uninsured which was up 1% over previous month. 40% of patients were managed care and 5% Medicaid which is consistent with last month.

The six month trendline of demographic information indicates little to no variation over the last 6 months for Race, Ethnicity, Spoken Language, Gender, sexual orientation, agricultural workers or homeless status. The area with the largest reported agricultural population continues to come from the Belle Glade Health Center. The largest concentration of patients who reported as homeless originate from St. Ann's, The Lewis center, the Mobile Clinics and Mangonia.

The Walk-In rate averaged 20% overall across Health Centers and all departments for the month of September, which was 1% higher than August. The highest volume of walk ins was for the Primary Care departments at 26%, followed by both Pediatrics and Behavioral Health, both at 23%, Dental at 17%, then Women's Health at 6%. The Clinic Service Center scheduled 8% of the

DISTRICT CLINIC HOLDINGS, INC.

BOARD OF DIRECTORS

October 23, 2024

same day walk-in appointments the day of, while the rest were scheduled by the individual health centers. We have included the time of day and the day of the week that same day patients are scheduled. On average, we see that Monday and Tuesday are days with the highest volume of walk-in patients.

The no show rate in September between all service lines and health centers was 24% which is no change from last month. The average no show rate by service line for the month was highest for Behavioral Health at 28%, up 1%, then Women's Health at 26% and lowest for Primary Care and Dental, both at 23% for September. The no show rate for new patients was 18%, no change from last month and established patients was 21%, up 1% from last month. 12% of total no shows had already completed another encounter and 13% scheduled another appointment for a future date. The time of day with the greatest amount of no shows in September continues to be 11AM and 3PM across health centers.

The Health Centers Dashboard shows all visits, volume and demographics for the fiscal year. For FY 24 we had a total of 158,168 patient visits across all centers and service lines. 44,947 were unique which represents 28% of the total for the year. 13.5% of the patients that we saw for the year were new to us. Adult Medical makes up the majority of our patient visits followed by Dental then Pediatrics for the year consistent with our month over month reporting. 60% of our patients were female, 40% male and the average age of a typical clinic patient is between 30-39 years old. Monthly volumes show that January, February, April and July were our busiest months and Lantana is the Health Center with the most volume, followed by West Palm Beach and Mangonia, consistent with our month over month reporting.

The Clinic Scorecard for FY 24 shows race data, spoken language and homeless type. On average for the fiscal year, 48% of patients served were White, 45% African American. Other races such as Asian, American Indian or those that reported as more than 1 race made up the remaining 7%. English was the primary spoken language with 42% of patients identified as English speakers, followed by 33% Spanish speaking and 23% Creole speaking, consistent with monthly reporting. Over the time period, 27.7% of patients



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
October 23, 2024

reported homelessness. 63% of patients report as doubling up, 10% living in supportive housing, 8% in a homeless shelter, 6% reported living on the street and 32% reported as "other". The total number of patients who reported as agricultural workers were 5.1% or 2,284.

4. Fiscal Analysis & Economic Impact Statement:

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

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

N/A
Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved

6. Recommendation:

Staff recommends the Board approve the Operations Report for September 2024.

Approved for Legal sufficiency:

DocuSigned by:

0CF6F7DB6706434 Bernabe Icaza
SVP & General Counsel

DocuSigned by:

6F31AD3F82334F5... Angela Santos
Director of Specialty Operations

Signed by:

354031F568764982 Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of Community
Health Centers

Patients
 9,238

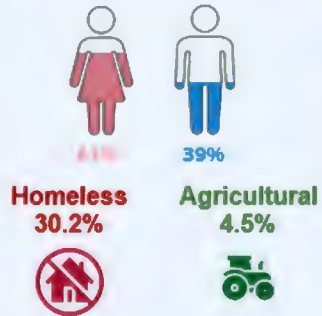
Patient Visits
 12,582

New Patients
 1,808

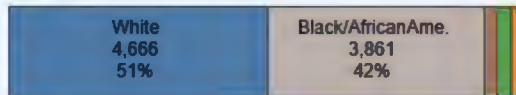
Monthly Productivity September 2024

Filters

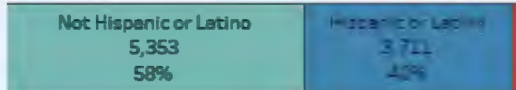
Demographics



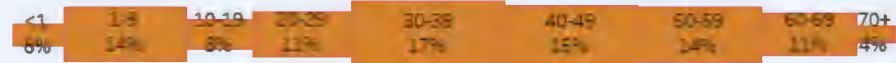
Race



Ethnicity

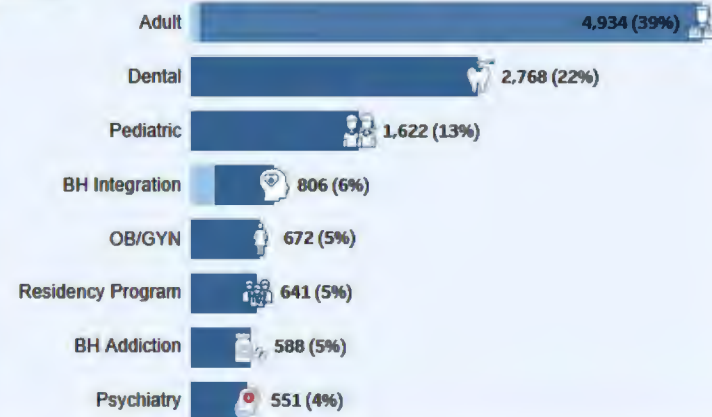


Age Group

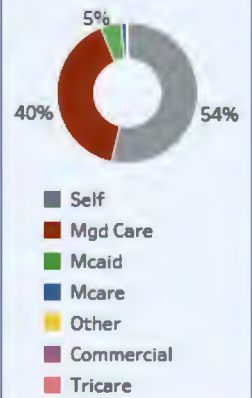


In Person
 Tele Health

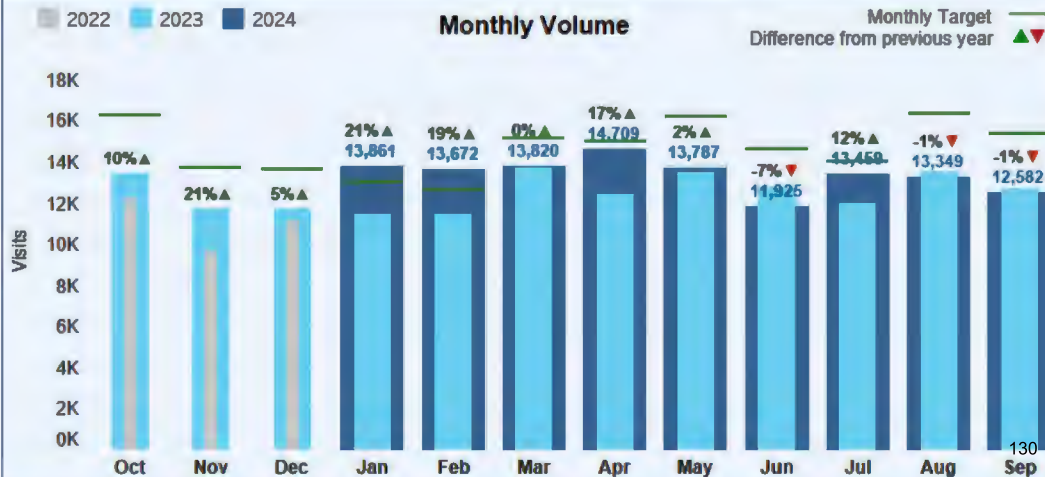
Visit Type



Payor Mix



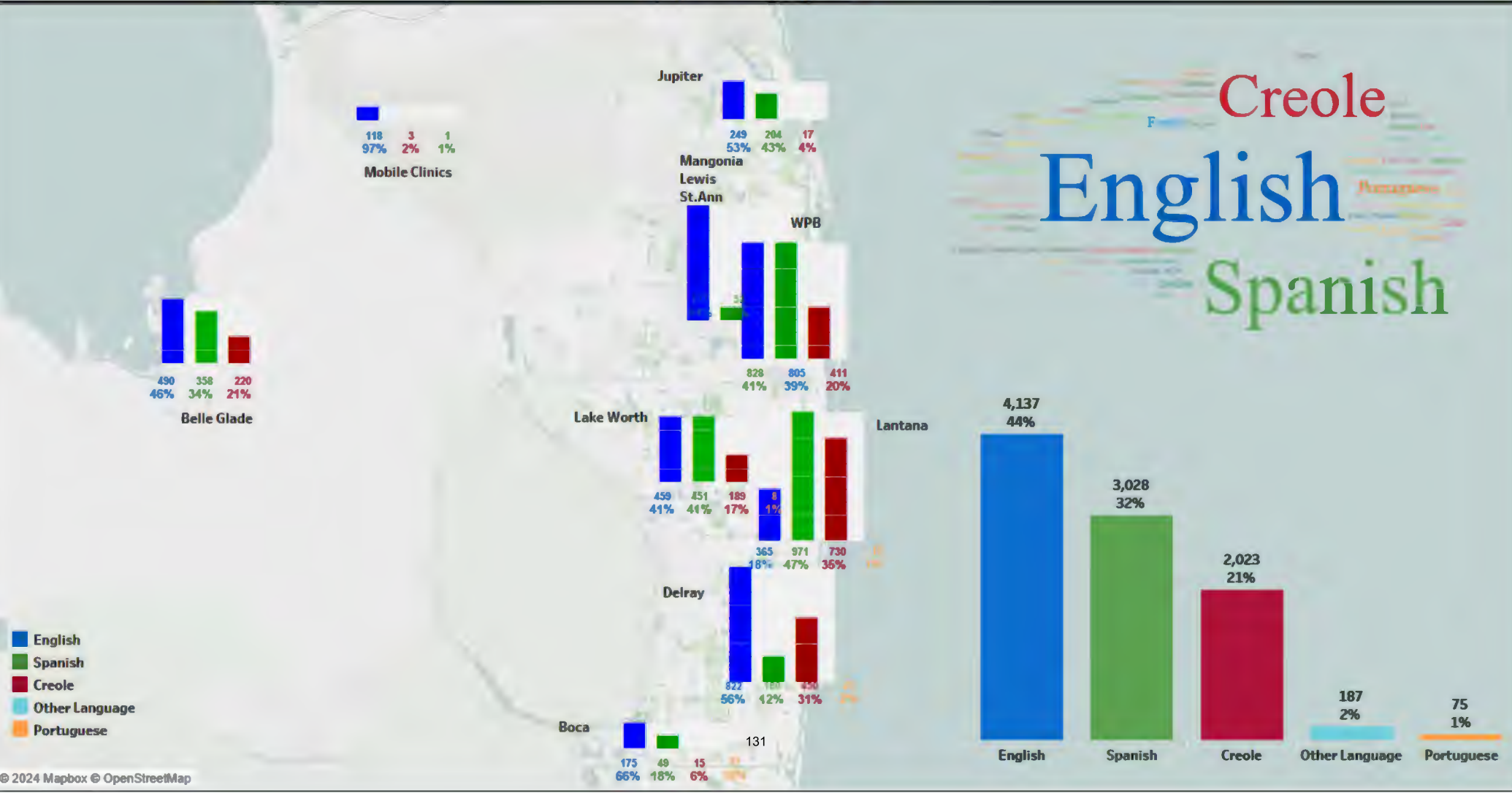
Monthly Volume



Volume by Clinic



LANGUAGE BREAKDOWN BY CLINIC
9/1/2024 - 9/30/2024



HOMELESS BREAKDOWN BY CLINIC

9/1/2024 - 9/30/2024



Unique Patients

2,867

30.3%

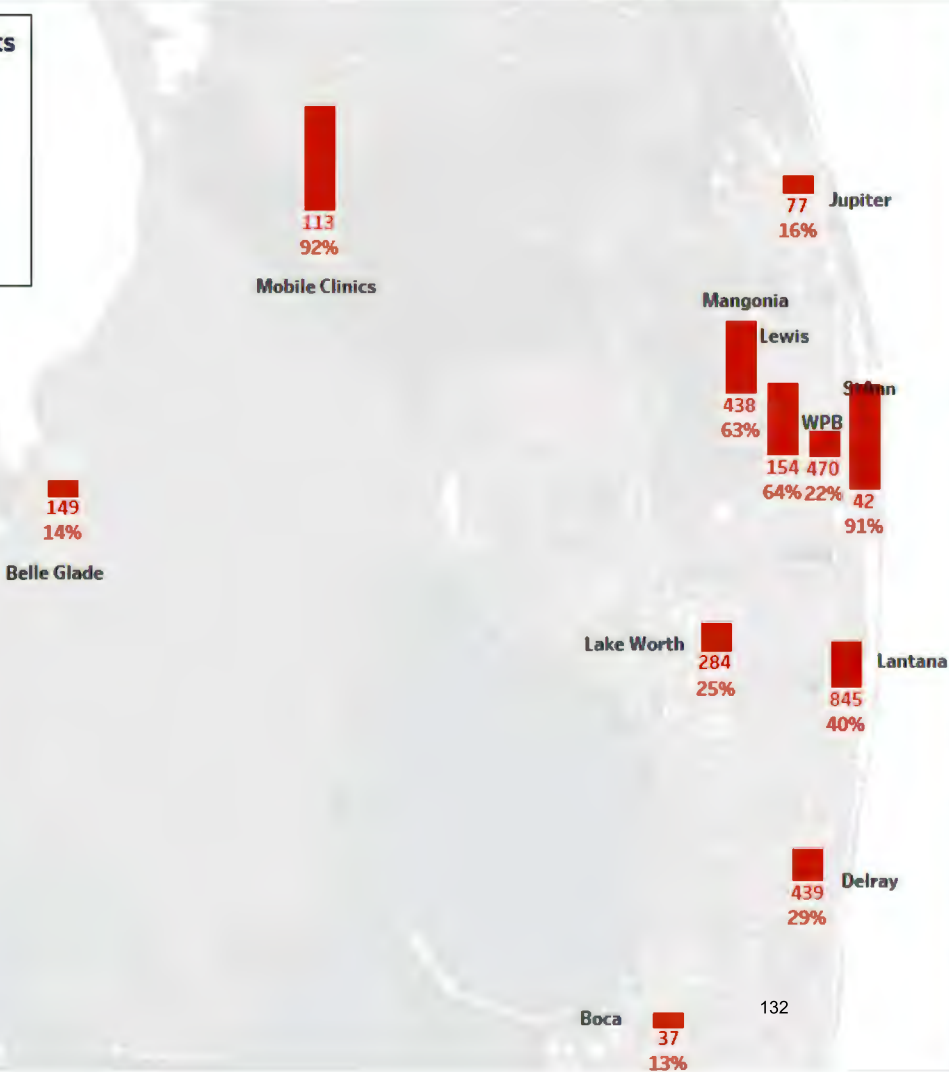
Average Visits per Patient

Homeless

No Yes

1.3

1.6

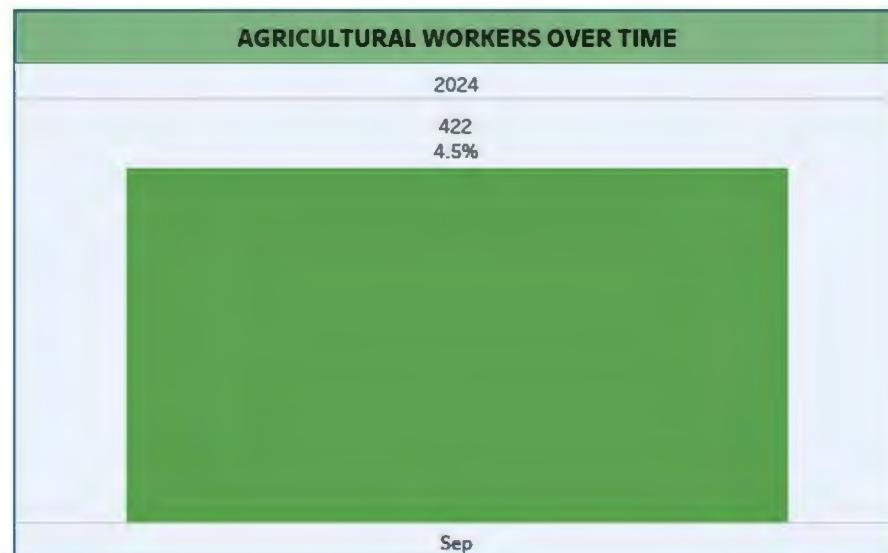


AGRICULTURAL WORKERS BREAKDOWN BY CLINIC

9/1/2024 - 9/30/2024



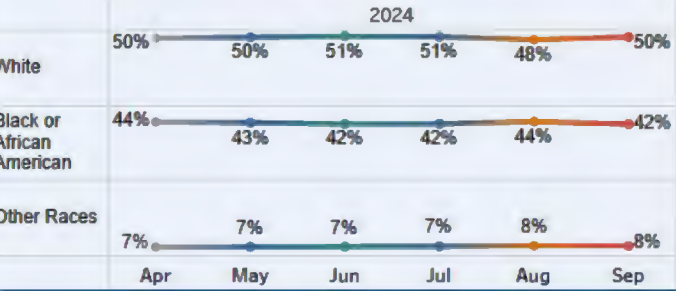
422
4.5%



DEMOGRAPHICS TRENDED OVER TIME FOR THE LAST SIX MONTHS



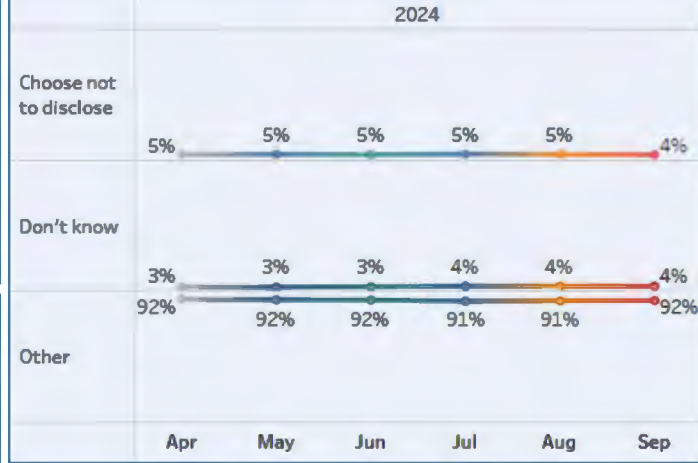
RACE



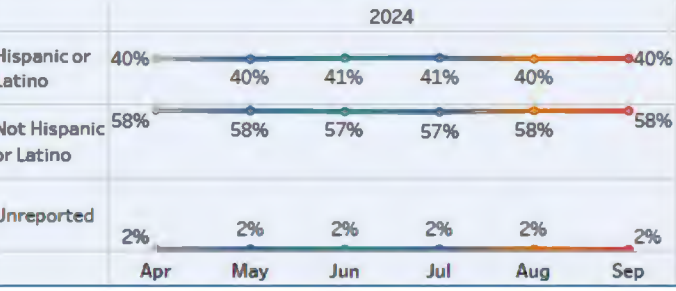
AGRICULTURAL WORKERS



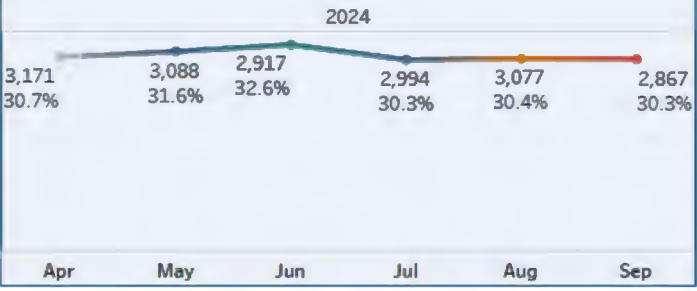
SEXUAL ORIENTATION



ETHNICITY



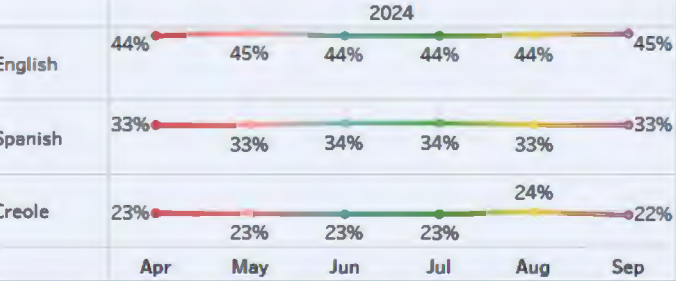
HOMELESS



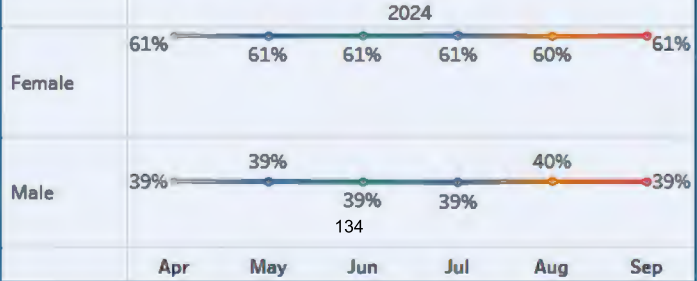
GENDER IDENTITY



LANGUAGE SPOKEN



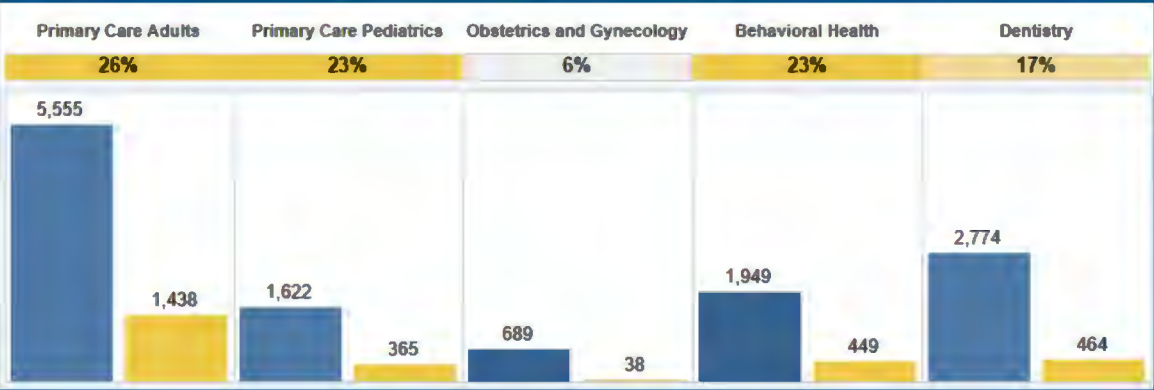
GENDER ASSIGNED AT BIRTH



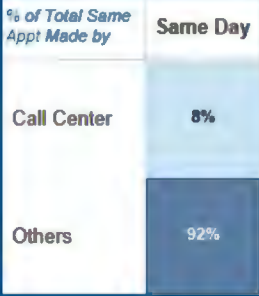
Same Date Appointments between 9/1/2024 - 9/30/2024

Scheduled Appt
Same Day

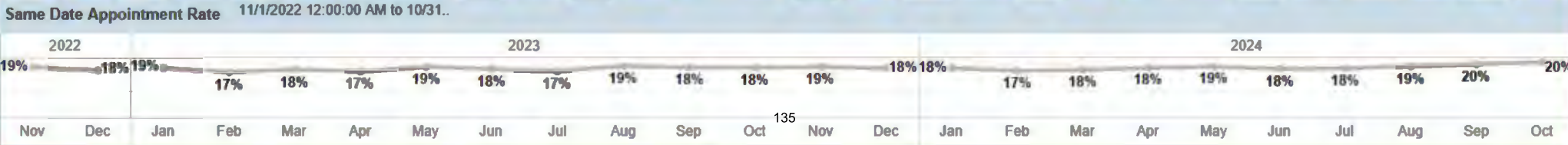
Filters



% Scheduled vs Same Day by Role Who Made the Appointment



Same Date Appointments by WeekDay						
# Same Dt / Total Encounters per day						
	Monday	Tuesday	Wednes..	Thursday	Friday	Saturday
Total	22%	21%	19%	18%	20%	0%
Daily Average						
07:00 - 08:00	30	29	27	25	28	0
09:00 - 10:00	46	42	33	28	39	0
11:00 - 12:00	22	23	19	15	22	0
01:00 - 02:00	40	37	37	30	35	
03:00 - 04:00	12	14	10	7	13	
Avg / Day	142	140	121	93	129	0



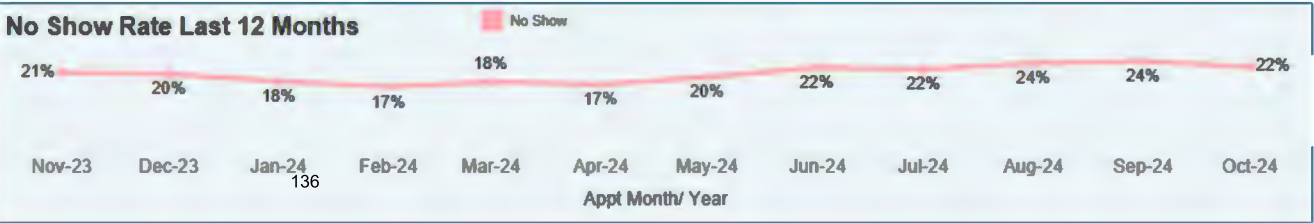
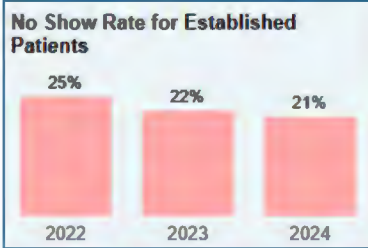
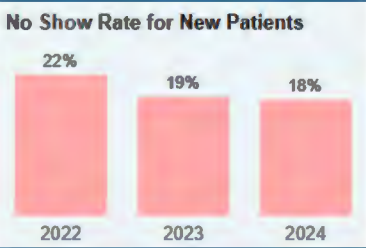
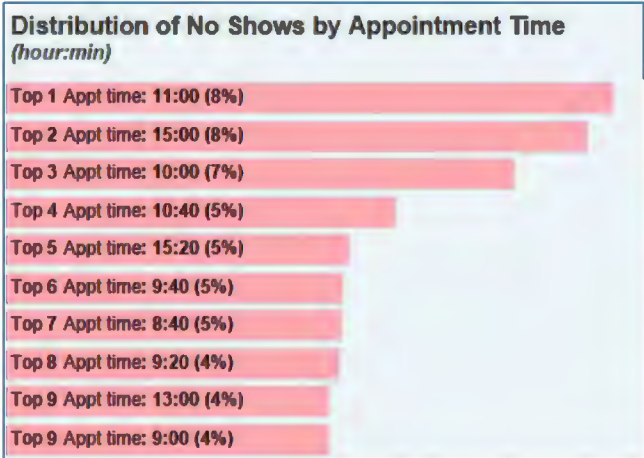
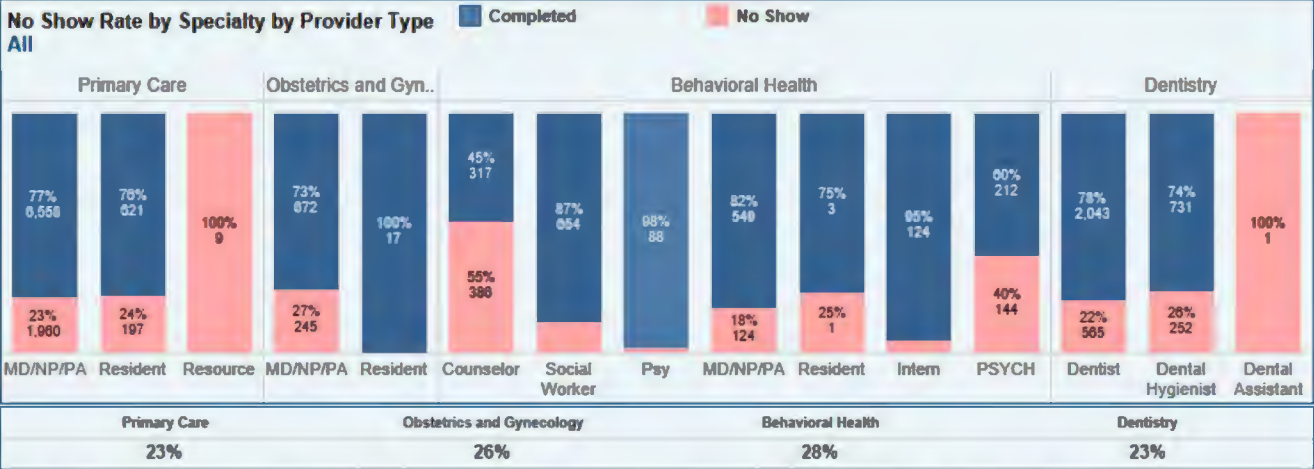
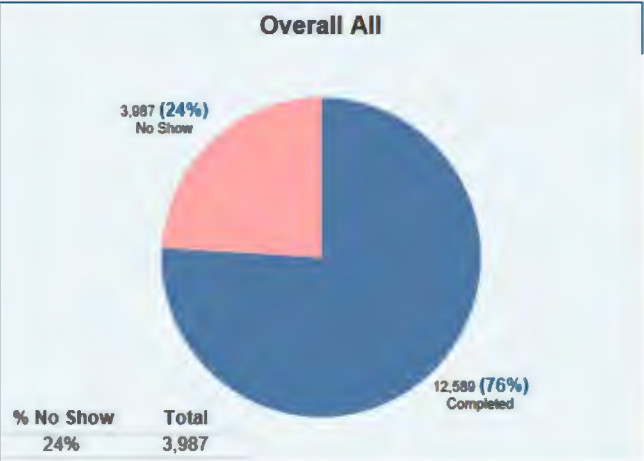


No Show Appointments Overall
Adult Care, Pediatric Care, Women's Health, Dental, BH Integration and BH
Addiction (including resource schedules, excluding nurses)
9/1/2024 - 9/30/2024

Filters

12% of No Show completed an encounter later on
13% of No Show Scheduled an appointment later on

All



Unique Patients
44,947

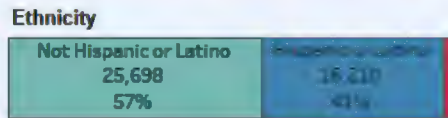
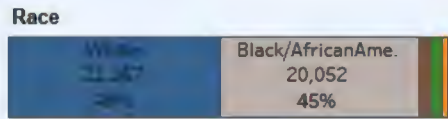
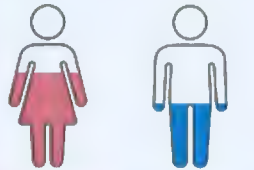
Patient Visits
158,168

New Patients
21,596

Clinics Dashboard 10/1/2023 to 9/30/2024

Filters

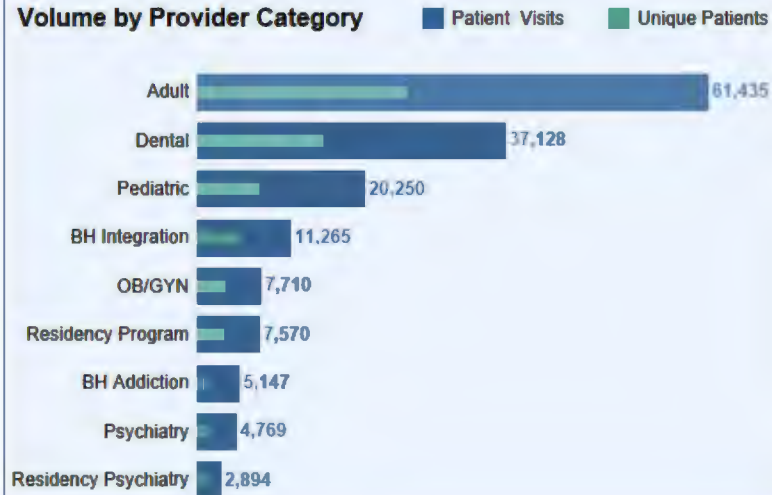
Demographics



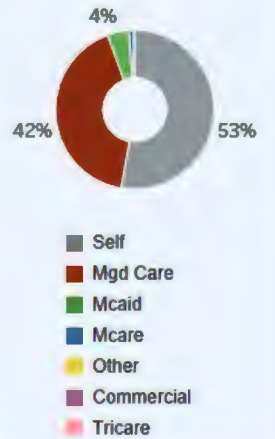
Age Group



Volume by Provider Category



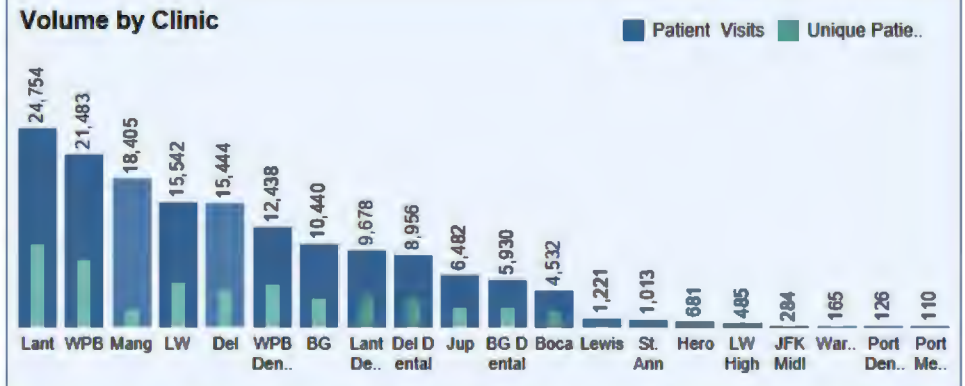
Payer Mix



Monthly Volume



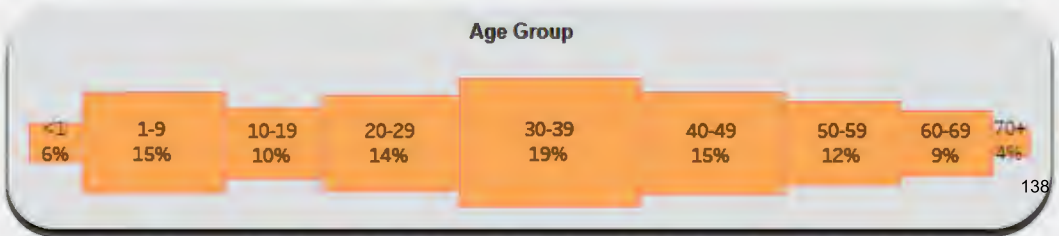
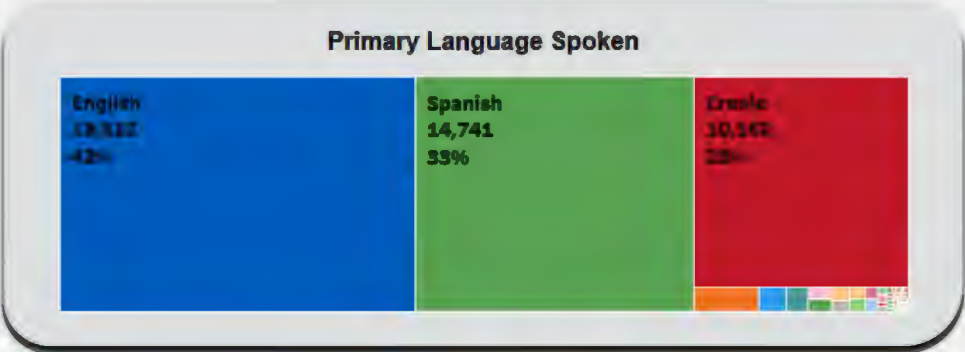
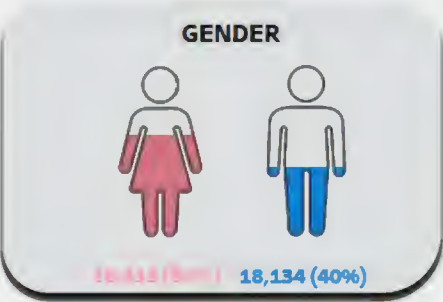
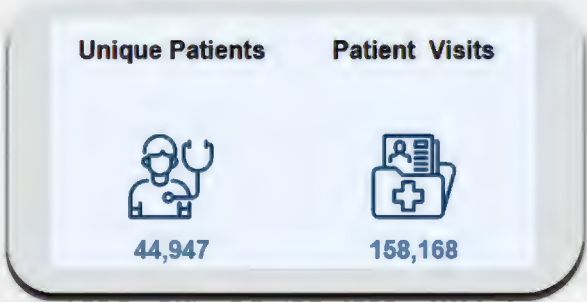
Volume by Clinic



CLINIC SCORECARD 10/1/2023 to 9/30/2024



All



DISTRICT CLINIC HOLDINGS, INC.

BOARD OF DIRECTORS

OCTOBER 23, 2024

1. Description: Patient Relations Dashboard Report

2. Summary:

This agenda item provides the following:

Quarterly Patient Relations Dashboard Q3 2024

3. Substantive Analysis:

For Quarter 3 2024, there were a total of 27 Patient Relations Occurrences that occurred between 8 Centers and Center Administration. This was an increase from the previous quarter where we had 26 Complaints and Grievances. Of the 27 occurrences, there were 7 Grievances and 20 Complaints. The top categories were Care and Treatment, Communication, Physician Related, Finance, Referral, Respect and Nursing Related issues. The top subcategory was Poor Communication with 6 occurrences.

There was also a total of 31 Compliments received across 6 Center and Center Administration. Of the 31 Compliments, 23 were patient compliments and 8 were employee-to-employee “Thumbs-Up” compliments.

4. Fiscal Analysis & Economic Impact Statement:

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

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

N/A

Jessica Cafarelli

VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

N/A

Date Approved

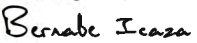


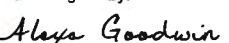
DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
OCTOBER 23, 2024


6. Recommendation:

Staff recommends the Board approve the Quarterly Patient Relations Dashboard for Q3 2024.

Approved for Legal sufficiency:

DocuSigned by:

0CF6F7DB6706434
Bernabe Icaza
SVP & General Counsel

DocuSigned by:

25C1B22931DA40
Alexa Goodwin
Manager, Patient Relations &
Communications

Signed by:

7B4234F087841B2
Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of Community
Health Centers

Patient Relations (Grievances, Complaints & Compliments) Community Health Centers - 7/1/2024 to 9/30/2024

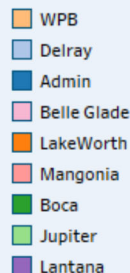
Detail



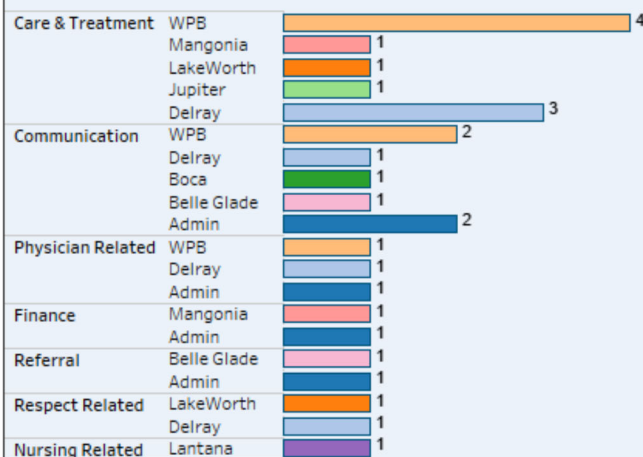
2024 Q3

Dept Desc All Provider All Total Complaints and Grievances 27 Late Entries: 0 Clinic All

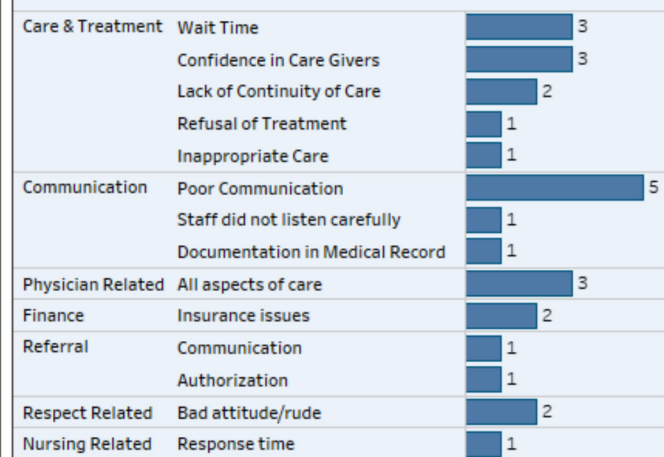
Community Health Centers



Top 5 Categories



Total Top 5 Subcategories



Total Compliments 31

Late Entries: 0

Complaints/Grievances Prev 4 Quarters

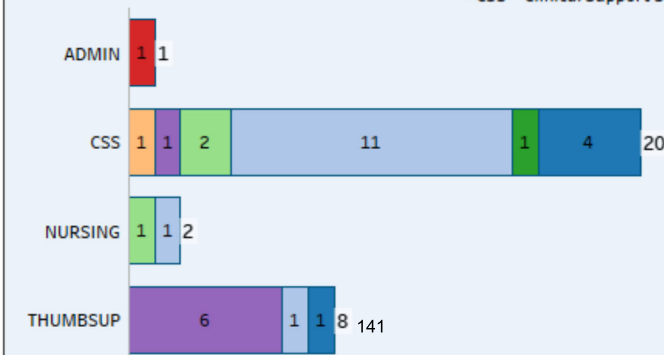
78

Community Health Centers



Care and Treatment Categories

* Color represents Department
** CSS = Clinical Support Staff



Top 5 Categories Trended

