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

BOARD OF DIRECTORS
November 28, 2023
12:30 P.M.

Meeting Location
1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401

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

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

BOARD OF DIRECTORS MEETING
AGENDA
November 28, 2023
1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401

Remote Participation Link: https://zoom.us/j/5507895592?pwd=REZ4TWtYUXowQWNpWTBaVXRsZ1dDQT09

Telephone Dial-in Access: (646) 558-8656 / Meeting ID: 550 789 5592 / Password: 946503

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

A. Community Health Quality Recognition Awards
(Steven Sadiku)

B. Family Health Centers UDS Performance Update
(Monica Georgelis)

C. HRSA Board Prep
(Lance Luttrell - Reg Lantern)

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

A. **Staff Recommends a MOTION TO APPROVE:**
Board Meeting Minutes of October 31, 2023 [Pages 1-9]

7. Consent Agenda – Motion to Approve Consent Agenda Items

A. ADMINISTRATION

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

November 2023 Internet Posting of District Public Meeting
https://www.hcdpbc.org/resources/public-meetings

7A-2 **RECEIVE AND FILE:**
Attendance Tracking [Page 10]

7A-3 **RECEIVE AND FILE:**
HRSA Digest
(Jesenia Montalvo) [Pages 11-21]

7A-3 **RECEIVE AND FILE:**
Proposed Schedule for 2024 Board Meetings
(Candice Abbott) [Pages 22-23]

7A-4 **RECEIVE AND FILE:**
Community Health Improvement Plan & Community Health Assessment Update
(Needs Assessment)
(Charmaine Chibar) [Pages 24-164]

B. FINANCE

7B-1 **Staff Recommends a MOTION TO APPROVE:**
District Clinic Holdings, Inc. Financial Report September 2023
(Jessica Cafarelli) [Pages 165-181]

8. Regular Agenda

A. ADMINISTRATION

8A-1 **Staff Recommends a MOTION TO APPROVE:**
Executive Director of FQHC Services Annual Evaluation by Board
(Jesenia Montalvo) [Pages 182-195]

8A-2 **RECEIVE AND FILE:**
Summary of Board Member Self-Evaluations
(Jesenia Montalvo) [Pages 196-212]

8A-3 **Staff Recommends a MOTION TO APPROVE:**
Tracking and Emergency Response Policies
(Jesenia Montalvo) [Pages 213-222]

8A-4 **Staff Recommends a MOTION TO APPROVE:**
Change in Scope for Lewis Center & Belle Glade
(Candice Abbott) [Pages 223-224]

B. EXECUTIVE

8B-1 **RECEIVE AND FILE:**
Executive Director Informational Update
(Candice Abbott) [Pages 225-226]

C. CREDENTIALING

8C-1 **Staff Recommends a MOTION TO APPROVE:**
Licensed Independent Practitioner Credentialing and Privileging
(Dr. Charmaine Chibar) [Pages 227-229]

D. QUALITY

8D-1 **Staff Recommends a MOTION TO APPROVE:**
Quality Report
(Dr. Charmaine Chibar) [Pages 230-263]

8D-2 **Staff Recommends a MOTION TO APPROVE:**
Quality Improvement Quality Assurance (QIQA) Plan Updates
(Dr. Charmaine Chibar) [Pages 264-317]

E. OPERATIONS

8E-1 **Staff Recommends a MOTION TO APPROVE:**
Operations Report- October 2023
(Marisol Miranda) [Pages 318-324]

9. Candice Abbott, Executive Director of FQHC Services Comments

10. Board Member Comments

11. Establishment of Upcoming Meetings

December 13, 2023 (HCD Board Room)
12:30 p.m. Board of Directors

12. Motion to Adjourn Public Meeting

District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
10/31/2023

Present: Melissa Tascone - Chair; Mike Smith- Vice-Chair; Joseph Gibbons- Secretary; William Johnson - Treasurer; Robert Glass; Alcolya St.Juste; Julia Bullard; Tammy Jackson-Moore (ZOOM)
Absent: Boris Seymore;
Excused: N/A
Staff: Darcy Davis (ZOOM); Dr. Belma Andric (ZOOM); Bernabe Icaza; Candice Abbott; Jessica Cafarelli; Regina All (ZOOM); Dr. Charmaine Chibar; Lisa Hogans; Alexa Goodwin; Marisol Miranda; Robin Kish; Macson Florvil; Heather Bokor; Maria Chamberlin; Andrea Steele (ZOOM); Jesenia Montalvo; Dr. Joshua Adametz; Angela Santos; Shauniel Brown; Alyssa Tartar; John Van Arnam (ZOOM); Gina Kenyon

Minutes Transcribed By: Gina Kenyon

The meeting is scheduled for 12:30pm.
Meeting Began at 12:35pm.

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order **1A. Roll Call** **1B. Affirmation of Mission**	Ms. Tascone called the meeting to order. Roll call was taken. Ms. Tascone read the affirmation of mission.	**The meeting was called to order at 12:35 p.m.**

2. Agenda Approval **2A. Additions/Deletions/ Substitutions** **2B. Motion to Approve Agenda Items**	None.	**VOTE TAKEN: Mr. Joe Gibbons made a motion to approve the agenda. Mr. Bill Johnson duly seconded the motion. A vote was called and the motion passed unanimously.**
3. Awards, Introductions & Presentations	None.	**No action necessary.**
4. Disclosure of Voting Conflict	None.	**No action necessary.**
5. Public Comment	None.	**No action necessary.**
6. Meeting Minutes **A.Staff Recommends a MOTION TO APPROVE:** Board meeting minutes of September 26, 2023 & October 25, 2023	There were no changes or comments to the minutes dated September 26, 2023. Mr. Mike Smith noted one correction to the minutes from October 25, 2023: Change "attract" to "distract" in Mike Smith's comments under Roll Call. This change was made and minutes were signed.	**VOTE TAKEN: As presented, Mr. Bill Johnson made a motion to approve the Board meeting minutes from September 26, 2023 & October 25, 2023 as amended. Mr. Mike Smith 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. Joseph Gibbons motioned to approve the Consent Agenda. Mr. Bill Johnson duly seconded the motion. A vote was called, and the motion passed unanimously.**

A. ADMINISTRATION		
7A-1. Receive & File: August 2023 Internet Posting of District Public Meeting	The 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.**
7A-4. Receive & File: FY23 School Based Service Expansion Grant	School Based Service Expansion Grant update was provided.	**Received & Filed. No further action is necessary.**
7A-5. Motion To Approve: Approval Selection of Permanent Exec. Dir.	This agenda item recommends the Board approve Candice Abbott as the Permanent Executive Director.	**Motion approved unanimously.**
B. FINANCE		
7B-1. Motion To Approve: DCH, Inc. Financial Report September 2023	This agenda item recommends the Board approve the September 2023 Financials which were provided in the Board packet.	**Motion approved unanimously.**
8. REGULAR AGENDA		
A. ADMINISTRATION:		
8A-1. Staff Recommends a MOTION TO APPROVE: Bylaws Amendment	This agenda item recommends the Board approve the Bylaws Amendment. This is a second vote on the approval we had at the September meeting to approve the Bylaws amendment which allows the attendance and the presence to be done virtually, to attend remote via zoom. The meetings are held monthly with no change, except that if you have an emergency or you have some unfortunate event that you are not able to be here, then you can attend via zoom which will count towards the quorum along with the in person attendees. The changes will have to go to the HCD Board for final approval. The changes will not take place until after that meeting in December,	**VOTE TAKEN: Mr. Mike Smith motioned to approve the current version of the Bylaws Amendment & Mr. Bill Johnson duly seconded the motion. A roll call vote was taken, and the motion passed.**

	probably our January meeting. A motion was made and a roll call vote was taken: William Johnson YES Joseph Gibbons NO Mike Smith YES Melissa Tascone YES Alycolya St. Juste NO Robert Glass YES Julia Bullard YES Tammy Jackson Moore YES The motion passed.	
B. EXECUTIVE		
8B-1 RECEIVE AND FILE: Executive Director Informational Update	Ms. Candice Abbott gave an update on the following: • Delray Location Kicked Off SUD October 3, 2023 • Delray Ribbon Cutting • BOD Exec. Dir. Evaluation 2023 & BOD Self Eval 2023 • HRSA Audit January 23rd - 25th One more point of note, Ms. Abbott informed the Board that, even though Albert Polk was not officially seated at the Board, we did nominate him in. He has already resigned due to time constraints with his scheduling. Dr. Andric has asked some of the physicians in the health centers to ask some of the patients, as it is really important that 50% of our Board are patients of our health centers. They know what we do, they experience it and they can actually speak to it here and make good informed decisions on behalf of our patients. We do have two nominations from patients and I am vetting through those and trying to get another person to join the Board. Mr. Bill Johnson suggested that we query the board to see who can attend Nov and Dec board meetings since they are only two weeks apart. We can attempt to reschedule if there seems to be issues with attendance. Gina will send out an email to confirm attendance.	**Received & Filed. No further action is necessary.**
C.CREDENTIALING		

8C-1 Staff Recommends a MOTION TO APPROVE: Licensed Independent Practitioner Credentialing and Privileging.	The agenda item represents the licensed independent practitioners recommended for credentialing and privileging by the Vice President, Chief Medical Officer. Dr. Chibar reviewed and 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) LIP(s): Claudia Tussey, MD joined the Delray Beach Clinic in 2023 specializing in Family Medicine. She attended the University of North Carolina at Chapel Hill School of Medicine and also completed her residency at the University of Pennsylvania Health System. Dr. Tussey is certified in Family Medicine by the American Board of Family Medicine. She is fluent in French and Spanish. Patrick Regan, DO joined the Belle Glade Clinic in 2023 specializing in Surgery. He attended the Philadelphia College of Osteopathic Medicine and also completed his residency at the Cleveland Clinic Education Foundation. Dr. Regan is certified in Surgery by the American Board of Surgery. He has been in practice for eighteen years. Shakiyla Hart, LCSW joined the West Palm Beach Clinic in 2023 as a Licensed Clinical Social Worker. She attended the Florida Atlantic University and has been in practice for eight years. Sherloune Normil-Smith, MD joined the Lantana Clinic in 2015 specializing in Pediatrics. She attended the University of Medicine and Dentistry New Jersey and also completed her residency at	**VOTE TAKEN: Mr. Bill Johnson motioned to approve Licensed Independent Practitioner Credentialing and Privileging Mr. Joe Gibbons duly seconded the motion. A vote was called, and the motion passed unanimously.**

	University of Hawaii. Dr. Normil-Smith has been in practice for seventeen years and is fluent in Creole, French and Spanish. Claudia Rexach, LMHC joined the Lantana Clinic in 2019 as a Licensed Mental Health Counselor. She attended the Interamericana University. She has been in practice for eight years and is fluent in Spanish.	
8C-2 Staff Recommends a MOTION TO APPROVE: General Surgery Dilineation of Privileges	The agenda item represents the General Surgery Delineation of Privileges recommended for Surgeons by the FQHC Medical Director and Chief Medical Officer. Staff recommends the Board approve the General Surgery Delineation of Privileges Form.	**VOTE TAKEN: Ms. Julia Bullard motioned to approve General Surgery Dilineation of Privileges Form & Ms. Alcoyla St. Juste duly seconded the motion. A vote was called, and the motion passed unanimously.**
D.QUALITY		
8D-1. Staff Recommends a MOTION TO APPROVE: Quality Reports.	This agenda item presents the updated Quality Improvement & Quality Updates: • Quality Council Meeting Minutes – October 2023 • UDS Report – YTD • Provider Productivity – September 2023 • Dr. Chibar presented the above topics and reviewed the UDS Report Dashboard.	**VOTE TAKEN: Mr. Joe Gibbons made a motion to approve the Quality Reports as presented. Ms. Julia Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.**
E. OPERATIONS		
8E-1. Staff Recommends a MOTION TO APPROVE: Operations Reports September 2023	In September, the Health Centers had a total of 8,854 unique patients. This is a 6% decrease from previous month. Our unique new patients totaled was 2,223 which remains consistently at 25% of overall unique patients. In provider visits the Health Centers had a total of 12,687 visits. This was a decrease of 6% from the month prior but 25% higher than September 2022. 40% of patients were from adults Primary Care, 23% from Dental which was a 1% decrease and 13% from Pediatrics which is a 1% decrease over previous month. In September the Lantana Health Center had the highest volume with 2,296 visits followed by the Mangonia Health Center with 2,237 visits. Our payer mix for September remains consistent with previous month with 54% uninsured which was consistent with previous	**VOTE TAKEN: Mr. Robert Glass made a motion to approve the Operations Reports- September 2023 as presented. Ms. Julia Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.**

	month. 41% of patients were Managed Care and 5% Medicaid which was a 1% increase. Health Centers continue to have 60% female. 51% of patients reported as White and 42% Black or African American. 40% of patients reported as Hispanic. Our largest age group continue to be those between the ages of 30-39 years old with 17% of patients. In September our Homeless population averaged 33.4% with a total of 3,019 homeless patients between all Health Centers. As expected the Lewis Center, St. Ann, Mangonia and Mobile Clinics had the highest percentage of homeless patients ranging from 66%-96%. Other clinics ranged from 18% in Belle Glade to 48% in Lantana. Those reported as doubling up is consistent with previous month at 49%. Agricultural Worker averaged 4.7% between all Health Centers which is consistent with previous month. The majority continue to come from the Belle Glade with 31% of their patients reporting as agricultural worker. Other clinics ranged from 0 to 3% agricultural workers. English is the primary spoken language across the clinics except for Lantana that has a higher percentage of Spanish and Creole speakers. The Boca Health Center had a higher percent of Portuguese speaking patients than all other clinics though Delray and Lantana both had 1%. Other language reported in September included Vietnamese, Russian, Bengali and Arabic.	
8E-2. Staff Recommends a MOTION TO APPROVE: Patient Relations	This agenda item provides the following: Quarterly Patient Relations Dashboard Q4 2023 For Quarter 4 2023, there were a total of 33 Patient Relations Occurrences that occurred between 6 Clinics and Clinic Administration. This was a decrease from the previous quarter where we had 36 Complaints and Grievances. Of the 33 occurrences, there were 12 Grievances and 21 Complaints. The top 5 categories were Care & Treatment, Physician Related, Communication, Respect Related and Finance Related issues.	**VOTE TAKEN: Mr. Robert Glass made a motion to approve the Patient Relations Report as presented. Mr. Joe Gibbons duly seconded the motion. A vote was called, and the motion passed unanimously.**

	The top subcategory was Physician Related All Aspects of Care with 6 occurrences. There was also a total of 51 Compliments received across 6 Clinics and Clinic Administration. Of the 51 Compliments, 48 were patient compliments and 3 were employee-to-employee Thumbs-Up compliments. Mr. Mike Smith asked what we do with this information that is provided. Do we have any serious issues and what category would they fall under? Ms. Alexa Goodwin explained that it varies from month to month on what is reported. This gets reported out monthly at Quality Council meeting and Ms. Goodwin has Patient Experience Workgroups that discusses what the major issues are, what the investigation was, what our follow up is, is there corrective action that needs to be taken…These get reviewed with the Medical Directors. If there are substantiative findings, we go about that and have those corrective actions with those employees involved. Ms. Heather Bokor added that Alexa and her Team work very closely with Risk Management so we report with Risk in Closed Session separate to this meeting but a lot of those items that may be more serious and may come up some times are reported to you separately so that may be why you see them different from this if that helps. Mr. Mike Smith asked if any of these complaints are reported as anonymous or do we always know who reports? Patient's can ask to remain anonymous and they can absolutely file that report anonymously. Most patients do identify themselves. Ms. Abbott added that in Quality Council, they review all of this data in detail and there is a trail for tracking.	

9. Executive Director of FQHC Services Comments	Ms. Abbott gave a reminder to please remember to fill out your surveys if you have not already done so and let us know if you will be able to attend the November and December Board meetings in person.	**No action necessary.**
10. Board Member Comments	No comments.	**No action necessary.**
11. Establishment of Upcoming Meetings	**December 13, 2023 (HCD Board Room)** 12:30 p.m. Board of Directors	**No action necessary.**
12. Motion to Adjourn	Ms. Tascone motioned to adjourn the public meeting immediately following the Closed Meeting at 1:38 pm.	**VOTE TAKEN: Mr. Mike Smith made a motion to adjourn. Mr. Bill Johnson duly seconded the motion. A vote was called, and the motion passed unanimously.**

Minutes Reviewed by: _____

Signature **Date**

C. L. Brumback Primary Care Clinics

Board of Directors

Attendance Tracking

	01/25/23	02/22/23	03/29/23	04/27/23	05/24/23	06/28/23	07/26/23	08/23/23	09/26/23	10/25/23	10/31/23	11/28/23	12/13/23
Mike Smith	X	X	X	X	X	X	N/A	X	X	X	X		
Melissa Tascone	X	X	X	X	X	X	N/A	X	X	E	X		
Julia Bullard	X	X	X	E	X	X	N/A	A	E	X	X		
Joseph Gibbons	X	X	X	X	X	X	N/A	X	X	E	X		
John Casey Mullen	X	---	---	---	---	---	---	---	---	---	---	---	---
James Elder	A	---	---	---	---	---	---	---	---	---	---	---	---
Irene Figueroa	A	---	---	---	---	---	---	---	---	---	---	---	---
Tammy Jackson-Moore	E	A	E	E	E	A	N/A	E	E	E	X (ZOOM)		
Robert Glass	X (ZOOM)	X	X	X	A	X	N/A	X	X	X	X		
William Johnson	X	X	X	X	X	X	N/A	X	X	X	X		
Boris Seymore	----	X	A	A	X	A	N/A	A	A	A	A		
Alcolya St. Juste	----	A	X	X	X	X (ZOOM)	N/A	X	X	E	X		

X= Present
C= Cancel
E= Excused
A= Absent

CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
November 28, 2023

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 November HRSA Digest highlighted the 2023 Community Health Quality Recognition Badges Awarded, the ECV Award Project ends December 21, the Health Care Marketplace open enrollment, and the 2023 UDS Webinar Series.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes ☐ No ☐
Net Operating Impact	N/A		Yes ☐ No ☐

*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:

DocuSigned by:
Jessica Cafarelli
CA6A21FF2E0487...
Jessica Cafarelli
Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date

6. Recommendation:

Staff recommends the Board Receive and File the HRSA Digest.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7DD6706438...
Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Jesenia Montalvo
D31F5A902D3B449...
Jesenia Montalvo
Manager, Regulatory & Accreditation

DocuSigned by:
Candice Abbott
F637D209DB524C7...
Candice Abbott
SVP & Chief Operating Officer
Executive Director of FQHC Services

CHQR Badges, ECV Project Period Ending, Marketplace Open Enrollment

HRSA Health Center Program

Primary Health Care Digest

November 7, 2023

SHARE

2023 Community Health Quality Recognition Badges Awarded

Congratulations to health centers that earned Community Health Quality Recognition (CHQR) badges this year! Read HHS' announcement.

CHQR badges recognize health centers that have made notable achievements in access, quality, health equity, health information technology, and COVID-19 public health emergency response. We base CHQR badges on the prior year's Uniform Data System (UDS) data. View the CHQR Dashboard or the Health Center Program UDS Data webpages to see which health centers received badges. See yesterday's bulletin for more information.

ECV Award Project Period Ends December 31

If your health center received Expanding COVID-19 Vaccination (ECV) funding, HRSA expects you to use the funds within the project period to increase access to, confidence in, and demand for updated COVID-19 vaccines. However, we will consider a period of performance extension in increments of one to six months.

If your health center is unable to complete the award activity by the project period end date (Sunday, December 31), you may request an extension without funds (also known as a no-cost extension). If you are granted an extension, your health center can complete approved projects and activities using the remaining funds during the extended project period. If you anticipate needing an extension, contact your Grants Management or Investment Oversight Advisor as soon as possible to discuss the requirements for submitting the request in HRSA's Electronic Handbooks (EHBs).

Health centers have 90 days after the project period end date to liquidate obligations, which are costs incurred through that date. Any new expenses incurred after the project period end date are unallowable and subject to repayment to HRSA.

It's Open Enrollment!

Health centers play an important role in helping members of their communities enroll in the Health Care Marketplace. Visit CMS' Partner Tools and Toolkit website for theme week-related content and ideas. It includes a downloadable graphics package for November that contains images like the one at right.

Examples of past health center efforts:

- Employing navigators and outreach and enrollment counselors dedicated to supporting patients in getting covered.
- Conducting enrollment appointments in-person, virtually, and over the phone.
- Using COVID-19 testing and vaccination events as opportunities to spread the word.
- Using their websites, social media, paid advertising, and print materials to raise awareness.

CMS' Enrollment Resources website offers resources to support your work. They are also hosting webinars like this one:

Improving Access to Health Care Coverage
in Rural Communities with Medicaid and CHIP
Thursday, November 9
2:00-3:00 p.m. ET
Registration page

The National Association of Community Health Centers (NACHC) will host a web series featuring CMS, "Open Enrollment 11 & Medicaid Renewals: What Health Centers Need to Know." See the sidebar for details (first session is Wednesday, November 8).

Jump To: **COVID-19** | **Behavioral Health** | **Hypertension** | **Workforce** | **Telehealth** | **Additional Resources** | **Training Calendar**

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

What's New

ECV Reporting Requirement

Health centers using ECV funds are required to complete the monthly Health Center COVID-19 Survey. The November 3 survey (for October data) is due by 11:59 p.m. *your local time* on Thursday, November 9. Our COVID-19 Data Collection Survey Tool User Guide can help you. If you still have questions, use the BPHC Contact Form (*COVID-19 > COVID-19 Surveys*).

UDS State-Based Trainings

HRSA is hosting virtual and in-person UDS trainings nationwide with PCAs through December. View the 2023 UDS Training Schedule (PDF) to register. Speakers will cover 2023 reporting and updates on the UDS Modernization Initiative, including the UDS patient-level submission (UDS+) timeline.

Learn from Winners of Our Building Bridges to Better Health: A Primary Health Care Challenge

Our new technical assistance (TA) video features the winners of our Building Bridges to Better Health primary health care challenge. This includes the Washington County Mobile Integrated Health Network, which created a network of HRSA-funded health centers, local emergency medical service agencies, and social service organizations to care for high-risk and chronically ill patients across Missouri.

HRSA awarded a total of $400,000 to eight final winners in the last phase of our $1 million national competition to connect more patients to primary care at health centers and strengthen the link between clinical care and social services. Other winning solutions included social services referral software and artificial intelligence-enabled chatbots to increase preventive services and screen patients for social risk factors.

Health centers are responsible for ensuring that any grant-supported activities are consistent with their HRSA-approved scope of project. For more information, visit our Health Center Program Scope of Project webpage.

Policy Tip: Key Management Staff

A health center award recipient can change its Project Director by submitting a prior approval request through EHBs, using the steps identified in the How do I change my Project Director video. A Health Center Program look-alike should use the BPHC Contact Form to

Training Calendar

Visit our online calendar for details on these and all scheduled events.

Through November 14

Home Visitation and Telehealth Services Webinar Series
Hosted by the National Nurse-led Care Consortium and NCHPH
Tuesday, November 7,
and Tuesday, November 14
1:00-2:00 p.m. ET
Registration page

Reporting UDS Financial and Operational Tables
Tuesday, November 7
1:00-2:30 p.m. ET
Registration page

COVID-19 Response Programs Office Hours
Wednesday, November 8
1:00-2:00 p.m. ET
Registration page

Open Enrollment 11 & Medicaid Renewals: What Health Centers Need to Know
Hosted by NACHC, but not federally funded
Wednesday, November 8, and
Thursday, November 16
3:00-4:00 p.m. ET
Registration page

Harnessing the Power of Outreach and Enabling Services to Address Social Drivers of Health
Hosted by several NTTAPs
Wednesday, November 8
3:00-4:30 p.m. ET
Registration page

2023 Data Reporting UDS

Health Center Program look alike should use the BPHC Contact Form to obtain guidance on how to change its Project Director in the EHBs.

To learn more about this topic, and to find answers to other questions, check out the Health Center Program Compliance FAQs.

World AIDS Day Photos

Help us recognize World AIDS Day (Friday, December 1): Share photos of your health center staff, patients, or community members wearing red or attending a World AIDS Day event. We may use your pictures in a Today with Macrae webcast or Digest issue.

- Submit photos by Wednesday, December 6, using the BPHC Contact Form *(General/Other HRSA > Today with Macrae: Health Center Program Updates)*.
- Mention World AIDS Day 2023.
- Include everyone's names and titles and two or three sentences about the event as applicable.
- Upload the photos and a completed Photo Release Form (PDF) for each person in the photo.

New Value-Based Care Tools from NACHC

NACHC just posted the Health Center Value-Based Care Glidepath (PDF), which provides a roadmap for a health center's transition to value-based care. This CDC-funded resource outlines key actions for consideration during three critical phases of transition: planning, implementing, and optimizing. See NACHC's Value Transformation Framework website for additional resources developed by their Quality Center.

National Rural Health Day 2023

Mark your calendars and join HRSA for a discussion about innovations in rural health care delivery.

Thursday, November 16
11:00-noon a.m. ET
Access details coming soon

See the full agenda for our celebration.

CDC's Respiratory Virus Toolkits

CDC toolkits and resources can help health centers prepare for the fall and winter virus season. They include resources for providers and for specific audiences like parents, people with disabilities, and special

Preliminary Reporting Environment
Thursday, November 9
1:00-3:00 p.m. ET
Registration page

Lived Expertise and Data Management: Trauma-Informed Approaches and Perspectives
Hosted by the Corporation for Supportive Housing
Thursday, November 9
2:00-3:30 p.m. ET
Registration page

Achieving Excellence Through the HRSA Accreditation and PCMH Recognition Initiative
Hosted by AAAHC
Monday, November 13,
and Tuesday, November 14
11:00 a.m.-4:30 p.m. ET
Registration page

Implementing Evidence Based Programs for Diabetes Care
Hosted by the National Center for Farmworker Health
Tuesday, November 14
Noon-1:00 p.m. ET
Registration page

Upcoming

TA Opportunities to Support Integrated Primary and Behavioral Health Care
Wednesday, November 15
2:00-3:00 p.m. ET
Registration page

HRSA National Rural Health Day Keynote
Thursday, November 16
11:00 a.m.-noon ET
Access details coming soon (see the agenda webpage)

UDS: Successful Submission Strategies

populations.

Updated Community Health Workers Profile in Occupational Outlook Handbook

The U.S. Department of Labor's Bureau of Labor Statistics Occupational Outlook Handbook has updated the Community Health Workers (CHW) profile. HRSA helped inform the update as part of an interagency initiative to address long-term CHW sustainability through novel, whole-of-government solutions.

The new profile reflects the core CHW duties, competencies, and training and employment sites. The profile also mentions peer support specialists, community health representatives, and promotores de salud for the first time.

Less Than a Month Left to Apply for CMS' Making Care Primary Model

Applications for CMS' Making Care Primary (MCP) Model opportunity are due Thursday, November 30. Interested FQHCs in eligible regions may apply. Find resources, details, and a link to the application portal on the MCP Model webpage. They will hold another Office Hour for questions:

Tuesday, November 21
2:00-3:00 p.m. ET
Registration page

Research Funding Opportunity Using of *All of Us* Data

NIH's *All of Us* Research Program has more than 702,000 participants enrolled, with a goal of enrolling 1 million participants. *All of Us* works with more than 100 partner organizations and has 810 sites collecting biosamples and physical measurements. HRSA-supported health centers are one example – you helped make this happen!

NIH recently announced a funded research opportunity. They are soliciting white papers supporting various areas of interest. Funded organizations will design and implement strategies to raise awareness of and engagement with the program.

COVID-19

HHS Letter about COVID-19 Therapeutics

The COVID-19 response remains a significant public health priority for the Biden-Harris Administration. People are still at risk of infection and re-infection, and millions are experiencing the longer-term effects of the virus. Read HHS Secretary Xavier Becerra's full letter to COVID-19 therapeutics manufacturers, distributors, pharmacies, and the health care payer community.

Thursday, November 16
1:00-2:30 p.m. ET
Registration page

Tobacco Cessation for Homeless Individuals and Public Housing Residents: A Brief Review
Hosted by NHCHC and NCHPH
Thursday, November 16
2:00-3:00 p.m. ET
Registration page

Today with Macrae: Health Center Program Updates
Tuesday, November 28
2:00-3:00 p.m. ET
Join the day of the session
Join by phone: 833-568-8864
Webinar ID: 160 898 8161

Health Center Needs Assessment 101
Hosted by NACHC
Thursday, November 30
2:00-3:00 p.m. ET
Registration page

2023 Annual Update on the UDS Sealant Measure
Hosted by the National Network for Oral Health Access
Thursday, November 30
3:00-4:00 p.m. ET
Registration page
1.0 CDE available

Approaches to Mental Health Care for MSAWs
Hosted by Farmworker Justice and Health Outreach Partners
Tuesday, December 5
1:00-2:30 p.m. ET
Registration page

Poverty, Housing and Stigma: The Profound Effects of The Social Determinants of Health on Addiction Management
Hosted by NCHPH
Monday, December 18

TOMORROW: COVID-19 Response Programs Office Hour

We will share important updates on testing supplies, therapeutics, and vaccines. The session will also provide health centers an opportunity to engage with HRSA.

Wednesday, November 8
1:00-2:00 p.m. ET
Registration page

Submit questions in advance using the BPHC Contact Form (select the relevant topic under *COVID-19* and include "Office Hours" in the subject line). Office hours are open to all HRSA-supported health centers and look-alikes. Recordings are posted in the Health Center Program Community.

Behavioral Health

TA Opportunities to Support Integrated Primary and Behavioral Health Care

This webinar shares training and TA available to HRSA-funded health centers and PCAs to enhance behavioral health integration services. Join to learn how to request assistance. You will be invited to share where your organization needs the most help.

Wednesday, November 15
2:00-3:00 p.m. ET
Registration page

Tobacco Cessation for Homeless Individuals and Public Housing Residents: A Brief Review

The National Health Care for the Homeless Council (NHCHC) and the National Center for Health in Public Housing (NCHPH) will discuss the importance of smoking cessation for homeless individuals and residents of public housing served by health centers. They will provide clinicians, health educators, and CHWs with information on the seven FDA-approved cessation medications, as well as proven behavioral counseling techniques to help individuals stop smoking permanently.

Thursday, November 16
2:00-3:00 p.m. ET
Registration page

Approaches to Mental Health Care for Migrant and Seasonal Agricultural Workers

Farmworker Justice and Health Outreach Partners offer a webinar to help health centers improve their response to the mental health care needs of migratory and seasonal agricultural workers (MSAWs). Speakers will

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

Webinars are hosted by HRSA unless otherwise noted.

cover mental health disorders, and how outreach and enabling services can provide trauma-informed care to screen and support mental health in MSAWs. Participants can share their experiences, challenges, and successes. The final 30 minutes is optional, addressing ready-to-implement resources and offering time for discussion.

Tuesday, December 5
1:00-2:30 p.m. ET
Registration page

Hypertension

Apply for the "Live to the Beat" Health Center Community Ambassadors Program

The CDC Foundation's "Live to the Beat" campaign aims to reduce cardiovascular disease risk among Black adults ages 35-54. Their approach is to empower the Black community with consistent and regular messaging about healthy habits and tips.

CDC invites health centers to apply to its Community Ambassadors Program, through which five health centers will receive funding. Learn more or apply by Friday, November 17.

Workforce

CDC Report on Health Workers' Mental Health

CDC's recent report documents the ongoing mental health challenges for health workers. They mention the National Institute for Occupational Safety and Health's "Impact Wellbeing" campaign, which provides employers of health workers with resources to modify working conditions and improve worker mental health.

CDC's results make the data available from our recent survey even more impressive! As a reminder, you can view and filter that data in the Health Center Workforce Well-being Survey Dashboard. Our Health Center Workforce Well-being Initiative webpage includes resources for health centers.

NTTAP Learning Collaborative

Visit the application page for dates, times, and more information:

- **School-Based Health Center Start-Up**
  The School-Based Health Alliance invites health center staff to learn about partnering with schools to provide or expand access to primary care and behavioral health services in schools. Apply by Thursday, November 16.

Health Professional Students' Loan Repayment Application Open Now

Apply by 7:30 p.m. ET on Thursday, December 7, for the 2024 National Health Service Corps (NHSC) Students to Service Loan Repayment Program. Final-year nursing, medical, and dental students can apply for up to $120,000 in exchange for a three-year commitment providing primary care services at NHSC-approved sites in high-need areas.

Telehealth

2023 National Telehealth Conference Summary and Sessions

If you missed HRSA'S National Telehealth Conference, you can now view sessions on-demand. With over 3,000 registrants, the meeting kicked off Telehealth Awareness Week by hosting speakers from federal agencies and other telehealth experts who examined the importance of integrating telehealth into standard care.

Additional Resources

Recording Available: Congenital Syphilis – Care Models, Treatment

CDC reports a significant increase in congenital syphilis in the U.S. since 2012 (see their treatment guidelines webpage).Watch this session, recorded earlier this year, to learn more about this growing epidemic and explore care models and treatment.

Achieving Excellence Through the HRSA Accreditation and PCMH Recognition Initiative

Join health center colleagues for a two-day virtual seminar led by experts from the Accreditation Association for Ambulatory Health Care (AAAHC). Topics include: Risk Management and Safety, Infection Prevention, Credentialing, Privileging and Peer Review, Quality Improvement, and Telehealth in Medical Homes. Learn how the AAAHC standards are a good fit for health centers seeking quality improvement and safety.

> Monday, November 13,
> and Tuesday, November 14
> 11:00 a.m.-4:30 p.m. ET
> Registration page

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DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 28, 2023

1. Description: Proposed Schedule for 2024 Board Meetings

2. Summary:

This agenda item provides the Board with the proposed schedule for board meetings in 2024.

3. Substantive Analysis:

January 24, 2024 (HCD Board Room)
12:30 p.m. Board of Directors

February 28, 2024 (HCD Board Room)
12:30 p.m. Board of Directors

March 27, 2024 (HCD Board Room)
12:30 p.m. Board of Directors

April 24, 2024 (HCD Board Room)
12:30 p.m. Board of Directors

May 22, 2024 (HCD Board Room)
12:30 p.m. Board of Directors

June 26, 2024 (HCD Board Room)
12:30 p.m. Board of Directors

July 24, 2024 (HCD Board Room)
12:30 p.m. Board of Directors

August 28, 2024 (HCD Board Room)
12:30 p.m. Board of Directors

September 25, 2024 (HCD Board Room)
12:30 p.m. Board of Directors

October 23, 2024 (HCD Board Room)
12:30 p.m. Board of Directors

November 20, 2024 (HCD Board Room)
12:30 p.m. Board of Directors

December 18, 2024 (HCD Board Room)
12:30 p.m. Board of Directors

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 28, 2023

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes ☐ No ☐
Net Operating Impact	N/A		Yes ☐ No ☐

*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:

DocuSigned by:
Jessica Cafarelli
CA6A21FF2E0B481...
Jessica Cafarelli
Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date Approved

6. Recommendation:

Staff recommends the Board Receive and File the Schedule for 2024 Board Meetings.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7DB6706434...
Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Candice Abbott
F637D209DB524C2...
Candice Abbott
SVP & Chief Operating Officer
Executive Director of FQHC Services

CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
November 28, 2023

1. Description: 2023 Palm Beach County Community Health Improvement Plan, Service Area & Hours Confirmation

2. Summary:

This agenda item presents the Board with the 2023 Palm Beach County Community Health Improvement Plan, our current service area, and confirmation of operating hours.

3. Substantive Analysis:

The HRSA Compliance Manual requires that the health center completes or updates a needs assessment of the current or proposed population at least once every three years, for the purposes of informing and improving the delivery of health center services. The needs assessment utilizes the most recently available data for the service area and, if applicable, special populations and addresses the following:

- Factors associated with access to care and health care utilization (for example, geography, transportation, occupation, transience, unemployment, income level, educational attainment);
- The most significant causes of morbidity and mortality (for example, diabetes, cardiovascular disease, cancer, low birth weight, behavioral health) as well as any associated health disparities; and
- Any other unique health care needs or characteristics that impact health status or access to, or utilization of, primary care (for example, social factors, the physical environment, cultural/ethnic factors, language needs, housing status).

The 2023 Palm Beach County Community Health Improvement Plan identified three priority areas for the County. Those include:

1. Chronic Disease Prevention and Self-Management
2. Mental and Behavioral Health
3. Access and Linkage to Health and Human Services

C. L. Brumback Primary Care Clinics Implementation Strategy focuses on three key strategies that address the needs and priority areas of Palm Beach County.

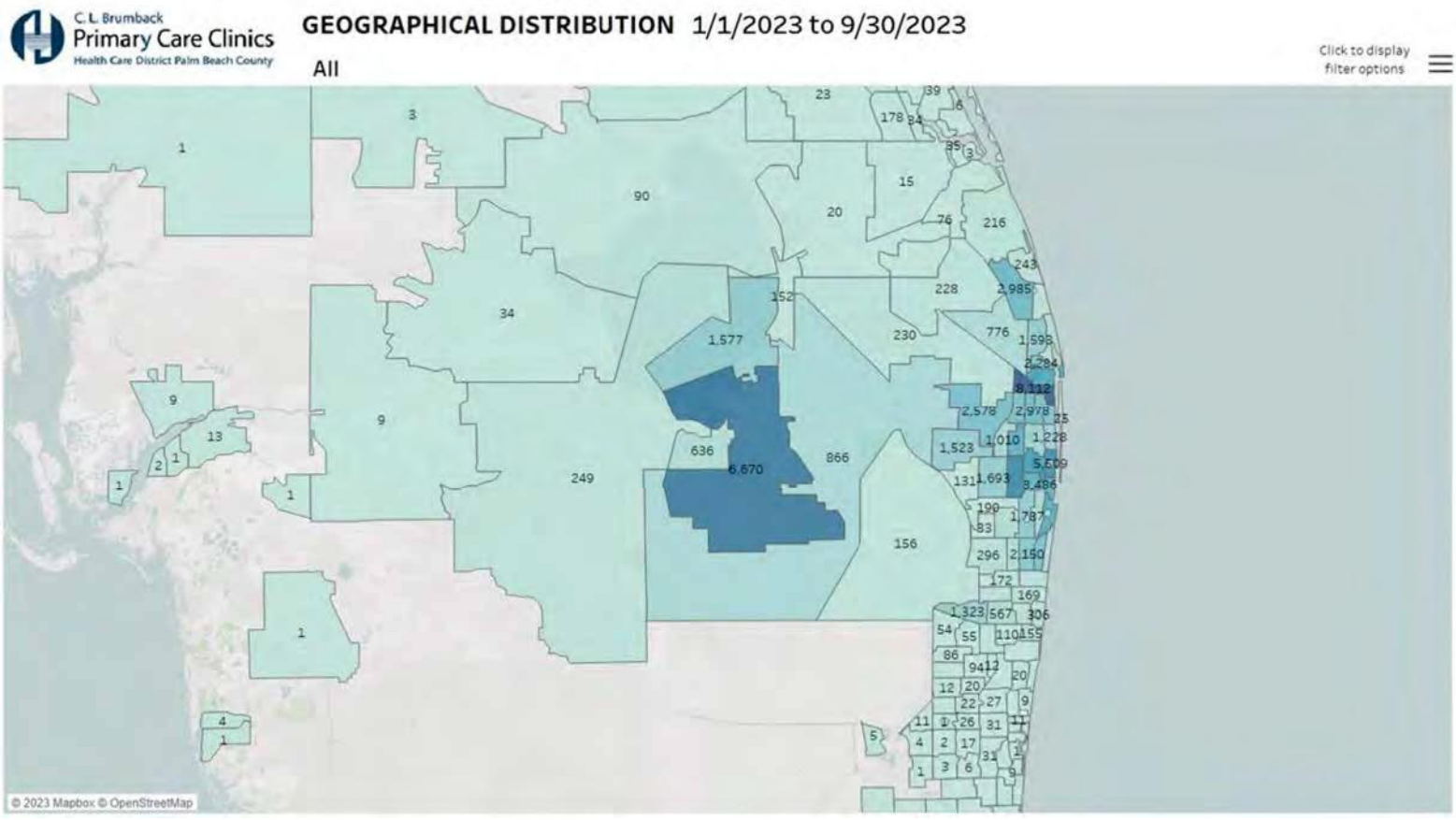
1. American Heart Association Partnership (*AHA Target Type 2 Quality Collective*-Grant for Diabetes) and Chronic Disease Management with self-management pilot.
2. Expanded integrated Behavioral Health and MAT program and have partnered with the FAU psych residency program.

3. Continue increasing access to care (HIV grant, American Cancer Society to increase screenings. Community Partnership Schools (CPS) program, and community outreach events, expansion of clinics (Delray, St. Ann and increasing hiring of staff).

The updated 2023 Palm Beach County Community Health Improvement Plan (July 2022—June 2027) revised June 2023 is included with this agenda item for review.

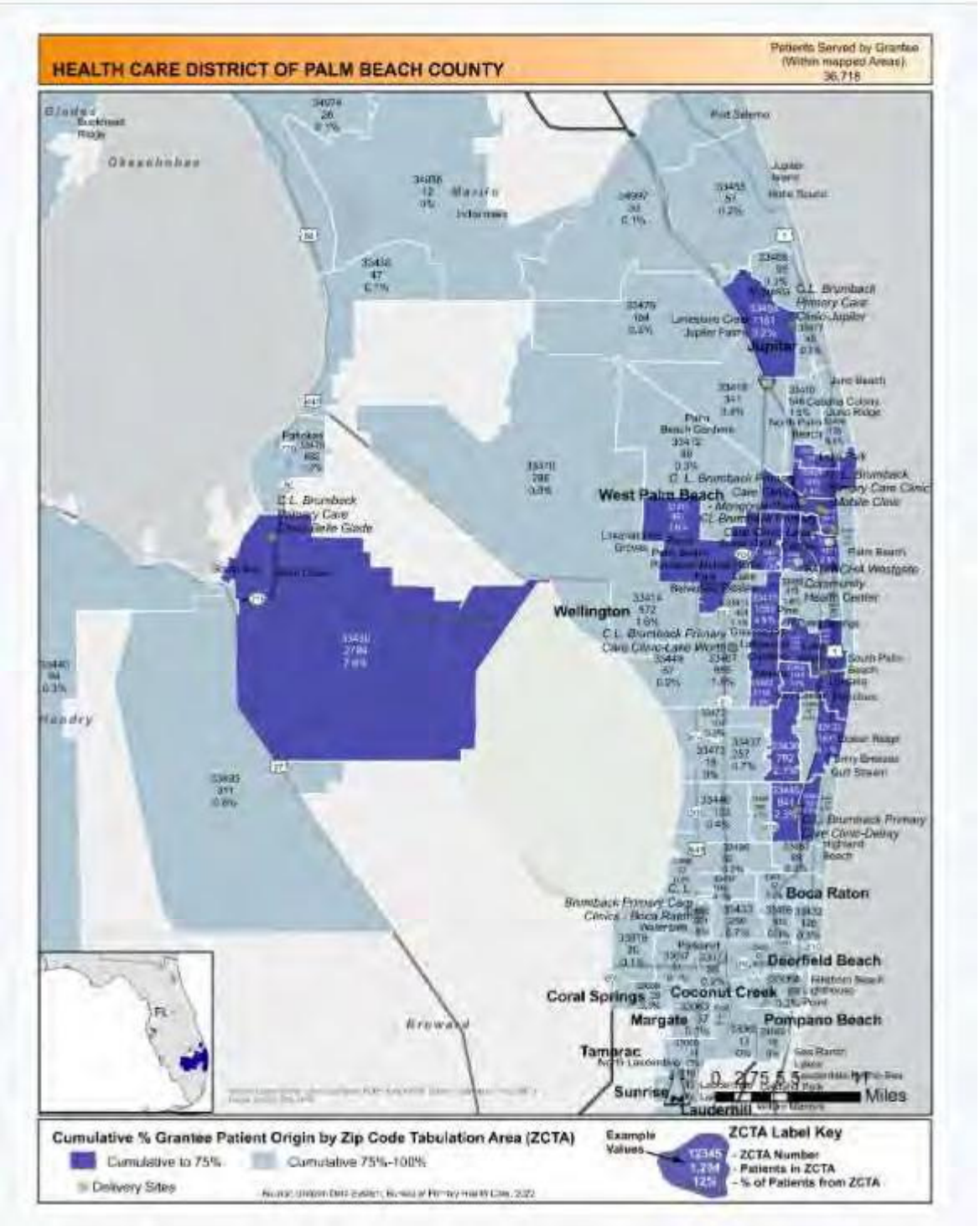
Service Area
Comparison of the zip codes on Form 5B to the patient origin confirmed an overlap of 100% overlap of zip codes for 34,135 unique patients out of 36,718 unique patients (93% of patient population).

Hours of Operation
Reviewed patient satisfaction survey preferences for days of the week appointment times being offered in alignment with patient preferences and hours of operation.



CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
November 28, 2023

Service Area Map ×



CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
November 28, 2023

C. L. Brumback Primary Care Clinics
Hours of Operation

	Location	Address	Hours
1	**Belle Glade**	39200 Hooker Highway Suite 101 Belle Glade, FL 33430	8am – 5pm Monday-Friday 9am – 1pm Saturday
2	**Jupiter**	411 W. Indiantown Rd. Jupiter, FL 33458	8am – 5pm Monday-Friday
3	**Lake Worth**	7408 Lake Worth Road Suite 700 Lake Worth, FL 33467	8am – 5pm Monday-Friday 9am – 1pm Saturday
4	**Lantana**	1250 Southwinds Drive Lantana, FL 33462	8am – 5pm Monday-Friday 9am – 1pm Saturday
5	**West Boca Raton**	9960 South Central Park Blvd Suite 450 Boca Raton, FL 33428	8am – 5pm Monday-Friday
6	**Delray Beach**	200 Congress Park Dr. Suite 100 Delray Beach, FL 33445	8am – 5pm Monday-Friday 9am – 1pm Saturday
7	**Mangonia Park**	2151 45th Street Suite 300 West Palm Beach, FL 33407	8am – 5pm Monday-Friday
8	**West Palm Beach**	1150 45th Street West Palm Beach, FL 33407	8am – 5 pm, Monday-Friday 9am – 1pm Saturday
9	**Lewis Center**	1000 45th Street West Palm Beach, FL 33407	8am – 5 pm Wednesday
10	**St. Ann's**	2107 N Dixie Highway West Palm Beach, FL 33407	8am – 3pm Monday-Friday
11	**Mobile Unit-WARRIOR**	Parked at EJH	Operates based on outreach need
12	**Mobile Unit-SCOUT**	Parked at EJH	Operates based on outreach need
13	**Mobile Unit-HERO**	Parked at EJH	Operates based on outreach need

CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
November 28, 2023

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes ☐ No ☐
Net Operating Impact	N/A		Yes ☐ No ☐

*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:

DocuSigned by:
Jessica Cafarelli
CA6[illegible]Cafarelli
Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date

6. Recommendation:

Staff recommends the Board Receive and File the 2023 Palm Beach County Community Health Improvement Plan, our current service area, and confirmation of operating hours (update to the Lewis Center).

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7[illegible]Icaza
SVP & General Counsel

DocuSigned by:
Charmaine Chibar
B6F[illegible]Chibar
FQHC Medical Director

DocuSigned by:
Candice Abbott
F637D[illegible]Abbott
SVP & Chief Operating Officer
Executive Director of FQHC Services

Florida HEALTH
Palm Beach County

Health Care District
PALM BEACH COUNTY




Palm Beach County Community Health Improvement Plan

July 2022 - June 2027

Updated June 2023

HEALTH COUNCIL OF SOUTHEAST FLORIDA

TABLE OF CONTENTS

TABLE OF FIGURES

EXECUTIVE SUMMARY

In 2021, the Florida Department of Health in Palm Beach County (DOH-PBC) and the Health Care District of Palm Beach County (HCD) enlisted the Health Council of Southeast Florida (HCSEF) to facilitate a comprehensive Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). As part of this process, the Palm Beach County Community Health Advisory Council, comprised of a diverse group of local public health system partners and stakeholders, was also engaged to inform and guide CHA and CHIP development.

From January 2022 through June 2022, the Advisory Council convened to: 1) discuss the gaps in services and challenges facing Palm Beach County residents, based on the quantitative and qualitative CHA findings, 2) share their perspectives and experiences as local public health system representatives, and 3) develop a plan to address those needs. The Advisory Council reviewed key health indicators from the CHA, which were stratified by race and ethnicity, to highlight disparities and determine the top health priorities in Palm Beach County. Through a series of meetings facilitated by HCSEF, the Advisory Council crafted goals, objectives, strategies, and activities to address each priority area and, ultimately, developed the CHIP. The Palm Beach County CHIP aims to address public health priorities by identifying which community partners and stakeholders will work on each priority area and how their individual organizations will support improving progress towards activities and health improvement strategies in Palm Beach County. The 2022 – 2027 Palm Beach County CHIP strategic priority areas are as follows:

- **Chronic Disease Prevention and Self-Management**
- **Mental and Behavioral Health**
- **Access and Linkages to Health and Human Services**

The Palm Beach County Community Health Advisory Council will continue to meet biannually to report on efforts, assess progress, and refine the plan as needed to improve the health of Palm Beach County residents. The Health Advisory Council membership will continue to evolve over the implementation of the CHIP to ensure the inclusion of diverse perspectives and engagement among partners with various lived experience and expertise. Continuous outreach is conducted to recruit new members through the partnership, and efforts are made to retain and actively engage existing members.

Thanks to the dedication of the Palm Beach County Community Health Advisory Council, the CHIP is a thorough and executable plan that Palm Beach County partners and stakeholders can use to guide community health planning activities in the coming years. We invite you to review this Plan and consider how you can engage in these efforts to create a healthier Palm Beach County.

ACKNOWLEDGEMENTS

This Community Health Improvement Plan is dedicated in health and wellness to the residents of Palm Beach County.

The Florida Department of Health in Palm Beach County, the Health Care District of Palm Beach County, and the Health Council of Southeast Florida would like to thank the partnering organizations and residents who contributed to this effort. At its core, this plan aims to create a healthier, more equitable Palm Beach County. Without the voices of the local public health system and residents, such change would not be possible.

"You don't make progress by standing on the sidelines…You make progress by implementing ideas."

-Shirley Chisholm

PARTNERING ORGANIZATIONS

211 Palm Beach & Treasure Coast
Aid to Victims of Domestic Abuse, Inc. (AVDA)
Allegany Franciscan Ministries
Alpert Jewish Family Services
Alzheimer's Community Care
American Association of Caregiving Youth
American Heart Association
Area Agency on Aging of Palm Beach/Treasure Coast
BeWellPBC
Boca Raton's Promise
BRIDGES at Belle Glade
Broward Health
CareerSource Palm Beach County
Caridad Center
Caron Treatment Centers
Catholic Charities of the Diocese of Palm Beach
Center for Child Counseling
Chamber of Commerce of Palm Beach
Children's Services Council of Palm Beach County
Chewlin & Associates
C.L. Brumback Primary Care Clinics
Citizens for Improved Transit
City of West Palm Beach
Community Foundation for Palm Beach and Martin Counties
Community Partners of South Florida
Coral Shores Behavioral Health
CROS Ministries
Delray Medical Center
Diabetes Coalition of Palm Beach County
Easter Seals
El Sol, Jupiter's Neighborhood Resource Center
Families First of Palm Beach County
Florida Atlantic University, Community Health Center
Florida Community Health Centers
Florida Department of Health in Palm Beach County
Florida Department of Agriculture & Consumer Services
FoundCare, Inc.
Friends of Foster Children
Genesis Community Health
Glades Initiative
Guardians of the Glades
The Guatemalan-Maya Center
Hanley Foundation
Health Care District of Palm Beach County
Health Council of Southeast Florida
Healthier Boynton Beach
Healthier Glades
Healthier Jupiter
The Health Insurance Navigation Program through Epilepsy Alliance Florida
The HUB
Hispanic Chamber of Commerce of Palm Beach County
Homeless Coalition of Palm Beach County
Jupiter Medical Center
L.O.T. Health Services
Lake Okeechobee Rural Health Network
Lakeside Health Advisory Board
Lakeside Medical Center
Legal Aid Society of Palm Beach County
Lighthouse for the Blind of the Palm Beaches
Lost Tree Foundation
The Lord's Place
March of Dimes
Mental Health America of the Palm Beaches
MyClinic
National Alliance on Mental Illness Palm Beach County
New Synagogue of Palm Beach
Pahokee Housing Authority
Palm Beach Atlantic University
Palm Beach Civic Association
Palm Beach Chamber of Commerce
Palm Beach County Behavioral Health Coalition
Palm Beach County Board of County Commissioners
Palm Beach County Community Services Department
Palm Beach County Fire Rescue
Palm Beach County Housing Authority
The Palm Beach County League of Cities, Inc.
Palm Beach County Medical Society
Palm Beach County Substance Awareness Coalition
Palm Beach County Victims Services
Palm Beach County Youth Services Department
PBC Department of Housing and Economic Development
Palm Beach County School Board
Palm Beach Harvest
Palm Beach North Chamber of Commerce
Palm Beach State College
Palm Beach Transportation Planning Agency
Palm Health Foundation
Palm Tran
Quantum Foundation
Rebel Recovery Florida
Restoration Bridge International
Royal Poinciana Chapel
Ruth & Norman Rales Jewish Family Services
Schmidt College of Medicine at Florida Atlantic University
Sandy Hook Promise
School District of Palm Beach County
Sickle Cell Foundation of Palm Beach County & Treasure Coast, Inc.
Southeast Florida Behavioral Health Network
St. Mary's Medical Center
St. Edward Catholic Church
Sunshine Health
T. Leroy Jefferson Medical Society
Tabernacle Missionary Baptist Church
United Way of Palm Beach County, Hunger Relief Plan
UF/IFAS Extension Family Nutrition Program
Urban League of Palm Beach County
Urban Youth Impact
WellCare Health Plans, Inc.
YMCA of South Palm Beach County
YWCA of Palm Beach County

INTRODUCTION

Community Health Assessment

In 2021, the Florida Department of Health in Palm Beach County (DOH-PBC) and the Health Care District of Palm Beach County (HCD) engaged the Health Council of Southeast Florida (HCSEF) to facilitate a comprehensive Community Health Assessment (CHA) for Palm Beach County. Throughout the CHA process, primary data collection was conducted with residents through focus groups in English, Spanish, and Haitian Creole to understand needs, concerns, and experiences with local public health issues. In addition to resident voices, the CHA captured key stakeholder perspectives from leaders across the county through Key Informant Interviews. The Local Public Health System, which consists of all of the agencies that provide essential public health and social services in Palm Beach County, was also assessed and scored by stakeholders to understand gaps in care and potential areas for improvement.

Additionally, HCSEF gathered and analyzed secondary health data, such as disease trends over time, to assess the county's overall health. HCSEF compiled data related to demographics, socioeconomic status, COVID-19, maternal health, morbidity, mortality, behavioral and mental health, and health resource availability and access. When possible, the secondary CHA data was disaggregated by race, ethnicity, and census county division to highlight disparities and key opportunities for advancing health equity within the county. Once the CHA was compiled, the findings were published for community members and stakeholders to vet the data, review the current health issues in the county, and understand trends. Moreover, the Palm Beach County Community Health Advisory Council members were called upon to be ambassadors of the CHA to further disseminate the findings throughout their networks, organizations, and communities. These CHA ambassador presentations provided an opportunity for additional education and awareness of the CHA process and findings, as well as an opportunity for additional community input.

Community Health Improvement Plan

As part of the next phase, using the findings from the CHA, HCSEF worked with partners throughout the county to facilitate and develop the 2022 – 2027 Palm Beach County Community Health Improvement Plan (CHIP). While the 2022 CHA identified health issues in the community, the 2022 – 2027 CHIP aimed to advance health equity and address the social determinants of health to improve health outcomes throughout Palm Beach County. As a starting point, the Advisory Council reviewed key indicators to determine the areas of greatest need throughout the community. Throughout the CHIP development process, subject-matter experts provided key perspectives and applied the local context to the CHA data by sharing their insights at the development meetings, as a way for partners and stakeholders to understand the "story behind the data."

Next, the Advisory Council determined priority areas based on identified disparities, gaps in care or services, potential impact, currently available community resources, and overall opportunities for improvement. Advisory Council members also considered Healthy People 2030 and the Florida State Health Improvement Plan priorities, ensuring alignment with national and state-level efforts to increase impact at the local level. The strategic priority areas identified for the 2022 – 2027 Palm Beach County CHIP are as follows:

- **Chronic Disease Prevention and Self-Management**
- **Mental and Behavioral Health**
- **Access and Linkage to Health and Human Services**

Once the priority areas were determined, the Advisory Council participated in a root cause analysis to determine the root causes of the priority health issues and developed targeted goals, objectives, and evidence-informed strategies to address the issues. In addition, Advisory Council members assigned key partners and determined action steps to ensure responsible leadership and implementation of community health improvement activities, thereby creating an actionable plan.

Ultimately, the CHIP aims to contribute to the improvement of the health and quality of life of Palm Beach County residents. Partners were adamant about applying both a health equity lens and placing an emphasis on improving the social determinants of health throughout the plan. This plan is a collaborative, iterative process that partners will regularly monitor and evaluate to ensure the needs of residents are being met every step of the way. The Health Advisory Council continues to welcome and engage new members, which offers the opportunity to expand on available resources and knowledge to address the health needs identified in the CHIP, and to ensure diverse perspectives and representation of community members and organizations in the partnership.

HEALTH EQUITY

According to the Centers for Disease Control and Prevention, health equity is achieved when everyone in the community has the same opportunity to attain their optimal health regardless of social position or other socially-determined circumstances.[1] The Palm Beach County Community Health Advisory Council aims to advance health equity by carrying out the activities in the Community Health Improvement Plan (CHIP) to reduce health disparities in the community. As can be seen in the Priority Area workplans, where possible, objectives were disaggregated by race and ethnicity to ensure that this work is not only improving overall health outcomes in the county, but also making progress towards eliminating health disparities.

To further illustrate the application of a health equity lens throughout this entire process, the 2022 Palm Beach County Community Health Assessment (CHA) aimed to shed light on health inequities by stratifying health indicators by race, ethnicity, census county division, and ZIP Code to the extent possible. Additionally, during the primary data collection process, focus group sessions and all associated materials were translated to Spanish and Haitian Creole to ensure the inclusion of perspectives among residents who speak different languages. The Advisory Council also intentionally established health equity as an overarching focus throughout the 2022 – 2027 Palm Beach County CHIP development processes, including during prioritization, goal and objective setting, strategy development, and activity planning.

Moreover, the Palm Beach County Health Equity Plan, which was developed in alignment with the CHIP, will further build upon these community health improvement efforts. The Palm Beach County Community Health Advisory Council strives to provide every Palm Beach County resident with the opportunity to live their healthiest possible life and, as such, will serve as the Palm Beach County Health Equity Coalition to provide guidance and review the Palm Beach County Health Equity Plan on a regular basis.

Image Source: Robert Wood Johnson Foundation. (2023). Retrieved from https://www.rwjf.org/en/insights/blog/2023/01/tools-to-guide-your-2023-health-equity-journey.html

[1] Centers for Disease Control and Prevention (2022). Health Equity. Retrieved from: https://www.cdc.gov/chronicdisease/healthequity/index.htm

SOCIAL DETERMINANTS OF HEALTH

The Palm Beach County Community Health Advisory Council members fundamentally understand that health does not exist in a silo. Various aspects of an individual's life contribute to health outcomes; thus, the local public health system must develop and implement policies, systems, and environmental changes that improve the social determinants of health, or "conditions in which people are born, grow, live, work, and age."[2] Differential distribution of resources and systemic issues lead to differences in these conditions and health inequities that are unfair, unjust, and avoidable. By addressing the social determinants of health to remove systemic barriers inhibiting residents from reaching their optimal health and to mitigate adverse health outcomes at their root cause, communities can work to advance and achieve health equity.[2] As such, in addition to the emphasis placed on health equity throughout the planning and implementation process, the Palm Beach County Community Health Advisory Council integrated upstream approaches and strategies to improve the social determinants of health and address health inequities in the 2022 – 2027 CHIP.

Throughout the 2022 Palm Beach County CHA, HCSEF gathered and analyzed social determinant of health data, including indicators related to education, health care access, economic stability, neighborhood and built environment, and the social and community context. While vetting this data, Advisory Council members drew connections between health conditions and the social determinants of health. To further illustrate, Advisory Council members were challenged to consider the impact of the social determinants of health through exercises such as root cause analysis and group discussions. During these discussions, the Advisory Council's diverse, dedicated members provided first-hand insights into the effects of the social determinants of health on health outcomes.

The Advisory Council consisted of a diverse group of community agencies and partners that address different social determinants of health and serve various segments of the community, including diverse neighborhoods, income levels, racial and ethnic backgrounds, ages, languages, documentation statuses, and insurance statuses, which ensured diverse community representation. These insights were invaluable throughout the development of the Palm Beach County CHIP, in that they ensured the Plan not only considers the social determinants of health, but also addresses these factors as root causes to actively drive change for Palm Beach County residents. As can be seen throughout the Plan, an emphasis is placed on taking upstream approaches and, with the third priority area, Access and Linkage to Health and Human Services, key social determinants of health are directly addressed.

[2] Centers for Disease Control and Prevention (CDC). 2020. *Social Determinants of Health.* Retrieved from https://www.cdc.gov/publichealthgateway/sdoh/index.html

Image Source: Centers for Disease Control and Prevention (CDC). 2020. Social Determinants of Health. Retrieved from https://www.cdc.gov/publichealthgateway/sdoh/index.html

OUR EFFORTS AND IMPACT: PALM BEACH COUNTY 2017-2022 CHIP HIGHLIGHTS

The 2017 – 2022 Palm Beach County CHIP contributed to improved health outcomes for county residents, increased resources and capacity within the local public health system, and increased engagement among residents in various health activities. This iterative, ongoing process was an important process to understand efforts that improve health. The previous CHIP covered three priority areas: Mental and Behavioral Health, Active Living and Health Lifestyles, and Access to Care and Services. The following section highlights some of the changes seen within the 2017 – 2022 CHIP priority areas. While all of these changes cannot be attributed directly to the CHIP, efforts made within the CHIP contributed to these improvements.

Figure 1: Palm Beach County CHIP 2017-2022: Mental and Behavioral Health Success Summary

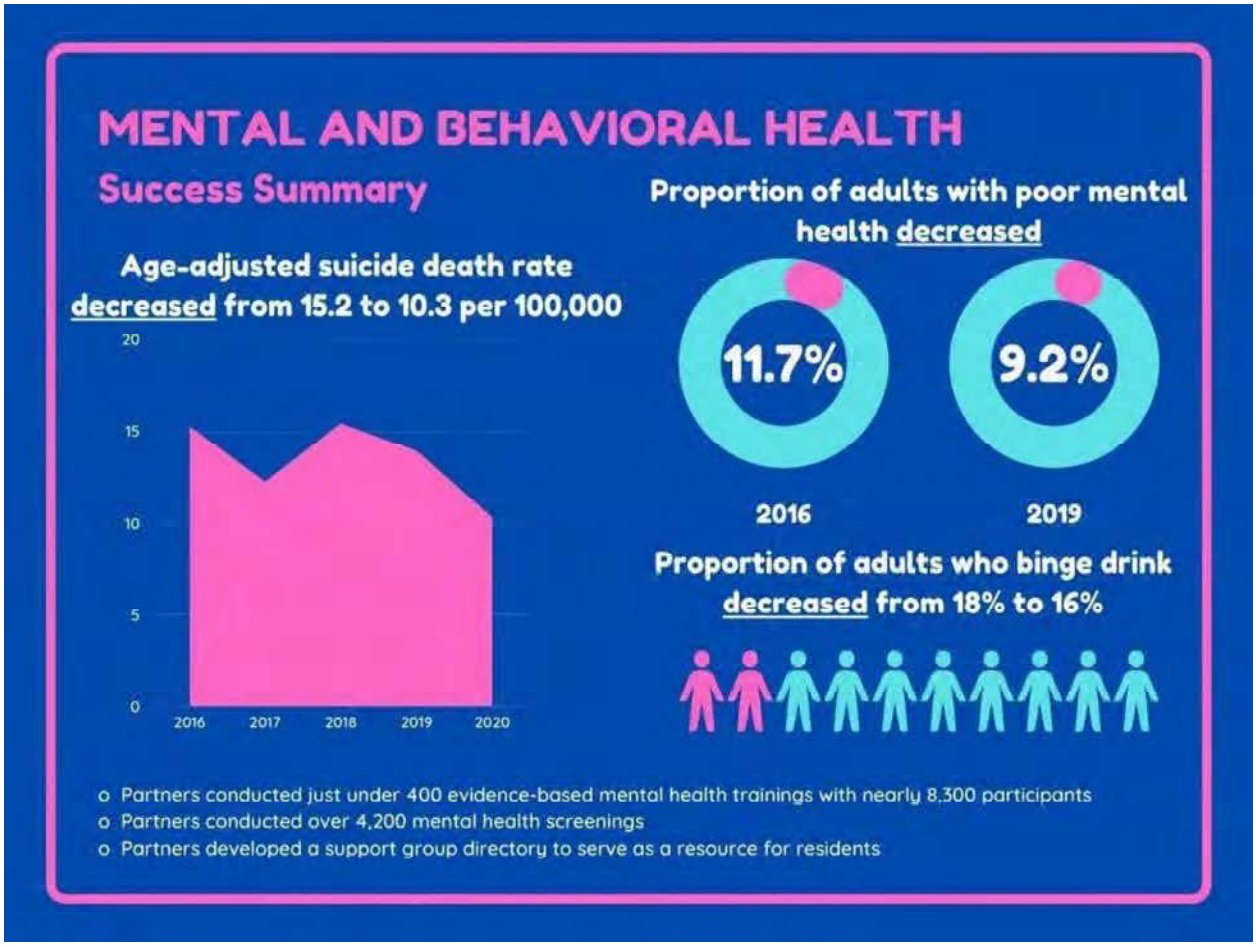


Figure 2: Palm Beach County CHIP 2017-2022: Active Living and Health Lifestyles Success Summary

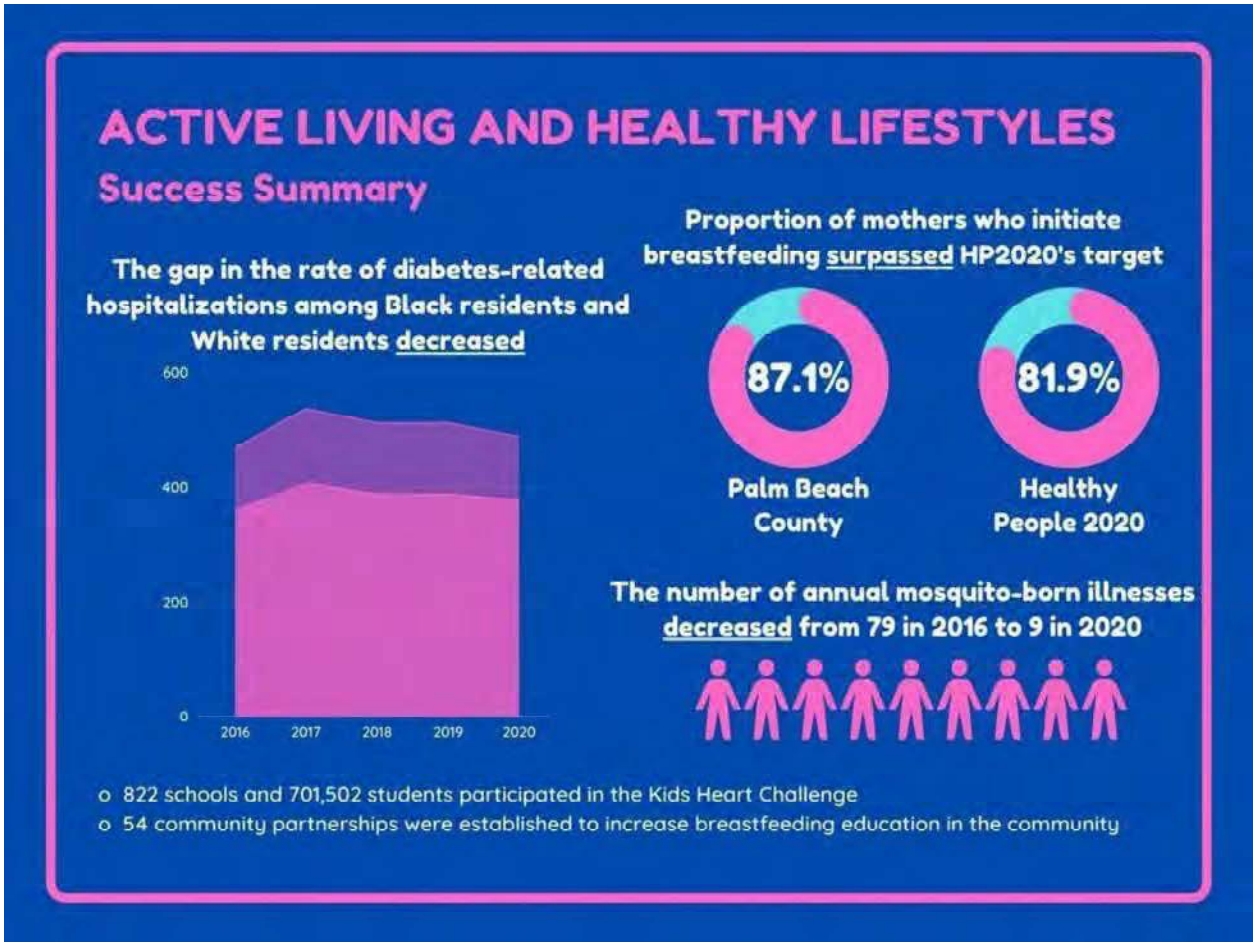
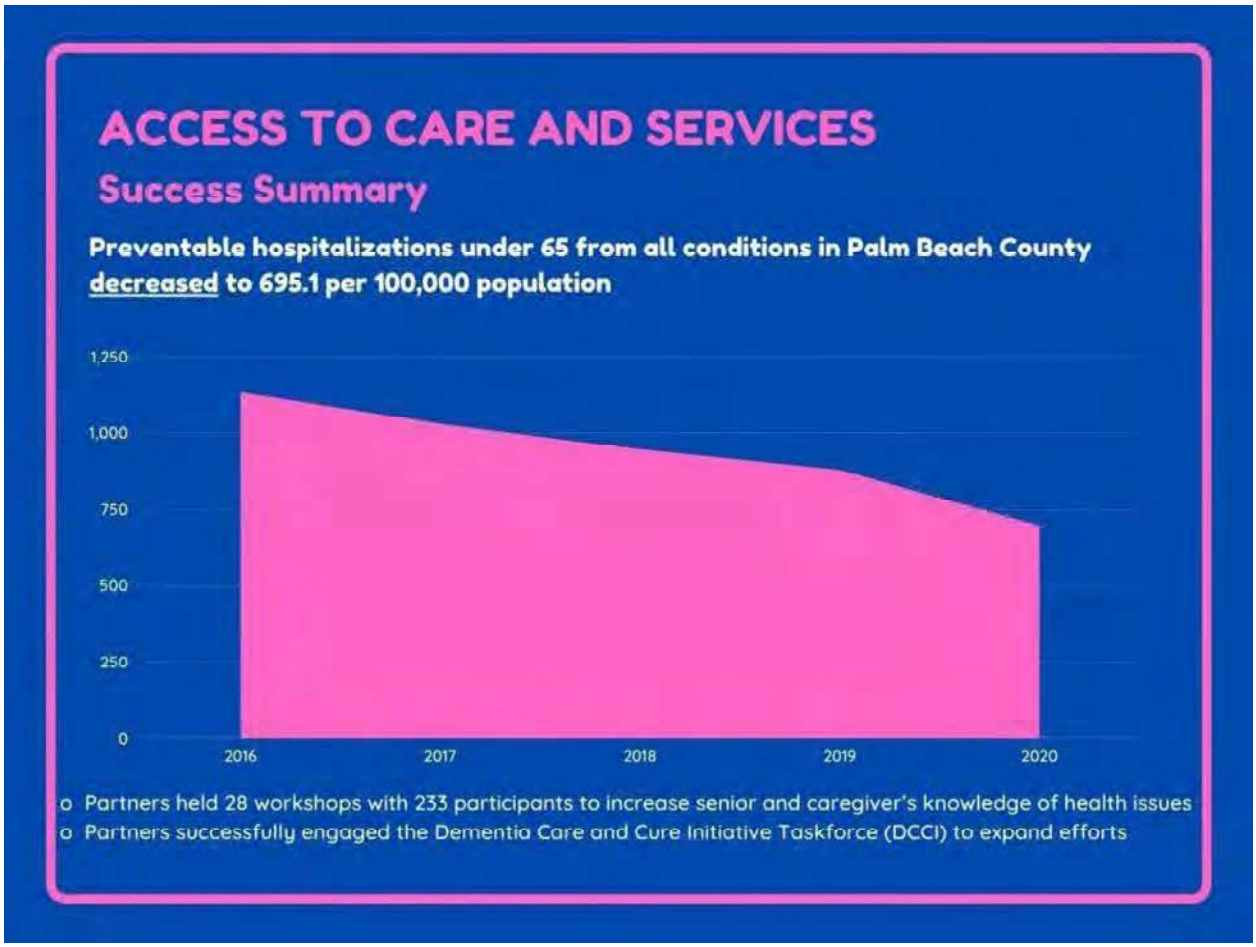


Figure 3: Palm Beach County CHIP 2017-2022: Access to Care and Services Success Summary



ASSESSMENT PHASE: PALM BEACH COUNTY COMMUNITY HEALTH ASSESSMENT SNAPSHOT

The Palm Beach County Community Health Advisory Council frequently referenced the 2022 Community Health Assessment (CHA) findings to inform –the 2022 – 2027 CHIP development. The following section highlights the key areas of the 2022 Palm Beach County Community Health Assessment, including the county's Demographic and Socioeconomic Profile, Health Status Profile, Health Resource Availability and Access Profile, Community Perspective Profile, and the Local Public Health System Assessment Profile. While the following section depicts key CHA highlights, additional indicators and relevant information for these components can be found in the **2022 Palm Beach County Community Health Assessment**.

CHA Snapshot: Demographic and Socioeconomic Profile

CHA Demographic Data Highlights

As of 2019, nearly three quarters of all residents in Palm Beach County were White, 18.7% were Black or African American, and 2.7% were Asian. From 2015 to 2019, there was consistency in the racial demographic trends in Palm Beach County; however, there was a slight gradual decrease in the proportion of White residents and a slight gradual increase in the proportion of other races.

Figure 4: CHA Demographic Data Highlights – Race

Race Palm Beach County 2015 - 2019 (CHA Pages 40-41)	2015	2016	2017	2018	2019
White	75.0%	74.5%	74.2%	74.0%	73.5%
Black or African American	18.0%	18.3%	18.5%	18.6%	18.7%
American Indian or Alaskan Native	0.2%	0.1%	0.2%	0.2%	0.2%
Asian	2.5%	2.5%	2.6%	2.7%	2.7%
Some Other Race	2.2%	2.3%	2.4%	2.4%	2.6%
Two or More Races	2.1%	2.2%	2.2%	2.1%	2.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019

From 2015 to 2019, there was consistency in the ethnic demographic trends, with a consistently growing Hispanic population.

Figure 5: CHA Demographic Data Highlights – Ethnicity

Ethnicity Palm Beach County 2015 - 2019 (CHA Pages 40-41)	2015	2016	2017	2018	2019
Hispanic	20.4%	20.7%	21.3%	21.9%	22.4%
Non-Hispanic	79.6%	79.3%	78.7%	78.1%	77.6%

Source: U.S. Census Bureau, American Community Survey, 2015-2019

From 2015 to 2019, there was consistency in terms of sex, with a slightly higher proportion of females residing in the county.

Figure 6: CHA Demographic Data Highlights – Sex

Sex Palm Beach County 2019 (CHA Page 34)	2015	2016	2017	2018	2019
Male	48.3%	48.4%	48.4%	48.5%	48.5%
Female	51.7%	51.6%	51.6%	51.5%	51.5%

Source: U.S. Census Bureau, American Community Survey, 2015-2019

Palm Beach County has an aging population. From 2015 to 2019, the proportion of residents within higher age groups slightly increased.

Figure 7: CHA Demographic Data Highlights – Age

Age Palm Beach County 2019 (CHA Pages 35-36)	2015	2019
< 5 years	5.2%	5.1%
5-9 years	5.5%	5.3%
10-14 years	5.6%	5.4%
15-19 years	5.8%	5.6%
20-24 years	5.7%	5.4%
25-34 years	11.5%	11.9%
35-44 years	11.9%	11.5%
45-54 years	13.9%	13.0%
55-59 years	6.6%	6.7%
60-64 years	6.0%	6.4%
65-74 years	10.7%	11.5%
75-84 years	7.7%	8.1%
85 + years	4.0%	4.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019

CHA Socioeconomic Data Highlights

- Higher proportions of Palm Beach County Black or African American and Hispanic or Latino residents were living below the poverty level compared to their White and non-Hispanic counterparts, the county, and the state.
- A smaller percentage of Black or African American and Hispanic or Latino residents attained a high school diploma or further education compared to their White and non-Hispanic counterparts.
- Palm Beach County has less renter-occupied units compared to the state.

Figure 8: CHA Socioeconomic Data Highlights

Indicator (2019)	Location		Race		Ethnicity	
	Florida	Palm Beach County	PBC Black or African American	PBC White	PBC Hispanic or Latino Origin	PBC Non-Hispanic
Below Poverty Level (%) (CHA Pages 66-68)	14.0%	12.2%	**19.4%**	10.1%	**17.6%**	7.7%
High School Graduate or Higher (%) (CHA Pages 89-92)	88.2%	88.5%	**79.7%**	91.1%	**74.2%**	95.4%
Renter-Occupied Housing Units (CHA Page 107)	34.6%	31.1%	-	-	-	-

Source: U.S. Census Bureau, American Community Survey, 2019

CHA Snapshot: Health Status Profile

CHA COVID-19 Data Highlights

- As of January 1, 2022, Palm Beach County had a higher COVID-19 daily new case rate than the state of Florida overall.
- Significant disparities in the COVID-19 age-adjusted death rate existed among Palm Beach County Black residents and Hispanic residents, compared to their White and non-Hispanic counterparts.

Figure 9: CHA COVID-19 Data Highlights

Indicator	Location		Race		Ethnicity	
	Florida	Palm Beach County	PBC Black	PBC White	PBC Hispanic	PBC Non-Hispanic
Daily New Cases (Rate Per 100,000) (1/1/2022) (CHA Pages 124-125)	217.3	242.6	-	-	-	-
Age-Adjusted Deaths (Rate Per 100,000) (2020) (CHA Pages 126-128)	57.4	56.7	**123.2**	48.4	**99.2**	49.3
Vaccinations – Initial Series (%) (1/1/2022) (CHA Pages 129-130)	63.4%	63.4%	-	-	-	-

Source: COVID Act Now, 2021 and Centers for Disease Control and Prevention, 2021; Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2021

CHA Maternal Health Data Highlights

- Lower proportions of Black and Hispanic Palm Beach County residents received adequate prenatal care compared to White and non-Hispanic residents.
- Black and Hispanic Palm Beach County residents reported a higher percentage of births to overweight mothers compared to White and non-Hispanic residents.
- Infant mortality was higher among Black and non-Hispanic residents, compared to their White and Hispanic counterparts.

Figure 10: CHA Maternal Health Data Highlights

Indicator (2020)	Location		Race		Ethnicity	
	Florida	Palm Beach County	PBC Black	PBC White	PBC Hispanic	PBC Non-Hispanic
Births to Mothers with Adequate Prenatal Care (Proportion) (CHA Page 138)	66.6	68.1	**66.4**	68.7	**60.4**	72.1
Births to Overweight Mothers (%) (CHA Pages 140-142)	27.6%	28.8%	**29.1%**	28.7%	**32.7%**	26.8%
Infant Mortality (Rate per 1,000 live births) (CHA Pages 166-168)	5.8	3.8	**6.3**	2.6	2.7	**4.1**

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2020

CHA Morbidity Data Highlights

- Age-adjusted hospitalization rates of coronary heart disease, stroke, and diabetes were exponentially higher among Black Palm Beach County residents compared to White residents.
- Palm Beach County had lower rates of preventable hospitalizations for residents under the age of 65 from all conditions compared to the state.

Figure 11: CHA Morbidity Data Highlights

Indicator (Rate Per 100,000)	Location		Race		Ethnicity	
	Florida	Palm Beach County	PBC Black	PBC White	PBC Hispanic	PBC Non-Hispanic
Coronary Heart Disease Age-Adjusted Hospitalization Rate (2019) (CHA Pages 214-217)	274.1	215.6	**230.3**	190.4	192.1	**215.8**
Cancer Age-Adjusted Incidence Rate (2018) (CHA Pages 225-227)	454.3	404.4	326.4	**405.2**	263.9	**430.4**
Stroke Age-Adjusted Hospitalization Rate (2019) (CHA Pages 251-254)	236.9	189.7	**331.2**	149.9	139.1	**193.2**
Diabetes Age-Adjusted Hospitalization Rate (2019) (CHA Pages 264-267)	2,314.2	1,845.8	**3,613.3**	1,373.1	**1,885.6**	1,836.8
Preventable Hospitalizations (2019) (CHA Pages 296-297)	928.6	875.4	-	-	-	-

Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System, 2018
Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA), 2019

CHA Mortality Data Highlights

- Age-adjusted death rates from coronary heart disease, stroke, cancer, and HIV/AIDS were highest among Black and non-Hispanic Palm Beach County residents.
- Unintentional injury death rates were highest among White and non-Hispanic Palm Beach County residents.

Figure 12: CHA Mortality Data Highlights

Age-Adjusted Deaths (Rate Per 100,000) (2020)	Location		Race		Ethnicity	
	Florida	Palm Beach County	PBC Black	PBC White	PBC Hispanic	PBC Non-Hispanic
Coronary Heart Disease (CHA Pages 315-316)	90.6	93.3	**109.1**	91.1	79.8	**94.3**
Stroke (CHA Pages 318-320)	44.4	40.6	**62.0**	37.8	40.3	**40.9**
Cancer (CHA Pages 321-324)	138.7	122.0	**124.9**	122.3	103.1	**124.6**
HIV/AIDS (CHA Pages 328-331)	2.7	2.9	**11.8**	0.9	1.1	**3.4**
Unintentional Injury (CHA Pages 332-335)	67.4	72.4	47.8	**82.1**	50.3	**79.3**

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2020

CHA Mental and Behavioral Health Data Highlights

- Palm Beach County exceeded the overall state rates of age-adjusted opioid deaths and age-adjusted drug poisoning deaths in 2020.
- Palm Beach County White and non-Hispanic populations reported the highest rates of age-adjusted suicide deaths and age-adjusted drug poisonings, compared to their Black and Hispanic or Latino counterparts.

Figure 13: CHA Mental and Behavioral Health Data Highlights

Indicator	Location		Race		Ethnicity	
	Florida	Palm Beach County	PBC Black	PBC White	PBC Hispanic or Latino Origin	PBC Non-Hispanic
Adults who had Poor Mental Health on > 14 of the Past 30 Days (%) (2019) (CHA Pages 178-179)	13.8%	9.2%	9.6%	10.7%	5.7%	-
Age-Adjusted Suicide Deaths (Rate Per 100,000) (2019) (CHA Page 181)	14.5	13.9	6.2	**16.1**	7.2	**15.5**
Age-Adjusted Opioid Deaths (Rate Per 100,000) (2020) (CHA Page 198)	29.9	**47.1**	-	-	-	-
Age-Adjusted Drug Poisoning Deaths (Rate Per 100,000) (2020) (CHA Pages 341-343)	34.6	**43.0**	18.1	**53.2**	19.6	**51.5**

Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System (BRFSS), 2019
Source: Florida Health CHARTS, Opioid Dashboard, 2020

CHA Snapshot: Health Resource Availability and Access Profile

CHA Hospital Utilization Data Highlights

"Liveborn Infants, In Hospital" was the most common principal diagnosis grouping for an inpatient discharge in Palm Beach County facilities in 2020.

Figure 14: CHA Hospital Utilization Data Highlights

Principal Diagnosis Group (2020) CHA Page 348	Discharge Count	Discharge Percent
Liveborn Infants, In Hospital	8,491	4.9%
Sepsis, Unspecified Organism	7,198	4.1%
COVID-19	5,932	3.4%
Liveborn Infant, Outside of Hospital	5,043	2.9%

Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA), 2020

CHA Health Care Facility Capacity Data Highlights

Across all facility types analyzed, Palm Beach County reported lower rates of facility capacity compared to the rates for the state of Florida.

Figure 15: CHA Health Care Facility Capacity Data Highlights

Facility (Rate Per 100,000) (2020)	Florida	Palm Beach County
Hospital Beds (CHA Page 359)	307.6	**295.0**
Nursing Home Beds (CHA Page 360)	418.9	**386.5**
Adult Psychiatric Beds (CHA Page 361)	20.6	**15.6**
Child & Adolescent Psychiatric Beds (CHA Page 362)	3.0	**2.7**
Adult Substance Abuse Beds (CHA Page 363)	1.7	**0.3**

Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA), 2020

CHA Health Care Provider Supply Data Highlights

- Palm Beach County had lower rates of Advanced Registered Nurse Practitioners, Certified Nurse Specialists, Licensed Practical Nurses, and Registered Nurses compared to the state of Florida.
- Palm Beach County had higher rates of Physicians, Dentists, Licensed Clinical Social Workers, Licensed Mental Health Counselors, Psychologists, and Licensed Marriage and Family Therapists compared to the state of Florida.

Figure 16: CHA Health Care Provider Supply Data Highlights

Provider Type (Rate Per 100,000)	Florida	Palm Beach County
Physicians (FY 20-21) (CHA Page 369)	314.0	388.7
Dentists (FY 20-21) (CHA Page 370)	56.7	79.3
Advanced Registered Nurse Practitioner (2020) (CHA Page 371)	205.3	**193.3**
Certified Nurse Specialist (2020) (CHA Page 372)	1.3	**1.1**
Licensed Practical Nurse (2020) (CHA Page 372)	279.7	**224.7**
Registered Nurse (2020) (CHA Page 373)	1,334.5	**1,261.5**
Licensed Clinical Social Workers (2020) (CHA Page 374)	49.7	81.9
Licensed Mental Health Counselor (2020) (CHA Page 374)	57.3	77.1
Psychologists (2020) (CHA Page 375)	23.4	36.9
Licensed Marriage and Family Therapist (2020) (CHA Page 375)	10.1	15.6

Source: Florida Department of Health, Division of Medical Quality Assurance, 2021

CHA Health Insurance Data Highlights

In 2019, nearly one quarter of Palm Beach County Hispanic or Latino residents (24.1%) and 17.2% of Black Palm Beach County residents were uninsured, with proportions much higher than their non-Hispanic (7.1%) and White (11.3%) counterparts.

Figure 17: CHA Health Insurance Data Highlights

Percent of Population (2019)	Location		Race		Ethnicity	
	Florida	Palm Beach County	PBC Black	PBC White	PBC Hispanic or Latino	PBC Non-Hispanic
Uninsured Individuals (CHA Pages 384-385)	12.8%	13.0%	**17.2%**	11.3%	**24.1%**	7.1%

Source: U.S. Census Bureau, American Community Survey, 2019

CHA Snapshot: Community Perspective Profile

CHA Resident Focus Group Highlights

Seventeen Resident Focus Groups were conducted with 299 Palm Beach County residents. These sessions allowed residents to voice their opinions, experiences, and needs related to health in Palm Beach County in a discussion-based format.

Figure 18: CHA Resident Focus Group Highlights

Areas of Emphasis	Healthcare and Health Education	COVID-19 Impacts
• **Health issues:** substance use, diabetes, cancer, mental health, high blood pressure, and obesity • **Causes:** stress, life events, homelessness, high costs of medical services, lifestyle and habits, environmental triggers/factors, a lack of education or awareness • **Most affected groups:** adolescents and teens, elders, low-income and rural communities, minorities	• **Sources of health care:** free or low-cost clinics, hospitals and urgent cares, primary care physicians, telehealth, pharmacies • **Sources of health information:** technology-based resources, healthcare-based resources, health department, friends/family, and community health workers	• Changes to **daily life** and family dynamics • Financial **hardship** • Deteriorating **mental health** and increased substance use • **Decreased access** to traditional medical and social services and increased telehealth and virtual options

Current Community Strengths	Opportunities	Needed Support
• Programs and **services** for seniors, caregivers, immigrants, re-entry population • **Access** to care • A sense of **community**	• **Services** for seniors, caregivers, immigrants, re-entry population • **Culturally-diverse** mental health practitioners, sexual health specialists, dental, vision, surgical providers, pediatricians, gynecologists, rehabilitation centers, emergency response units • **Social support** services, such as transportation, affordable housing, and medication assistance	• Education • Additional health and social resources • Employment opportunities • Inclusive policies

CHA Key Informant Interview Highlights

Fifteen Key Informant Interviews were conducted with key community stakeholders and members. The individuals selected for the interviews included leaders, representatives, or members of medically underserved, low-income residents and communities of color. Participants also included public health funders, members of local law enforcement, and leaders of community-based and non-profit organizations.

Figure 19: CHA Key Informant Interview Highlights

Suggestions for Improvement

- Shifting existing **power structures**
- Building **trust**
- **Representation** in the healthcare system
- More **mobile clinics** and services
- Increasing **hope** in our communities

Populations with Unmet Needs

- Black and African American residents
- Haitian residents
- Hispanic residents
- Seniors
- Single parents
- Children born in areas with less opportunity

Populations with Unmet Needs

- Migrant farmworkers
- Low-income families
- Immigrant residents
- Individuals who face segregation and income inequality
- Glades regionand Riviera Beach residents

COVID-19 Impacts

- Exacerbated **health disparities**
- Increased **strain** on families
- Education and social development of **children**
- Burden on fractured **healthcare system**
- Unmet **health needs**
- Increased lack of **trust**
- Increased **behavioral health** issues
- **Political** challenges

Key Health Issues

- **Chronic** health conditions
- **Mental** and **behavioral** health
- **Generational trauma** among American-born Black residents
- **Social determinants of health** and the **built environment**

Current Community Strengths

- Foundations, grants, and taxing districts
- Faith-based organizations
- Low-to-no cost services available
- School District
- Good weather

Challenges and Barriers in Maintaining Health

- Lack of **economic mobility**
- **Access** to care (awareness and availability)
- High **medical costs**
- Lived Environment
- Poor health behaviors

Opportunities

- **Engaging the community** in decision-making and leadership, especially diverse groups
- **Cross-sector** collaboration
- **Affordable housing** and **living wages**

CHA Snapshot: Local Public Health System Assessment (LPHSA)

The Local Public Health System Assessment is a tool that is used to determine how well the local public health system addresses the components of the 10 Essential Public Health Services and accompanying Model Standards, answering questions such as "*What are the components, activities, competencies, and capacities of our public health system?"* and "*How well are the 10 Essential Public Health Services being provided in our system?*" In addition to the standard Local Public Health System Assessment Performance Score Assessment, a Local Health Department (LHD) Contribution Questionnaire and a Priority of Model Standards Questionnaire were completed for Palm Beach County in January 2022. These additional questionnaires served as supplementary indicators of the local public health system's performance in each Essential Service area and provided deeper analysis of the local public health system in Palm Beach County. As depicted in the table below, the average overall performance score was 78.3 and the average overall priority rating was 8.9. The average overall agency (local health department) contribution score was 88.5 among all assessed Essential Service areas.

Figure 20: Palm Beach County Local Public Health Assessment Results

Model Standards by Essential Services	Performance Scores	Priority Rating	Agency Contribution Scores
ES 1: Monitor Health Status	97.2	9.0	100.0
ES 2: Diagnose and Investigate	97.9	9.3	91.7
ES 3: Educate/Empower	61.1	9.0	100.0
ES 4: Mobilize Partnerships	64.6	9.0	100.0
ES 5: Develop Policies/Plans	100.0	9.0	100.0
ES 6: Enforce Laws	94.4	8.7	75.0
ES 7: Link to Health Services	59.4	9.5	87.5
ES 8: Assure Workforce	61.3	9.0	81.3
ES 9: Evaluate Services	62.1	9.0	75.0
ES 10: Research/Innovations	85.4	7.7	75.0
Average Overall Score	**78.3**	**8.9**	**88.5**
Median Score	**75.0**	**9.0**	**89.6**

Source: Palm Beach County Local Public Health System Report, 2022
Aggregated by: National Public Health Performance Standards Tool and Score Sheet, Version 3.0
Compiled by: Health Council of Southeast Florida, 2022

PLANNING PHASE: COMMUNITY HEALTH IMPROVEMENT PLAN DEVELOPMENT

Thoughtful and strategic planning is a vital component of the Community Health Improvement Plan (CHIP) development process. The following section highlights the purpose of the CHIP, the methods used to develop the CHIP, the Community Health Improvement Model Framework used, and how the CHIP should be used throughout the community.

Purpose

The Palm Beach County CHIP is a five-year systematic plan to address health issues based on the results of the Palm Beach County Community Health Assessment (CHA). The CHIP was developed by a variety of community partners, stakeholders, and advocates within the local public health system who will continue the work of implementing, monitoring, and evaluating the goals, objectives, strategies, and activities outlined in the plan for each priority area. Community collaboration is a vital component of effectively executing the plan and driving community change within the priority areas. This plan will coordinate and target resources to address the identified health priorities throughout the local public health system and the county at large. As a "living" document, the Advisory Council will update and revise the CHIP to continue to meet the needs of the community.

Methods

The CHIP focuses on the top three priorities that were determined by the Advisory Council based on the data available in the CHA, prioritization activities, and insights from the community, stakeholders, and partnering agencies. There were several other health indicators that emerged throughout this process, and though they are not addressed in this plan, they remain critical and should be considered for future health planning activities in Palm Beach County. In addition to the three selected priority areas, the Palm Beach County Community Health Advisory Council emphasized the importance of addressing health equity throughout the CHIP. Overall, the Palm Beach County CHIP was designed to complement and build upon current county efforts, resources, plans, and initiatives already in place to improve the health of Palm Beach County. To the extent possible, Advisory Council members strategically identified partners and resources to leverage and enhance potential impact and ensure no duplication or conflict in recommendations or actions occur between the plan and current community efforts.

Community Health Improvement Model Framework

The Florida Department of Health in Palm Beach County, Health Care District of Palm Beach County, Health Council of Southeast Florida, and the Palm Beach County Community Health Advisory Council collaborated from October 2021 to June 2022 to conduct a thorough CHA and develop a comprehensive, data-driven CHIP. The Advisory Council worked to ensure adequate representation and consideration of health equity principles and the social determinants of health at each stage. The following section outlines this process.

Developing Partnerships

Beginning in Fall 2021, the Florida Department of Health in Palm Beach County and the Health Care District of Palm Beach County engaged the Health Council of Southeast Florida (HCSEF) to inform and facilitate the countywide CHA and CHIP processes. The previously established Palm Beach County Community Health Advisory Council was engaged to provide diverse representation of the local public health system and residents, and steer the community health improvement process. Throughout the subsequent process, contacts were updated and added to the Advisory Council regularly to ensure broad representation and engagement. The Advisory Council is comprised of diverse, multi-sector and multi-disciplinary partners who are representative of the communities they serve and are active contributors to the local public health system in Palm Beach County.

Problem Identification and Prioritization

From October 2021 to January 2022, HCSEF began collecting and analyzing secondary quantitative data and primary qualitative data. HCSEF compiled and analyzed secondary quantitative data from trusted sources, such as Florida Health CHARTS, the Florida Department of Health Bureau of Vital Statistics, and the U.S. Census Bureau, to paint the picture of health and living conditions in Palm Beach County. HCSEF also disaggregated key demographic and socioeconomic data, health status data, and health resource availability and access data by Census County Division (CCD), ZIP Code, race, and ethnicity when possible to highlight disparities.

Primary qualitative data was collected through seventeen resident focus groups, fifteen key informant interviews, and the National Public Health Performance Standards (NPHPS) Local Public Health System Assessment (LPHSA) process, which included the supplementary Local Health Department (LHD) Contribution Questionnaire and the Priority of Model Standards questionnaire. The Local Public Health System Assessment (LPHSA) took place in January 2022 over the course of two meetings. The first meeting was the internal LPHSA, which was attended by Florida Department of Health in Palm Beach County and Health Care District of Palm Beach County staff members. At the next meeting, various community leaders and stakeholders convened to complete the second and final portion of the LPHSA.

The Palm Beach County Community Health Advisory Council convened in January 2022 to prepare for the new CHIP cycle, reviewing the CHA and CHIP framework, timeline, and best practices. The CHA was finalized in January 2022 and, in February 2022, the group convened for to review the CHA findings.

In March 2022, the Advisory Council met to begin the 2022 – 2027 CHIP development process. After reviewing the CHA findings and participating in a thorough group discussion, the Advisory Council formally voted on three CHIP priority areas through a multi-voting technique. HCSEF provided members with information related to the CHA key findings, Healthy People 2030, and the Florida State Health Improvement Plan prior to the meeting to provide additional information to inform decision making. While a number of priorities were discussed, the group ultimately voted to focus on the following strategic health priorities:

- **Chronic Disease Prevention and Self-Management**
- **Mental and Behavioral Health**
- **Access and Linkage to Health and Human Services**

Notably, members considered health equity as a priority area, but ultimately decided to incorporate health equity as a cross-cutting theme throughout the CHIP to ensure that efforts in all areas contributed towards

creating a more equitable Palm Beach County. HCSEF also called on members to become ambassadors of the 2022 Palm Beach County CHA during the month of March 2022. To do so, HCSEF developed and shared a condensed data presentation with the Advisory Council to disseminate the CHA findings widely with professional networks and community members throughout the county in an effort to increase community awareness and engagement, and glean additional perspectives.

Developing Goals, Objectives, Strategies, Activities, Action Steps, and Key Partners

In April 2022, the Advisory Council convened to review key data from the CHA related to the selected priority areas, conduct a root cause analysis, and draft goals. The Advisory Council used the root cause analysis findings to develop goals, objectives, and strategies that address the specific conditions that lead to the prioritized health issues. To conduct the root cause analysis, the Advisory Council broke into three groups and rotated between breakout rooms, completing the 5 Why's activity for each priority area, so that each member had the opportunity to provide input on all three priorities. HCSEF crafted the proposed goals based on these discussions, bringing them to the Advisory Council for a formal vote of approval during the next meeting. At that time, Advisory Council members provided input and refined the goals.

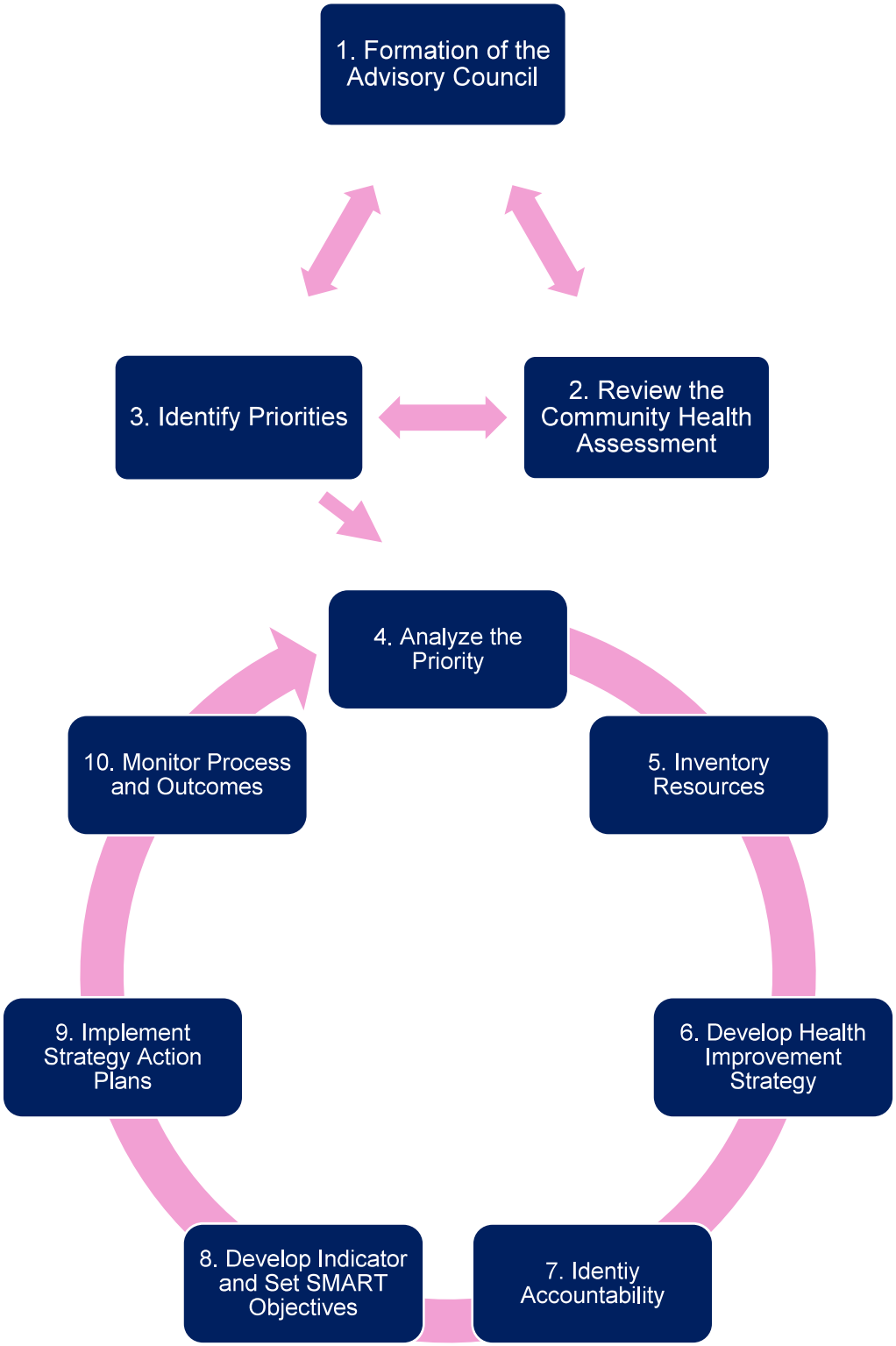
In May 2022, HCSEF compiled notes from all previous Advisory Council meetings, CHA data, and notes from the root cause analysis activity to finalize the goals and draft associated S.M.A.R.T. (Specific, Measurable, Attainable, Relevant/Realistic, Time-bound) objectives for each goal. HCSEF researched Healthy People 2030 and Florida State Health Improvement Plan objectives to ensure alignment between national, state, and local efforts. After the goals and objectives were solidified, the Advisory Council worked together to brainstorm strategies, which HCSEF refined based on the group discussion and presented at the following meeting. To the extent possible, the Advisory Council adopted evidence-based strategies into the workplan to ensure that efforts will be effective.

In early June 2022, the Advisory Council convened again to determine key partners, activities, and action steps for each strategy. This final Advisory Council meeting served to complete the CHIP workplans. Advisory Council members utilized current efforts, public health trends, and community knowledge to inform and enhance the plan throughout this process.

Action Cycle

The Palm Beach County Community Health Advisory Council will implement the CHIP and monitor the outcomes and activities beginning in July 2022. The Advisory Council will carry out these efforts throughout the CHIP's five-year term, from July 2022 to June 2027. The Advisory Council will meet on a bi-annual basis to monitor activities, evaluate outcomes, and update the plan to increase effectiveness as needed.

Figure 21: Community Health Improvement Framework



Adapted from Institute of Medicine's Community Health Improvement Plan Process

Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) Timeline

Fall 2021

- **November 2021:** Secondary Quantitative Data Analysis is conducted to depict the demographic and socioeconomic profile of the county, the health status profile, and health resource availability and access in the county.
- **November 2021 - January 2022:** Primary Qualitative Data Collection and Analysis is conducted through 17 resident focus groups facilitated in English, Spanish, and Haitian Creole and 15 Key Informant Interviews are conducted with key community stakeholders and community members

Winter 2021

- **January 2022:** A Local Public Health System Assessment is conducted, including the Local Health Department Contribution Questionnaire and the Priority of Model Standards Questionnaire.
- **January 2022:** The 2022 Palm Beach County Community Health Assessment is published.
- **January 2022:** First Palm Beach County Community Health Advisory Council Meeting is held to review 2017-2022 CHIP progress and review the CHA data.
- **February 2022:** Second Palm Beach County Community Health Advisory Council meeting is held to vet the 2022 CHA data.

Spring 2022

- **March 2022:** Palm Beach County Community Health Advisory Council members are called upon to be "Ambassadors of the CHA." A condensed data presentation is distributed to partners so they can share the CHA findings widely with their networks.
- **March 2022:** Third Palm Beach County Community Health Advisory Council Meeting is held to select the 2022-2027 Palm Beach County CHIP Priority Areas through multi-voting. Prior to the meeting, participants are provided with a document that contains potential priority areas based on the CHA data, Healthy People 2030, and the Florida State Health Improvement Plan (SHIP).
- **April 2022:** Fourth Palm Beach County Community Health Advisory Committee Meeting is held to conduct a root cause analysis of each priority area and develop the goals for each priority area.
- **May 2022:** Fifth Palm Beach County Community Health Advisory Committee Meeting is held to develop the CHIP objectives and strategies.

Summer 2022

- **June 2022:** Sixth Palm Beach County Community Health Advisory Committee Meeting is held to determine the CHIP key activities, action steps, and responsible partners. The CHIP workplan is finalized.
- **July 2022:** The 2022-2027 Palm Beach County Community Health Improvement Plan enters the Implementation Phase. Implementation will take place between July 2022 and June 2027.

ACTION PHASE: STRATEGIC HEALTH PRIORITY AND ACTION PLANS

The Palm Beach County Community Health Improvement Plan (CHIP) is a five-year systematic plan to address health priorities identified based on the Community Health Assessment (CHA) findings. The plan focuses on the top three priorities identified by the Advisory Council and defines specific goals, strategies, objectives, activities and measures related to each priority.

This section of the report presents the culmination of the perspective, input, and effort of community members and stakeholders in this improvement planning process. Further, it includes each of the three priority area goals, objectives, strategies, action steps, and evaluation methods.

A **goal** is a broad, general statement about a desired outcome. It represents the destination the community hopes to reach within each priority area.

The **objectives** are more specific and detail what the community hopes to achieve and by when. Whenever feasible, this plan's objectives are S.M.A.R.T., meaning they are specific, measurable, achievable, relevant/realistic, and time-bound. Each of the objectives are **aligned with national and/or state priorities**, such as those found in Healthy People 2030 and the Florida State Health Improvement Plan.

The **strategies** detailed in the plan are the ways in which the Advisory Council will achieve the objectives. Examples of **evidence-based interventions and programs** are outlined for each priority area to guide how the detailed CHIP strategies are modeled. The **action steps** in each strategy provide more detail on how the strategies will be implemented.

The strategies in the CHIP aim to:

- Address the structural issues and root causes of the identified health priorities
- Address health disparities through the application of a health equity lens
- Utilize data to measure disparities and to monitor the impact of interventions
- Outline approaches that are relevant and realistic given the available time, resources, and competing priorities
- Devise an action plan that can have a wide-reaching community-wide impact
- Detail measurable objectives to evaluate progress
- Engage a broad range of community stakeholders
- Support ongoing and existing efforts in the community, leveraging partnerships and increasing collaboration
- Implement evidence-based interventions and models for community health improvement
- Include interventions that encourage healthy behavior changes, while also addressing structural and systemic barriers
- Focus on improving conditions and health outcomes in the community

While the Palm Beach County Community Health Advisory Council will collaborate and leverage existing community resources to implement the CHIP, **key partners** are listed in the action plan for each activity. These key partners were identified by the group to have relevant experience and expertise related to the priority area activities. Serving as lead agencies, these key partners will oversee implementation efforts for each of the strategies within each priority area and report progress during the Palm Beach County Community Health Advisory Council meetings. As additional partners are identified throughout the CHIP

implementation process, updates will be made to these areas of the plan to comprehensively depict community efforts.

The information in this plan aims to lay the foundation and provide direction for the community health improvement planning efforts in Palm Beach County over the course of five years. Ongoing evaluation of specific goals, activities, and outcomes will ensure that the Advisory Council is making a meaningful impact with CHIP efforts. As this ongoing monitoring and evaluation is conducted, it is important to note that this CHIP is a “living” document and can be adapted throughout the action cycle to continuously meet the community's evolving needs. Evaluation throughout the course of this plan will also help guide future planning activities in Palm Beach County, as the success of strategies and activities will be assessed regularly.

How to Use The CHIP

The implementation of the CHIP aims to strengthen the public health infrastructure, aid and guide countywide planning, foster collaboration and capacity-building and, ultimately, promote the well-being and quality of life for Palm Beach County residents. Because health improvement occurs at all levels of the community, including in homes, schools, workplaces, and faith-based spaces, the CHIP provides goals and actions that the community-at-large can work together to achieve. The Palm Beach County CHIP, created by community stakeholders and driven by resident input, broadens and builds upon successful local initiatives taking place in our community. We encourage community partners to review the priorities and goals, reflect on the suggested strategies, and consider how to participate in the CHIP process or specific priority area subcommittees to help improve the health of Palm Beach County. Below are some suggested strategies you may consider to play a role in achieving a healthier community.

- Promote the CHIP health priorities in the community
- Support programs, policies, initiatives and campaigns aimed at addressing the health priorities
- Be an advocate in the community for healthy behaviors, policies, systems, and environments
- Lead by example and practice healthy behaviors in your home, workplace, and social circles
- Share your resources whether it be time, support, funding, or expertise to strengthen health improvement efforts

Priority Area: Chronic Disease Prevention and Self-Management

Chronic Disease Prevention and Self-Management – Why Address It?

Chronic diseases are conditions that last at least one year and require ongoing medical attention and/or limit daily activities. According to the Centers for Disease Control and Prevention (CDC), approximately six in ten adults in the United States (US) have a chronic disease, and four in ten US adults have two or more chronic diseases.[3] Major chronic diseases include heart disease and stroke, cancer, and diabetes, among others. Chronic disease greatly reduces the health-related quality of life of those impacted, which often results in comorbidity, adverse health behaviors, depression, insomnia, lower life expectancy, and cognitive challenges. The primary risk factors and underlying causes of chronic disease include, but are not limited to, tobacco use and exposure to secondhand smoke, poor nutrition, physical inactivity, and excessive alcohol use, but also key social determinants of health, such as economic stability and the neighborhood and built environment.[4] Many of these conditions can be prevented or mitigated through access to healthy foods, access to proper care and treatment, and behavior and lifestyle changes.

In Palm Beach County in 2020, three of the top five leading causes of death were chronic diseases: heart disease, cancer, and stroke.[5] Available vital statistic and hospitalization data demonstrated stark racial and ethnic chronic disease-related disparities, as age-adjusted hospitalization and death rates attributed to chronic disease were exponentially higher among Black Palm Beach County residents compared to White residents. For instance, in 2019, both the age-adjusted hospitalization and death rate attributed to coronary heart disease were approximately 1.2 times higher among Black residents, compared to their White counterparts. Moreover, Black residents experienced an age-adjusted diabetes hospitalization rate that was 2.6 times higher than the rate among White residents, while Hispanic residents experienced a rate 1.02 times higher than their non-Hispanic counterparts. Lastly, the age-adjusted stroke hospitalization rate was 2.2 times higher and the age-adjusted stroke death rate was 1.6 times higher among Black residents, compared to White residents.[6] [7]

These stark differences depict major chronic disease disparities in our community. As such, this data reveals a need to implement upstream approaches to improve chronic disease prevention and self-management in Palm Beach County. The following table shows the goals, objectives, strategies, and activities that will provide direction for the community health improvement planning efforts for this priority area. The Plan also includes best practices, evidence-supported initiatives, and current community resources specific to this priority area.

[3] Megari, K. (2013). Quality of life in chronic disease patients. *Health Psychol Res.* 1(3): e27.

[4] Centers for Disease Control and Prevention. (2022). *About Chronic Diseases.* Retrieved from https://www.cdc.gov/chronicdisease/about/index.htm

[5] Florida Health CHARTS, Florida Department of Health, Office of Health Statistics and Assessment, 2021

[6] Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA), 2019

[7] Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2020

Figure 22: Chronic Disease Prevention and Self-Management Priority Area Goals, Strategies, Objectives, and Activities

Priority Area: Chronic Disease Prevention and Self-Management **Goal 1: Support healthy lifestyles through promotion of nutrition, physical activity, and disease prevention.**			
Strategy: Engage and promote community-based systems that support healthy eating.			
Food insecurity disproportionately affects low-income families. Food insecurity is associated with the consumption of highly processed foods with low nutritional value, which contributes to the prevalence of obesity and other chronic diseases. **Objective**: Reduce the proportion of residents who experience food insecurity from 10.6% in 2019 to 6.6% in 2027.			**National/state priorities alignment:** **Florida SHIP:** CD6.1, SEC3.3 **Healthy People 2030:** NWS-01, AH-04, AH-R03
Activities	**Key action steps**	**Measures**	**Key partners**
Increase access to affordable, healthy fruits and vegetables	Promote the Palm Beach County/United Way Hunger Relief Plan to connect the community and residents with food resources	# initiatives	• School District of Palm Beach County • Florida Department of Health in Palm Beach County • United Way of Palm Beach County/Hunger Relief Plan • Palm Beach County and Palm Beach County Commission • Florida Department of Agriculture and Community Services
	Promote the UF/IFAS Extension Program resources and services	# residents learning about services	• UF/IFAS Extension Program
	Promote the school district expanded food programs by identifying and meeting the schools' needs for existing weekend backpack and pantry programs, High School reengineering initiatives, middle and elementary school Re-Think Campaigns, food pantries, and Community Eligibility Provisions (CEP)	# of sites served by Palm Beach County School Food Services Department for High School Reengineering initiative and the Re-Think Campaign for middle and elementary schools	• United Way of Palm Beach County/Hunger Relief Plan • School District of Palm Beach County

Activities	Key action steps	Measures	Key partners
Increase access to affordable, healthy fruits and vegetables	Identify areas of need and funding opportunities to increase senior home-delivery meals/Congregate meals through the use of volunteers	# meals serviced to seniors (age 60+) in a congregate setting # senior citizens participating in congregate meals/soup kitchens # of unduplicated senior citizens participating in home delivered meals/Meals on Wheels # home-delivered/Meals on Wheels meals # unduplicated senior hunger volunteers	• Area Agency on Aging • United Way of Palm Beach County/Hunger Relief Plan
	Monitor food bank progress with kitchen expansion and food processing facilities and ability to deliver meals to seniors (year-round) and students (summer and after school)	# kitchens expanded and food processing facilities # of meals delivered	• United Way of Palm Beach County/Hunger Relief Plan • Palm Beach County Food Bank
	Consider opportunities to partner with ride-share service providers to deliver meals	# agencies offering and implementing a pantry grocery delivery program	• United Way of Palm Beach County/Hunger Relief Plan

Activities	Key action steps	Measures	Key partners
Increase access to affordable, healthy fruits and vegetables	Promote food access programs to increase the number of facilities participating in food access programs and farmer's markets and outlets that accept SNAP (SNAP, WIC, childcare food programs) by distributing user-friendly guides, identifying barriers to participation in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and conducting relevant outreach, and by conducting targeted SNAP outreach efforts	# user-friendly guides shared with partners to distribute to residents for navigating SNAP/EBT and Fresh Access Bucks Programs (Fresh Access Bucks Program, American Heart Association, Florida Impact, and United Way) # SNAP retailers and farmer's markets that accept SNAP and Fresh Access Bucks (FAB) # WIC outreach events and efforts	• Florida Department of Health in Palm Beach County • Women, Infant, and Children (WIC) Program • Fresh Access Bucks Program • American Heart Association • United Way of Palm Beach County/Hunger Relief Plan
	Promote federal meal programs that serve at risk communities in their communities and neighborhoods	# sites participating in CCFP and After-School Meal Program # meals served in the Mobile Summer BreakSpot Program and Summer BreakSpot	• United Way of Palm Beach County/Hunger Relief Plan • Palm Beach County and the Palm Beach County Commission • Florida Department of Health in Palm Beach County
	Support local food pantries through the implementation of healthy procurement/donation **policies.**	# policies implemented	• American Heart Association • United Way of Palm Beach County/Hunger Relief Plan

Strategy: Increase community-based activities, such as Let's Move, to increase options for physical activity in the community.			
Increasing the proportion of residents who are physically active will reduce the risk for obesity, chronic disease, and other poor health outcomes. **Objective**: Reduce the proportion of adults who are sedentary from 25.6% in 2019 to 24.4% in 2027 (among Black residents: 31.4% in 2019 to 25% in 2027; among Hispanic residents: 28.6% in 2019 to 24% in 2027). **Objective**: Increase the proportion of students who were physically active for at least 60 minutes on all 7 of the past 7 days (middle and high school students) from 18.1% in 2020 to 19.5% in 2027(among Black students: from 14.4% in 2020 to 16.5%; among Hispanic students: from 16% to 17.5%).			**National/state priorities alignment:** **Florida SHIP:** CD6.2 **Healthy People 2030:** PA-01, PA-05, PA-06, PA-09
Activities	**Key action steps**	**Measures**	**Key partners**
Expand existing community campaigns promoting activity and exercise using programs such as Let's Move	Increase Let's Move activities from one month of activities (March) to a 12-month campaign	# participants	• Digital Vibez • Palm Health Foundation • Florida Department of Health in Palm Beach County
Promote exercise programs, especially for those who have arthritis or are at-risk for falls	Promote the YMCA exercise program Increase partnerships to implement programs at different sites and locations	# participants # participants with arthritis or at risk for falls # sites and locations	• YMCA of South Palm Beach County • Area Agency on Aging • Florida Department of Health in Palm Beach County • Ruth and Norman Rales Jewish Family Services
	Promote the Area Agency on Aging Tai Chi Moving for Better Balance and Tai Chi for Arthritis programs	# participants	
	Promote the Silver Sneakers exercise program for older adults	# participants	
	Identify and train additional volunteers to implement programs in the community	# participants	
Promote the American Heart Association Kids Heart Challenge to engage students in physical activity and educate students about keeping their hearts and brains healthy and helping others	Increase participation in the challenge among elementary, middle, and high school youth	# schools participating in the challenge # students registered online # students who were instructed in CPR/ Warning Signs of Stroke	• American Heart Association • School District of Palm Beach County

<table>
<tr><td colspan="4">Strategy: Promote awareness of low-to-no cost services.</td></tr>
<tr><td colspan="3">Objective: Increase the proportion of Palm Beach County adults with a personal doctor from 75.6% in 2019 to 80% in 2027 (Among Non-Hispanic Black adults: from 72.7% in 2019 to 78% in 2027; among Hispanic adults: from 61.3% in 2019 to 73% in 2027).</td><td>National/state priorities alignment:
Florida SHIP: CD3.1
Healthy People 2030: AHS-07, AHS-9, AH-01</td></tr>
<tr><td>Activities</td><td>Key action steps</td><td>Measures</td><td>Key partners</td></tr>
<tr><td rowspan="2">Create a social marketing campaign to promote awareness that “every resident has access to a medical home.” Including information sharing related to low-to-no cost services</td><td>Share educational materials related to low-to-no cost services</td><td># materials shared

residents reached

events attended</td><td rowspan="3">• Federally Qualified Health Centers
• Florida Department of Health in Palm Beach County
• American Heart Association
• Palm Beach County Medical Society (Project Access)
• Caridad Center
• Palm Beach Civic Association Health Committee
• Pediatric Care Providers, such as Palm Beach Pediatrics, Pediatric Partners, and the Pediatric Society of Palm Beach County
• Florida Department of Health in Palm Beach County</td></tr>
<tr><td>Conduct seminars to improve medical-home education</td><td># seminars

residents educated</td></tr>
<tr><td>Conduct a campaign on metabolic syndrome, which includes encouraging people to seek primary care and attending visits</td><td>Encourage and educate residents on seeking and obtaining primary care</td><td># materials shared

residents reached</td></tr>
<tr><td colspan="4">Goal 2: Reduce the burden of chronic diseases by improving quality of life, minimizing symptoms, and preventing unnecessary hospitalizations.</td></tr>
<tr><td colspan="4">Strategy: Support community-based interventions to effectively prevent and manage chronic diseases, such as Chronic Disease Self-Management programs for residents.

Strategy: Support system-level interventions to effectively prevent and manage chronic diseases, such as culturally adapted health care and Federally Qualified Health Center (FQHC) chronic disease management best practices.</td></tr>
<tr><td colspan="3">If individuals living with chronic disease have access to the food, treatment, and self-management counseling they need, we will see a decrease in the rate of preventable hospitalizations from or associated with chronic diseases.

Objective: Reduce hospitalizations from diabetes or with diabetes from 1,713 per 100,000 (2020) to 1,695.0 per 100,000 by 2027. (Black: 3,287.4 in 2020 to 3214.8 in 2027; Hispanic: 1,768.2 in 2020 to 1673.8 in 2027).</td><td>National/state priorities alignment:
Florida SHIP: CD2.4, CD4.2
Healthy People 2030: 0A-05; HDS-09; HDS-02; HDS-03</td></tr>
</table>

Objective: Reduce age-adjusted coronary heart disease hospitalizations from 175.1 per 100,000 (2020) to 122.1 per 100,000 in 2027. (Black: 171.7 in 2020 to 139.6 in 2027; Hispanic: 146.4 in 2020 to 108.4 in 2027; NH: 176.9 in 2020 to 128.3 in 2027). **Objective**: Reduce hospitalizations from stroke from 176.0 per 100,000 (2020) to 160.5 per 100,000 in 2027. (Black: 305.0 in 2020 to 227.5 in 2027; Hispanic: 121.2 in 2020 to 95.1 in 2027; NH: 181.5 in 2020 to 146.9 in 2027).			
If individuals living with chronic disease engage in chronic disease self-management, their quality of life and health outcomes will improve. **Objective**: Increase the proportion of adults with diabetes who have ever had diabetes self-management education from 69.7% in 2019 to 76.4% in 2027.			**National/state priorities alignment:** **Florida SHIP:** CD 4.1 **Healthy People 2030:** D-06
Activities	**Key action steps**	**Measures**	**Key partners**
Provide Chronic Disease Self-Management programs for residents that include educational opportunities and guides/resources	Promote Chronic Disease Self-Management programs among residents living with chronic disease and family caregivers	# trained # trainings	• Lake Okeechobee Rural Health Network • Diabetes Coalition of Palm Beach County • Area Agency on Aging • Area hospitals • Caridad Center • YMCA of South Palm Beach County • Florida Department of Health in Palm Beach County • Health Council of Southeast Florida
Increase chronic disease screenings county-wide	Promote the Diabetes Coalition chronic disease screening, prevention and self-management education services among residents with chronic disease and family caregivers	# trained # trainings	• Diabetes Coalition of Palm Beach County • Florida Department of Health in Palm Beach County • Area hospitals • Caridad Center
Increase engagement with blood pressure self-monitoring program	Promote the blood pressure self-monitoring program	# programs conducted # residents engaged	• YMCA of South Palm Beach County • Florida Department of Health in Palm Beach County • Area hospitals • Caridad Center

Activities	Key action steps	Measures	Key partners
Increase trainers for Chronic Disease Prevention and Self-Management programs and other related programs	Conduct Train the Trainers for programs such as • Chronic Disease Self-Management and Prevention • American Heart Association's Healthy for Life 20 by 20	# trainers trained	• Area Agency on Aging • American Heart Association • Caridad Center
Conduct culturally adapted health care training for providers	Provide culturally adapted health care trainings for providers to increase cultural competency and understanding	# trained	• Federally Qualified Health Centers/Free clinics • Area hospitals • Palm Beach County Medical Society • Health Care District of Palm Beach County • Florida Department of Health in Palm Beach County • Caridad Center • Florida Department of Health in Palm Beach County
Engage providers, including Federally Qualified Health Centers and free clinics, to meet chronic disease management best practices	Provide education and information to providers related to chronic disease management best practices	# providers engaged	• Florida Department of Health in Palm Beach County • American Heart Association • Federally Qualified Health Centers • Caridad Center • Community Health Center of West Palm Beach
	Promote and assist in implementing provider policy, system, and environment changes focused on ensuring chronic disease management best practices are followed	# clinical PSEs achieved	

Priority Area 1: Chronic Disease Self-Management- Objectives and Activities Progress Tracking

The following sections of this report highlight progress toward achieving priority area objectives. Status indicators are as follows:

 = Little to no movement towards objective target

 = Some progress towards meeting the objective target

 = Reached or surpassed objective target

Goal 1: Support Healthy Lifestyles through the Promotion of Nutrition, Physical Activity, and Disease Prevention

Strategy 1: Engage and Promote Community-Based Systems That Support Healthy Eating

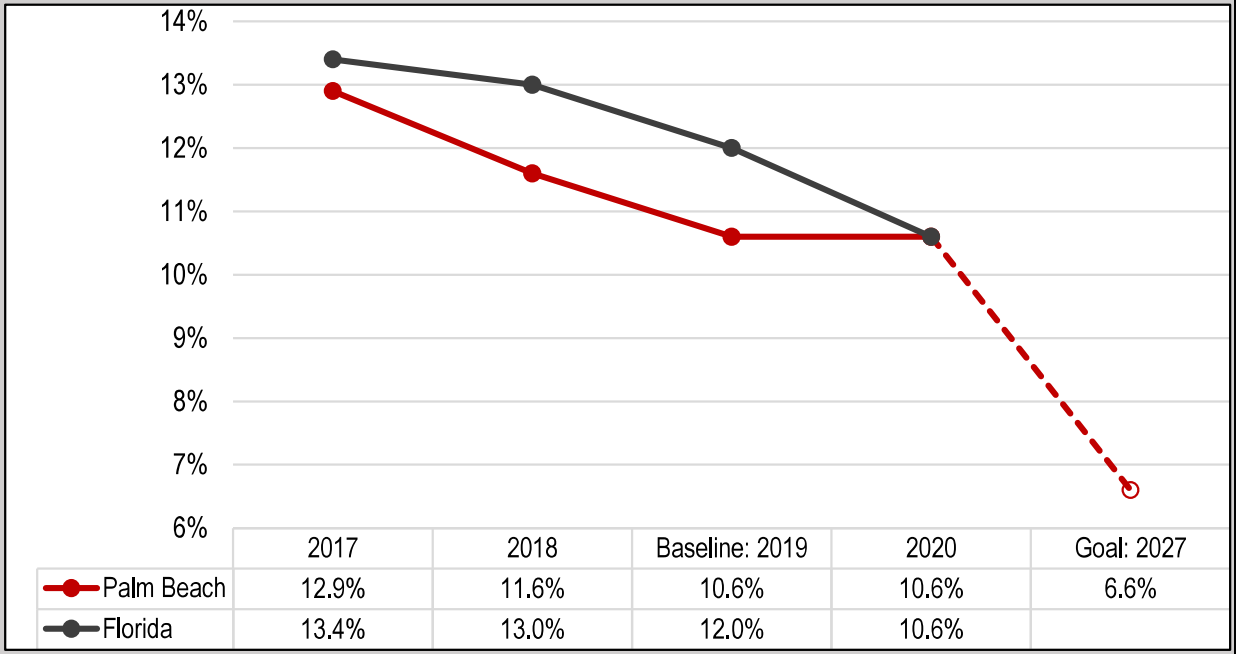
The table below shows the Palm Beach County Community Health Advisory Council's progress toward implementing Chronic Disease Self-Management activities under the first strategy of Goal One. The activities and key action steps are listed, along with the baseline and updated process measures to track implementation progress.

Table 1: Priority Area 1 - Goal 1 - Strategy 1

Goal	Support healthy lifestyles through the promotion of nutrition, physical activity, and disease prevention.
Strategy	Engage and promote community-based systems that support healthy eating.

Objective: Reduce the proportion of residents who experience food insecurity from 10.6% in 2019 to 6.6% in 2027.

Status Progress: In Palm Beach County, 10.6% of the population experienced food insecurity in 2020, equal to the rate in Florida overall, and with no change from the baseline year.



	2017	2018	Baseline: 2019	2020	Goal: 2027
Palm Beach	12.9%	11.6%	10.6%	10.6%	6.6%
Florida	13.4%	13.0%	12.0%	10.6%	

Source: Feeding America, Map the Meal Gap, Florida Health CHARTS, 2017-2020

Chronic Disease Self-Management Goal 1 Strategy 1	Activities	Key Action Step(s)	Baseline	Progress	Key Partner(s)
	Increase access to affordable and healthy foods	Promote the Palm Beach County/United Way Hunger Relief Plan to connect the community and residents with food resources	24 initiatives held *(Oct 1, 2021 - Sep 30, 2022)*	**66 initiatives held** to promote the Palm Beach County/United Way Hunger Relief Plan to connect the community and residents with food resources	United Way of Palm Beach County/Hunger Relief Plan

	Activities	Key Action Step(s)	Baseline	Progress	Key Partner(s)
Chronic Disease Self-Management Goal 1 Strategy 1		Promote the UF/IFAS Extension Program resources and services	21,221 residents	**16,684 residents** learned about UF/IFAS services	UF/IFAS Extension Program
	Increase access to affordable and healthy foods (Cont'd)	Promote the school district expanded food programs by identifying and meeting the schools' needs for existing weekend backpack and pantry programs, High School reengineering initiatives, middle and elementary school Re-Think Campaigns, food pantries, and Community Eligibility Provisions (CEP)	18 sites served	**18 sites served** by Palm Beach County School Food Services Department for High School Reengineering initiative and the Re-Think Campaign for middle and elementary schools	School District of Palm Beach County
		Identify areas of need and funding opportunities to increase senior home-delivery meals/Congregate meals through the use of volunteers	62,220 meals *(Oct 1, 2021 - Sep 30, 2022)*	**148,981 meals** were served to seniors (age 60+) in a congregate setting	United Way of Palm Beach County/Hunger Relief Plan
			1,048 senior participants *(Oct 1, 2021 - Sep 30, 2022)*	**3,483 senior citizens** participated in congregate meals/soup kitchens	
			4,198 senior participants *(Oct 1, 2021 - Sep 30, 2022)*	**5,490 unduplicated senior citizens** participated in home-delivered meals/Meals on Wheels	
			951,092 meals delivered *(Oct 1, 2021 - Sep 30, 2022)*	**802,935** home-delivered/Meals on Wheels **meals** were delivered	
			305 volunteers	**404** unduplicated senior hunger **volunteers**	

	Activities	Key Action Step(s)	Baseline	Progress	Key Partner(s)
Chronic Disease Self-Management Goal 1 Strategy 1	Increase access to affordable and healthy foods (Cont'd)	Monitor food bank progress with kitchen expansion and food processing facilities and ability to deliver meals to seniors (year-round) and students (summer and after school)	5 kitchens and processing facilities	5 kitchens and processing facilities	United Way of Palm Beach County/Hunger Relief Plan
			0 meals delivered	The kitchen processing facility is under construction to begin tracking meals delivered to seniors (year-round) and students (summer and after-school) from kitchen expansions	
		Consider opportunities to partner with ride-share service providers to deliver meals	14 agencies *(Oct 1, 2021 - Sep 30, 2022)*	**14 agencies** offered and implemented a pantry grocery delivery program	United Way of Palm Beach County/Hunger Relief Plan
		Promote food access programs to increase the number of facilities participating in food access programs and farmer's markets and outlets that accept SNAP (SNAP, WIC, childcare food programs) by distributing user-friendly guides, identifying barriers to participation in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and conducting relevant outreach, and by conducting targeted SNAP outreach efforts	25 partner agencies, 0 events	**3 partner agencies** were provided with user-friendly guides to distribute to residents for navigating SNAP/EBT and Fresh Access Bucks Programs, and guides were handed out at **3 events**	American Heart Association (AHA)
			3 farmer's markets	**7 farmer's markets**, **781 SNAP retailers**, & **5 FAB retailers** that accept SNAP and Fresh Access Bucks (FAB)	American Heart Association (AHA) United Way of Palm Beach County/Hunger Relief Plan
			35 events and efforts held	**86 WIC outreach events and efforts held** related to promoting food access programs to increase the number of facilities practicing in food access programs and farmers markets and outlets that accept SNAP	Women, Infant, and Children (WIC) Program

	Activities	Key Action Step(s)	Baseline	Progress	Key Partner(s)
Chronic Disease Self-Management Goal 1 Strategy 1	Increase access to affordable and healthy foods (Cont'd)	Promote federal meal programs that serve at-risk communities in their communities and neighborhoods	283 sites participated in CCFP, and 214 sites participated in AMP *(Oct 1, 2021 - Sep 30, 2022)*	**178 sites** participated in the Child Care Food Program (CCFP), and **189 sites** participated in the After-School Meal Program (AMP)	United Way of Palm Beach County/Hunger Relief Plan
		Support local food pantries through the implementation of healthy procurement/donation policies.	734,922 meals served	**796,566 meals served** in the Mobile Summer BreakSpot and Summer BreakSpot	American Heart Association (AHA)

Goal 1: Support Healthy Lifestyles through the Promotion of Nutrition, Physical Activity, and Disease Prevention

Strategy 2: Increase Community-Based Activities, Such as Let's Move, to Increase Options for Physical Activity in the Community

The table below shows the Palm Beach County Community Health Advisory Council's progress toward implementing Chronic Disease Self-Management activities under the second strategy of goal one. The activities and key action steps are listed, along with the baseline and updated process measures to track implementation progress.

Table 2: Priority Area 1 - Goal 1 - Strategy 2

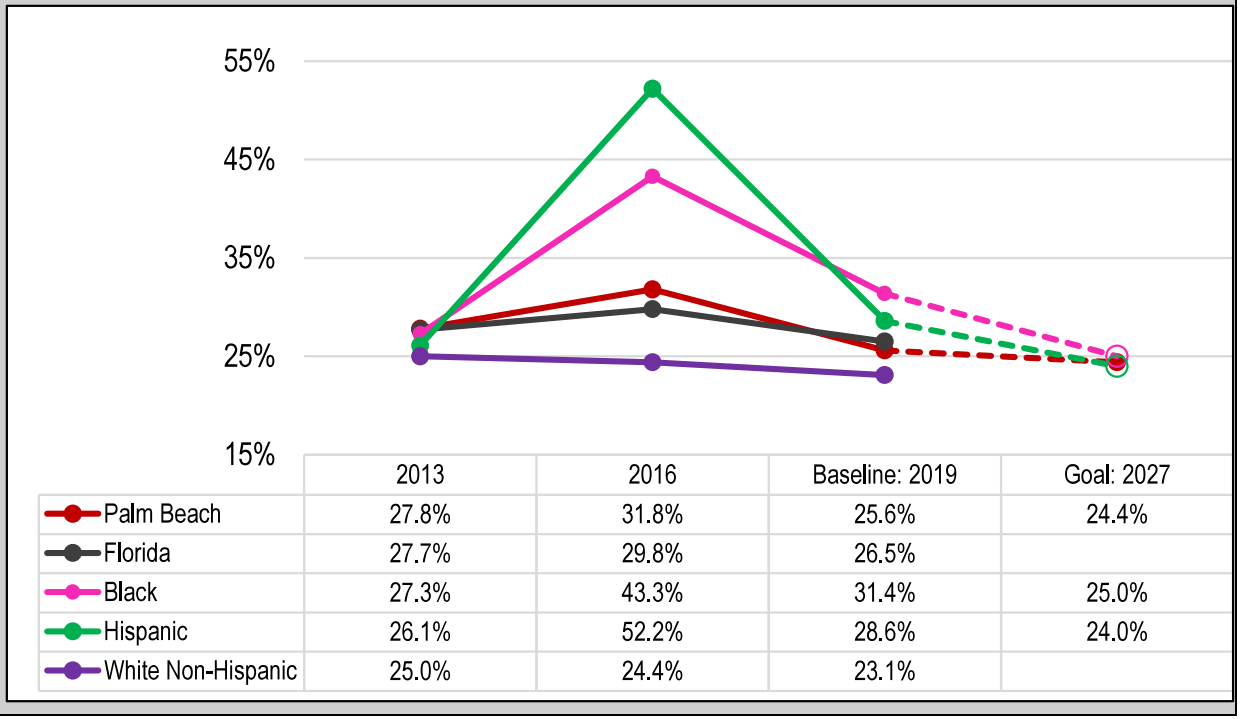
Goal	Support healthy lifestyles through the promotion of nutrition, physical activity, and disease prevention
Strategy	Increase community-based activities, such as Let's Move, to increase options for physical activity in the community

Objective: Reduce the proportion of adults who are sedentary from 25.6% in 2019 to 24.4% in 2027.

Among Black residents: from 31.4% in 2019 to 25% in 2027.

Among Hispanic residents: from 28.6% in 2019 to 24% in 2027.

Status Progress: In Palm Beach County, the proportion of adults who were sedentary decreased from 2016 to 2019, though the proportion was 1.4 times higher among Black residents. At the time of report publication, new data was not yet available for this indicator.



	2013	2016	Baseline: 2019	Goal: 2027
Palm Beach	27.8%	31.8%	25.6%	24.4%
Florida	27.7%	29.8%	26.5%	
Black	27.3%	43.3%	31.4%	25.0%
Hispanic	26.1%	52.2%	28.6%	24.0%
White Non-Hispanic	25.0%	24.4%	23.1%	

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2013-2019

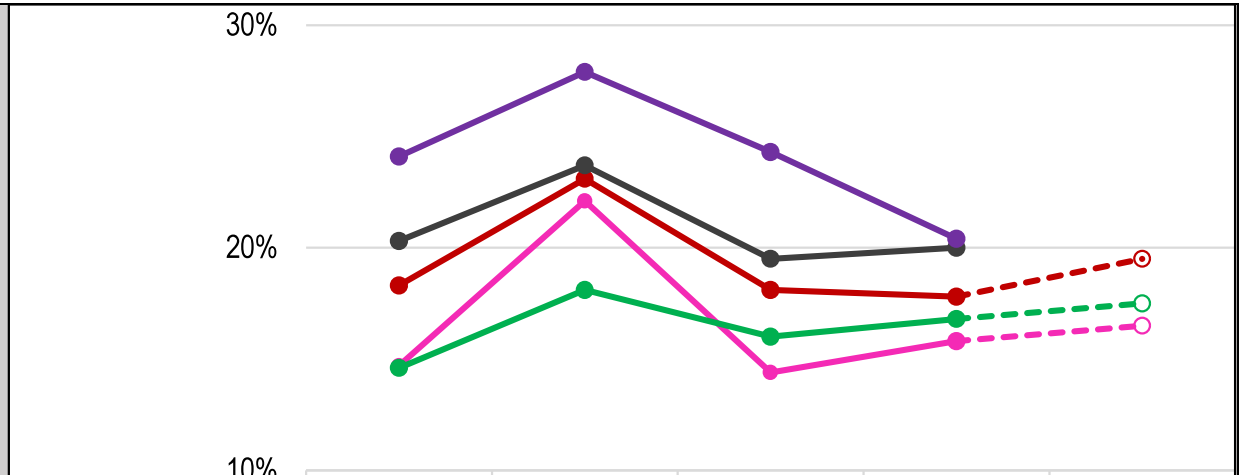
Objective: Increase the proportion of students who were physically active for at least 60 minutes on all 7 of the past 7 days (middle and high school students) from 18.1% in 2020 to 19.5% in 2027.

Among Black students: from 14.4% in 2020 to 16.5% in 2027.

Among Hispanic students: from 16% to 17.5% in 2027

Status Progress: In 2022, the proportion of Palm Beach County students overall who met this level of physical activity decreased to 17.8%, increased to 15.8% among Black students, and increased to 16.8% among Hispanic students.

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), 2016-2021



	2016	2018	Baseline: 2020	2022	Goal: 2027
Palm Beach	18.3%	23.1%	18.1%	17.8%	19.50%
Florida	20.3%	23.7%	19.5%	20.0%	
Black	14.7%	22.1%	14.4%	15.8%	16.50%
Hispanic	14.6%	18.1%	16.0%	16.8%	17.50%
White Non-Hispanic	24.1%	27.9%	24.3%	20.4%	

Chronic Disease Self-Management Goal 1 Strategy 2

Activities	Key Action Steps	Baseline	Progress	Key Partners
Expand existing community campaigns promoting activity and exercise using programs such as Let's Move	Increase Let's Move activities from one month of activities (March) to a 12-month campaign	*Not applicable*	**31 events** hosted with more than **30,000 individuals** served, and over **103,487,227 minutes** of activity logged	Palm Health Foundation
Promote exercise programs, especially for those who have arthritis or are at-risk for falls	Promote the YMCA exercise program	40 participants	**86 participants** (46 with Arthritis) in the YMCA exercise programs	YMCA of South Palm Beach County
	Increase partnerships to implement programs at different sites and locations	3 sites	**5 YMCA sites** and locations that implement community health programs	

	Activities	Key Action Steps	Baseline	Progress	Key Partners
Chronic Disease Self-Management Goal 1 Strategy 2	Promote exercise programs, especially for those who have arthritis or are at-risk for falls (Cont'd)	Promote the Area Agency on Aging Tai Chi Moving for Better Balance and Tai Chi for Arthritis programs	32 participants	**61 participants** in the Area Agency on Aging Tai Chi Moving for Better Balance and Tai Chi for Arthritis programs	Area Agency on Aging
		Promote the Silver Sneakers exercise program for older adults	1614 participants	**518 unduplicated participants** in the Silver Sneakers Exercise program for older adults	Ruth and Norman Rales Jewish Family Services
		Identify and train additional volunteers to implement programs in the community	8 volunteers	**205 volunteers** implementing programs in the community	Area Agency on Aging
	Promote the American Heart Association Kids Heart Challenge to engage students in physical activity and educate students about keeping their hearts and brains healthy and helping others	Increase participation in the challenge among elementary, middle, and high school youth	104 schools participating	**105 schools participating** in the challenge	American Heart Association
			5,510 students registered	**5,879 students registered** to participate in the challenge	
			357 students instructed	**567 students instructed** in CPR/Warning Signs of Stroke	

Goal 1: Support Healthy Lifestyles through the Promotion of Nutrition, Physical Activity, and Disease Prevention

Strategy 3: Promote Awareness of Low-to-No Cost Services

The table below shows the Palm Beach County Community Health Advisory Council's progress toward implementing Chronic Disease Self-Management activities under the third strategy of goal one. The activities and key action steps are listed, along with the baseline and updated process measures to track implementation progress.

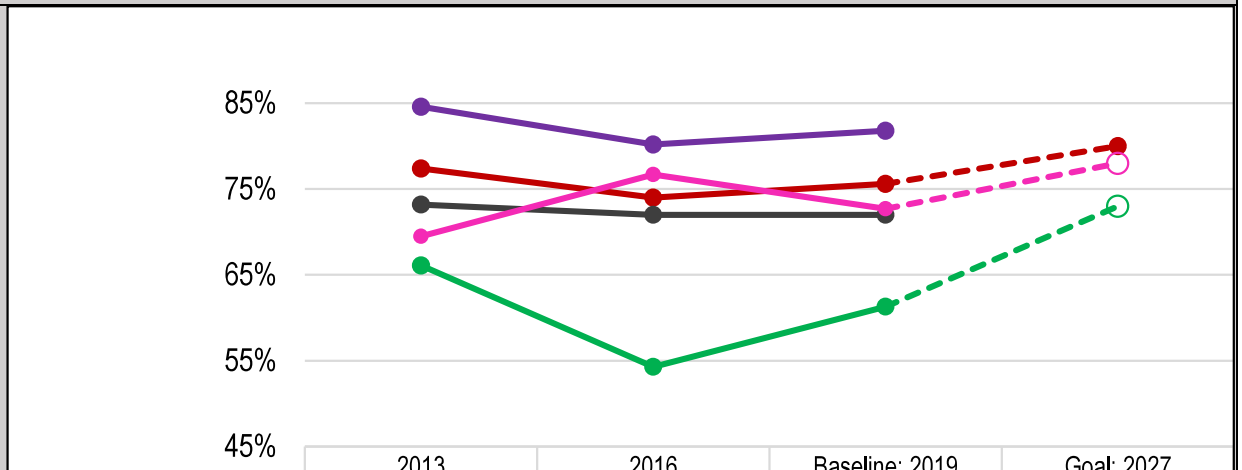
Table 3: Priority Area 1 - Goal 1 - Strategy 3

Goal	Support healthy lifestyles through the promotion of nutrition, physical activity, and disease prevention
Strategy	Promote awareness of low-to-no cost services

Objective: Increase the proportion of Palm Beach County adults with a personal doctor from 75.6% in 2019 to 80% in 2027.

- Among Non-Hispanic Black adults: from 72.7% in 2019 to 78% in 2027
- Among Hispanic adults: from 61.3% in 2019 to 73% in 2027

Status Progress: In 2019, 75.6% of adults in Palm Beach County had a personal doctor. Hispanic adults were 1.3 times less likely to have a personal doctor than non-Hispanic White adults. At the time of report publication, new data is not yet available for this indicator.



	2013	2016	Baseline: 2019	Goal: 2027
Palm Beach	77.4%	74.0%	75.6%	80.0%
Florida	73.2%	72.0%	72.0%	
Black	69.5%	76.7%	72.7%	78.0%
Hispanic	66.1%	54.3%	61.3%	73.0%
White Non-Hispanic	84.6%	80.2%	81.8%	

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion., 2013-2019

	Activities	Key Action Steps	Baseline	Progress	Key Partners
Chronic Disease Self-Management Goal 1 Strategy 3	Create a social marketing campaign to promote awareness that "every resident has access to a medical home." Including information sharing related to low-to-no cost services	Share educational materials related to low-to-no cost services	4 materials, 45 events attended	**5 materials** shared related to low-to-no cost services, **19 events attended**	Caridad Center Palm Beach Civic Assoc Health Committee Palm Beach County Medical Society
			9,249 residents reached	**6,632 residents** who were provided with educational materials related to low-to-no-cost services	
		Conduct seminars to improve medical-home education	0 seminars held	**1 seminar held** to improve medical-home education	Palm Beach Civic Assoc Health Committee
			0 residents educated	**130 live guests** educated through seminars intended to improve medical-home education	
	Conduct a campaign on metabolic syndrome, which includes encouraging people to seek primary care and attend visits	Encourage and educate residents on seeking and obtaining primary care	3 materials shared	**5 materials shared** related to metabolic syndrome to encourage and educate residents on seeking and obtaining primary care	Caridad Center Palm Beach Civic Assoc Health Committee
			8,649 residents reached	**6,894 residents reached with materials** related to metabolic syndrome	

Goal 2: Reduce the Burden of Chronic Diseases by Improving Quality of Life, Minimizing Symptoms, and Preventing Unnecessary Hospitalizations

Strategy 1: Support Community-Based Interventions to Effectively Prevent and Manage Chronic Diseases, such as Chronic Disease Self-Management Programs for Residents, and Strategy 2: Support System-Level Interventions to Effectively Prevent and Manage Chronic Diseases, such as Culturally Adapted Health Care and Federally Qualified Health Center (FQHC) Chronic Disease Management Best Practices

The table below shows the Palm Beach County Community Health Advisory Council's progress toward implementing the Chronic Disease Self-Management strategies under goal two. The activities and key action steps are listed, along with the baseline and updated process measures to track implementation progress.

Table 4: Priority Area 1 - Goal 2 - Strategies 1 and 2

Goal	Reduce the burden of chronic diseases by improving quality of life, minimizing symptoms, and preventing unnecessary hospitalizations.
Strategies	Support community-based interventions to effectively prevent and manage chronic diseases, such as Chronic Disease Self-Management programs for residents. Support system-level interventions to effectively prevent and manage chronic diseases, such as culturally adapted health care and Federally Qualified Health Center (FQHC) chronic disease management best practices.

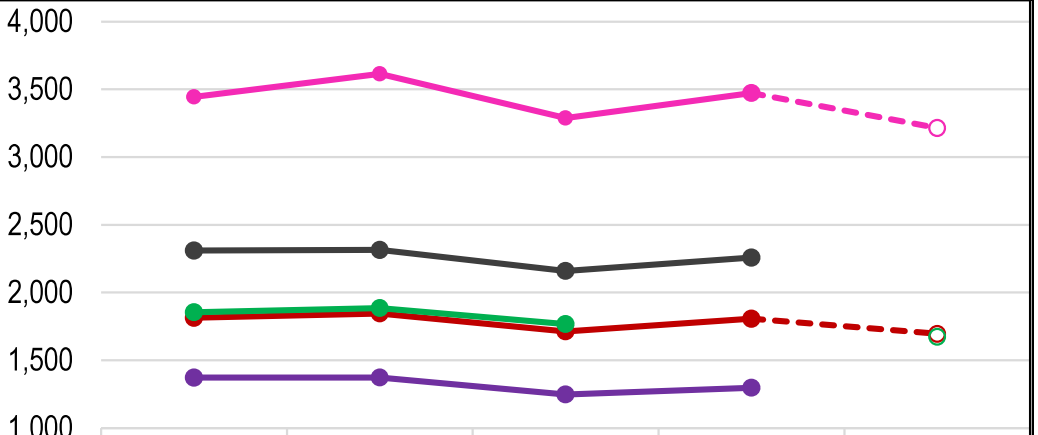
Objective: Reduce hospitalizations from diabetes or with diabetes from a rate of 1,713 per 100,000 (2020) to a rate of 1,695.0 per 100,000 by 2027.

Among Black residents: from 3,287.4 in 2020 to 3214.8 in 2027

Among Hispanic residents: from 1,768.2 in 2020 to 1673.8 in 2027

Status Update: In 2021, the age-adjusted rate of hospitalizations from diabetes was 1,807.0 in Palm Beach County. Glaring disparities were seen by race, with Black residents hospitalized at 2.7 times the rate of White residents. Data was not reported for Hispanic residents in 2021.

Source: Florida Agency for Health Care Administration (AHCA), 2018-2021



	2018	2019	Baseline: 2020	2021	Goal: 2027
Palm Beach	1,813.9	1,845.8	1,713.0	1,807.0	1,695.0
Florida	2,310.2	2,314.2	2,160.3	2,258.3	
Black	3,444.2	3,613.3	3,287.4	3,473.4	3,214.8
Hispanic	1,855.0	1,885.6	1,768.2		1,673.8
White Non-Hispanic	1,372.4	1,373.1	1,247.7	1,297.3	

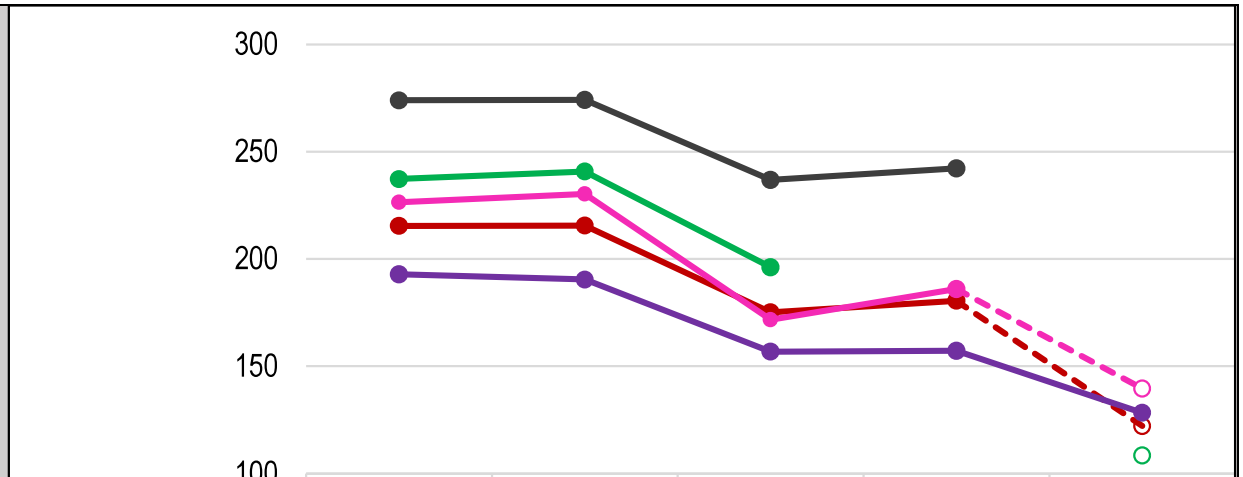
Objective: Reduce the age-adjusted coronary heart disease hospitalization rate from 175.1 per 100,000 (2020) to 122.1 per 100,000 in 2027.

Among Black residents: from 171.7 in 2020 to 139.6 in 2027

Among Hispanic residents: from 146.4 in 2020 to 108.4 in 2027

Among Non-Hispanic residents: from 176.9 in 2020 to 128.3 in 2027

Status Update: In 2021, the age-adjusted rate of hospitalizations from coronary heart disease increased to 180.5 per 100,000 population in Palm Beach County. Among Black residents the rate increased to 186.0 and Among Non-Hispanic residents the rate decreased to 157.2 per 100,000 population. Data was not reported for Hispanic residents in 2021.



	2018	2019	Baseline: 2020	2021	Goal: 2027
Palm Beach	215.4	215.6	175.1	180.5	122.1
Florida	273.9	274.1	236.8	242.2	
Black	226.4	230.3	171.7	186.0	139.6
Hispanic	237.2	240.8	196.1		108.4
White Non-Hispanic	192.8	190.4	156.8	157.2	128.3

Source: Florida Agency for Health Care Administration (AHCA), 2018-2021

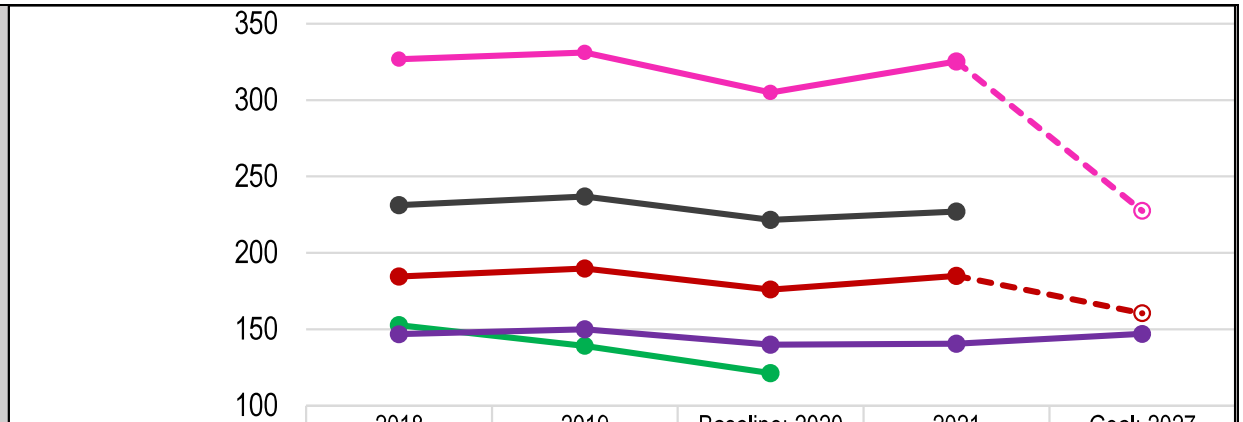
Objective: Reduce hospitalizations from stroke from 176.0 per 100,000 (2020) to 160.5 per 100,000 in 2027.

Among Black residents from 305.0 in 2020 to 227.5 in 2027

Among Hispanic residents from 121.2 in 2020 to 95.1 in 2027

Among Non-Hispanic residents: from 181.5 in 2020 to 146.9 in 2027

Status Update: In 2021, the age-adjusted rate of hospitalizations from stroke increased to 184.9 in Palm Beach County. A 6.7% increase in hospitalizations was reported for Black residents, and a 19.1% decrease was reported for non-Hispanic residents from 2020 to 2021. Data was not reported for Hispanic residents in 2021.



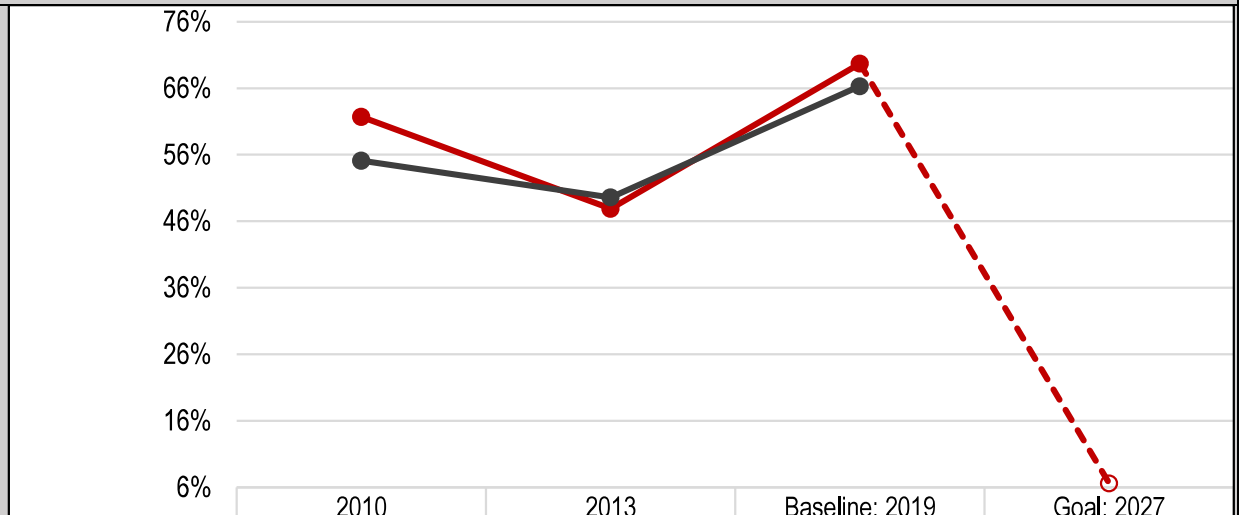
	2018	2019	Baseline: 2020	2021	Goal: 2027
Palm Beach	184.5	189.7	176	184.9	160.5
Florida	231.2	236.9	221.6	227	
Black	326.7	331.2	305	325.3	227.5
Hispanic	152.6	139.1	121.2		95.1
White Non-Hispanic	146.7	149.9	139.9	140.5	146.9

Source: Florida Agency for Health Care Administration (AHCA), 2018-2021

Objective: Increase the proportion of adults with diabetes who have ever had diabetes self-management education from 69.7% in 2019 to 76.4% in 2027.

Status Update: In 2019, 69.7% of adults with diabetes in Palm Beach County had diabetes self-management education, slightly higher than in Florida overall. At the time of report publication, new data is not yet available for this indicator.

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion., 2010-2019



	2010	2013	Baseline: 2019	Goal: 2027
Palm Beach	61.7%	47.9%	69.7%	6.6%
Florida	55.1%	49.6%	66.3%	

	Activities	Key Action Steps	Baseline	Progress	Key Partners
Chronic Disease Self-Management Goal 2 Strategies 1-2	Provide Chronic Disease Self-Management programs for residents that include educational opportunities and guides/resources	Promote Chronic Disease Self-Management programs among residents living with chronic disease and family caregivers	3,321 participants trained	**4,052 participants trained** in Chronic Disease Self-Management	Area Agency on Aging (AAA) Caridad Center Diabetes Coalition Lake Okeechobee Rural Health Network (LORHN)
			1,263 trainings held	**2,375 trainings held** for Chronic Disease Self-Management	
	Increase chronic disease screenings county-wide	Promote the Diabetes Coalition chronic disease screening, prevention and self-management education services among residents with chronic disease and family caregivers	3,328 participants trained	**1,059 participants** trained through Diabetes Coalition chronic disease screening, prevention and self-management education	Diabetes Coalition
			1,263 trainings	**394 trainings** through the Diabetes Coalition chronic disease screening, prevention and self-management education	
	Increase engagement with blood pressure self-monitoring program	Promote the blood pressure self-monitoring program	7 programs	**13 programs** conducted for blood pressure self-monitoring	YMCA of South Palm Beach County Caridad Center
			150 residents engaged	**375 residents engaged** in blood pressure self-monitoring programs	
	Increase trainers for Chronic Disease Prevention and Self-Management programs and other related programs	Conduct Train the Trainers for programs such as • Chronic Disease Self-Management and Prevention • American Heart Association's Healthy for Life 20 by 20	37 new trainers	**41 new trainers** trained for Chronic Disease Prevention and Self-Management programs and other related programs through Train-the-Trainer programs	Area Agency on Aging (AAA) American Heart Association (AHA)
	Conduct culturally adapted health care training for providers	Provide culturally adapted health care trainings for providers to increase cultural competency and understanding	144 providers trained	**34 providers trained** in culturally adapted health care trainings to increase cultural competency and understanding	Caridad Center Palm Beach County Medical Society (PBCMS)

Chronic Disease Self-Management Goal 2 Strategies 1-2	Activities	Key Action Steps	Baseline	Progress	Key Partners
	Engage providers, including Federally Qualified Health Centers and free clinics, to meet chronic disease management best practices	Provide education and information to providers related to chronic disease management best practices	63+ providers engaged	**140 providers** were engaged in education related to chronic disease management best practices	Caridad Center
		Promote and assist in implementing provider policy, system, and environment changes focused on ensuring chronic disease management best practices are followed	3 clinical PSEs	**2 clinical PSEs** achieved to promote and assist in implementing provider policy, system, and environmental changes focused on ensuring chronic disease management best practices are followed	American Heart Association (AHA)

Culturally Adapted Health Care

Culturally Adapted Health Care is a scientifically supported evidence-based strategy that is proven to lead to improved health outcomes, mental health, health-related knowledge, chronic disease management, and cancer screening. Other beneficial outcomes from this strategy include increased patient satisfaction, reduced hospital utilization, improved quality of life, improved adherence to treatment, increased tobacco cessation, improved dietary habits, improved weight status, improved patient-provider communication, improved prenatal care, and reduced drug and alcohol use. Culturally adapted care can include culturally appropriate health education programs, culturally tailored life style interventions, and culturally competent and bilingual health workers. These strategies are tailored to patients' norms, beliefs, values, language, and literacy skills. Such efforts may include matching specialists to patients by race or ethnicity, adapting patient materials to reflect culture, language, or literacy skills, offering education via community health advocates, incorporating norms about faith, food, family, or self-image into patient care, and implementing patient improvement strategies. Finally, and of high importance, this strategy is also proven to decrease disparities.[8]

Chronic Disease Self-Management Programs

Chronic Disease Self-Management (CDSM) program implementation is a scientifically supported evidence-based strategy proven to lead to improved health outcomes and quality of life, as well as increased healthy behaviors and self-efficacy for patients with chronic conditions. Other beneficial outcomes include improved mental health, chronic disease management, and care for chronic conditions, as well as reduced hospital utilization. Such programs allow patients to proactively manage health conditions and can improve patients' communication with physicians, ultimately enhancing their system of care. Educational and behavioral interventions are used to provide patients the tools and knowledge needed to actively manage their conditions. These strategies often focus on self-monitoring and medical management, decision-making, and/or adoption and maintenance of health-promoting behaviors.[9]

[8] County Health Rankings and Roadmaps. (2020). *Culturally adapted health care.* Retrieved from https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/culturally-adapted-health-care

[9] County Health Rankings and Roadmaps. (2018). *Chronic disease self-management (CDSM) programs.* Retrieved from https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/chronic-disease-self-management-cdsm-programs

Priority Area: Mental and Behavioral Health

Mental and Behavioral Health – Why Address It?

Mental health encompasses emotional, psychological, and social well-being.[10] According to the Centers for Disease Control and Prevention (CDC), 11.3% of adults report regular feelings of worry, nervousness, or anxiety and 4.5% report experiencing depression. Poor mental health is associated with a variety of negative health outcomes, including reductions in life expectancy, quality of life, and financial stability, as well as an increased risk for intentional and unintentional injury, substance misuse and other behavioral health issues.[11] [12]

In 2019, approximately 9.2% of adults in Palm Beach County reported having poor mental health on over 14 days of the past 30 days, and this proportion was higher among White (10.7%) and Black (9.6%) residents.[13] Furthermore, the rate of age-adjusted suicide deaths in the county was 13.9 per 100,000 population.[14] This rate was 2.6 times higher among White residents compared to their Black counterparts, and 2.2 times higher among non-Hispanic residents compared to their Hispanic counterparts.[15]

As previously mentioned, poor mental health increases one's risk for engaging in substance misuse. According to the CDC, drug overdoses continue to increase in the United States, with over 70,000 drug overdose deaths in 2019. Of those deaths, over 70% involved opioids.[16] Opioids may include prescription opioids (i.e. oxycodone, hydrocodone, morphine, and methadone) or illicit opioids (i.e. fentanyl, heroin). While opioids are classified as painkillers, illicit use of prescription or synthetic opioids has led to worrisome trends across the country and in Palm Beach County.[17] Locally, a stark disparity in substance use outcomes exists between the state of Florida and Palm Beach County. For instance, in Palm Beach County, the rate of age-adjusted drug poisoning deaths was 1.2 times higher and the rate of age-adjusted opioid deaths was 1.6 times higher compared to Florida in 2020.

Moreover, poor mental health and heavy substance use increases the risk of an individual engaging in abusive behaviors, but the cycle does not end there. Evidence shows that the mental anguish that domestic and intimate partner violence survivors experience causes some to cope through substance use. Widely, research has found that substance use plays a pivotal role in violent and abusive behaviors, and always worsens patterns of abuse.[18] In Palm Beach County, the rate of domestic violence offenses was 296.5 per

[10] Centers for Disease Control and Prevention. (2022). Mental Health. Retrieved from https://www.cdc.gov/mentalhealth/index.htm

[11] SAMHSA. (2019). The National Survey on Drug Use and Health: 2019. Retrieved from https://www.samhsa.gov/data/sites/default/files/reports/rpt29392/Assistant-Secretary-nsduh2019_presentation/Assistant-Secretary-nsduh2019_presentation.pdf

[12] Tulane University School of Public Health And Tropical Medicine. (2021). Understanding Mental Health As a Public Health Issue. Retrieved from https://publichealth.tulane.edu/blog/mental-health-public-health/

[13] Florida Health CHARTS. Florida Behavioral Risk Factor Surveillance System (BRFSS), 2019

[14] Florida Health CHARTS. Florida Behavioral Risk Factor Surveillance System (BRFSS), 2019

[15] Florida Health CHARTS. Florida Behavioral Risk Factor Surveillance System (BRFSS), 2019

[16] Centers for Disease Control and Prevention. (2022). *Opioids.* Retrieved from https://www.cdc.gov/opioids/index.html

[17] Centers for Disease Control and Prevention. (2022). *Opioid Basics.* Retrieved from https://www.cdc.gov/opioids/basics/index.html

[18] American Psychological Association (2022). Intimate Partner Violence. Retrieved from: https://www.apa.org/topics/physical-abuse-violence/intimate-partner

100,000 population in 2020. Of growing concern, human trafficking, which intersects in many ways with domestic violence, poor mental health, and substance use, has also exponentially increased.[19]

Thus, the Advisory Council selected Mental and Behavioral Health as a top priority due to the great impact on the overall wellbeing of an individual and their community. The following table shows the goals, objectives, strategies, and activities that will provide direction for the community health improvement planning efforts in the community for this priority area. The Plan also includes best practices, evidence-supported initiatives, and currently available community resources specific to this priority area.

[19] UNICEF USA (2022). Domestic Violence and Human Trafficking. Retrieved from: https://www.unicefusa.org/stories/domestic-violence-and-human-trafficking/33601

Figure 23: Mental and Behavioral Health Priority Area Goals, Strategies, Objectives, and Activities

<table>
<tr><td colspan="4">Priority Area: Mental and Behavioral Health

Goal 1: Reduce the prevalence of mental and emotional disorders.</td></tr>
<tr><td colspan="4">Strategy: Promote and offer resources to enhance education and awareness of mental and emotional disorders, such as MHFA training, support groups, and community newsletters.

Strategy: Promote behavioral health integration into primary care.</td></tr>
<tr><td colspan="3">Objective: Decrease the percentage of adult residents who had poor mental health on 14 or more of the past 30 days from 9.2% in 2019 to 8.1% in 2027. (10.7% NH White in 2019 to 6.2% in 2027; 9.6% NH Black in 2019 to 5.6%; 5.7% Hispanic in 2019 to 2.9% in 2027)</td><td>National/state priorities alignment:
Florida SHIP: MW1.2
Heathy People 2030: Goal – Improve mental health</td></tr>
<tr><td colspan="3">Objective: Increase access to counseling and mental health services for uninsured or underinsured residents who have no other means to access treatment by 5% from 12,985 in FY 2020/2021 to 13,634 in FY 2026/2027.</td><td>National/state priorities alignment:
Florida SHIP: Goal MW1
Heathy People 2030: MHMD-04; MHMD-05; MHMD-R01</td></tr>
<tr><td colspan="3">Objective: Increase the percentage of children receiving mental health treatment services from 5.3 per 1,000 population aged 1-5 in 2020 to 7.0 per 1,000 population aged 1-5 in 2027.</td><td>National/state priorities alignment:
Florida SHIP: MW2.3
Heathy People 2030: MHMD03; EMC-D06</td></tr>
<tr><td>Activities</td><td>Key action steps</td><td>Measures</td><td>Key partners</td></tr>
<tr><td>Increase the number of evidence-based mental health centered trainings offered to the community (i.e. Mental Health First Aid, Trauma-Informed Care, PACEs, etc.)</td><td>Promote available trainings such as:
Mental Health First Aid (MHFA) trainings via “Mental Health Minis” trainings
Youth MHFA mini-trainings led by youth for youth
Positive and Adverse Childhood Experiences (PACEs)
Trauma-Informed Care
Mental Health workshops for parents, teachers, and childcare staff</td><td># trainings

trained</td><td>Florida Department of Health in Palm Beach County
Alpert Jewish Family Services (MHFA)
Catholic Charities (MHFA)
National Alliance on Mental Illness in Palm Beach County (MFA – Integrated Resiliency Training)
Palm Beach County Behavioral Health Coalition (mini MHFA courses)
Center for Child Counseling (PACEs, TIC, Mental Health Workshops)
BeWellPBC (youth mini MHFA trainings)
Palm Beach County Youth Services
Palm Beach County Medical Society</td></tr>
</table>

Activities	Key action steps	Measures	Key partners
Develop and promote more messaging focused on mental and behavioral health resources	Promote: • Newsletters • Podcasts • The Well of PBC Magazine • Get Your Green On Campaign • Social media quick facts on mental health • Mental Health Awareness Month • Newspaper Op-Eds to increase awareness to broad audiences • A Way of Being with Children messaging • Tip sheets, videos, and workshops for parents and caregivers - Ways to Talk to Children, focusing on tough topics like suicide, war, school shootings, etc. • 211 media mentions	# people reached through each item	• Florida Department of Health in Palm Beach County • BeWellPBC • National Alliance on Mental Illness in Palm Beach County • Palm Beach County Behavioral Health Coalition • Palm Health Foundation • Health Care District of Palm Beach County • Boca Raton's Promise • Mental Health America of the Palm Beaches • Birth to 22 Provider Network • Center for Child Counseling • 211 Palm Beach Treasure Coast
Enhance support for family and care-givers	Promote mental health support groups, such as those offered by the National Alliance on Mental Illness in Palm Beach County	# participants # of support groups held	• National Alliance on Mental Illness in Palm Beach County • Palm Beach County Youth Services • Area Agency on Aging • Center for Child Counseling • Healthier Boynton Beach • 211 Palm Beach and Treasure Coast • Children's Services Council • BeWellPBC • Healthier Boynton Beach • Florida Department of Health in Palm Beach County • Caridad Center
	Promote Area Agency on Aging senior and caregiver support groups, as well as free counseling for seniors		
	Increase engagement in the AACY Caregiving Youth Project to support children by expanding to additional schools		
	Promote the Children's Services Council Psychoeducational support groups for children, teens, and families		
	Promote support for caregivers through the Countywide Caregiver's Club, the 211 Palm Beach County Treasure Coast Caregiver Support project for caregivers over the age of 18 years, and the 211 Palm Beach County Treasure Coast Sunshine Calls program	# participants # caregivers # residents receiving a daily Sunshine call	

Activities	Key action steps	Measures	Key partners
Promote resources for physicians related to mental health and substance use disorders	Promote SBIRT and other screening tools such as MAST	# trained	• Palm Beach County Behavioral Health Coalition • Palm Health Foundation • BeWell PBC • Mental Health America of the Palm Beaches • Palm Beach County Medical Society • Palm Beach Pediatrics • Center for Child Counseling • 211 Palm Beach County Treasure Coast • Center for Child Counseling • Florida Department of Health in Palm Beach County
	Engage additional providers and practices in the Palm Beach County Community Health Advisory Council	# providers and practices engaged in the Advisory Council	
Expand the integration of behavioral health through collaboration among providers	Raise awareness related to integration of behavioral health into primary care settings among providers through the promotion of universal mental health screenings followed by linkages to needed care/resources at primary care appointments. Focus efforts on Pediatric Integrated Care **policy** work and training/resource opportunities	# policies developed related to pediatric integrated care	
	Promote pediatric integration by providing mental health education, crisis intervention, support groups, and therapy that is integrated into pediatric offices and concurrent with school and community support	# screened for mental health concerns # mental health consultations	

Goal 2: Reduce the burden of mental and emotional disorders.	
Strategy: Develop and distribute resources for the medical community to encourage and enhance early diagnosis and linkages to care.	
While we understand that hospitalizations are an important entry point for care, we recognize that appropriate and timely interventions can reduce hospitalization rates from crisis situations and enhance quality of life for residents in need of care. **Objective**: Decrease the age-adjusted rate of hospitalizations from mental disorders from 999.2 per 100,000 in 2020 to 985.0 in 2027. **Objective**: Decrease the age-adjusted rate of emergency department visits from mental disorders from 975.8 per 100,00 population in 20202 to 965.0 in 2027.	**National/state priorities alignment:** **Florida SHIP:** MW1.1 **Healthy People 2030**: Goal – Improve mental health
Objective: Reduce non-fatal intentional self-harm injury hospitalizations from 29.9 per 100,000 in 2020 to 22.5 in 2027.	**National/state priorities alignment:** **Florida SHIP:** MW4.1 **Healthy People 2030:** IVP-19
Objective: Reduce age-adjusted deaths from suicide from 10.3 per 100,000 population in 2020 to 8.9 per 100,000 in 2027.	**National/state priorities alignment:** **Florida SHIP:** MW 4.2, MW 4.3, ISV 1.4 **Healthy People 2030:** MHMD-01

Activities	Key action steps	Measures	Key partners
Provide educational materials for providers	Develop and disseminate provider resources, such as decision trees	# providers who receive resources	• Palm Beach County Medical Society • Florida Department of Health in Palm Beach County
Build workforce capacity in an effort to increase access and affordability for community members	Identify partnering agencies to collaborate in funding efforts Mobilize a grant writing team to seek and obtain funding to build workforce capacity for low-cost and sliding-fee-scale services Secure funding to build workforce capacity increase the availability of providers for low-cost and sliding-scale-fee services	# funding opportunities identified	• Ruth & Norman Rales Jewish Family Services, Inc.
Promote initiatives to reduce suicide	Promote the Zero Suicide initiative among providers	# providers who receive information	• Florida Department of Health in Palm Beach County • Southeast Florida Behavioral Health Network • Primary Care and Emergency Medical Providers • 211 Palm Beach County Treasure Coast
	Increase the utilization of crisis support resources, such as suicide crisis lines	# suicide related calls in Palm Beach County	
Goal 3: Reduce the prevalence of substance use disorders and drug overdoses.			
Strategy: Promote resources for support system members, community members, and those engaging in substance use to enhance community conversations around behavioral health and link residents to needed resources.			
Objective: Reduce the proportion of residents who engage in illicit drug use from 11.77% in 2020 to 11.00% in 2027.			**National/state priorities alignment:** **Florida SHIP:** MW3.5 **Healthy People 2030:** SU-01, SU-05, SU-07
Activities	**Key action steps**	**Measures**	**Key partners**
Promote training to increase education and understanding among family members, caregivers, and support networks	Promote CRAFT (Community Reinforcement and Family Training)	# trainings # trained	• Palm Beach County Behavioral Health Coalition • Palm Beach County Community Services Substance Use Steering Committee

Increase PACE's training opportunities to build resiliency in the community	Provide PACEs training to increase protective factors and social supports	# trainings # trained	• Center for Child Counseling • Palm Beach County Youth Services • Palm Beach County Community Services Behavioral Health and Substance Use Disorder Steering Committee
Engage the community in mental health conversation and action	Provide residents with education and information in the form of: • Newsletters • Birth to 22 "Community Conversations" • Conversations in community settings, such as faith-based groups	# newsletters # promotional materials/resources distributed # group meetings	• Palm Health Foundation • BeWellPBC • Palm Beach County Community Services Behavioral Health and Substance Use Disorder Steering Committee • Birth to 22 Provider Network • 211 Palm Beach County Treasure Coast • Florida Department of Health in Palm Beach County
Increase awareness of supportive services	Promote accessible services, including: • The Hub • Rebel Recovery • National Alliance on Mental Illness in Palm Beach County support groups • BeWellPBC • AA meetings • Drop-in programs • peer recovery support specialists • Congregate meals for seniors with Area Agency on Aging • Center for Child Counseling Psychoeducational Support Groups for children, teens, parents, and Caregivers	# reached with promotion efforts	• Southeast Florida Behavioral Health Network • Area Agency on Aging • Palm Health Foundation • Healthier Together • National Alliance on Mental Illness in PBC • PBC Behavioral Health Coalition • BeWellPBC • The Hub • Rebel Recovery • Mental Health America of the Palm Beaches • PBC Community Services Behavioral Health and Substance Use Disorder Steering Committee • Center for Child Counseling • Florida Department of Health in Palm Beach County • Caridad Center

Goal 4: Reduce the burden of substance use disorders and drug overdoses			
Strategy: Increase partnerships and training related to drug misuse across the community and healthcare system			
Objective: Reduce EMS responses to drug overdoses among Palm Beach County residents from 5973.0 in 2020 to 5,728.9 in 2027.			**National/state priorities alignment:** **Florida SHIP:** MW3.4 **Healthy People 2030:** SU-03
Objective: Reduce non-fatal overdose emergency department visits among Palm Beach County residents from 3,141 in 2020 to 2,950 in 2027.			**National/state priorities alignment:** **Florida SHIP:** MW3.4 **Healthy People 2030:** SU-03; MPS-02; SU-D04
Objective: Reduce non-fatal overdose hospitalizations among Palm Beach County residents from 1,825 in 2020 to 1,736.1 in 2027.			**National/state priorities alignment:** **Florida SHIP:** MW3.4 **Healthy People 2030:** SU-03
Objective: Reduce the age-adjusted rate of drug overdose deaths among Palm Beach County residents from 50.4 per 100,000 population to 40.1 per 100,000 population in 2027.			**National/state priorities alignment:** **Florida SHIP:** MW3.4 **Healthy People 2030:** SU-03
Objective: Reduce the age-adjusted death rate from opioid overdoses in Palm Beach County from 47.1 per 100,000 population in 2020 to 39.0 in 2027.			**National/state priorities alignment:** **Florida SHIP:** MW3.4 **Healthy People 2030:** IVP-20
Activities	**Key action steps**	**Measures**	**Key partners**
Increase entity collaboration to conduct trainings for healthcare providers on key drug issues	Increase: • partnerships with new agencies • Narcan trainings • PBCMS Physician trainings (with CME's)	# partners # trainings	• Florida Department of Health in Palm Beach County • Health Council of Southeast Florida • Palm Beach County Community Services Behavioral Health and Substance Use Disorder Steering Committee • Rebel Recovery • T. Leroy Jefferson Medical Society
Increase education related to drug misuse for school age youth and their parents	Conduct youth school-based education for drug misuse	# of trainings # children and adults trained	• Florida Department of Health in Palm Beach County • Living Skills in the Schools • Palm Beach County Behavioral Health Coalition • Rebel Recovery • Hanley Center • Southeast Florida Behavioral Health Network • School District of Palm Beach County
Narcan distribution events	Promote Narcan distribution events within the county	# Narcan kits distributed	• Hanley Center • Health Care District of Palm Beach County • Federally Qualified Health Centers • Rebel Recovery

Goal 5: Reduce the prevalence of domestic violence and human trafficking throughout Palm Beach County			
Strategy: Increase partner participation on coalitions involved in addressing human trafficking in Palm Beach County.			
Objective: Join State efforts to increase the number of victims identified in Florida by 5% from 1,887 in 2019 to 1,981 in 2027. **Objective:** Join State efforts to reduce the number of sex trafficking cases in Florida from 896 in 2019 to 800 in 2027.			**National/state priorities alignment:** **Florida SHIP:** ISV3.1, ISV3.2 **Healthy People 2030:** IVP-D05; IVP-18; IVP-17
Activities	**Key Action Steps**	**Measures**	**Key Partners**
Promote broad engagement among community partners on human trafficking coalitions and taskforces throughout the county	Increase engagement on South Florida Human Trafficking Taskforce Increase engagement on Human Trafficking Coalition of the Palm Beaches Increase engagement on Palm Beach HT Task Force	# partners newly engaged	• Florida Department of Health in Palm Beach County • South Florida Human Trafficking Taskforce • Human Trafficking Coalition of the Palm Beaches • Palm Beach Human Trafficking Taskforce
Strategy: Increase partner engagement coalitions involved in addressing domestic and intimate partner violence in Palm Beach County.			
Objective: By 2027, reduce the rate of domestic violence offenses from 296.5 per 100,000 population in 2020 to 270 per 100,000 population.			**National/state priorities alignment:** **Florida SHIP:** ISV 3.5 **Healthy People 2030:** IVP-D05; IVP-18; IVP-17
Activities	**Key Action Steps**	**Measures**	**Key Partners**
Increase awareness of services available to all persons affected by domestic and family violence	Promote the availability of community-based services available to all residents affected by domestic violence Promote the National Domestic Violence Hotline Increase partner participation on Annual Domestic Violence Days of Action	# reached with promotional efforts # partners participating	• Florida Department of Health in Palm Beach County • Palm Beach County Victim Services • Palm Beach County Domestic Violence Coordinate Community Response • Palm Beach County Sherriff's Office • Aid to Victims of Abuse (AVDA)
Increase the provision of social support available to survivors	Promote Palm Beach County Domestic Violence Coordinate Community Response Sexual Assault Support Groups	# reached with promotional efforts # participants	

Priority Area 2: Mental and Behavioral Health- Objective and Activity Progress Tracking

The following sections of this report highlight progress toward achieving priority area objectives. Status indicators are as follows:

 = Little to no movement towards objective target

 = Some progress towards meeting the objective target

 = Reached or surpassed objective target

Goal 1: Reduce the Prevalence of Mental and Emotional Disorders

Strategy 1: Promote and Offer Resources to Enhance Education and Awareness of Mental and Emotional Disorders, such as MHFA Training, Support Groups, and Community Newsletters, and Strategy 2: Promote Behavioral Health Integration into Primary Care

The table below shows the Palm Beach County Community Health Advisory Council's progress toward implementing Mental and Behavioral Health Priority Area activities under the first and second strategy of goal one. The activities and key action steps are listed, along with the baseline and updated process measures to track implementation progress.

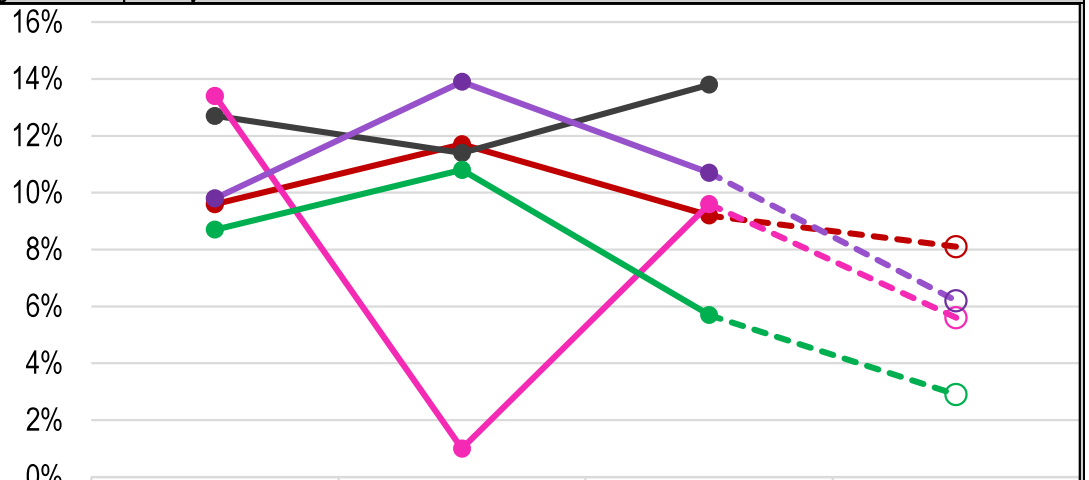
Table 5: Priority Area 2 - Goal 1 - Strategies 1 and 2

Goal	Reduce the prevalence of mental and emotional disorders
Strategies	Promote and offer resources to enhance education and awareness of mental and emotional disorders, such as MHFA training, support groups, and community newsletters. Promote behavioral health integration into primary care.

Objective: Decrease the percentage of adults who had poor mental health on 14 or more of the past 30 days from 9.2% in the population overall in 2019 to 8.1% in 2027, among Black residents from 9.6% in 2019 to 5.6% in 2027, among Hispanic residents: from 5.7% 2019 to 2.9% in 2027, and among non-Hispanic residents from 10.7% in 2019 to 6.2% in 2027

Status Progress: At the time of report publication, new data is not yet available for this indicator.

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2013-2019

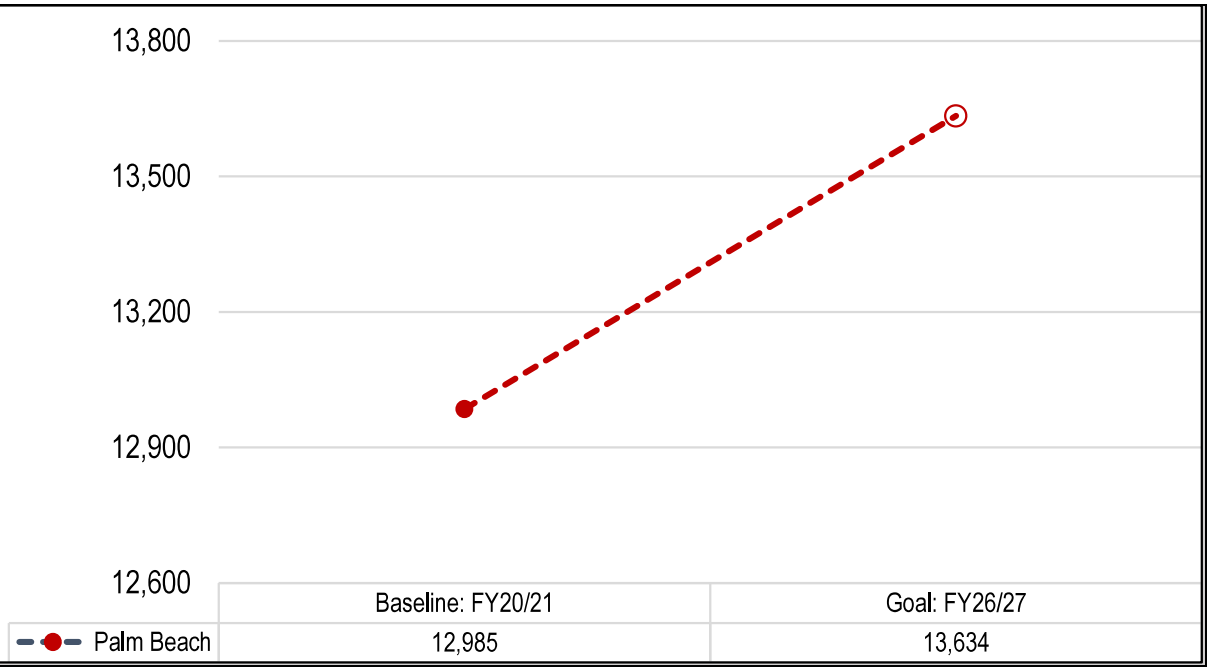


	2013	2016	Baseline: 2019	Goal: 2027
Palm Beach	9.6%	11.7%	9.2%	8.1%
Florida	12.7%	11.4%	13.8%	
Black	13.4%	1.0%	9.6%	5.6%
Hispanic	8.7%	10.8%	5.7%	2.9%
Non-Hispanic	9.8%	13.9%	10.7%	6.2%

Objective: Increase access to counseling and mental health services for uninsured or underinsured residents who have no other means to access treatment by 5% from 12,985 in FY 2020/2021 to 13,634 in FY 2026/2027.

Status Progress: At the time of report publication, new data is not yet available for this indicator.

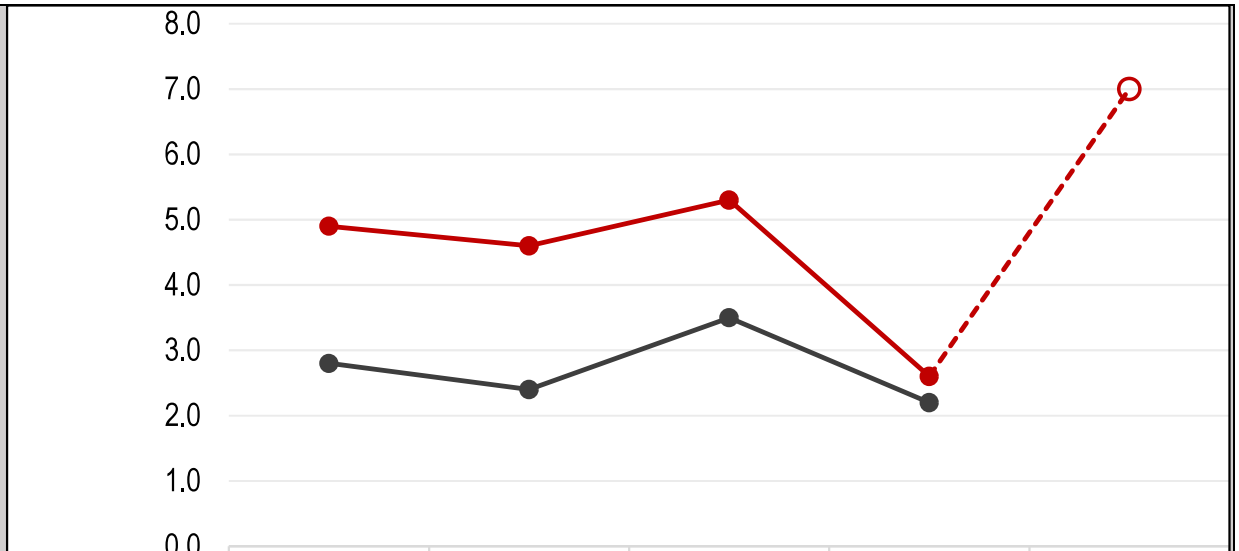
Source: Southeast Florida Behavioral Health Network, 2022



Objective: Increase the rate of children receiving mental health treatment services from 5.3 per 1,000 population aged 1-5 in 2020 to 7.0 per 1,000 population aged 1-5 in 2027.

Status Progress: In 2021, the rate of children receiving mental health treatment services decreased to 2.2 per 1,000 population.

Source: Florida Department of Children and Families, 2018 – 2021



	2018	2019	Baseline: 2020	2021	Goal: 2027
Palm Beach	4.9	4.6	5.3	2.6	7.0
Florida	2.8	2.4	3.5	2.2	

	Activities	Key Action Step(s)	Baseline	Progress	Key Partner(s)
Mental and Behavioral Health Goal 1 Strategy 1-2	Increase the number of evidence-based mental health centered trainings offered to the community (i.e., Mental Health First Aid, Trauma-Informed Care, PACEs, etc.)	Promote available trainings, such as: Mental Health First Aid trainings via "Mental Health Minis" trainings; Youth MHFA mini-trainings led by youth for youth; Positive and Adverse Childhood Experiences; Trauma-Informed Care; Mental Health workshops for parents, teachers, and childcare staff.	286 trainings held with 6,160 trained	**505** evidence-based mental health centered **trainings** offered to the community held with **15,447 trained**	Alpert Jewish Family Services BeWellPBC Center for Child Counseling (CFCC) PBC Youth Services PBC Medical Society

	Activities	Key Action Step(s)	Baseline	Progress	Key Partner(s)
Mental and Behavioral Health Goal 1 Strategy 1-2	Develop and promote more messaging focused on mental and behavioral health services	Promote: Newsletters/ Podcasts The Well of PBC Magazine Get Your Green On Campaign Social media quick facts on mental health Mental Health Awareness Month Newspaper Op-Eds to increase awareness to broad audiences A Way of Being with Children messaging Tip sheets, videos, and workshops for parents and caregivers - Ways to Talk to Children, focusing on tough topics like suicide, war, school shootings, etc. 211 media mentions	People reached through each item: 58,763 - newsletters 0 - community events 5,124 - constant contact 1,5,33,092 - campaigns 145,678 - social media	**35,414** people were reached through **newsletters** **2,887** people reached through **Get Your Green On Campaign** **5,200** people reached through **community events** **10,041** people reached through **Constant Contact** **10,800** people reached via Radio **600** people reached via materials **1,100** reached through presentations **65,000** people reached via campaigns **3,620** Social media reach	BeWellPBC NAMI PBC Beh Health Coalition Palm Health Foundation Mental Health America PBC Birth to 22 Center for Child Counseling 211 Rebel Recovery
	Enhance support for family and care givers	Promote mental health support groups, such as those offered by the National Alliance on Mental Illness in Palm Beach County	3,348 participants	**2,585 participants** in mental health support groups	BeWellPBC Caridad Center NAMI
		Promote Area Agency on Aging senior and caregiver support groups, as well as free counseling for seniors	81 participants 50 support groups held	**128 participants** who received free counseling services **21 Caregiver Support Group** sessions held	Area Agency on Aging
		Increase engagement in the AACY Caregiving Youth Project to support children by expanding to additional schools	501 participants	**979 participants** in AACY Caregiving Youth Project	American Association of Caregiving Youth
		Promote the Children's Services Council Psychoeducational support groups for children, teens, and families	2,150 participants	**1,845 participants** in the CSC Psychoeducational support groups	Children's Services Council

	Activities	Key Action Step(s)	Baseline	Progress	Key Partner(s)
Mental and Behavioral Health Goal 1 Strategy 1-2	Enhance support for family and care givers (Cont'd)	Promote support for caregivers through the Countywide Caregiver's Club, the 211 Palm Beach County Treasure Coast Caregiver Support project for caregivers over the age of 18 years, and the 211 Palm Beach County Treasure Coast Sunshine Calls program	547 residents	**1,022 residents*** received daily Sunshine Calls **Contains duplicate counts*	211
	Promote resources for physicians related to mental health and substance use disorders	Promote screening tools, such as SBIRT and MAST	277 trained	**55 trained** in screening tools, such as SBIRT and MAST	PBC Behavioral Health Coalition
		Engage additional providers and practices in the Palm Beach County Community Health Advisory Council	0 providers or practices	**18 providers or practices** engaged in the PBC Community Health Advisory Council	HCSEF CHIP Meeting Poll
	Expand the integration of behavioral health through collaboration among providers	Raise awareness related to integrating behavioral health into primary care settings among providers through the promotion of universal mental health screenings followed by linkages to needed care/resources at primary care appointments. Focus efforts on Pediatric Integrated Care policy work and training/resource opportunities	10 policies	**7 policies** were developed related to pediatric integrated care	Center for Child Counseling
		Promote pediatric integration by providing mental health education, crisis intervention, support groups, and therapy that is integrated into pediatric offices and concurrent with school and community support	639 screened; 673 consultations held	**256 were screened** for mental health concerns and **302 mental health consultations** were held to promote pediatric integration by providing mental health education, crisis intervention, support groups, and therapy that is integrated into pediatric offices and concurrent with school and community support	Center for Child Counseling

Goal 2: Reduce the Burden of Mental and Emotional Disorders

Strategy 1: Develop and Distribute Resources for the Medical Community to Encourage and Enhance Early Diagnosis and Linkages to Care

The table below shows the Palm Beach County Community Health Advisory Council's progress toward implementing Mental and Behavioral Health Priority Area activities under the first strategy of goal two. The activities and key action steps are listed, along with the baseline and updated process measures to track implementation progress.

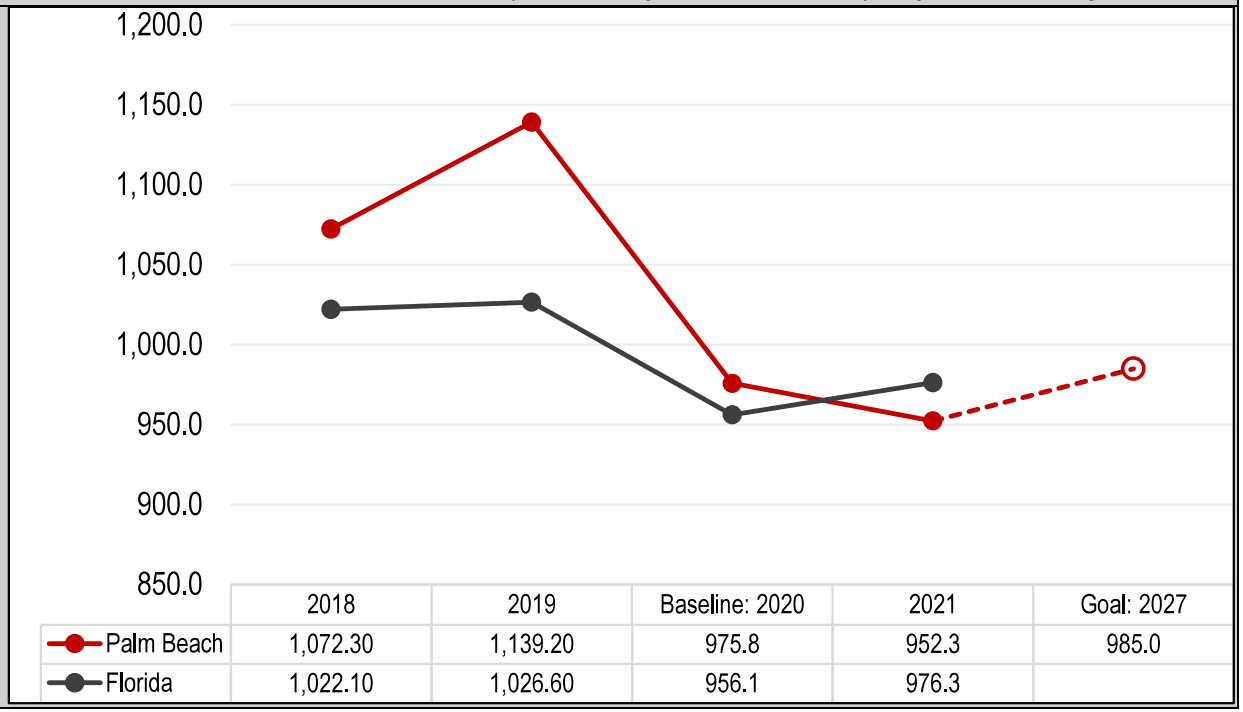
Table 6: Priority Area 2 - Goal 2 - Strategy 1

Goal	Reduce the burden of mental and emotional disorders
Strategy	Develop and distribute resources for the medical community to encourage and enhance early diagnosis and linkages to care

Objective: Decrease the age-adjusted rate of hospitalizations from mental disorders from 999.2 per 100,000 in 2020 to 985.0 in 2027.

Status Progress: Age-adjusted hospitalizations from mental disorders have decreased in Palm Beach County, falling below the overall state rate in 2021.

Source: Florida Agency for Health Care Administration (AHCA), 2018 – 2021

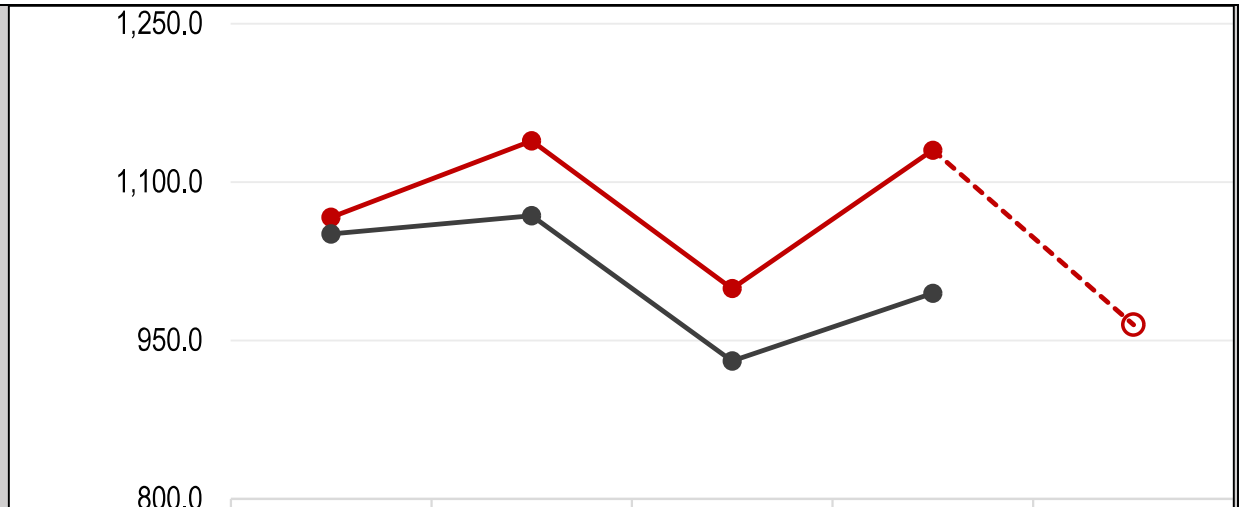


	2018	2019	Baseline: 2020	2021	Goal: 2027
Palm Beach	1,072.30	1,139.20	975.8	952.3	985.0
Florida	1,022.10	1,026.60	956.1	976.3	

Objective: Decrease the age-adjusted rate of emergency department visits from mental disorders from 975.8 per 100,000 population in 2020 to 965.0 in 2027.

Status Progress: The age-adjusted rate of Emergency Department visits from mental disorders increased from 2020 to 2021 in Palm Beach County, continuing to exceed the state's rate overall.

Source: Florida Agency for Health Care Administration, 2018-2021

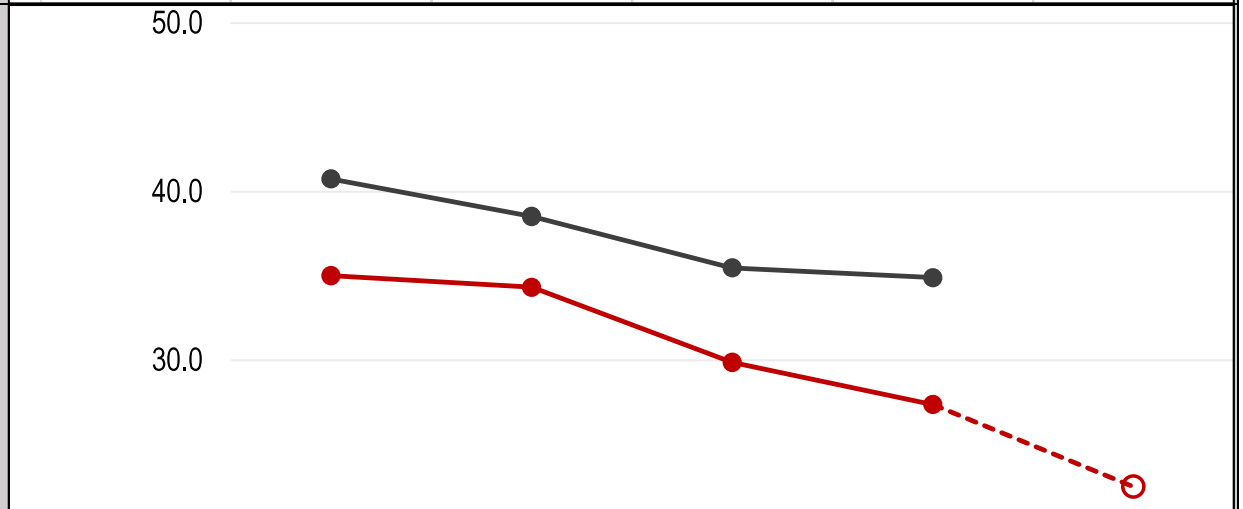


	2018	2019	Baseline: 2020	2021	Goal: 2027
Palm Beach	1,066.70	1,139.00	999.2	1,130.20	965.0
Florida	1,050.90	1,068.10	930.6	994.7	

Objective: Reduce non-fatal intentional self-harm injury hospitalizations from 29.9 per 100,000 in 2020 to 22.5 in 2027.

Status Progress: In Palm Beach County, the rate of non-fatal intentional self-harm injury hospitalizations decreased to 27.4 per 100,000 in 2021.

Source: Florida Agency for Health Care Administration, 2018-2021

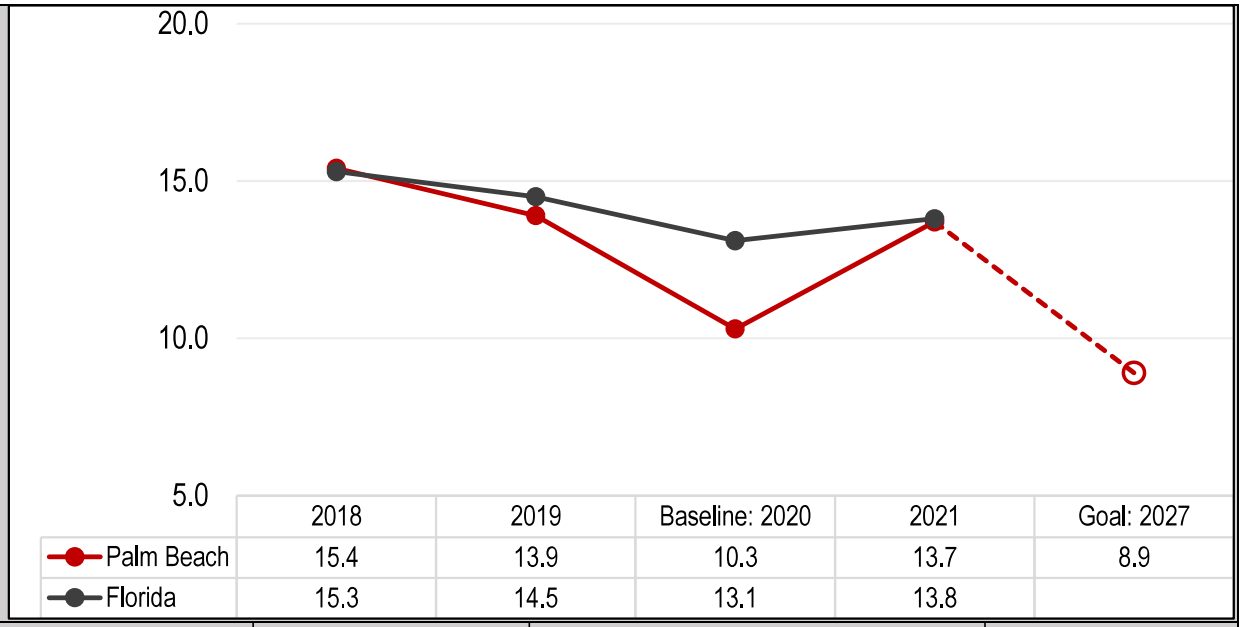


	2018	2019	Baseline: 2020	2021	Goal: 2027
Palm Beach	35.0	34.3	29.9	27.4	22.5
Florida	40.8	38.5	35.5	34.9	

Objective: Reduce age-adjusted deaths from suicide from 10.3 per 100,000 population in 2020 to 8.9 per 100,000 in 2027.

Status Progress: The rate of age-adjusted deaths from suicide in Palm Beach County spiked in 2021.

Source: Florida Agency for Health Care Administration, 2018-2021



	2018	2019	Baseline: 2020	2021	Goal: 2027
Palm Beach	15.4	13.9	10.3	13.7	8.9
Florida	15.3	14.5	13.1	13.8	

	Activities	Key Action Step(s)	Baseline	Progress	Key Partner(s)
Mental and Behavioral Health Goal 2 Strategy 1	Provide educational materials for providers	Develop and disseminate provider resources, such as decision trees	22 providers	**8,554 providers** received resources	PBC Medical Society
	Build workforce capacity in an effort to increase access and affordability for community members	Identify partnering agencies to collaborate in funding efforts Mobilize a grant writing team to seek and obtain funding to build workforce capacity for low-cost and sliding-fee-scale services Secure funding to build workforce capacity increase the availability of providers for low-cost and sliding-scale-fee services	0 funding opportunities	**1 funding opportunity** identified	Ruth and Normal Rales Jewish Family Services
	Promote initiatives to reduce suicide	Promote the Zero Suicide initiative among providers	56 providers	**63 providers** received information	Southeast Florida Behavioral Health Network
		Increase the utilization of crisis support resources, such as suicide crisis lines	801 suicide-related calls	**757 suicide-related calls** in Palm Beach County	211

Goal 3: Reduce the Prevalence of Substance Use Disorders and Drug Overdoses

Strategy 1: Promote Resources for Support System Members, Community Members, and Those Engaging in Substance Use to Enhance Community Conversations Around Behavioral Health and Link Residents to Needed Resources

The table below shows the Palm Beach County Community Health Advisory Council's progress toward implementing Mental and Behavioral Health Priority Area activities under the first strategy of goal three. The activities and key action steps are listed, along with the baseline and updated process measures to track implementation progress.

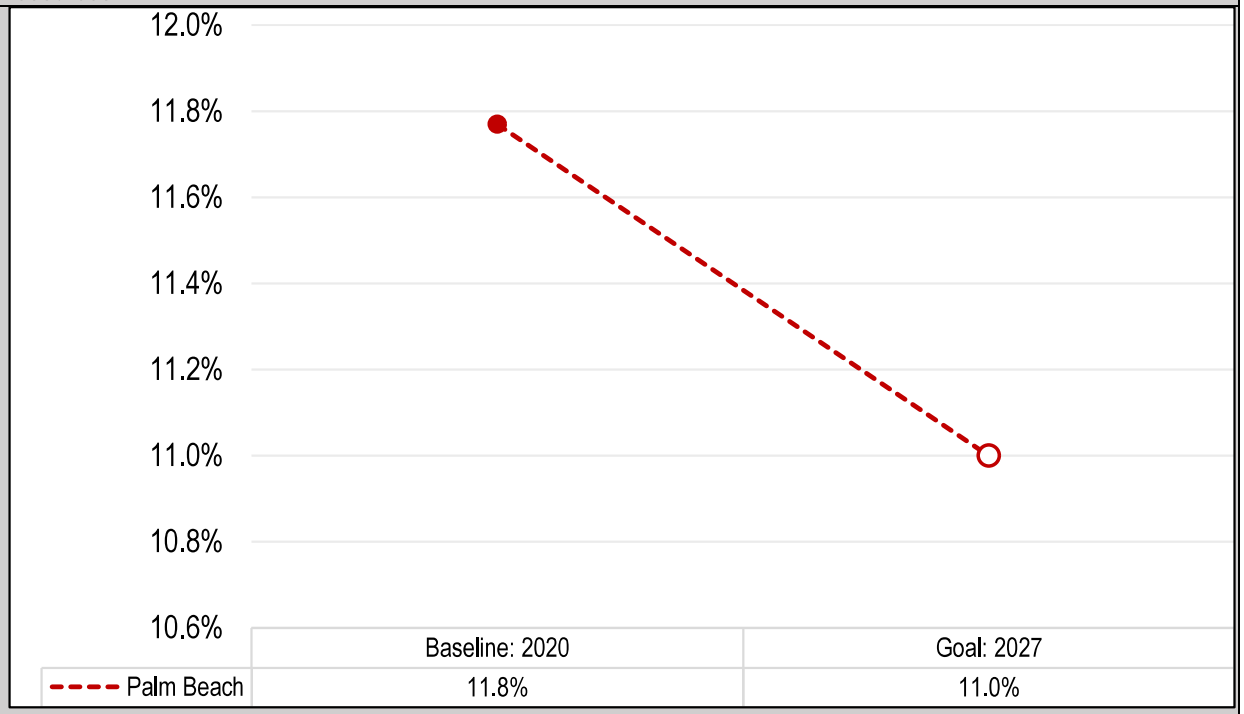
Table 7: Priority Area 2 - Goal 3 - Strategy 1

Goal	Reduce the prevalence of substance use disorders and drug overdoses
Strategy	Promote resources for support system members, community members, and those engaging in substance use to enhance community conversations around behavioral health and link residents to needed resources

Objective: Reduce the proportion of residents who engage in illicit drug use from 11.77% in 2020 to 11.00% in 2027.

Status Progress: Substate estimates are no longer available from the data source, SAMHSA, due to methodological concerns with combining 2020 data with data from 2018 and 2019. The Advisory Council is exploring this objective further.

Source: SAMHSA



	Activities	Key Action Step(s)	Baseline	Progress	Key Partner(s)
Mental and Behavioral Health Goal 3 Strategy 1	Promote training to increase education and understanding among family members, caregivers, and support networks	Promote CRAFT (Community Reinforcement and Family Training)	15 trainings; 240 participants	**9 CRAFT trainings** held with **169 participants**	PBC Behavioral Health Coalition
	Increase PACE's training opportunities to build resiliency in the community	Provide PACEs training to increase protective factors and social supports	31 trainings; 1,261 participants	**17 PACES trainings** held with **844 participants**	Center for Child Counseling PBC Youth Services
	Increase awareness of supportive services	Promote accessible services, including: • The Hub • Rebel Recovery • National Alliance on Mental Illness in Palm Beach County support groups • BeWellPBC • AA meetings • Drop-in programs • Peer recovery support specialists • Congregate meals for seniors with Area Agency on Aging • Center for Child Counseling Psychoeducational Support Groups for children, teens, parents, and Caregivers	35 Newsletters 384 Promotional materials/ resources 343 Group meetings	**43 Newsletters** **306 Promotional materials**/Resources distributed **350 Group meetings** in community settings, such as faith-based groups or community events	211 Area Agency on Aging BeWellPBC Birth to 22 Caridad Center Center for Child Counseling The HUB Mental Health American of the Palm Beaches Palm Health Foundation PBC Behavioral Health Coalition PBC Youth Services

Goal 4: Reduce the Burden of Substance Use Disorders and Drug Overdoses

Strategy 1: Increase Partnerships and Training Related to Drug Misuse Across the Community and Healthcare System

The table below shows the Palm Beach County Community Health Advisory Council's progress toward implementing Mental and Behavioral Health Priority Area activities under the first strategy of goal four. The activities and key action steps are listed, along with the baseline and updated process measures to track implementation progress.

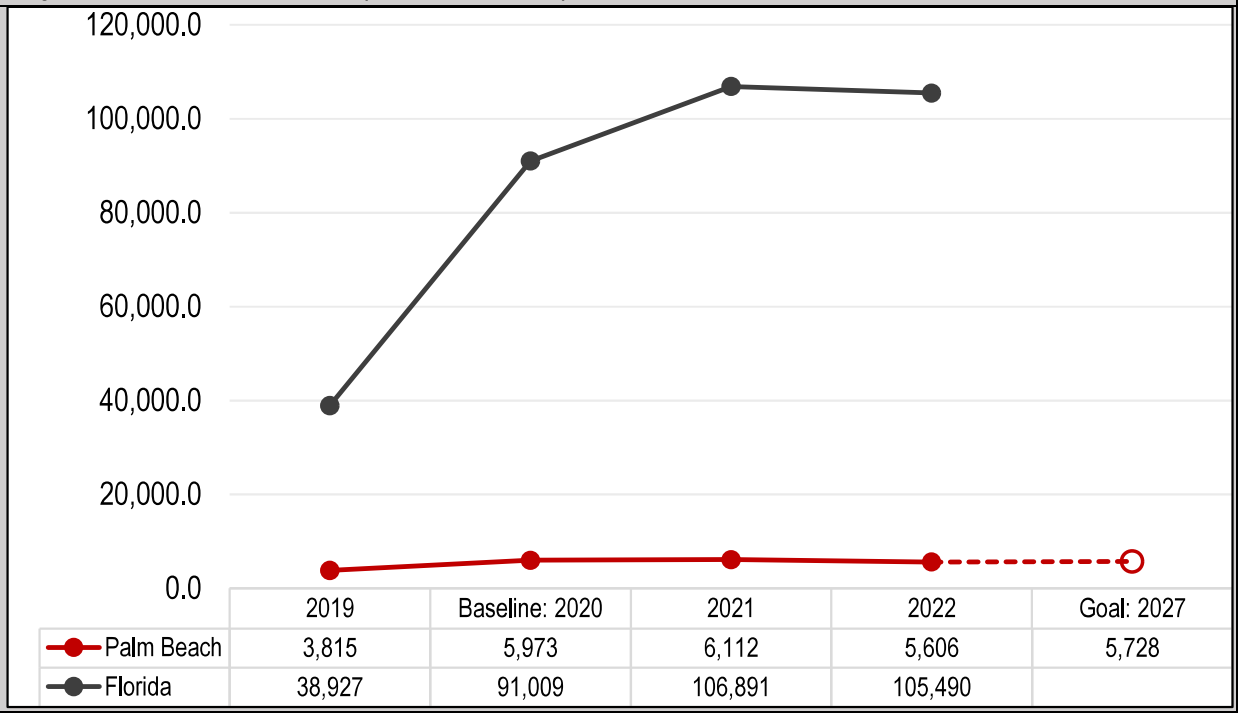
Table 8: Priority Area 2 - Goal 4 - Strategy 1

Goal	Reduce the burden of substance use disorders and drug overdoses
Strategy	Increase partnerships and training related to drug misuse across the community and healthcare system

Objective: Reduce EMS responses to drug overdoses among Palm Beach County residents from 5,973 in 2020 to 5,728 in 2027.

Status Progress: EMS overdose responses steadily increased from 2019 to 2021 in Palm Beach County. Most recently, in 2022, the count of responses decreased to 5,606.

Source: FL Health CHARTS Substance Use Dashboard, Florida Department of Health, 2019-2022

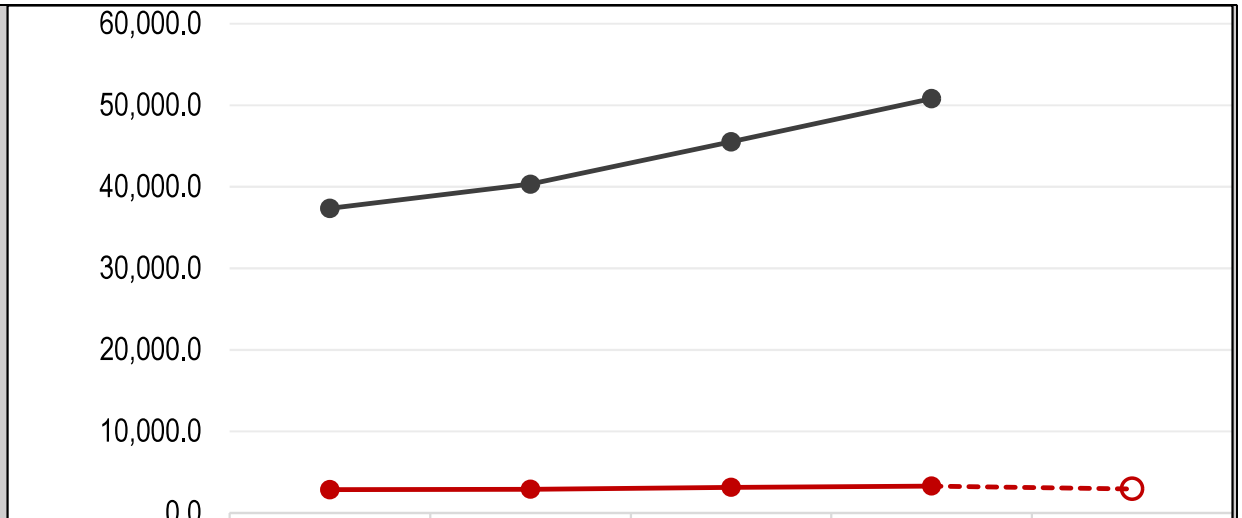


	2019	Baseline: 2020	2021	2022	Goal: 2027
Palm Beach	3,815	5,973	6,112	5,606	5,728
Florida	38,927	91,009	106,891	105,490	

Objective: Reduce non-fatal overdose emergency department visits among Palm Beach County residents from 3,141 in 2020 to 2,950 in 2027.

Status Progress: Non-fatal overdose emergency department visits increased slightly in Palm Beach County from 2018 to 2021.

Source: FL Health CHARTS Substance Use Dashboard, Florida Department of Health, 2018-2021

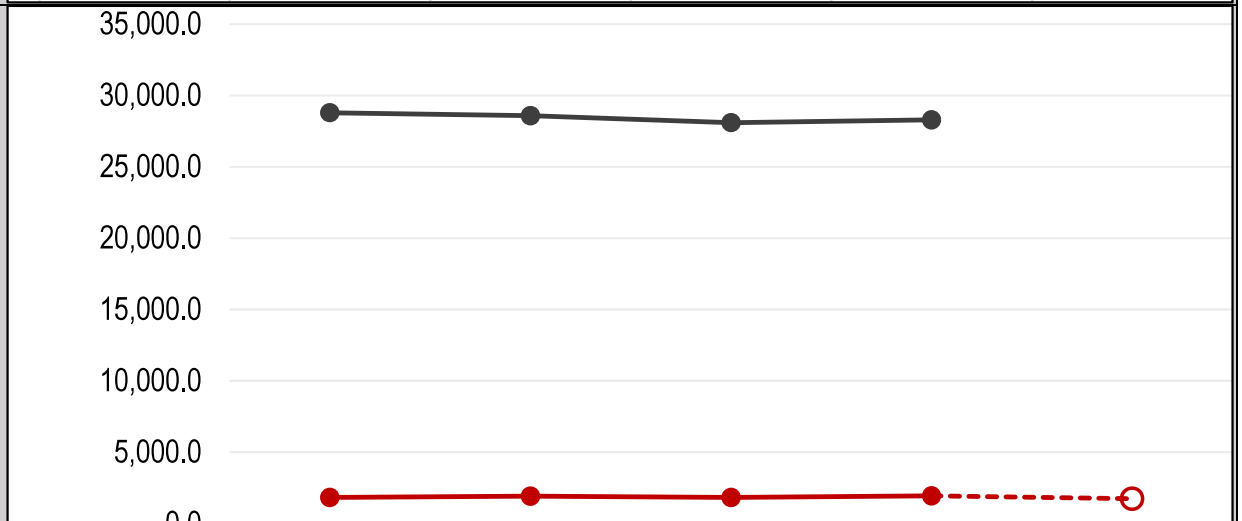


	2018	2019	Baseline: 2020	2021	Goal: 2027
Palm Beach	2,857	2,908	3,141	3,299	2,950
Florida	37,343	40,318	45,510	50,803	

Objective: Reduce non-fatal overdose hospitalizations among Palm Beach County residents from 1,825 in 2020 to 1,736 in 2027.

Status Progress: In Palm Beach County in 2021, non-fatal overdose hospitalizations reached a four-year high, with 1,936 hospitalizations.

Source: FL Health CHARTS Substance Use Dashboard, Florida Department of Health, 2018-2021

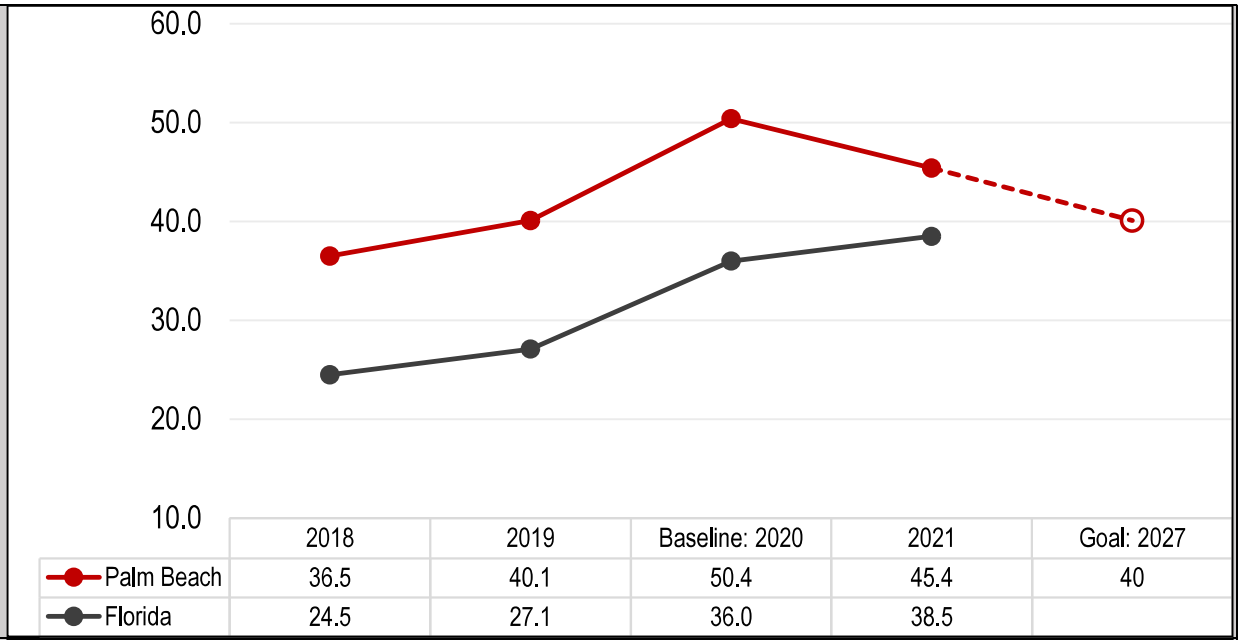


	2018	2019	Baseline: 2020	2021	Goal: 2027
Palm Beach	1,829	1,919	1,825	1,936	1,736
Florida	28,786	28,576	28,097	28,283	

Objective: Reduce the age-adjusted rate of drug overdose deaths among Palm Beach County residents from 50.4 per 100,000 population to 40.1 per 100,000 population in 2027.

Status Progress: The age-adjusted rate of drug overdose deaths in Palm Beach County decreased from 50.4 in 2020 to 45.4 per 100,000 in 2021.

Source: FL Health CHARTS Substance Use Dashboard, Florida Department of Health, 2018-2021

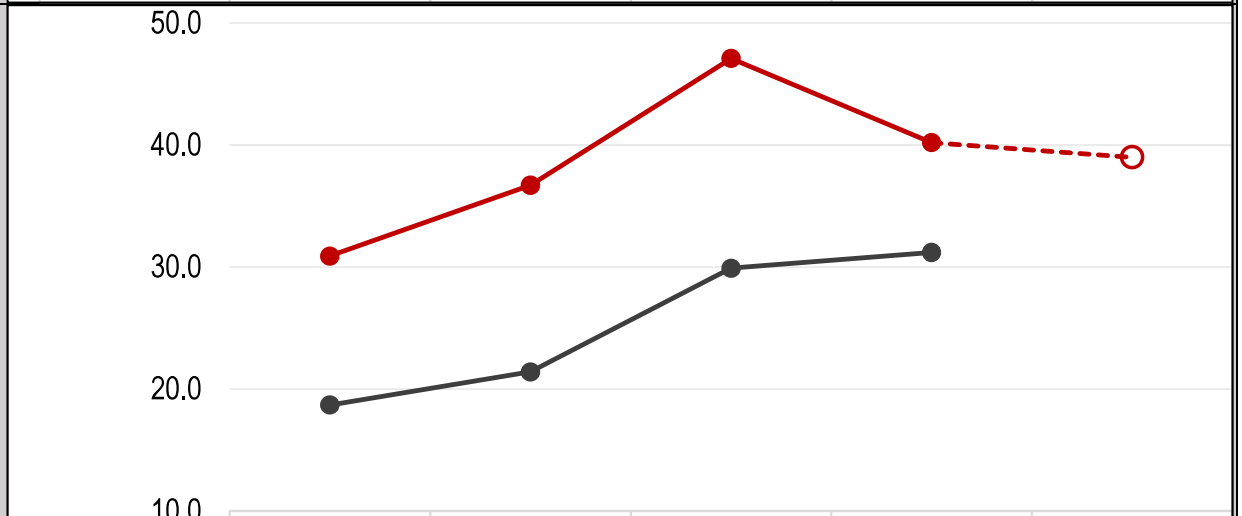


	2018	2019	Baseline: 2020	2021	Goal: 2027
Palm Beach	36.5	40.1	50.4	45.4	40
Florida	24.5	27.1	36.0	38.5	

Objective: Reduce the age-adjusted death rate from opioid overdoses in Palm Beach County from 47.1 per 100,000 population in 2020 to 39.0 in 2027.

Status Progress: The age-adjusted death rate from opioid overdoses decreased in Palm Beach County from 47.1 to 40.2 per 100,000 population.

Source: FL Health CHARTS Substance Use Dashboard, Florida Department of Health, 2018-2021



	2018	2019	Baseline: 2020	2021	Goal: 2027
Palm Beach	30.9	36.7	47.1	40.2	39
Florida	18.7	21.4	29.9	31.2	

	Activities	Key Action Step(s)	Baseline	Progress	Key Partner(s)
Mental and Behavioral Health Goal 4 Strategy 1	Increase entity collaboration to conduct trainings for healthcare providers on key drug issues	Increase: • Partnerships with new agencies • Narcan trainings • PBCMS Physician trainings (with CME's)	11 partners	**11 partners** who conduct trainings for healthcare providers on key drug issues	Rebel Recovery T. Leroy Jefferson Medical Society
			19 trainings	**23 trainings** held on Overdose Response/Naloxone and Harm Reduction	
	Increase education related to drug misuse for school age youth and their parents	Conduct youth school-based education for drug misuse	211 trainings; 11,576 trained	**206 drug prevention trainings** held with **11,828 children and adults trained**	Rebel Recovery PBC Behavioral Health Coalition PBC School District
	Narcan Distribution events	Promote Narcan distribution events within the county	7,176 Narcan kits	**9,910 Narcan kits** distributed within the county	Rebel Recovery Health Care District PBC

Goal 5: Reduce the Prevalence of Domestic Violence and Human Trafficking Throughout Palm Beach County

Strategy 1: Increase Partner Participation in Coalitions Involved in Addressing Human Trafficking in Palm Beach County

The table below shows the Palm Beach County Community Health Advisory Council's progress toward implementing Mental and Behavioral Health Priority Area activities under the first strategy of goal five. The activities and key action steps are listed, along with the baseline and updated process measures to track implementation progress.

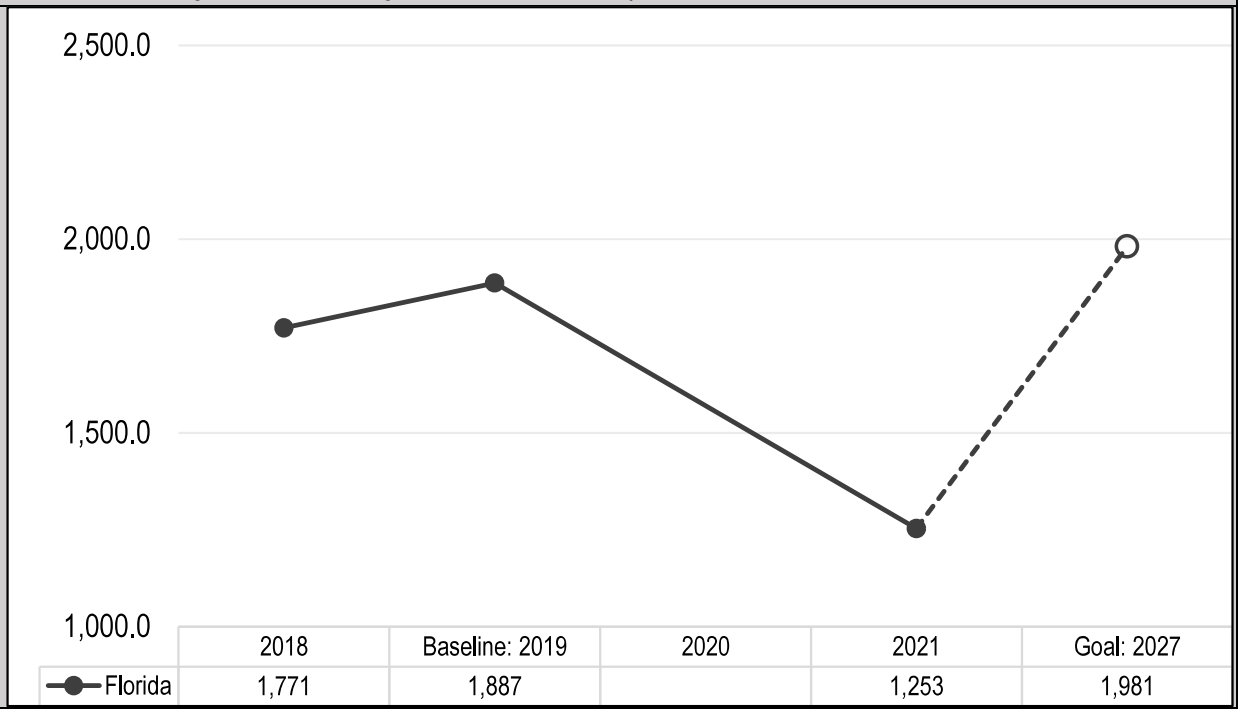
Table 9: Priority Area 2 - Goal 5 - Strategy 1

Goal	Reduce the prevalence of domestic violence and human trafficking throughout Palm Beach County
Strategy	Increase partner participation in coalitions involved in addressing human trafficking in Palm Beach County

Objective: Join State efforts to increase the number of [human trafficking] victims identified in Florida by 5% from 1,887 in 2019 to 1,981 in 2027.

Status Progress: Although 2020 data is missing, the number of human trafficking victims identified in Florida has decreased from 2018 to 2021.

Source: National Human Trafficking Hotline, 2018-2021

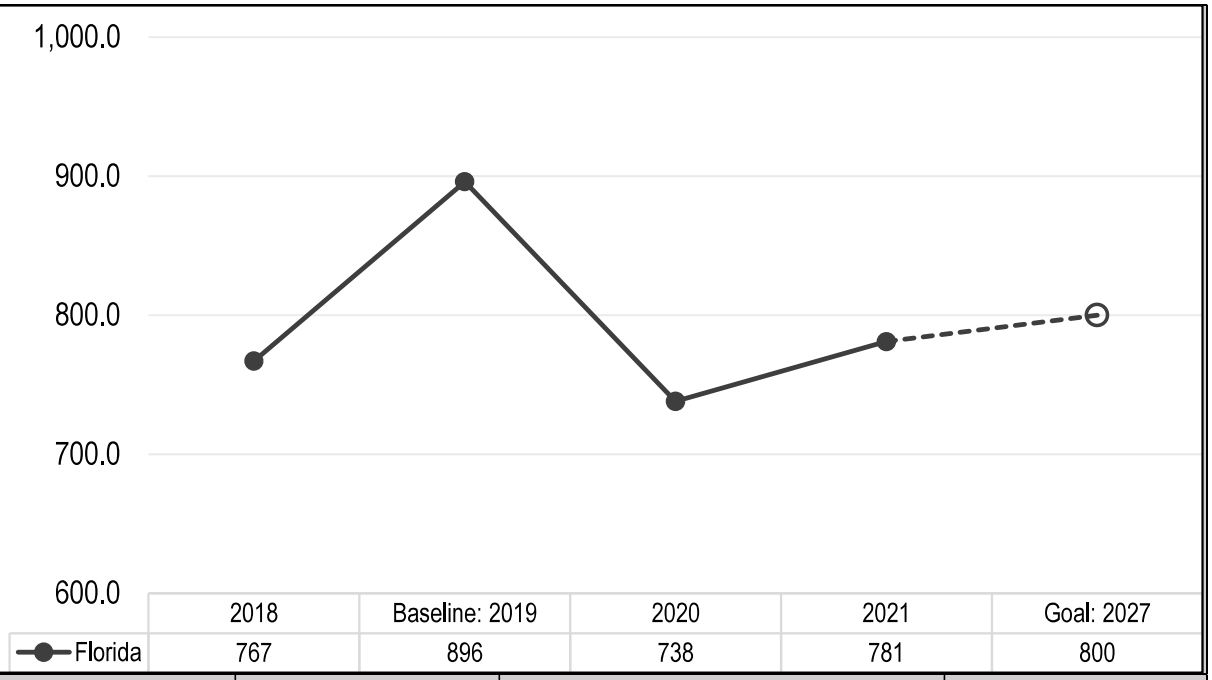


	2018	Baseline: 2019	2020	2021	Goal: 2027
Florida	1,771	1,887		1,253	1,981

Objective: Join State efforts to reduce the number of sex trafficking cases in Florida from 896 in 2019 to 800 in 2027.

Status Progress: In Florida, the number of sex trafficking cases reported has decreased since the implementation of the CHIP.

Source: National Human Trafficking Hotline, 2018-2021



	Activities	Key Action Step(s)	Baseline	Progress	Key Partner(s)
Mental and Behavioral Health Goal 5 Strategy 1	Promote broad engagement among community partners on human trafficking coalitions and taskforces throughout the county	Increase engagement on South Florida Human Trafficking Taskforce Increase engagement on Human Trafficking Coalition of the Palm Beaches Increase engagement on Palm Beach HT Task Force	*Baseline data pending*	21 community partners involved with the Catholic Charities Bakhita Empowerment Program	Catholic Charities Human Trafficking Coalition of the Palm Beaches Human Trafficking Taskforce of South Florida PBC Human Trafficking Taskforce

Goal 5: Reduce the Prevalence of Domestic Violence and Human Trafficking Throughout Palm Beach County

Strategy 2: Increase Partner Engagement in Coalitions Involved in Addressing Domestic and Intimate Partner Violence in Palm Beach County

The table below shows the Palm Beach County Community Health Advisory Council's progress toward implementing Mental and Behavioral Health Priority Area activities under the second strategy of goal five. The activities and key action steps are listed, along with the baseline and updated process measures to track implementation progress.

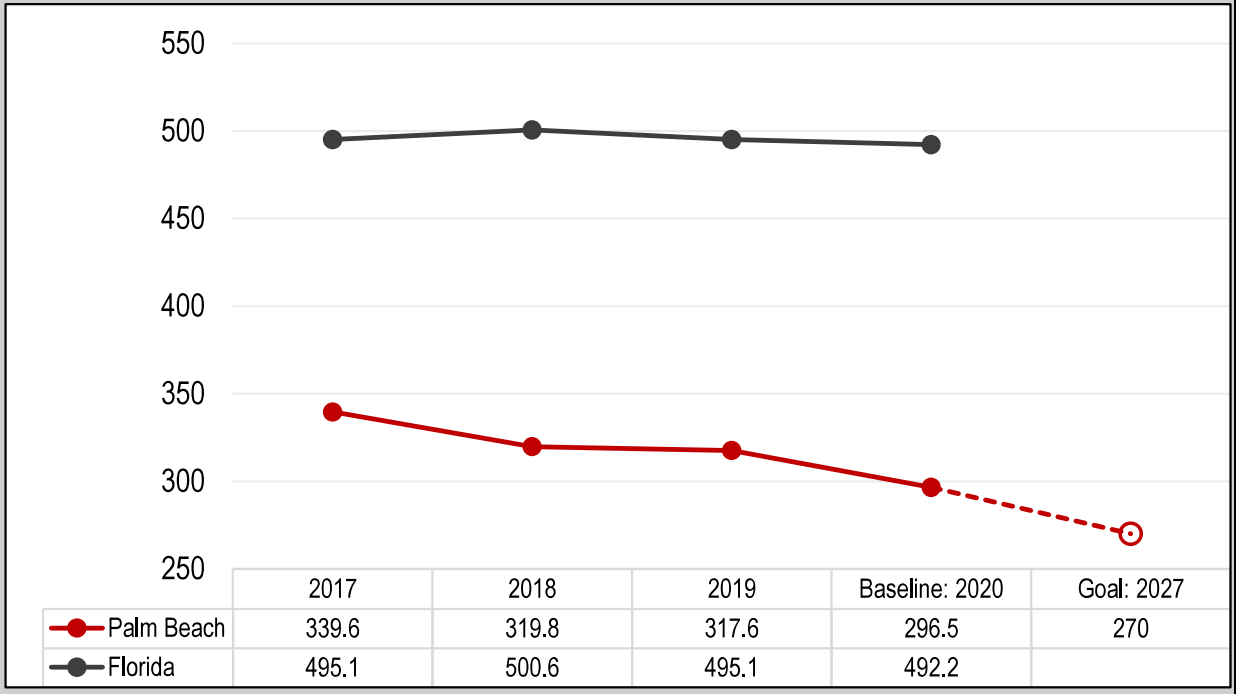
Table 10: Priority Area 2 - Goal 5 - Strategy 2

Goal	Reduce the prevalence of domestic violence and human trafficking throughout Palm Beach County
Strategy	Increase partner engagement in coalitions involved in addressing domestic and intimate partner violence in Palm Beach County

Objective: By 2027, reduce the rate of domestic violence offenses from 296.5 per 100,000 population in 2020 to 270 per 100,000 population.

Status Progress: In Palm Beach County in 2020, the proportion of domestic violence offenses decreased from previous years.

Source: Florida Department of Law Enforcement, 2017-2020



	2017	2018	2019	Baseline: 2020	Goal: 2027
Palm Beach	339.6	319.8	317.6	296.5	270
Florida	495.1	500.6	495.1	492.2	

	Activities[20]	Key Action Step(s)	Baseline	Progress	Key Partner(s)
Mental and Behavioral Health Goal 5 Strategy 2	Increase awareness of services available to all persons affected by domestic and family violence	Promote the availability of community-based services available to all residents affected by domestic violence	Baseline data is not yet available	Progress data is not yet available	AVDA PBC Victim's Services Ruth and Norman Rales Jewish Family Services
	Increase the provision of social support available to survivors	Promote the Domestic Violence Council of Palm Beach County Weekly Sexual Assault Support Groups	Baseline data is not yet available	Progress data is not yet available	AVDA

[20] The Palm Beach County CHIP Advisory Council meets biannually to review the CHIP to determine if modifications or revisions are needed to reflect changing priorities, resources, and opportunities. Activities under this goal/strategy are being revised by the Advisory Council to better capture the work being done and increase impact. As such, the progress measures are not currently applicable.

Behavioral Health Primary Care Integration

Behavioral Health Primary Care Integration is a scientifically supported evidence-based strategy that has been found to improve mental health and quality of life, as well as increase adherence to treatment, patient engagement, and patient satisfaction. Other potential beneficial outcomes include reduced drug and alcohol use. This strategy focuses on bringing mental and substance use screenings and treatments into primary care settings, ultimately increasing linkages to care and detecting and addressing issues in early stages. Such efforts may include care coordination between providers, case managers, and specialists, as systems integration is vital in creating cohesive networks and increasing effective connections as needed. Integrated and coordinated care approaches can improve response to treatment, increase satisfaction, and improve mental health outcomes across the lifespan.[21]

Mental Health Benefits Legislation

Mental Health Benefits Legislation is a scientifically supported evidence-based strategy that is proven to increase access to mental health services and to increase the provision of substance use disorder treatment. Other potential beneficial outcomes include improved mental health and reduced deaths by suicide. Such legislation works to regulate health insurance to ultimately increase access to mental health services, including substance use disorder treatment. Legislation that includes parity requirements has also been shown to be effective in increasing appropriate utilization of mental health services and substance use disorder treatment. Reduced prevalence of poor mental health and increased diagnosis of mental health conditions have also been seen with such efforts. Parity ensures that health insurance plans do not impose greater restrictions for mental health coverage as compared to physical health coverage, which works to address stigma and create an upstream approach to addressing mental health and substance use.[22]

Extracurricular Activities for Social Engagement

Increasing extracurricular activities for social engagement is a scientifically supported evidence-based strategy rated to increase self-esteem and improve youth behavior. Other potential beneficial outcomes include increasing self-confidence and improving social skills and social networks. As the Palm Beach County Community Health Advisory Council identified social isolation as a key factor in mental and behavioral health issues throughout the county, this strategy offers an effective intervention for increasing protective factors that promote positive mental and behavioral health in residents. Extracurricular activities may include any organized social, art, or physical activities for school-aged youth outside of regular school time. School, community, or religious organizations may host clubs, music groups, student councils, debate teams, theater programs, volunteer programs, sports, and youth groups to foster social cohesion and enhance positive social behaviors. Supportive environments, age-appropriate structures, positive

[21] County Health Rankings and Roadmaps. (2018). *Behavioral health primary care integration.* Retrieved from https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/behavioral-health-primary-care-integration

[22] County Health Rankings and Roadmaps. (2018). *Mental health benefits legislation.* Retrieved from https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mental-health-benefits-legislation

relationships between participants and staff, and diverse activities can lead to enhanced outcomes, such as improved student outcomes.[23]

Mental Health First Aid

Mental Health First Aid is an evidence-based training course that is likely to decrease mental health related disparities and teaches community members how to help individuals who are experiencing mental and behavioral health issues, such as anxiety, depression, and substance misuse. The curriculum includes strategies for identifying mental health related signs and symptoms and guidance on how to appropriately respond. These trainings help people assess the risk for self-inflicted injury, provide judgement-free care, provide assistance and resources, and encourage both self-help and the seeking of needed professional services. MHFA has been adapted for different communities to aid in the provision of culturally appropriate care.[24]

Trauma-Informed Health Care

Trauma-Informed Care (TIC) is an evidence-based strategy that requires a shift in organizational culture and policies. TIC posits that traumatic experiences impact paths for recovery and providers should take client-centered approaches, screen for a history of trauma, provide safe clinical environments, involve clients in decision-making, and take extra care to avoid re-traumatization.[25]

[23] County Health Rankings and Roadmaps. (2016). *Extracurricular activities for social engagement.* Retrieved from https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/extracurricular-activities-for-social-engagement

[24] County Health Rankings and Roadmaps (2019). Mental Health First Aid. Retrieved from https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mental-health-first-aid

[25] County Health Rankings and Roadmaps (2017). Trauma Informed Health Care. Retrieved from https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/trauma-informed-health-care

Priority Area: Access and Linkage to Health and Human Services

Access and Linkage to Health and Human Services – Why Address It?

Addressing the social determinants of health improves both access to health and human services and health outcomes. As an example, increasing one's economic stability increases their ability to afford healthy food and adequate health care.[26] Inversely, barriers to health care, such as limited transportation access, low health literacy, and financial instability, may lead to residents delaying necessary care, increased financial burden associated with costlier emergency care, preventable disease progression, and premature death.[27] Thus, increasing health insurance coverage, transportation options, and access to health and human services plays a pivotal role in reducing health disparities.[28] In Palm Beach County, approximately 13% of residents are uninsured, with much higher proportions reported among Black residents (17.2%) and Hispanic residents (24.1%).[29] Additionally, in 2019, 15.8% of Palm Beach County residents could not see a primary care doctor due to cost, with the rate of preventable hospitalizations at 875.4 per 100,000 population.[30]

Still, once residents gain the ability to access care, navigating the healthcare system can pose additional challenges. To further illustrate, residents who face barriers and struggle to identify appropriate providers, schedule appointments, submit documentation, and understand insurance claims, experience undue stress and confusion, also leading to delayed or missed care. However, implementing a Community Health Worker model to support residents with navigating the health care system can facilitate successful entry points of care. Research shows that Community Health Workers and/or Patient Navigators improve health literacy and adherence to screening recommendations, diagnosis follow-ups, and treatment. These navigators are also shown to improve overall quality of life for patients, to eliminate barriers to care, and to be effective in decreasing disparities for historically marginalized populations, including Black residents, Native American residents, Latino residents, and residents with limited English proficiency.[31]

Due to the barriers that persist in the county, the Advisory Council selected Access and Linkage to Health and Human Services as a top priority to increase the provision and receipt of timely and adequate care throughout the lifespan, from birth through adulthood, and improve disparate health outcomes. The following table shows the goals, objectives, strategies, and activities that will provide direction for the community health improvement planning efforts in the community for this priority area. The Plan also includes best practices, evidence-supported initiatives, and currently available community resources specific to this priority area.

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[26] US Department of Health and Human Services (2022). Healthy People 2030. Retrieved from https://www.cdc.gov/socialdeterminants/about.html

[27] Allegheny County Health Department. (2018). Health Equity Brief. Retrieved from https://www.alleghenycounty.us/uploadedFiles/Allegheny_Home/Health_Department/Resources/Data_and_Reporting/Chronic_Disease_Epidemiology/HEB-ACCESS.pdf

[28] Buchmueller, T. C., and Levy, H. G. (2020). The ACAs impact on racial and ethnic disparities in health insurance coverage and access to care. *HealthAffairs.* 39(3). https://doi.org/10.1377/hlthaff.2019.01394

[29] U.S. Census Bureau, American Community Survey, 2019

[30] Florida Health CHARTS, 2019

[31] Krok-Schoen, J. L., Oliveri, J. M., and Paskett, E. D. (2016). Cancer care delivery and women's health: the role of patient navigators. *Frontiers in Oncology.* 6(2). https://doi.org/10.3389/fonc.2016.00002

Figure 24: Access and Linkage to Health and Human Services Priority Area Goals, Strategies, Objectives, and Activities

Priority Area: Access and Linkage to Health and Human Services **Goal 1: Improve access to services, including the supporting of the social determinants of health.**			
Strategy: Increase awareness of available resources and services through social marketing and awareness campaigns.			
Objective: Increase the livability index transportation score from 42/100 in 2022 to 48/100 in 2027 through the 561 Plan to improve transportation convenience, options, and safety.			**National/state priorities alignment:** **Florida SHIP:** SEC3.1 **Healthy People 2030:** PA-10, PA-11, EH-02
Objective: Increase the livability index housing score from 60/100 in 2022 to 65/100 in 2027 through initiatives that promote affordability, availability, and accessibility.			**National/state priorities alignment:** **Florida SHIP:** SEC 4.2 **Healthy People 2030:** SDOH-04
Objective: Reduce the unemployment rate from 6.1% in 2020 to 4.5% in 2027 (among Black residents from 9.2% in 2020 to 6% in 2027; among Hispanic residents from 6.2% in 2020 to 5.0% in 2027).			**National/state priorities alignment:** **Florida SHIP:** SEC 4.3 **Healthy People 2030:** SDOH-02
Activities	**Key action steps**	**Measures**	**Key partners**
561 Plan	Promote the 561 Plan	# goals met within the 561 Plan	• Palm Beach Transportation Planning Agency • Palm Tran • Career Source Palm Beach County • Federally Qualified Health Centers • Healthier Jupiter • Palm Health Foundation • 211 PBC and Treasure Coast • Florida Department of Health in Palm Beach County
Increase awareness and provide education related to resources	Conduct Community Health Worker outreach and share educational resources with residents at appointments, meetings, events, and more.	# residents reached with outreach and information dissemination	
Promote community engagement in identifying and addressing local issues	Promote community-led responses and advocacy, such as walk and bike audits	# responses/audits completed	

<table>
<tr><th colspan="4">Goal 2: Ensure the utilization of quality services and care at the appropriate time.</th></tr>
<tr><td colspan="4">Strategy: Promote early maternal and child health initiatives, such as the Children's Services Council Healthy Beginnings System of Care.

Strategy: Provide cultural competence trainings for health care professionals and health literacy interventions for residents to enhance understanding and tailored approaches to care.</td></tr>
<tr><td colspan="3">Adequate prenatal care significantly reduces both the risk of maternal morbidity (e.g., unhealthy gestational weight gain, prenatal smoking, premature membrane ruptures, and premature labor) and the risk for neonatal, infant and under-five mortality decreases significantly. The Palm Beach County Community Health Advisory Council is committed to improving maternal and infant health outcomes through increasing access to adequate prenatal care, but also other services, such as genetic counseling and inter-conception care.

Objective: Increase the proportion of births with adequate prenatal care based on the Kotelchuck Index from 68.1% in 2020 to 69.1% in 2027 (among Black residents: from 66.4% in 2020 to 68%; among Hispanic residents: 60.4% in 2020 to 65% in 2027).

Objective: Reduce the rate of severe maternal morbidity from 23.3 per 1,000 delivery hospitalizations in 2020 to 18.0 per 1,000 delivery hospitalizations in 2027.

Objective: Reduce infant mortality from 3.8 per 1,000 live births in 2020 to 3.0 per 1,000 live births in 2027 (among Black infants: from 6.3 per 1,000 live births in 2020 to 4.0 per 1,000 live births in 2027)</td><td>National/state priorities alignment:
Florida SHIP: MCH2; MCH3
Healthy People 2030: MICH-02, MICH-04, MICH-08</td></tr>
<tr><td colspan="3">It is important to increase the proportion of residents who regularly attend primary care visits.
Objective: Increase the proportion of adults who had an annual medical checkup from 79.8% in 2019 to 82.7% in 2027.</td><td>National/state priorities alignment:
Florida SHIP: SEC2.2
Healthy People 2030: AHS-07</td></tr>
<tr><td colspan="3">Objective: Reduce the rate of preventable hospitalizations from 875.4 per 100,000 population in 2019 to 790.0 per 100,000 population in 2027.</td><td>National/state priorities alignment:
Healthy People 2030: Goal – Prevent hospital visits</td></tr>
<tr><td colspan="3">Objective: Reduce the proportion of adults who could not see a doctor in the last year due to cost from 15.8% in 2019 to 12.3% in 2027.</td><td>National/state priorities alignment:
Florida SHIP: SEC2
Healthy People 2030: AHS-04</td></tr>
<tr><th>Activities</th><th>Key action steps</th><th>Measures</th><th>Key partners</th></tr>
<tr><td>Engage families in early childhood interventions</td><td>Promote early childhood interventions such as:
Children's Services Council Healthy Beginnings
Center for Child Counseling Infant Mental Health Program/Infant Mental Health training</td><td># engaged in programs</td><td>Florida Department of Health in Palm Beach County
Children's Services Council
Center for Child Counseling</td></tr>
</table>

Activities	Key action steps	Measures	Key partners
Engage families in early childhood interventions	Conduct outreach related to support programs, such as the 211 Palm Beach County Treasure Coast Help ME Grow program	# of pediatric offices connected to the program	• 211 Palm Beach County Treasure Coast
Provide Cultural Competence trainings for providers (including but not limited to frontline workers, allied healthcare professionals, community health workers, and physicians)	Engage academic institutions (including but not limited to nursing and medical schools, social work majors, and other relevant programs)	# academic institutions engaged in the Palm Beach County Community Health Advisory Council	• Florida Department of Health in Palm Beach County • Unite Us Palm Beach County • Health Care District of Palm Beach County • Health Council of Southeast Florida • Palm Beach County Medical Society • Academic institutions • Caridad Center • Florida Atlantic University School of Medicine • T. LeRoy Jefferson Medical Society • Florida Association for Infant Mental Health (Cultural Humility training)
	Promote available trainings and collaborate within the advisory group to identify and take part in trainings, such as health equity workshops and Race Equity Institutional trainings	# trainings # trained	
Ensure adequate representation in the healthcare service sector	Increase number of providers who speak multiple languages and are representative of communities served	# providers	
Provide health literacy training for residents	Increase awareness around services and resources (including but not limited to alternatives to emergency departments, accessing appropriate and timely care, and more) Increase staff capacity to become patient advocates	# trainings # trained # educational materials distributed	• Health Council of Southeast Florida • Area Hospitals • Federally Qualified Health Centers • Caridad Center • Florida Department of Health in Palm Beach County

Goal 3: Support health care system navigation.			
Strategy: Promote tools, trainings, and resources to support health care system navigation, such as the use of patient navigators, systems such as Unite Us, and trainings for agencies within the local public health system to increase awareness of available services in the community and the utilization of Unite Us.			
Objective: Reduce the proportion of residents who are uninsured from 13.48% in 2020 to 10% in 2027 (among Black residents: 9.9% in 2020 to 7% in 2027; Hispanic or Latino: 17.7% in 2020 to 14% in 2027).			**National/state priorities alignment:** **Florida SHIP:** SEC2 **Healthy People 2030:** AHS-01
Activities	**Key action steps**	**Measures**	**Key partners**
Provide trainings for community health workers and providers to link residents to care using Unite Us and the No Wrong Door Framework	Conduct linkage to care and Unite Us trainings for Community Health Workers	# trained	• Southeast Florida Behavioral Health Network • Health Care District of Palm Beach County • Unite Us Palm Beach County • Florida Department of Health in Palm Beach County • Health Council of Southeast Florida
Engage providers to increase engagement in Unite Us	Promote the Unite Us platform and engage providers in utilizing the platform	# unique organizations utilizing Unite Us platform	• Health Care District of Palm Beach County • Unite Us Palm Beach County • Florida Department of Health in Palm Beach County • Health Council of Southeast Florida
Educate priority populations on insurance benefits and low-income subsidies	Distribute resources and educational materials related to insurance benefits and low-income subsidies	# residents educated	• Area Agency on Aging • Florida Department of Health in Palm Beach County • Health Council of Southeast Florida
Increase the proportion of residents receiving linkages to support services	Link residents to support services using the Unite Us platform	# residents linked	• Unite Us Palm Beach County • Florida Department of Health in Palm Beach County • Health Council of Southeast Florida • Palm Beach County Advisory Council Members

Priority Area 3: Access and Linkage to Health and Human Services- Objectives and Activities Progress Tracking

The following section of this report highlights progress toward achieving priority area objectives and activities. Status indicators are as follows:

 = Little to no movement towards objective target

 = Some progress towards meeting the objective target

 = Reached or surpassed objective target

Goal 1: Improve Access to Services, Including the Supporting of the Social Determinants of Health

Strategy 1: Increase Awareness of Available Resources and Services Through Social Marketing Awareness Campaigns

The table below shows the Palm Beach County Community Health Advisory Council's progress toward implementing Access and Linkage to Health and Human Services Priority Area activities under the first strategy of goal one. The activities and key action steps are listed, along with the baseline and updated process measures to track implementation progress.

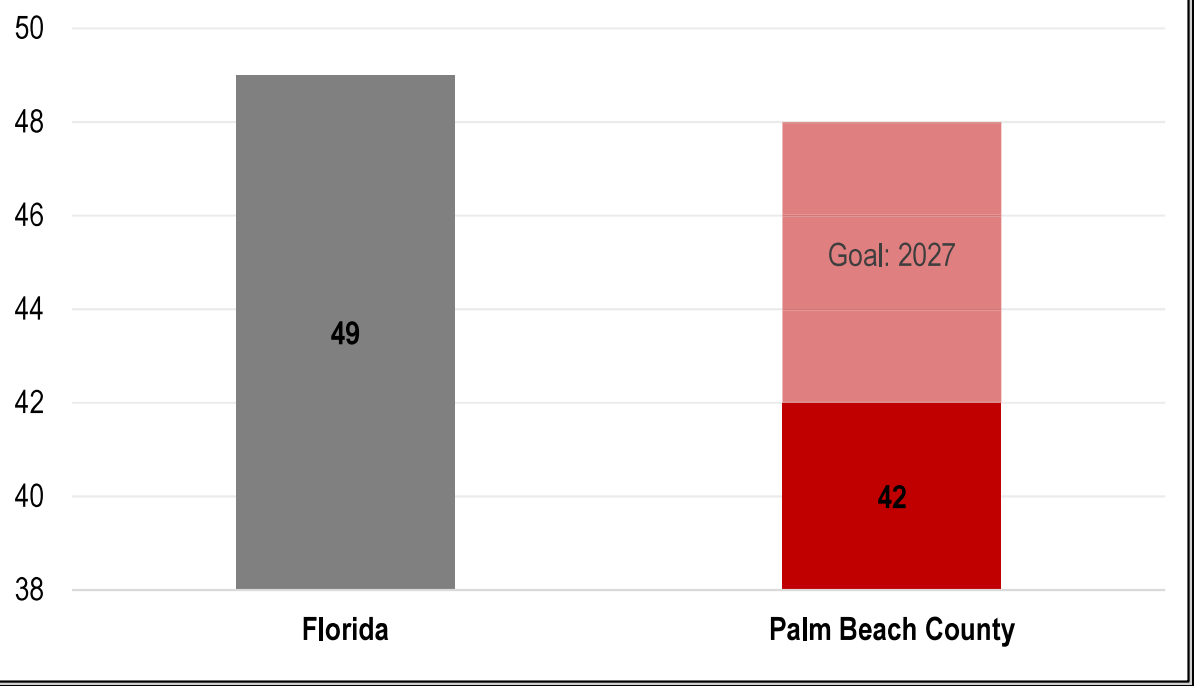
Table 11: Priority Area 3 - Goal 1 - Strategy 1

Goal	Improve access to services, including the supporting of the social determinants of health
Strategy	Increase awareness of available resources and services through social marketing and awareness campaigns

Objective: Increase the livability index transportation score from 42/100 in 2022 to 48/100 in 2027 through the 561 Plan to improve transportation convenience, options, and safety.

Status Progress: In 2022, transportation metrics and policies focused on convenience, safety, and options scored better in the state of Florida than in Palm Beach County. At the time of report publication, new data is not yet available for this indicator.

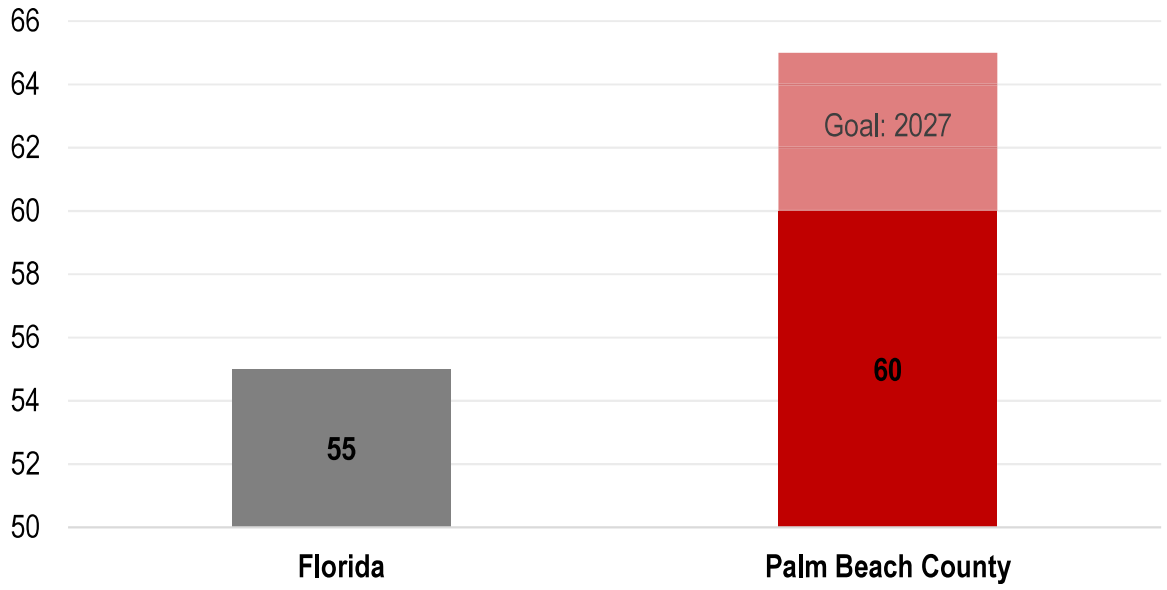
Source: AARP Livability Index, 2022



Objective: Increase the livability index housing score from 60/100 in 2022 to 65/100 in 2027 through initiatives that promote affordability, availability, and accessibility.

Status Progress: Housing metrics, such as affordability, access, availability, costs, and more scored better in Palm Beach County compared to the state of Florida overall in 2022. At the time of report publication, new data is not yet available for this indicator.

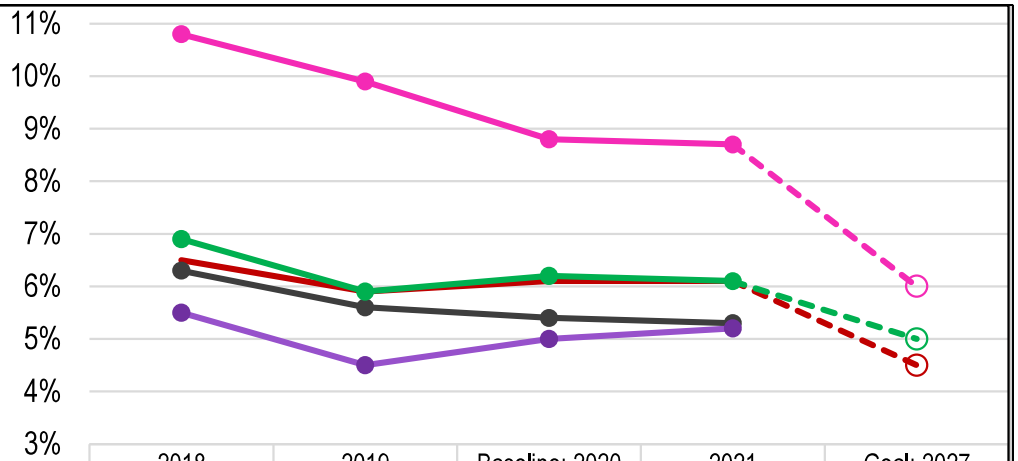
Source: AARP Livability Index, 2022



Objective: Reduce the unemployment rate from 6.1% in 2020 to 4.5% in 2027.
Among Black residents from 9.2% in 2020 to 6% in 2027
Among Hispanic residents from 6.2% in 2020 to 5.0% in 2027

Status Progress: In Palm Beach County, the unemployment rate decreased from 2018 - 2021, though the proportion was 1.4 times higher among Black residents.

Source: U.S. Census, 5-Year ACS Table S2301 (Employment Status), 2021



	2018	2019	Baseline: 2020	2021	Goal: 2027
Palm Beach	6.5%	5.9%	6.1%	6.1%	4.5%
Florida	6.3%	5.6%	5.4%	5.3%	
Black	10.8%	9.9%	8.8%	8.7%	6.0%
Hispanic	6.9%	5.9%	6.2%	6.1%	5.0%
White Non-Hispanic	5.5%	4.5%	5.0%	5.2%	

Access and Linkage to Health and Human Services
Goal 1
Strategy 1

Activities	Key Action Step(s)	Baseline	Progress	Key Partner(s)
561 Plan	Promote the 561 Plan	0 goals met	**1 goal** in progress within the 561 plan	Palm Beach Transportation Agency
Increase awareness and provide education related to resources	Conduct Community Health Worker outreach and share educational resources with residents at appointments, meetings, events, and more.	3,135 residents reached	**5,452 residents reached** with outreach and information dissemination	Health Council of Southeast Florida
Promote community engagement in identifying and addressing local issues	Promote community-led responses and advocacy, such as walk and bike audits	0 audits completed, 1 report developed	**8 audits** completed by TPA on pedestrian and bicycle issues. **1 report** was developed through initiatives to engage / partner with community members	Community Partners of South Florida Palm Beach Transportation Agency

Goal 2: Ensure the Utilization of Quality Services and Care at the Appropriate Time

Strategy 1: Promote Early Maternal and Child Health Initiatives, such as the Children's Services Council Healthy Beginnings System of Care, and Strategy 2: Provide Cultural Competence Trainings for Health Care Professionals and Health Literacy Interventions for Residents to Enhance Understanding and Tailored Approaches to Care

The table below shows the Palm Beach County Community Health Advisory Council's progress toward implementing Access and Linkage to Health and Human Services Priority Area activities under the first and second strategies of goal two. The activities and key action steps are listed, along with the baseline and updated process measures to track implementation progress.

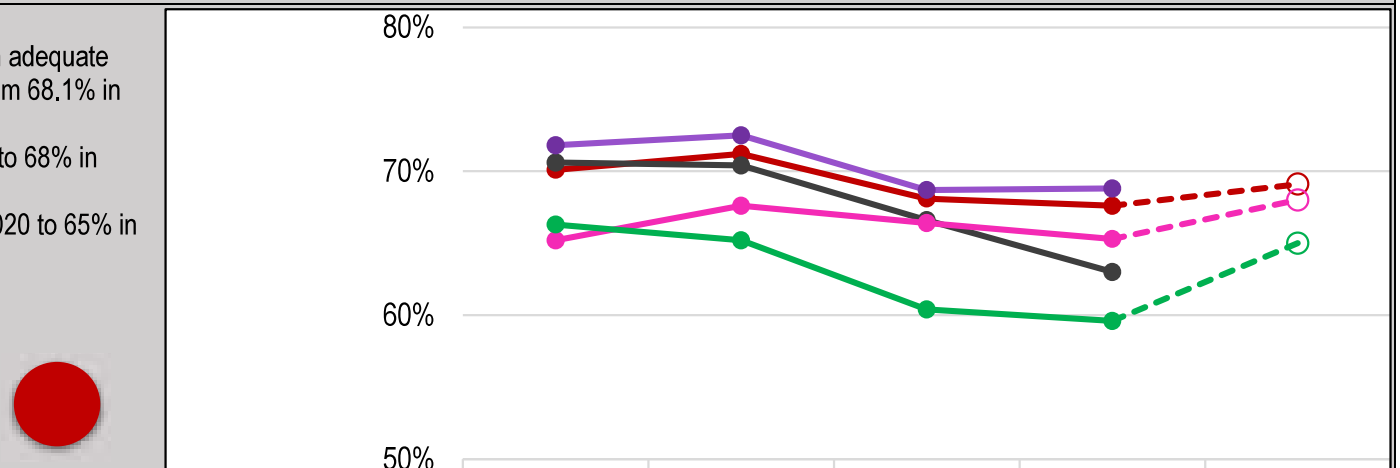
Table 12: Priority Area 3 - Goal 2 - Strategies 1 and 2

Goal	Ensure the utilization of quality services and care at the appropriate time
Strategies	Promote early maternal and child health initiatives, such as the Children's Services Council Healthy Beginnings System of Care Provide cultural competence trainings for health care professionals and health literacy interventions for residents to enhance understanding and tailored approaches to care

Objective: Increase the proportion of births with adequate prenatal care based on the Kotelchuck Index from 68.1% in 2020 to 69.1% in 2027.

- Among Black residents: from 66.4% in 2020 to 68% in 2027
- Among Hispanic residents: from 60.4% in 2020 to 65% in 2027

Status Progress: In Palm Beach County, the proportion of births with adequate prenatal care decreased from 2018 - 2021, though the proportion was lowest among Hispanic residents.



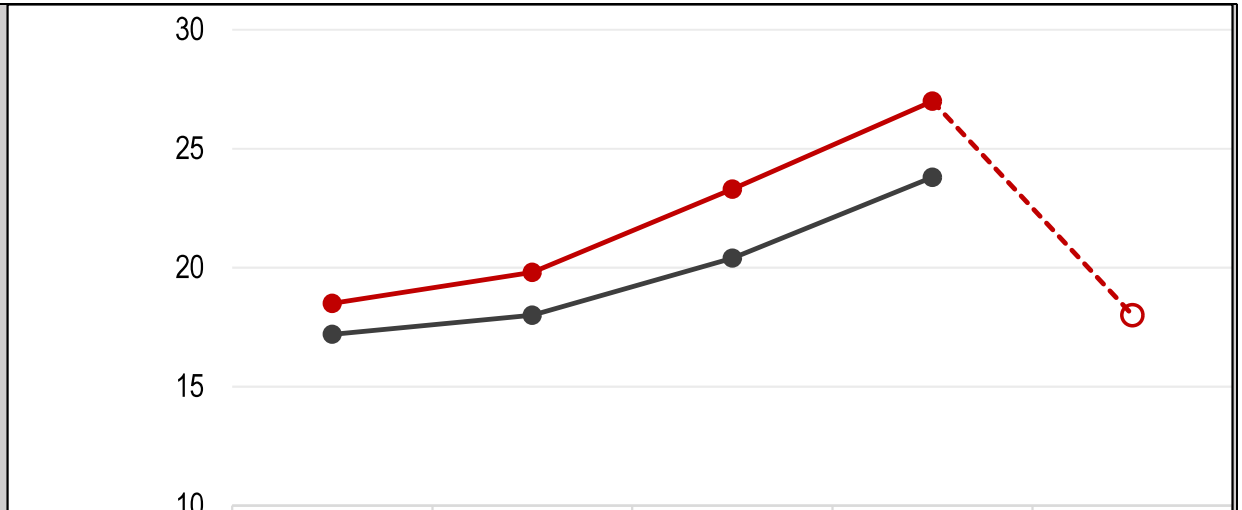
	2018	2019	Baseline: 2020	2021	Goal: 2027
Palm Beach	70.1%	71.2%	68.1%	67.6%	69.1%
Florida	70.6%	70.4%	66.6%	63.0%	
Black	65.2%	67.6%	66.4%	65.3%	68.0%
Hispanic	66.3%	65.2%	60.4%	59.6%	65.0%
White Non-Hispanic	71.8%	72.5%	68.7%	68.8%	

Source: FL Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2017-2021

Objective: Reduce the rate of severe maternal morbidity from 23.3 per 1,000 delivery hospitalizations in 2020 to 18.0 per 1,000 delivery hospitalizations in 2027.

Status Progress: In Palm Beach County, the proportion of severe maternal morbidities increased from 2018 - 2021.

Source: Florida Agency for Health Care Administration, 2018-2021

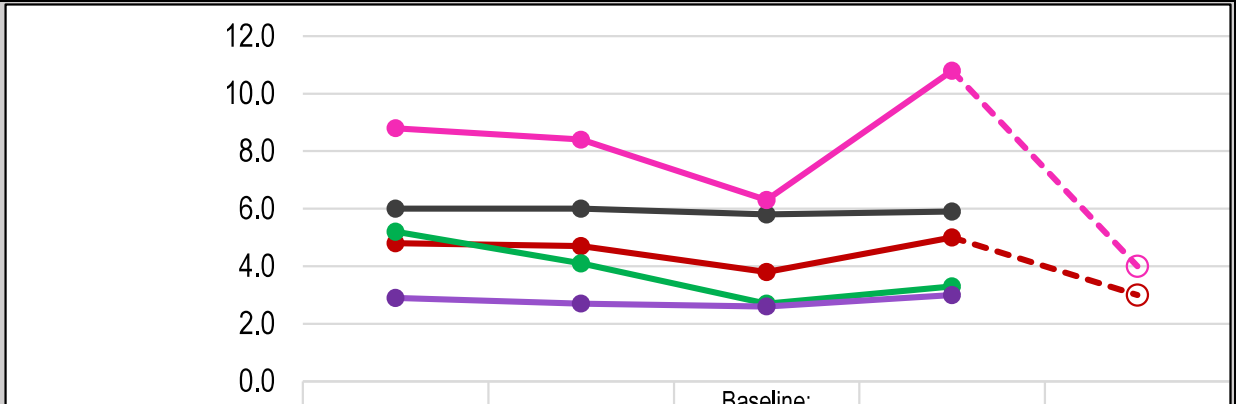


	2018	2019	Baseline: 2020	2021	Goal: 2027
Palm Beach	18.5	19.8	23.3	27.0	18
Florida	17.2	18.0	20.4	23.8	

Objective: Reduce infant mortality from 3.8 per 1,000 live births in 2020 to 3.0 per 1,000 live births in 2027
Among Black infants: from 6.3 per 1,000 live births in 2020 to 4.0 per 1,000 live births in 2027

Status Progress: In Palm Beach County, the infant mortality rate increased from 2018 - 2021, while the rate was 2.2 times higher among Black residents.

Source: FL Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2018-2021

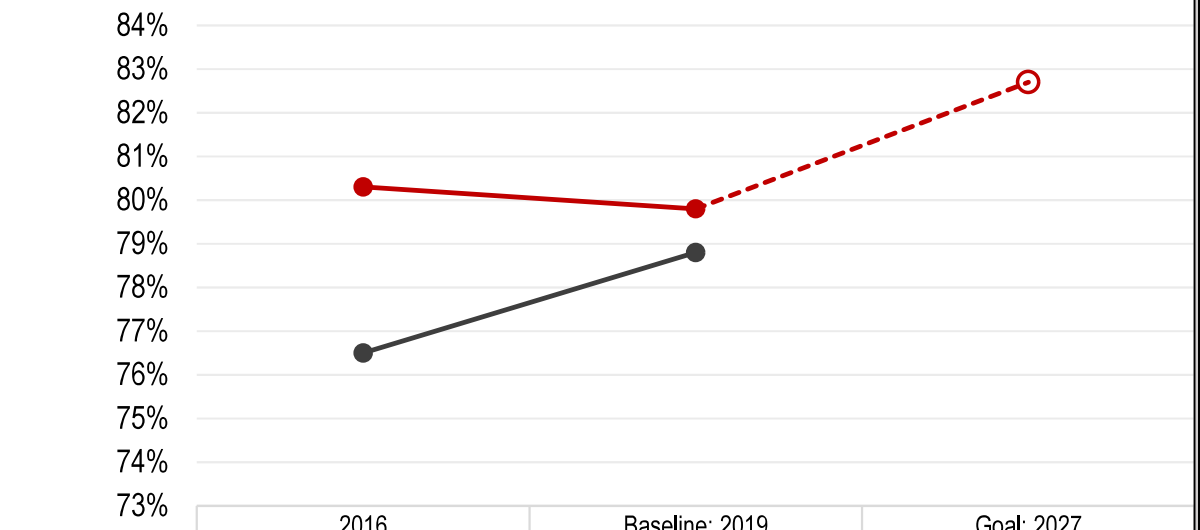


	2018	2019	Baseline: 2020	2021	Goal: 2027
Palm Beach	4.8	4.7	3.8	5.0	3.0
Florida	6.0	6.0	5.8	5.9	
Black	8.8	8.4	6.3	10.8	4.0
Hispanic	5.2	4.1	2.7	3.3	
White Non-Hispanic	2.9	2.7	2.6	3	

Objective: Increase the proportion of adults who had an annual medical checkup from 79.8% in 2019 to 82.7% in 2027.

Status Progress: In Palm Beach County, the proportion of adults who had a medical checkup decreased from 2016 - 2019.

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion. 2016-2019

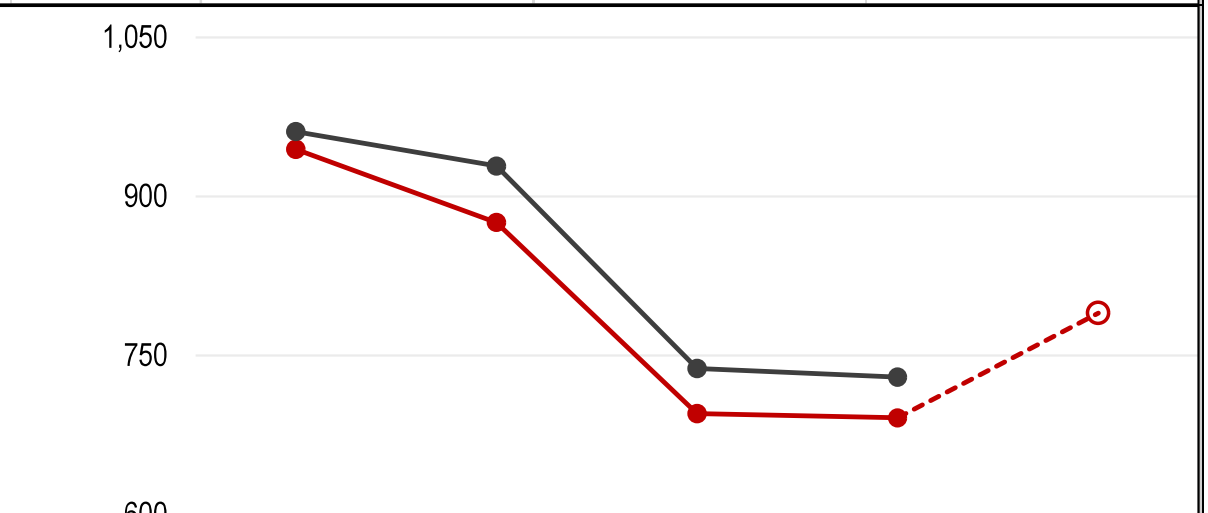


	2016	Baseline: 2019	Goal: 2027
Palm Beach	80.3%	79.8%	82.7%
Florida	76.5%	78.8%	

Objective: Reduce the rate of ambulatory care sensitive hospitalizations from 875.4 per 100,000 population in 2019 to 790.0 per 100,000 population in 2027.

Status Progress: In Palm Beach County, the proportion of ambulatory care sensitive hospitalizations decreased from 2018 to 2021.

Source: Florida Agency for Health Care Administration (AHCA), 2018-2021

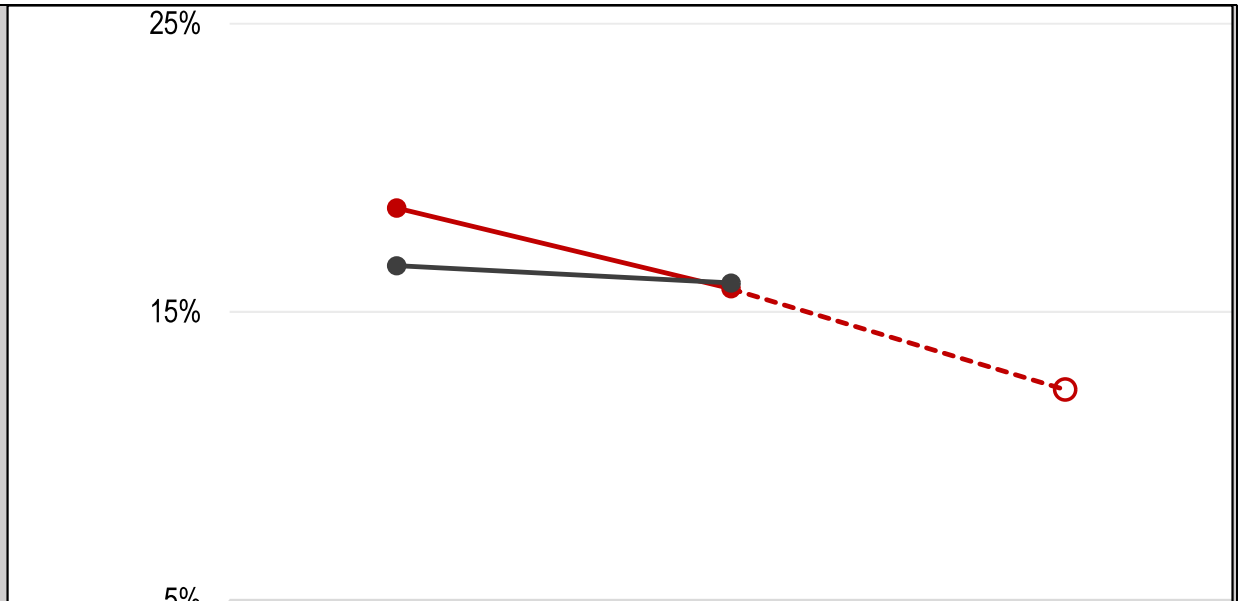


	2018	Baseline: 2019	2020	2021	Goal: 2027
Palm Beach	944.4	875.4	695.1	691.1	790.0
Florida	961.2	928.6	737.7	729.5	

Objective: Reduce the proportion of adults who could not see a doctor in the last year due to cost from 15.8% in 2019 to 12.3% in 2027.

Status Progress: At the time of report publication, new data is not yet available for this indicator.

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion. 2016-2019



	2016	Baseline: 2019	Goal: 2027
Palm Beach	18.6%	15.8%	12.3%
Florida	16.6%	16.0%	

	Activities	Key Action Step(s)	Baseline	Progress	Key Partner(s)
Access and Linkage to Health and Human Services Goal 2 Strategy 1-2	Engage families in early childhood interventions Engage families in early childhood interventions	Promote early childhood interventions such as: • Children's Services Council Healthy Beginnings • Center for Child Counseling Infant Mental Health Program/Infant Mental Health training	16,572 participants **Reporting period: October 1 through September 30, 2020-2021, 2021-2022*	**17,224 participants** engaged in CSC's program	Children's Services Council
			185 families	**349 families** engaged in CFCC's program/training	Center for Child Counseling
		Conduct outreach related to support programs, such as the 211 Palm Beach County Treasure Coast Help ME Grow program	*Not applicable*	**131 pediatric offices** were connected to the program	211

	Activities	Key Action Step(s)	Baseline	Progress	Key Partner(s)
Access and Linkage to Health and Human Services Goal 2 Strategy 1-2	Provide Cultural Competence trainings for providers (including but not limited to frontline workers, allied healthcare professionals, community health workers, and physicians)	Engage academic institutions (including but not limited to nursing and medical schools, social work majors, and other relevant programs)	0 academic institutions	**2 academic institutions** engaged in the Palm Beach County Community Health Advisory Council	Health Council of Southeast Florida T. Leroy Jefferson Medical Society
		Promote available trainings and collaborate within the advisory group to identify and take part in trainings, such as health equity workshops and Race Equity Institutional trainings	5 trainings; 144 trained	**2 trainings** held with **94 trainees**	Caridad Center PBC Medical Society
	Ensure adequate representation in the healthcare service sector	Increase number of providers who speak multiple languages and are representative of communities served	39 providers	**39 providers** who speak multiple languages and are representatives of communities served	Caridad Center
	Provide health literacy training for residents	Increase awareness around services and resources (including but not limited to alternatives to emergency departments, accessing appropriate and timely care, and more)	0 trainings; 0 trained	**1 training** was held to increase awareness around services and resources (including but not limited to alternatives to emergency departments, accessing appropriate and timely care, and more), with **43 residents trained**	
		Increase staff capacity to become patient advocates	24 staff	**9 new staff** trained to become patient advocates (33 total)	
			112 educational materials	**45 educational materials** distributed to increase health literacy for residents	

Goal 3: Support Health Care System Navigation

Strategy 1: Promote Tools, Trainings, and Resources to Support Health Care System Navigation, such as the Use of Patient Navigators, Systems such as Unite Us, and Trainings for Agencies Within the Local Public Health System to Increase Awareness of Available Services in the Community and the Utilization of Unite Us

The table below shows the Palm Beach County Community Health Advisory Council's progress toward implementing Access and Linkage to Health and Human Services Priority Area activities under the first strategy of goal three. The activities and key action steps are listed, along with the baseline and updated process measures to track implementation progress.

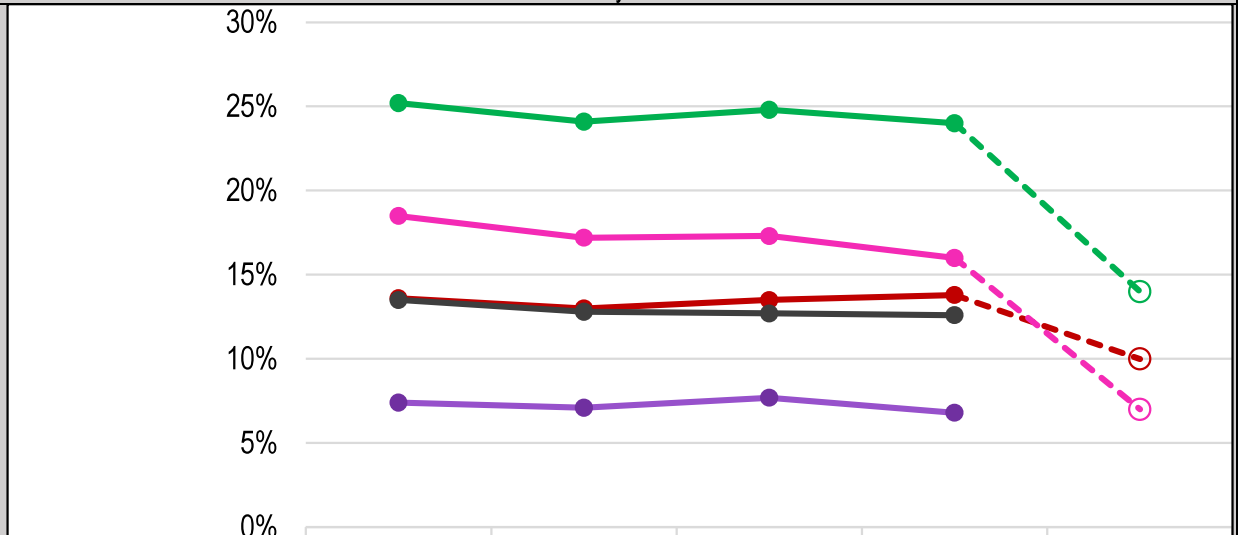
Table 13: Priority Area 3 - Goal 3 - Strategy 1

Goal	Support health care system navigation
Strategy	Promote tools, trainings, and resources to support health care system navigation, such as the use of patient navigators, systems such as Unite Us, and trainings for agencies within the local public health system to increase awareness of available services in the community and the utilization of Unite Us

Objective: Reduce the proportion of residents who are uninsured from 13.5% in 2020 to 10% in 2027.
- Among Black residents: 9.9% in 2020 to 7% in 2027
- Among Hispanic or Latino residents: 17.7% in 2020 to 14% in 2027

Status Progress: In Palm Beach County, the proportion of uninsured adults decreased from 2017 - 2021, though the proportion was 1.7 times greater among Hispanic residents.

Source: US Census, American Community Survey, Table S2701, 2017-2021



	2018	2019	Baseline: 2020	2021	Goal: 2027
Palm Beach	13.6%	13.0%	13.5%	13.8%	10.0%
Florida	13.5%	12.8%	12.7%	12.6%	
Black	18.5%	17.2%	17.3%	16.0%	7.0%
Hispanic	25.2%	24.1%	24.8%	24.0%	14.0%
White Non-Hispanic	7.4%	7.1%	7.7%	6.8%	

	Activities	Key Action Step(s)	Baseline	Progress	Key Partner(s)
Access and Linkage to Health and Human Services Goal 3 Strategy 1	Provide trainings for community health workers and providers to link residents to care using Unite Us and the No Wrong Door Framework	Conduct linkage to care and Unite Us trainings for Community Health Workers	56 providers	**63 providers trained** to link residents to care using Unite Us	Southeast Florida Behavioral Health Network
	Engage providers to increase engagement in Unite Us	Promote the Unite Us platform and engage providers in utilizing the platform	*Not applicable*	**94 unique organizations** utilizing the Unite Us platform	Health Care District
	Educate priority populations on insurance benefits and low-income subsidies	Distribute resources and educational materials related to insurance benefits and low-income subsidies	2,755 residents	**5,487 residents** educated on insurance benefits and/ or low-income subsidies	Area Agency on Aging
	Increase the proportion of residents receiving linkages to support services	Link residents to support services using the Unite Us platform	1,162 residents linked	**3,706 residents linked** through Unite Us	Health Care District

Health Literacy Interventions

Health literacy interventions are effective in improving health-related knowledge and adherence to treatment. Other potential beneficial outcomes include improved patient-provider communication, improved mental health, and increased patient satisfaction. Further research is needed to confirm effects of this strategy, but this strategy has been tested more than once and results have trended positively. Overall, low levels of health literacy are associated with limited health-related knowledge, poor health outcomes, and poor health behaviors such as limited use of preventative care. This strategy is likely to decrease disparities, as racial and ethnic minority groups, elderly individuals, and residents with low levels of income and education are at higher risk of having low health literacy.[32] This strategy provides an opportunity to address both disparities and prevention, which are two key components of the Access and Linkage to Health and Human Services priority area.

Patient Navigators

The deployment of Patient Navigators is a scientifically supported evidence-based strategy rated to increase screening and care, prenatal care, and increase overall access to care. These systems navigators provide culturally sensitive assistance and care coordination to help determine and address individual barriers for residents seeking care. These navigators guide patients through available medical, insurance, and social support systems. By assisting in eliminating barriers, this strategy can be effective for disadvantaged and minority populations, such as Black, Native American, and Latino residents, as well as non-English speakers and those with limited English proficiency. Strategies including patient navigators are shown to be likely to decrease disparities, making it an effective model for many goals within the CHIP, especially those related to the Access and Linkage to Health and Human Services priority area.[33]

Cultural Competence Training for Health Care Professionals

Cultural competence training for health care professionals is a scientifically supported evidence-based strategy rated to increased cultural understanding and skills. Other potential beneficial outcomes include increased patient satisfaction and improved health outcomes. These strategies focus on enhancing and developing skills and knowledge for health care professionals around diversity, understanding and responding to cultural differences, and increasing awareness of cultural norms. These strategies are likely to decrease disparities.[34]

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[32] County Health Rankings and Roadmaps. (2019). *Health literacy interventions.* Retrieved from https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/health-literacy-interventions

[33] County Health Rankings and Roadmaps. (2016). *Patient navigators.* Retrieved from https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/patient-navigators

[34] County Health Rankings and Roadmaps. (2020). *Cultural competence training for health care professionals.* Retrieved from https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/cultural-competence-training-for-health-care-professionals

Protocol for Responding to and Addressing Patients' Assets, Risks & Experience (PRAPARE)

PRAPARE is an evidence-based toolkit to engage patients in assessing and addressing social determinants of health. Screening for and addressing the social determinants of health has the potential to greatly reduce health disparities. An effective way to instill an upstream approach to care, this tool can be implemented within health care settings to assess and improve lived conditions and, ultimately, improve health outcomes.[35]

[35] National Association of Community Health Centers Inc. and Association of Asian Pacific Community Health Organizations (2022). PRAPARE. Retrieved from https://prapare.org/what-is-prapare/

Summary of Changes

Throughout the first year of the 2022 – 2027 Palm Beach County CHIP implementation, the Palm Beach County Community Health Advisory Council made updates to the CHIP plan to enhance the accuracy of activity reporting, and to increase their impact in the strategies that were outlined in the original version of the CHIP. As needed, partners proposed changes as a vote for the group's approval. These votes were conducted via polls during the Advisory Council meetings and were discussed and approved by the group. The following table outlines the voted changes that took place during the first year of the Plan's implementation.

July 2022 - June 2023 Updates
The following general updates were made to the report for accuracy and clarity purposes: • The Executive Summary was updated to include more information on Advisory Council partner recruitment and community outreach (p.1). • The list of partnering organizations was updated to reflect new partners (p. 3). • A graphic was revised to include an updated description of the difference between equity and equality (p. 6). • The Introduction was updated to include information on community engagement in the CHA and CHIP processes (p. 4-5).
Data was updated to observe and track progress towards meeting the objectives under the Chronic Disease Prevention and Self-Management Priority Area, under indicators where a data update was available (p. 43-57).

The Chronic Disease Prevention and Self-Management Goals, Strategies, Objectives, and Activities for Priority Area #1 Table was updated to include additional Lead Community Partners.
• Ruth and Norman Rales Jewish Family Services added as a key partner for the Silver Sneakers program under activity "Promote exercise programs, especially for those who have arthritis or are at-risk for falls" (p. 39).
• Caridad Center added as a key partner under activity "Increase trainers for Chronic Disease Prevention and Self-Management programs and other related programs" (p. 42).
The Chronic Disease Prevention and Self-Management Goals, Strategies, Objectives, and Activities for Priority Area #2 Table was updated as follows:
• Under activity "Increase access to affordable, healthy fruits and vegetables," measure "user-friendly guides distributed to residents for navigating SNAP/EBT and Fresh Access Bucks Programs" was updated to reflect the number of "partners that the resources were shared with" to track partner outreach (p. 38).
• Under activity "Promote exercise programs, especially for those who have arthritis or are at-risk for falls," measure "The number of participants in the YMCA Exercise Program" was expanded to include "the number of participants who have arthritis or are at-risk for falls" (p. 39).
• Under activity "Promote the American Heart Association Kids Heart Challenge to engage students in physical activity and educate students about keeping their hearts and brains healthy and helping others,"
  ○ Measure "students participating" was updated to "students who registered online" (p. 39).
  ○ Measure "lesson plan downloads" was modified to capture the "number of students who were instructed in CPR/Warning Signs of Stroke" (p. 39).
• Within key activity "Share educational materials related to low-to-no cost services," measure "events attended" was added to capture the number of events where this information was shared (p. 40).
• Within activities "Provide Chronic Disease Self-Management programs for residents that include educational opportunities and guides/resources" and "Increase chronic disease screenings county-wide,"

measures “residents trained” and “family caregivers trained” were updated to capture “number of participants trained” overall (p. 41).
Data was updated to observe and track progress towards meeting the objectives under the Mental Health and Substance Use Priority Area, under indicators where a data update was available (p. 68-86).
The Mental Health and Substance Use Goals, Strategies, Objectives, and Activities for Priority Area #2 Table was updated to include additional Lead Community Partners: • Palm Beach County Medical Society was added to activity “Increase the number of evidence-based mental health centered trainings offered to the community” (p. 61). • Caridad Center added as a key partner under activities “Enhance support for family and care-givers” (p. 62) and “Increase awareness of supportive services” (p. 65). • Rebel Recovery added as a key partner under activities “Increase entity collaboration to conduct trainings for healthcare providers on key drug issues” (p. 66) and “Narcan distribution events” (p. 66). • The “Domestic Violence Council” was updated to “The Palm Beach County Domestic Violence Coordinated Community Response (DV CCR)” (p. 67). • Aid to Victims of Domestic Abuse (AVDA) was added to activities, “Increase awareness of services available to all persons affected by domestic and family violence” and “Increase the provision of social support available to survivors” (p. 67). • T. Leroy Jefferson Medical Society added to activity “Increase entity collaboration to conduct trainings for healthcare providers on key drug issues” (p. 66). The Mental Health and Substance Use Goals, Strategies, Objectives, and Activities for Priority Area #2 Table was updated as follows: • Within key activity “Promote Area Agency on Aging senior and caregiver support groups, as well as free counseling for seniors,” an additional measure was added “support group meetings held” (p. 62). • Under activity “Promote resources for physicians related to mental health and substance use disorders,” the key action step “Promote SBIRT” was expanded to include “other screening tools, such as MAST” (p. 63). • Under activity “Narcan distribution events”, measure was modified to reflect "Number of Narcan kits distributed" instead of events attended (p. 66).
Data was updated to observe and track progress towards meeting the objectives under the Access and Linkage to Health and Human Services Priority Area objectives, under indicators where a data update was available (p. 94-104).
The Access and Linkage to Health and Human Services Goals, Strategies, Objectives, and Activities for Priority Area #3 Table was updated as follows: • Under activity “Provide trainings for community health workers and providers to link residents to care using Unite Us and the No Wrong Door Framework” measure “informational materials distributed” was removed (p. 93). • Under activity “Engage providers to increase engagement in Unite Us,” measure was modified to capture the number of “unique organizations” utilizing the platform instead of providers (p. 93).

COMMUNITY RESOURCES

Partner/Agency	Relevant Services
211 Palm Beach Treasure Coast	211 Palm Beach Treasure Coast offers resources, information, and programs for residents, including initiatives related to suicide prevention, services for youth, seniors, caregivers, and veterans, as well as hurricane/disaster education and resources. Residents can dial 211 to access the confidential community helpline and crisis hotline to receive immediate guidance and support. More information can be found here: https://211palmbeach.org/
Allegany Franciscan Ministries	Allegany Franciscan Ministries offers support, grants, resources, and initiatives such as the Common Good Initiative to assist residents with priorities related to employment, youth development, local policy, and more. More information can be found here: https://afmfl.org/
Alpert Jewish Family Services	Alpert Jewish Family Services offers services for children, teens, adults, seniors, and those with disabilities, including Mental Health First Aid programs, education loans, and much more. More information can be found here: https://www.alpertjfs.org/
Alzheimer's Community Care	Alzheimer's Community Care offers services such as family nurse navigators, a 24-hour crisis line, case management, disaster preparedness, and caregiver support groups. Education and resources are also available. More information can be found here: https://www.alzcare.org/
American Association of Caregiving Youth – Caregiving Youth Project	The Caregiving Youth Project from the American Association of Caregiving Youth provides skill-building classes and lunch and learn series in school settings, as well as social worker home visits to help link families with resources, school supplies, food, laptops, respite, tutoring, counseling, and more. College prep, family holiday celebrations, and other programs and events are also available. More information can be found here: https://aacy.org/
American Heart Association (Palm Beach County)	The American Heart Association (Palm Beach County) collaborates with local clinical and community organizations to implement policies, systems, and environmental changes to improve the heart and stroke health of community members. More information can be found here: https://www.heart.org/en/affiliates/florida/palm-beach-county

Area Agency on Aging of Palm Beach/Treasure Coast	Area Agency on Aging of Palm Beach/Treasure Coast offers a helpline, as well as programs and services such as caregiver training, congregate meals, counseling, Diabetes Self-Management courses, home delivered meals, nutrition counseling, and much more. More information can be found here: https://www.aaapbtc.org/
BeWellPBC	BeWellPBC is a behavioral health and wellness collective impact initiative. More information can be found here: https://www.bewellpbc.org/
Birth to 22 Provider Network	Birth to 22 is an alliance of over 300 Palm Beach County community partners that work to engage and align existing coalitions, networks, systems, and youth-serving organizations. Birth to 22 also connects families, community members, and young people with services directly. More information can be found here: http://pbcbirthto22.com/
Boca Raton's Promise	Boca Raton's Promise works to identify, prioritize, and act to promote and support education, early identification, and access to mental health services. More information can be found here: https://www.bocaratonspromise.org/
BRIDGES at Belle Glade	BRIDGES at Belle Glade offers gathering places that connect local families to community resources in an effort to help improve child health, school preparedness, and access to quality afterschool and summer programs. More information can be found here: https://bridgesofpbc.org/belle-glade/
CareerSource Palm Beach County	CareerSource Palm Beach County offers hiring events, training opportunities, career counseling, job search and placement services, workshops, and much more. More information can be found here: https://www.careersourcepbc.com/
Caridad Center	Caridad Center offers medical, vision, and dental services for uninsured and underserved residents in Palm Beach County. Caridad Center also offers educational and social services for residents. More information can be found here: https://caridad.org/
Catholic Charities of the Diocese of Palm Beach	Catholic Charities of the Diocese of Palm Beach offers social service programs and resources, including counseling services, disaster

	recovery, elder affairs, housing stability services, transitional housing, and much more. More information can be found here: https://www.ccdpb.org/
Center for Child Counseling	Center for Child Counseling offers prevention, early intervention, and mental health services for children, families, and their caregivers, including infant and early childhood mental health programs, play therapy, childhood trauma services, and general mental health services for an array of behavioral health concerns. More information can be found here: https://www.centerforchildcounseling.org/
Child Care Food Program (CCFP)	The Child Care Food Program (CCFP) helps child care facilities implement best practices to ensure children have access to a variety of nutritious foods for healthy growth and obesity reduction. More information can be found here: childcarefoodprogram/index.html
Children's Services Council of Palm Beach County	Children's Services Council of Palm Beach County offers programs and services for pregnant women and families with infants and children under the age of 6. Children's Services Council of Palm Beach County also offers afterschool and summer programs for school-age children, mentoring, and other programs. More information can be found here: https://www.cscpbc.org/
Citizens for Improved Transit	Citizens for Improved Transit works to encourage the development of communities that support pedestrian, bike, and quality public transportation systems. Citizens for Improved Transit offers resources and educational information for various transportation modalities in Palm Beach, Martin, St. Lucie, Broward, and Miami-Dade Counties, as well as a Transportation Survey and an Annual Transportation Disadvantaged Trip. More information can be found here: http://www.citizens4transit.org/
City of West Palm Beach	The City of West Palm Beach offers programs, services, and resources related to public safety, libraries, parks and recreation, economic development, community events, and more. More information can be found here: https://www.wpb.org/
Community Partners of South Florida	Community Partners of South Florida offers resources and services for residents related to behavioral and mental health, housing, and community services. More information can be found here: https://www.cp-cto.org/

Community Recovery HUB of Palm Beach County (The Hub)	Community Recovery HUB of Palm Beach County (The Hub) provides support, resources, and solutions for those living with substance use disorders. More information can be found here: https://pbchub.org/
Coral Shores Behavioral Health	Coral Shores Behavioral Health offers behavioral health treatment services for adults, children, and adolescents. More information can be found here: https://coralshoresbehavioral.com/
CROS Ministries	CROS ministries offers food resources for residents, including food pantries, gleaning, the Caring Kitchen program, and the children's CROS Camp. More information can be found here: https://www.crosministries.org/
Delray Medical Center	Delray Medical Center offers services related to the Emergency Room, Bariatric Surgery, Cardiovascular health, Neurosciences, Orthopedics, Oncology, Rehabilitation, and more. More information can be found here: https://www.delraymedicalctr.com/
Diabetes Coalition of Palm Beach County	The Diabetes Coalition of Palm Beach County is an alliance of partners that work together to prevent diabetes and improve the lives of people living with diabetes through awareness, education, advocacy, and access to care. More information can be found here: https://diabetescoalitionpbc.org/
El Sol, Jupiter's Neighborhood Resource Center	El Sol, Jupiter's Neighborhood Resource Center, offers services such as a farmer's market, labor center, adult education programming, community gardens, food resources, health resources, and programming for children and families to increase literacy and create community connections. More information can be found here: https://friendsofelsol.org/
Families First of Palm Beach County	Families First of Palm Beach County offers programs such as Family Strengthening, Behavioral Health Services, Housing/Bridges to Success, and resources for parents. More information can be found here: https://familiesfirstpbc.org/
Federally Qualified Health Centers	Federally Qualified Health Centers (FQHC) are federally funded nonprofit health centers or clinics that serve medically underserved areas and populations. These centers provide primary care services regardless of a patient's ability to pay.

	More information can be found here: https://findahealthcenter.hrsa.gov/
Florida Community Health Centers, Inc.	Florida Community Health Centers, Inc. is a Federally Qualified Health Center that focuses on providing accessible, cost-effective, high-quality, and comprehensive health care to all residents. Services include telehealth, mental health and substance use services, care management, Women's Health, Behavioral Health, X-Rays, laboratories, health benefits coordination, Adult Primary Care, Pediatrics, Pharmacy, and more. More information can be found here: https://www.fchcinc.org/
Florida Department of Agriculture and Consumer Services	The Florida Department of Agriculture and Consumer Services offers programs and activities to support and promote Florida agriculture, protect the environment, safeguard consumers, and ensure the safety and wholesomeness of food. More information can be found here: https://www.fdacs.gov/
Florida Department of Health in Palm Beach County	The Florida Department of Health in Palm Beach County offers services and programs for residents, including immunizations, maternal child health, nutrition, school health, WIC, COVID-19 vaccinations, the Tobacco Control Program, 5210 Let's Go, Diabetes Prevention Programming, epidemiology, HIV/AIDS services, STD services, and Tuberculosis services. The Florida Department of Health in Palm Beach County also offers services related to emergency preparedness and response, as well as environmental health services related to beach water sampling, biomedical waste, licensing and regulations, and more. More information can be found here: https://palmbeach.floridahealth.gov/index.html
FoundCare, Inc.	FoundCare, Inc. is a nonprofit Federally Qualified Health Center with multiple locations throughout Palm Beach County. Services include Pediatric, Adult, and Geriatric Primary Care, Chronic Disease Management, Behavioral Health Services, Dentistry, Laboratory services, X-Rays, on-site Pharmacies, and Women's Health services and Screening Mammography. More information can be found here: https://www.foundcare.org/
Friends of Foster Children	Friends of Foster Children offers services, education, and resources to enrich the lives of those children and families impacted by foster care. More information can be found here: https://www.friendsoffosterchildren.com/

Genesis Community Health, Inc.	Genesis Community Health is a non-profit, federally qualified healthcare clinic that accepts most commercial insurances, as well as Medicaid and Medicare. Genesis Community Health also accepts self-pay patients on a sliding scale payment based upon household income and family size. Services include general medical care, dental services, women's health, mental health, and more. More information can be found here: https://gencomhealth.org/
Guardians of the Glades	Guardians of the Glades works with government officials, local businesses, community leaders, and residents to share information and promote resources in the Glades region. More information can be found here: https://guardiansoftheglades.com/
Health Care District of Palm Beach County	Health Care District of Palm Beach County is a Federally Qualified Health Center (FQHC) that offers health care services such as primary care clinics, skilled nursing care, health coverage, and school health programs. More information can be found here: https://www.hcdpbc.org/
Health Council of Southeast Florida	The Health Council of Southeast Florida offers services and resources to improve the health of residents by promoting access to quality health and human services. Initiatives include HIV education and prevention, services and support for persons living with HIV/AIDS, community health workers, health literacy, health research and data, the Florida Asthma Coalition, Healthy Kids Health Futures and the Florida's HEROs recognition, and much more. More information can be found here: https://www.hcsef.org/
Healthier Boynton Beach	Healthier Boynton Beach offers resources and education for caregivers in Boynton Beach. More information can be found here: https://healthierboyntonbeach.org/
Healthier Glades	Healthier Glades strives to support and empower the Glades community to improve the quality of life for residents through mini grants, behavioral health resources, healthy activities, youth advisory groups, advocacy groups, and more. More information can be found here: https://healthiertogetherpbc.org/our-communities/healthier-glades/

Healthier Jupiter	Healthier Jupiter works to address the social, economic, and environmental factors impacting health and provide resources and education on chronic disease risks and prevention. More information can be found here: https://www.healthierjupiter.org/
Healthier Together	Healthier Together works to reduce health disparities and increase capacity across the county to impact sustainable change related to health. More information can be found here: https://healthiertogetherpbc.org/
Healthiest Weight Florida	Healthiest Weight Florida offers strategies, activities, and resources to promote healthy weight in Florida. More information can be found here: https://www.healthiestweightflorida.com/index.html
Hispanic Chamber of Commerce of Palm Beach County	The Hispanic Chamber of Commerce of Palm Beach County works to connect people, commerce, and community to build a stronger local economy. More information can be found here: https://hispanicchamberpbc.com/
Homeless Coalition of Palm Beach County	The Homeless Coalition of Palm Beach County works to end homelessness in Palm Beach County through funding, collaboration, and advocacy. More information can be found here: https://homelesscoalitionpbc.org/
Jupiter Medical Center	Jupiter Medical Center offers programs and services related to Cancer care, Pediatric services, Orthopedics, Stroke, Heart and Vascular health, support groups, urgent care, and more. More information can be found here: https://www.jupitermed.com/
L.O.T. Health Services	L.O.T. Health Services offers free medical services for residents. Across multiple service sites in the county, L.O.T. Health Services offers services related to Internal medicine, family practice, pediatrics, mental health, cardiology, neurology, general surgery, imaging services, vision, dental, and more. More information can be found here: https://www.lothealthservices.org/
Lake Okeechobee Rural Health Network	Lake Okeechobee Rural Health Network utilizes Community Health Workers to provide resident education, social support and advocacy, and linkage to needed community resources. Workshops, such as Type 2 Diabetes Self-Management and Chronic Disease Self-Management, and health insurance enrollment assistance are available.

	More information can be found here: https://www.lorhn.org/welcome.html

Lakeside Medical Center	Lakeside Medical Center offers services related to birth/obstetrics, critical care, the emergency room, surgery, pediatrics, physical therapy, radiology, respiratory therapy, telemetry, and more. More information can be found here: https://www.hcdpbc.org/for-patients/hospital
Legal Aid Society of Palm Beach County, Inc.	Legal Aid Society offers no-cost legal assistance, as well as community education and outreach programs. Practice areas include family, elderly, health, children, and immigration law. More information can be found here: https://legalaidpbc.org/
Let's Move	Let's Move offers educational information and activities related to healthy eating and active living. Although the national campaign under the Obama administration is no longer updated, local efforts continue. More information can be found here: https://letsmove.obamawhitehouse.archives.gov/
Lighthouse for the Blind of the Palm Beaches	Lighthouse for the Blind of the Palm Beaches provides comprehensive developmental services for babies who are blind or visually impaired, educational resources for parents and caregivers, age-appropriate instruction and activities for kindergarten through High School youth, and personal, vocational, and educational training related to daily living skills, orientation and mobility, and assistive technology for adults. More information can be found here: https://lhpb.org/
Lost Tree Foundation	Lost Tree Foundation grants funds to professionally managed, sustainable nonprofits to achieve the greatest impact, including impactful, grassroot efforts. More information can be found here: https://losttreefoundation.org/
March of Dimes, South Florida	March of Dimes provides research, advocacy, and education for mothers and babies, working to end preventable maternal health risks and deaths, preventable preterm birth and infant deaths, and health equity gaps for all families. More information can be found here: https://www.marchofdimes.org/

Mental Health America of the Palm Beaches	Mental Health America of the Palm Beaches works to build a supportive community where all residents can flourish through their clubhouses and Peer Place Well Being Center. More information can be found here: https://mhapalmbeaches.org/
MyClinic	MyClinic offers programs and services that focus on physical health, dental health, mental and behavioral health, food and nutrition needs, and more. More information can be found here: https://myclinicjupiter.org/
National Alliance on Mental Illness (NAMI) of Palm Beach County	National Alliance on Mental Illness (NAMI) of Palm Beach County offers free mental health support, online groups, resources, and education. More information can be found here: https://namipbc.org/
New Synagogue of Palm Beach	New Synagogue of Palm Beach offers community resources, youth programs, and community events. More information can be found here: https://www.newsynagogue.org/
Pahokee Housing Authority	The Pahokee Housing Authority offers career fairs, homebuyer workshops, computer labs, and housing services. More information can be found here: https://www.pahokeehousing.org/
Palm Beach Behavioral Health Coalition	The Palm Beach County Behavioral Health Coalition offers tools and resources for parents, youth, and neighborhoods to continue building a healthier, drug-free community, including resources related to Mental Health First Aid, substance use prevention and treatment, and HIV prevention. More information can be found here: https://pbcbhc.org/
Palm Beach Chamber of Commerce	The Palm Beach Chamber of Commerce brings together business and professional people in the Town of Palm Beach to support charitable endeavors, encourage the development of leadership for future generations, and ensure ethical standards of work and employment. More information can be found here: https://www.palmbeachchamber.com/
Palm Beach County Community Services Department	The Palm Beach County Community Services Department offers resources for rent and utilities, as well as homeless prevention and other health and human services community initiatives. More information can be found here: https://discover.pbcgov.org/

Palm Beach County Department of Housing and Economic Development	The Palm Beach County Department of Housing and Economic Development offers business programs, housing programs, mortgage and housing investment information, community development programs, and more. More information can be found here: https://discover.pbcgov.org/HED/Pages/default.aspx
Palm Beach County Fire Rescue	Palm Beach County Fire Rescue offers emergency services and non-emergency services, such as fire and arson investigations, building fire safety inspections, construction plan reviews, and community education presentations. Palm Beach County Fire Rescue also offers the Mobile Integrated Health Program that follows up with patients in need after 911 calls, and the CARES Team that offers emotional first aid for families and provides resource connections. More information can be found here: https://discover.pbcgov.org/pbcfr/Pages/default.aspx
Palm Beach County Housing Authority	The Palm Beach County Housing Authority offers housing resources, such as the Housing Choice Voucher, public housing, and affordable housing, as well as community resource connections for residents. More information can be found here: http://www.pbchafl.org/
Palm Beach County Medical Society	Palm Beach County Medical Society unites physicians, advocates for the interests of physicians and their patients, and collaborates with others to improve the community's health. More information can be found here: https://www.pbcms.org/
Palm Beach County Victim Services	Palm Beach County Victim Services aids victims of sexual assault, domestic violence, homicide, and other violent crimes through crisis response, advocacy, therapy, and community awareness initiatives. More information can be found here: https://discover.pbcgov.org/publicsafety/victimservices
Palm Beach County Youth Services Department	Palm Beach County Youth Services Department offers education and resources to promote healthy children, the reduction of youth violence, education success, and works to build opportunities to reconnect youth to education, trade, trainings, and employment. The Youth Services Department also provides programs related to residential treatment and family counseling. More information can be found here: https://discover.pbcgov.org/youthservices

Palm Beach Harvest	Palm Beach Harvest sources surplus food that would otherwise go to waste from grocery stores, hotels, and farmers to deliver groceries and hot meals to food insecure communities and families 365 days a year. More information can be found here: https://palmbeachharvest.org/
Palm Beach North Chamber of Commerce	The Palm Beach North Chamber of Commerce offers networking, events, and job postings. More information can be found here: https://www.pbnchamber.com/
Palm Beach State College	Palm Beach State College offers higher education and workforce training courses. More information can be found here: https://www.palmbeachstate.edu/#
Palm Beach Transportation Planning Agency (TPA)	The Palm Beach Transportation Planning Agency (TPA) is the federally designated Metropolitan Planning Organization (MPO) for Palm Beach County. The TPA works to provide cooperative, comprehensive, and continuing transportation planning and decision-making processes to improve transportation for residents. More information can be found here: https://www.palmbeachtpa.org/
Palm Health Foundation	Palm Health Foundation works to build community partnerships, advocate for vulnerable community members, and inspire innovative solutions to lead change for better health. More information can be found here: https://www.palmhealthfoundation.org/
Palm Tran	Palm Tran is the public transit bus system run by the Palm Beach County Government. More information can be found here: https://www.palmtran.org/
Quantum Foundation	Quantum Foundation provides grant funding to improve engagement in health, increase access to health resources, and promote equitable community health. More information can be found here: https://quantumfnd.org/
Rebel Recovery Florida	Rebel Recovery Florida offers support, advocacy, and education for people who have been personally affected by drug use, including those actively using drugs, entering recovery, in long-term recovery, or loved ones affected by problematic drug use. More information can be found here: https://justin-kunzelman-7kk7.squarespace.com/

Restoration Bridge International	Restoration Bridge International distributes food to anyone suffering from hunger, including food insecure communities, homeless populations, 12-step homes, and more. More information can be found here: http://www.restorationbridge.com/
Royal Poinciana Chapel	Royal Poinciana Chapel offers faith-based services and groups for adults, youth and children, those in their twenties and thirties, men, and women. More information can be found here: https://royalpoincianachapel.org/
Ruth & Norman Rales Jewish Family Services	Ruth and Norman Rales Jewish Family Services offers senior services, food and financial assistance, counseling and mental health services, family and children's services, and much more. More information can be found here: https://ralesjfs.org/#
Sandy Hook Promise	Sandy Hook Promise works to end school shootings and create a culture change that prevents violence and other harmful acts that hurt children through education, advocacy, and research. More information can be found here: https://www.sandyhookpromise.org/
School District of Palm Beach County	The School District of Palm Beach County Food & Nutrition Services offers meal benefits for students, including free meals over the summer. More information can be found here: https://www.palmbeachschools.org/students_parents
Sickle Cell Foundation of Palm Beach County & Treasure Coast, Inc.	Sickle Cell Foundation of Palm Beach County & Treasure Coast, Inc. provides information and funds education and services for persons with Sickle Cell Disease/Trait and their families in Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie Counties. More information can be found here: https://www.sicklecellpbc.org/
Silver Sneakers	Silver Sneakers is a free fitness program for seniors that includes unlimited access to participating gyms and fitness centers in the network. More information can be found here: https://tools.silversneakers.com/
Southeast Florida Behavioral Health Network (SEFBHN)	Southeast Florida Behavioral Health Network (SEFBHN) works to develop, support, and manage an integrated network of behavioral health services to promote the emotional well-being and drug-free living of residents in Palm Beach, Indian River, Martin, Okeechobee, and St. Lucie Counties.

	More information can be found here: https://sefbhn.org/
St. Edward Catholic Church	St. Edward Catholic Church offers faith-based services and programs for community members. More information can be found here: https://stedwardpb.com/
St. Mary's Medical Center	St. Mary's Medical Center offers services related to the Emergency Room, Cardiovascular health, Neurology, Obstetrics, Orthopedics, Phsyical Therapy, Psychiatry, and more. More information can be found here: https://www.stmarysmc.com/home
Sunshine Health	Sunshine Health offers affordable Florida Medicaid, Medicare, and health insurance marketplace options. More information can be found here: https://www.sunshinehealth.com/
Supplemental Nutrition Assistance Program (SNAP)	SNAP provides nutrition benefits to supplement food budgets for those in need. More information can be found here: https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program
T. Leroy Jefferson Medical Society	T. Leroy Jefferson Medical Society works to improve health and wellness, access to quality care, and academic and career opportunities for underserved populations in Palm Beach County. T. Leroy Jefferson Medical Society offers mentoring, scholarships, health fairs, career days, symposiums, and more. More information can be found here: https://tljmedicalsociety.org/
Tabernacle Ministry Baptist Church	The Tabernacle Ministry Baptist Church offers community programs and services, including the U.B. Kinsey Educational and Community Center, which provides community space to combat the negative social determinants of health that affect low-income and underserved communities. More information can be found here: http://www.tabernaclewpb.org/
The Glades Initiative, Inc.	The Glades Initiative offers health and human service programs and resources in the Glades Area. More information can be found here: https://www.gladesinitiative.org/
The Guatemalan-Maya Center	The Guatemalan-Maya Center offers programs and resources for uprooted residents, including early-childhood education programs

	related to VPK, Preschool, After School, and In-Home programs, parent education and assistance, Citizenship classes, advocacy, and more. More information can be found here: https://www.guatemalanmaya.org/
The Lord's Place	The Lord's Place works to break the cycle of homelessness by offering housing options, job training and employment, wraparound care coordination for clients with intensive behavioral health, substance abuse, and serious medical concerns, reentry services for those in or recently released from incarceration, youth services, and more. More information can be found here: https://thelordsplace.org/
The Palm Beach County League of Cities, Inc.	The Palm Beach County League of Cities, Inc. offers advocacy grant programs, scholarships, and internship programs. The Palm Beach County League of Cities, Inc. also offers a job bank and civic engagement resources. More information can be found here: http://www.palmbeachcountyleagueofcities.com/
United Way of Palm Beach County	United Way of Palm Beach County works to ensure that everyone has access to a quality education, a place to live, financial stability, good medical care, and nutritious meals. More information can be found here: https://unitedwaypbc.org/
University of Florida/IFAS Extension Office in Palm Beach County	UF/IFAS offers services for residents, such as classes, workshops, and educational materials, as well as programs such as the Family Nutrition Program. More information can be found here: https://sfyl.ifas.ufl.edu/palm-beach/
Urban League of Palm Beach County	Urban League of Palm Beach County works to achieve social and economic equality for African Americans and other minorities. Urban League of Palm Beach County provides education, housing, employment, and health opportunities for residents to increase self-reliance and positive health outcomes. More information can be found here: https://ulpbc.org/
Urban Youth Impact	Urban Youth Impact serves the most at-risk inner-city youth in Palm Beach County through programs such as The Leadership Academy, Reframe, CREATE, summer camps, Jupiter Christian School at Urban Youth Impact, The Missions Program, and the E34 Mentoring program. More information can be found here: https://www.urbanyouthimpact.com/

WellCare Health Plans, Inc.	WellCare Health Plans, Inc. offers health insurance options and health resources for residents. More information can be found here: https://www.wellcare.com/florida
Women, Infants, and Children (WIC)	The Women, Infants, and Children (WIC) program provides comprehensive nutrition services, individual nutritional assessment and counseling, group nutrition classes, in-service trainings, and other services to eligible participants. More information can be found here: https://palmbeach.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/wic/index.html
YMCA of South Palm Beach County	The YMCA of South Palm Beach County offers youth education and physical activity programs for preschoolers to teenagers, programs such as Enhance Fitness and Diabetes Self-Management for community members, a Teen Center, and much more. More information can be found here: https://www.ymcaspbc.org/
YWCA of Palm Beach County	YWCA of Palm Beach County offers programs and resources that work to eliminate racism, empower women, and promote peace, justice, freedom, and dignity for all. YWCA of Palm Beach County offers resources and services related to domestic violence, rapid re-housing, child protection advocacy, the Child Development Center, the Women's Health Institute, youth empowerment programs, economic justice advocacy, and more. A 24-hour domestic abuse crisis line is available at: 561-640-9844 or 1-800-973-9922. More information can be found here: https://ywcapbc.org/

SUSTAINABILITY OF EFFORTS

The Palm Beach County Community Health Advisory Council will oversee the CHIP process over the course of the next five years. This group will meet regularly to assess progress towards goals, strategy implementation, and activities. Frequent communication will take place and annually updated reports will be published for Advisory Council members, stakeholders, and community members to monitor and evaluate progress throughout the CHIP cycle. The Community Health Improvement Plan is a "living" document and will be updated and revised as needed to ensure the Plan is meeting the best interests of those it serves and is leading towards optimal impact. The Palm Beach County Advisory Council will consider updates to the CHIP and engage in a formal voting process before any revisions are made. The Advisory Council, HCSEF, DOH-PBC, and HCD also welcome input, feedback, and insights from community members, stakeholders, and partners throughout the CHIP cycle to ensure the plan is reaching its full potential in improving the health of Palm Beach County residents. Additionally, the Advisory Council will be engaged in a data collection initiative to gain deeper insights into the factors that impact the mental health and overall well-being of Palm Beach County residents. Research on the lived experience of residents can provide a better understanding of the perspectives and experiences of residents with mental health issues. However, existing data is limited in this area, as qualitative data is not easily measured or counted. SenseMaker, a narrative-based method of research used to identify patterns through storytelling, will be used to gather qualitative data to inform current and future iterations of the CHIP. Advisory Council partners will be engaged in the development and distribution of the tool and will use the findings to inform decision-making processes. By engaging and leveraging diverse community partners and resources throughout the CHIP, the Advisory Council ensures CHIP sustainability and impact.

TRACKING PROGRESS

The Palm Beach County Community Health Advisory Council will continuously monitor progress toward the CHIP goals, objectives, and strategies throughout the CHIP cycle. Formally, annual revisions will take place each year to update the CHIP with the most recently available data, findings, and progress towards the CHIP measures. On a bi-annual basis, HCSEF will reach out to key partners for activity measures and maintain and update an internal tracking system accordingly. Both objective data and activity measures will be reported at the Palm Beach County Community Health Advisory Council Meetings to provide progress snapshots to stakeholders, partners, and community members between the formal annual updates. HCSEF will report on the most recently available data indicators used to track the CHIP objectives. At these meetings the Community Health Advisory Council will also provide context and updates on CHIP objectives, strategies, and associated activities. All bi-annual updates will be outlined in the meeting materials distributed after the meeting to ensure equity in the distribution of information.

GET INVOLVED

Community health improvement is improvement of the community and it is done largely by the community. To that end, all stakeholders and residents are invited to participate in improving Palm Beach County's health.

For more information or to get involved in the county's health improvement activities, please contact:

Alma D. Martinez
Quality Improvement Manager
Customer Satisfaction Coordinator
Florida Department of Health in Palm Beach County
800 Clematis Street, Room 2-234
West Palm Beach, Florida 33401
Alma.martinez2@flhealth.gov
Phone: (561) 671-4091

APPENDIX A: PALM BEACH COUNTY COMMUNITY HEALTH ADVISORY COUNCIL LIST

First Name	Last Name	Organization
Abigail	Goodwin	Palm Health Foundation
Adam	Reback	Palm Beach County Community Services
Adam	Wyatt	Schmidt College of Medicine at Florida Atlantic University
Alé	Barthe	Caridad Center
Alejandro	Miguel	Florida Community Health Centers, Inc.
Alexa	Lee	Palm Beach County Behavioral Health Coalition
Allison	Jimenez	Hanley Foundation
Allison	Monbleau	School District of Palm Beach County
Alma	Martinez	Florida Department of Health Palm Beach County
Aloha	Blaza	Florida Atlantic University
Amy	Pepper	MyClinic
Ana	Martinez	Palm Beach County Behavioral Health Coalition
Andrea	Stephenson-Royster	Health Council of Southeast Florida
Andres	Torrens	Families First of Palm Beach County
Angeleta	Gray	Health Care District of Palm Beach County
Angie	Swenson	Health Care District of Palm Beach County
Ann	Berner	Southeast Florida Behavioral Health Network
Austin	Wright	Rebel Recovery
Beth	Levine	Ruth & Norman Rales Jewish Family Services
Brian	Lohmann	Health Care District of Palm Beach County
Brian	Ruscher	Palm Beach Transportation Planning Agency
Brittani	Jean-Philippe	American Heart Association
Carla	Newman	Coral Shores Behavioral Health
Carol	Rodriguez	Catholic Charities of Palm Beach
Carol	Roberts	Health Care District of Palm Beach County
Carol	Jones-Gilbert	Palm Beach County Housing Authority
Caroline	Valencia	March of Dimes
Carrie	Browne	Palm Health Foundation
Cecilia	Escorbore	Florida Community Health Centers, Inc.
Chris	Irizarry	Health Care District of Palm Beach County
Chris	Tress	Urban Youth Impact

Christine	Pelaez-Peña	The Health Insurance Navigation Program through Epilepsy Alliance Florida
Christine	Koehn, PhD	Lost Tree Foundation
Christopher	Irizarry	FoundCare
Cindy	Wides	Alpert Jewish Family & Children's Service
Claudia	Lawler	Easter Seals
Clinton B.	Forbes	Palm Tran
Connie	Siskowski	Caregiving Youth Project
Danielle	Hartman	Ruth & Norman Rales Jewish Family Services
Danielle	Hanson	United Way of Palm Beach County
Darcy	Davis	Health Care District of Palm Beach County
David	Kendle	C.L. Brumback Primary Care Clinics
David	Martin Rafaidus	Palm Beach County Department of Community Services
DeAnna	Warren	Genesis Community Health
Debbie	Robinson	Health Care District of Palm Beach County
Debby	Walters	Diabetes Coalition of Palm Beach County
Deborah	Morgan	Palm Beach Harvest
Diana	Gomez	AmBetter Sunshine Health/WellCare
Diana	Stanley	The Lord's Place
Diane	Smith	The Health Insurance Navigation Program through Epilepsy Alliance Florida
Diane	Wyatt	School District of Palm Beach County
Don	Hill	Area Agency on Aging
Don	Chester	St. Mary's Medical Center
Donald	Burgess	Chamber of Commerce of Palm Beach
Donia	Roberts	Lakeside Health Advisory Board
Dr. Amit	Rastogi, MD, MHCM	Jupiter Medical Center
Dr. Belma	Andric	Health Care District of Palm Beach County
Dr. Karen	Gilbert	Alzheimer's Community Care
Dr. Seth	Bernstein	United Way of Palm Beach County
Dr. Shayna	Ginsburg	Palm Beach County Youth Services
Dwanne	Clayton	Palm Beach Neuroscience Institute, Memory Disorder Clinic
Elizabeth	Clarke	Children's Services Council of Palm Beach County
Erika	Geiger	Florida Department of Health Palm Beach County
Florenzia	Davis	Tabernacle Missionary Baptist Church
Geoffery	Stanley	211 Palm Beach Treasure Coast

Greg	Gabriel	Palm Beach Transportation Planning Agency
Gus	Wessel	Palm Beach County Community Services - Youth Services
Ian	Stone	The Hub
Jacqueline	Lobban-Marsan	Florida Department of Health Palm Beach County
James	Green	Palm Beach County Department of Community Services
James	Rinehart	Palm Beach Transportation Planning Agency
Jamie	Estremera-Fitzgerald	Area Agency on Aging
Jamie-Lee	Bradshaw	Community Partners of South Florida
Janet	Moreland	Lakeside Medical Center
Jason	Hagensick	YMCA of South Palm Beach County
Jeff	Kadel	Palm Beach County Substance Awareness Coalition
Jennice	Chewlin	Chewlin & Associates
Jennifer	Rey	Aid to Victims of Domestic Abuse, Inc. (AVDA)
Jenny	Buntin	University of Florida/IFAS Extension Family Nutrition Program (FNP) in Palm Beach County
Jerry	Leakey	Legal Aid Society
Jessica	Mendez	Florida Atlantic University, Community Health Center
JeTawn	Shannon	School District of Palm Beach County
Joanna	Peluso	Healthier Jupiter
Joanna	Reid-Enoise	Palm Beach County
Jodi	Greenblatt	Community Partners of South Florida
Jon	Van Arnam	Palm Beach County
Jonathan	B. Brown	Department of Housing and Economic Development
Joy	Braithwaite	Palm Beach State College
Judy	Goodman, Esq	Palm Beach Civic Association Health Care Committee
Julia	Dattolo	CareerSource Palm Beach County
Julia	Hale	Lakeside Health Advisory Board
Julie	Swindler	Families First of Palm Beach County
Jyothi	Gunta, MD	Florida Department of Health Palm Beach County
Kaley	Newby	211 Palm Beach Treasure Coast
Kaliba	Andrews	YWCA of Palm Beach County
Kara-Ann	Valentine	Palm Beach Atlantic University
Karen	Gilbert	Alzheimer's Community Care
Karen	Harris	Health Care District of Palm Beach County
Karen	Harwood	Palm Beach County Medical Society

Karis	Engle	Glades Initiative
Katherine	Murphy	NAMI Palm Beach County
Kathleen	Mason	United Way of Palm Beach County
Kathryn	Salerno	Broward Health
Kelly Skidmore	Wiles	Palm Beach County Medical Society
Kevin	Jones	Tabernacle Missionary Baptist Church
Kristina	Baker	Mental Health America
Laura	Kallus	Caridad Center
Laura	Barry	Community Partners of South Florida
Laurel	Dalton	T. Leroy Jefferson Medical Society
Lauren	Zuchman	BeWellPBC
Lauren	Scirrotto	Center for Child Counseling
Levi	McCollum	Palm Tran
Linda	Roman	Community Foundation for Palm Beach and Martin Counties
Lindsay	Slattery-Cerny	Southeast Florida Behavioral Health Network
Lisa	Williams-Taylor	Children's Services Council of Palm Beach County
Lisa	Vreeland	Florida Department of Health Palm Beach County
Liz	Cabral	United Way of Palm Beach County
Lynda	Charles	Community Partners of South Florida
Magdalena	Prieto	School District of Palm Beach County
Maggie	Gill	Delray Medical Center
Maria	Ortega	Florida Atlantic University
Marie	Charleus	Palm Beach County Behavioral Health Coalition
Marsha	Martino	NAMI Palm Beach County
Martha	Putnam	Friends of Foster Children
Mary	Barnes	Alzheimer's Community Care
Mary	Allen	Lighthouse for the Blind of the Palm Beaches
Mary	Robosson	Palm Beach Civic Association
Matthew	Masa	Palm Beach Transportation Planning Agency
Maureen	McCarthy	Area Agency on Aging
Melanie	Afanador	Aid to Victims of Domestic Abuse, Inc. (AVDA)
Melanie	Parker	Restoration Bridge International
Micah	Robbins	Palm Beach County Behavioral Health Coalition
Michele	Lutz	Caron Treatment Centers
Nancy	Yarnall	Area Agency on Aging

Nancy	Banner	Health Care District of Palm Beach County
Nancy	McConnell	Rebel Recovery
Natasha	Ramlagan	Jackson Drugs LLC
Nathan	Landsbaum	Sunshine Health
Noel	Martinez	Palm Beach North Chamber of Commerce
Patrice	Schroeder	211 Palm Beach Treasure Coast
Patrick	McNamara	Palm Health Foundation
Patrick	Franklin	Urban League of Palm Beach County
Paula	Triana	School District of Palm Beach County
Pedro	Cunha	United Way of Palm Beach County
Philip	Tobin	Palm Beach Atlantic University
Rabbi Barak	Bar-Chaim	New Synagogue of Palm Beach
Randee	Gabriel	211 Palm Beach Treasure Coast
Randy	Palo	Children's Services Council of Palm Beach County
Reginald	Duren	Palm Beach County Fire Rescue
Rene	Barajas	Florida Department of Health Palm Beach County
Renee	Layman	Center for Child Counseling
Rev. Dr. Robert	Norris	Royal Poinciana Chapel
Richard	Wahrburg	The Health Insurance Navigation Program through Epilepsy Alliance Florida
Richard	Radcliffe	The Palm Beach County League of Cities, Inc.
Rick	Roche	Health Care District of Palm Beach County
Robert	Rease	Lakeside Health Advisory Board
Robin	Nierman	YMCA of South Palm Beach County
Rocio	Lopez	Catholic Charities of Palm Beach
Rosie	Johnson	Aid to Victims of Domestic Abuse, Inc. (AVDA)
Ruth	Mageria	CROS Ministries
Sadia	Raham	T. Leroy Jefferson Medical Society
Sally	Chester	Homeless Coalition
Sandra	Dominguez	Caridad Center
Scott	Hansel	Community Partners of South Florida
Shannon	Hawkins	Quantum Foundation
Sharon	L'Herrou	211 Palm Beach Treasure Coast
Shaundelyn	Emerson	YWCA of Palm Beach County
Shea	Spencer	YWCA of Palm Beach County

Shelby	Swiderski	Mental Health America
Sheree	Wolliston	American Heart Association
Sister Jo	Streva	St. Edward Catholic Church
Sonja	Holbrook	Palm Beach County
Sue	Goulding	Jupiter Medical Center
Susan	Foley	Palm Beach County Behavioral Health Coalition
Suzanne	Whitbeck	El Sol Neighborhood Resource Center
Suzanne	Cordero	El Sol Neighborhood Resource Center
Taisha	Pierre Merite	Hanley Foundation
Tammy	Fields	Palm Beach County Youth Services Department
Taruna	Malhotra	Palm Beach County Board of County Commissioners
Terri	Shermett	United Way of Palm Beach County, Hunger Relief Plan
Terry	Megiveron	Palm Beach County Youth Services Department (Birth to 22)
Thomas	Boiton	Citizens for Improved Transit
Tom	Cleare	Health Care District of Palm Beach County
Trish	Ernst	Area Agency on Aging
Usleur	Cook	Florida Department of Health Palm Beach County
Valentina	Facuse	Palm Beach Transportation Planning Agency
Valerie	Messineo	Palm Beach County Youth Services Department (Birth to 22)
Valerie	Neilson	Palm Beach Transportation Planning Agency
Wilhelmina	Lewis	Florida Community Health Centers, Inc.
Winter	Jones	Palm Beach County Victims Services

CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
November 28, 2023

1. Description: District Clinic Holdings, Inc. Financial Report September 2023

2. Summary:

The September 2023 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 ☐ No ☐
Net Operating Impact	N/A		Yes ☐ No ☐

*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:

DocuSigned by:
Jessica Cafarelli
CA0A21FF2E0484...
Jessica Cafarelli
Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date

CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
November 28, 2023

6. Recommendation:

Staff recommends the Board approve the September 2023 District Clinic Holdings, Inc. Financial Statements.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7DB67064...
Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Jessica Cafarelli
CA6A21FF2E0948...
Jessica Cafarelli
Interim VP & Chief Financial Officer

DocuSigned by:
Candice Abbott
F637D209DB524...
Candice Abbott
SVP & Chief Operating Officer
Executive Director of FQHC Services

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

MEMO

To: Finance Committee

From: Jessica Cafarelli
Interim VP, Chief Financial Officer

Date: November 28, 2023

Subject: Management Discussion and Analysis as of September 2023 C.L. Brumback Primary Care Clinic Financial Statements.

The September financial statements represent the financial performance through the twelfth month of the 2023 fiscal year for the C.L. Brumback Primary Care Clinics. On the Comparative Statement of Net Position, cash increased $2.4M as a result of normal operations and subsidy funding. Due from Other Governments increased $482k as a result of grant recognition.

On the Statement of Revenues and Expenses, net patient revenue YTD was favorable to budget by $535k or 5.4% primarily due to increased patient visits. Increase patient visit also contributed to Gross patient revenue YTD being favorable to budget by $6.0M. Total YTD revenues were favorable to budget by $1.7M. This was mostly due to favorable timing difference in Grants, PRF and other revenue recognized. Operational expenses before depreciation were favorable to budget by $3.5M due mostly to positive variances in salaries, wages, and benefits of $2.3M, purchased services of $362k, other supplies of $283k, medical services of $119k, repairs and maintenance $196k, and lease and rental of $481k. Total YTD net margin was a loss of ($18.9M) compared to the budgeted loss of ($26.4M) resulting in a favorable variance of $7.5M or (28.3%).

Net patient revenue YTD for the Medical clinics was favorable to budget by $813k. The Medical clinics YTD gross patient revenue was favorable to budget by $3.3M, this is related to increased patient volumes. The Medical clinics total YTD revenue was favorable to budget by $1.5M. Total operating expenses of $28.8M were favorable to the budget of $31.3M by $3.5M or 11.2%. The positive variance is mostly due to salaries, wages, and benefits of $2.6M, purchased services of $317k, other supplies of $214k, repairs and maintenance $247k, and lease and rental of $432k. Past staffing challenges as well as expense timing are driving these favorable YTD variances. Total YTD net margin was favorable to budget by $7.0M or (29.8%).

Net patient revenue YTD for the Dental clinics was unfavorable to budget by ($487k) or (17.8%). The Dental clinics total YTD gross patient revenue was favorable to budget by $1.6M. Payer mix shift negatively impacted net patient revenue results. Total YTD operating expenses of $5.5M were unfavorable to budget by ($44k). Total YTD net margin was favorable to budget by $271k or (9.4%).

District Clinic Holdings, Inc.
Comparative Statement of Net Position

	September 30, 2023	August 31, 2023	Increase (Decrease)
Assets			
Cash and Cash Equivalents	$ 16,196,108	$ 13,821,067	$ 2,375,041
Accounts Receivable, net	2,450,514	3,162,945	(712,431)
Due From Other Governments	1,860,367	1,378,001	482,366
Other Current Assets	280,535	290,077	(9,542)
Net Investment in Capital Assets	3,439,158	2,690,308	748,851
Right Of Use Assets	3,239,214	3,239,214	0
Total Assets	$ 27,465,895	$ 24,581,611	$ 2,884,285
Liabilities			
Accounts Payable	595,437	421,829	173,608
Deferred Revenue-	3,070	12,672	(9,602)
Accrued Interest	43,109	43,109	0
Other Current Liabilities	1,965,852	1,796,991	168,860
Lease Liability	3,475,476	3,475,476	0
Non-Current Liabilities	1,148,766	1,147,933	833
Total Liabilities	7,231,709	6,898,010	333,699
Deferred Inflows of Resources			
Deferred Inflows	$ 33,656	$ 33,656	$ 0
Net Position			
Net Investment in Capital Assets	3,439,158	2,690,308	748,851
Unrestricted	16,761,372	14,959,637	1,801,735
Total Net Position	20,200,530	17,649,945	2,550,585
Total Liabilities, Deferred Inflows of Resources and Net Position	$ 27,465,895	$ 24,581,611	$ 2,884,285

Note: Amounts may not foot due to rounding.

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
$ 2,590,668	$ 1,872,429	$ 718,239	38.4%	$ 2,018,274	$ 572,395	28.4%	**Gross Patient Revenue**	$ 31,340,191	$ 25,298,438	$ 6,041,753	23.9%	$ 25,781,236	$ 5,558,955	21.6%
776,093	487,297	288,796	59.3%	(37,035)	813,128	(2,195.6%)	Contractual Allowance	10,196,539	6,584,939	3,611,600	54.8%	5,117,969	5,078,569	99.2%
845,439	798,490	46,949	5.9%	705,669	139,770	19.8%	Charity Care	11,740,244	10,802,592	937,652	8.7%	10,884,100	856,144	7.9%
612,000	265,349	346,651	130.6%	760,277	(148,277)	(19.5%)	Bad Debt	4,126,378	3,577,313	549,065	15.3%	4,737,912	(611,534)	(12.9%)
2,233,532	1,551,136	682,396	44.0%	1,428,911	804,620	56.3%	Total Contractuals and Bad Debt	26,063,160	20,964,844	5,098,316	24.3%	20,739,981	5,323,179	25.7%
978,232	415,120	563,112	135.7%	1,058,587	(80,355)	(7.6%)	Other Patient Revenue	5,175,703	5,583,700	(407,997)	(7.3%)	5,362,824	(187,121)	(3.5%)
1,335,368	**736,413**	**598,955**	**81.3%**	**1,647,949**	**(312,581)**	**(19.0%)**	**Net Patient Service Revenue**	**10,452,735**	**9,917,294**	**535,441**	**5.4%**	**10,404,079**	**48,656**	**0.5%**
51.55%	39.33%			81.65%			Collection %	33.35%	39.20%			40.36%		
1,427,421	1,147,946	279,475	24.3%	1,387,041	40,380	2.9%	Grants	11,196,576	10,666,516	530,060	5.0%	14,966,470	(3,769,895)	(25.2%)
1,246	-	1,246	-	-	1,246	-	Interest Earnings	2,063	-	2,063	-	-	2,063	-
-	-	-	-	12,772	(12,772)	-	Other Financial Assistance	738,416	381,143	357,273	93.7%	896,780	(158,364)	(17.7%)
(651,494)	2,455	(653,949)	(26,637.4%)	111,233	(762,726)	(685.7%)	Other Revenue	267,268	29,515	237,753	805.5%	114,950	152,318	132.5%
$ 2,112,542	**$ 1,886,814**	**$ 225,728**	**12.0%**	**$ 3,158,995**	**$ (1,046,453)**	**(33.1%)**	**Total Revenues**	**$ 22,657,058**	**$ 20,994,468**	**$ 1,662,590**	**7.9%**	**$ 26,382,280**	**$ (3,725,222)**	**(14.1%)**
							Direct Operating Expenses:							
2,546,491	1,856,774	(689,716)	(37.1%)	1,711,473	(835,017)	(48.8%)	Salaries and Wages	21,023,171	23,017,409	1,994,238	8.7%	17,819,106	(3,204,065)	(18.0%)
543,105	484,199	(58,907)	(12.2%)	344,355	(198,750)	(57.7%)	Benefits	5,477,739	5,810,130	332,392	5.7%	4,855,724	(622,014)	(12.8%)
28,646	63,789	35,143	55.1%	30,064	1,418	4.7%	Purchased Services	403,320	765,437	362,117	47.3%	651,995	248,674	38.1%
361,007	103,088	(257,919)	(250.2%)	33,951	(327,056)	(963.3%)	Medical Supplies	1,240,342	1,237,000	(3,342)	(0.3%)	689,522	(550,820)	(79.9%)
29,792	59,974	30,181	50.3%	6,232	(23,560)	(378.0%)	Other Supplies	436,417	719,603	283,185	39.4%	368,388	(68,029)	(18.5%)
60,938	75,163	14,225	18.9%	16,794	(44,145)	(262.9%)	Medical Services	782,428	901,920	119,492	13.2%	541,263	(241,165)	(44.6%)
81,266	48,961	(32,306)	(66.0%)	57,506	(23,760)	(41.3%)	Drugs	555,006	587,500	32,494	5.5%	552,776	(2,230)	(0.4%)
37,568	53,687	16,119	30.0%	(68,142)	(105,710)	155.1%	Repairs and Maintenance	447,933	644,210	196,277	30.5%	322,381	(125,552)	(38.9%)
172,764	165,341	(7,423)	(4.5%)	(342,740)	(515,504)	150.4%	Lease and Rental	1,502,825	1,984,011	481,186	24.3%	799,250	(703,575)	(88.0%)
10,745	11,522	777	6.7%	10,677	(68)	(0.6%)	Utilities	92,459	138,259	45,800	33.1%	92,546	87	0.1%
180,763	75,580	(105,184)	(139.2%)	(3,909)	(184,673)	4,724.3%	Other Expense	1,273,972	906,915	(367,057)	(40.5%)	488,498	(785,474)	(160.8%)
-	-	-	-	107,297	107,297	-	Interest Expense	-	-	-	-	107,297	107,297	-
4,947	4,083	(865)	(21.2%)	4,622	(325)	(7.0%)	Insurance	63,853	48,990	(14,863)	(30.3%)	56,082	(7,772)	(13.9%)
4,058,033	**3,002,160**	**(1,055,874)**	**(35.2%)**	**1,908,180**	**(2,149,853)**	**(112.7%)**	**Total Operating Expenses**	**33,299,465**	**36,761,384**	**3,461,918**	**9.4%**	**27,344,828**	**(5,954,637)**	**(21.8%)**
$ (1,945,492)	**$ (1,115,346)**	**$ (830,146)**	**74.4%**	**$ 1,250,815**	**$ (3,196,307)**	**(255.5%)**	**Net Performance before Depreciation & Overhead Allocations**	**$ (10,642,407)**	**$ (15,766,916)**	**$ 5,124,508**	**(32.5%)**	**$ (962,548)**	**$ (9,679,859)**	**1,005.6%**
29,546	33,251	3,705	11.1%	497,398	467,852	94.1%	Depreciation	322,283	399,000	76,717	19.2%	838,858	516,575	61.6%
							Overhead Allocations:							
11,677	10,723	(954)	(8.9%)	-	(11,677)	-	Risk Management	117,684	128,667	10,983	8.5%	67,426	(50,258)	(74.5%)
91,047	109,944	18,897	17.2%	145,118	54,071	37.3%	Revenue Cycle	978,185	1,319,268	341,083	25.9%	1,892,720	914,535	48.3%
2,688	6,556	3,868	59.0%	1,754	(934)	(53.2%)	Internal Audit	27,881	78,663	50,782	64.6%	20,050	(7,831)	(39.1%)
33,322	32,748	(574)	(1.8%)	31,710	(1,612)	(5.1%)	Home Office Facilities	377,302	392,956	15,654	4.0%	342,943	(34,359)	(10.0%)
-	41,478	41,478	-	29,633	29,633	-	Administration	497,720	497,719	(1)	-	506,454	8,734	1.7%
83,679	99,952	16,273	16.3%	54,411	(29,268)	(53.8%)	Human Resources	836,439	1,199,372	362,933	30.3%	628,888	(207,551)	(33.0%)
23,784	27,767	3,983	14.3%	20,540	(3,244)	(15.8%)	Legal	214,010	333,190	119,180	35.8%	213,870	(140)	(0.1%)
4,373	4,171	(202)	(4.8%)	3,135	(1,238)	(39.5%)	Records	42,335	50,052	7,717	15.4%	37,630	(4,705)	(12.5%)
8,890	11,059	2,169	19.6%	6,482	(2,408)	(37.1%)	Compliance	85,489	132,708	47,219	35.6%	72,957	(12,532)	(17.2%)
-	-	-	-	10,154	10,154	-	Clinical Labor Pool Alloc	-	-	-	-	99,079	99,079	-
39,716	46,254	6,538	14.1%	52,545	12,829	24.4%	IT Operations	461,419	555,019	93,600	16.9%	925,583	464,164	50.1%
6,101	16,859	10,758	63.8%	17,467	11,366	65.1%	IT Security	202,296	202,298	2	-	146,581	(55,715)	(38.0%)
29,928	33,247	3,319	10.0%	25,610	(4,318)	(16.9%)	Finance	339,102	398,946	59,844	15.0%	366,292	27,190	7.4%
16,129	16,961	832	4.9%	5,329	(10,800)	(202.7%)	Corporate Communications	139,923	203,522	63,599	31.2%	70,921	(69,002)	(97.3%)

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
-	4,750	4,750	-	12,295	12,295	-	Information Technology	60,595	56,999	(3,596)	(6.3%)	123,012	62,417	50.7%
99,344	237,706	138,362	58.2%	88,185	(11,159)	(12.7%)	IT Applications	2,050,016	2,852,349	802,333	28.1%	602,861	(1,447,155)	(240.0%)
-	-	-	-	23,053	23,053	-	IT EPIC	-	-	-	-	2,055,836	2,055,836	-
53,857	41,478	(12,379)	(29.8%)	-	(53,857)	-	IT Service Center	442,735	497,716	54,981	11.0%	-	(442,735)	-
-	6,504	6,504	-	9,226	9,226	-	Performance Excellence	77,609	78,040	431	0.6%	135,626	58,017	42.8%
4,193	8,052	3,859	47.9%	7,634	3,441	45.1%	Corporate Quality	91,192	96,620	5,428	5.6%	91,588	396	0.4%
36,449	57,290	20,841	36.4%	86,093	49,644	57.7%	Security Services	486,621	687,455	200,834	29.2%	667,653	181,032	27.1%
-	5,384	5,384	-	-	-	-	Supply Chain	70,603	64,601	(6,002)	(9.3%)	-	(70,603)	-
-	10,157	10,157	-	-	-	-	HIM Department	121,464	121,878	414	0.3%	-	(121,464)	-
15,496	21,542	6,046	28.1%	-	(15,496)	-	Coding	226,355	258,490	32,135	12.4%	-	(226,355)	-
3,472	4,143	671	16.2%	-	(3,472)	-	Reimbursement	27,964	49,711	21,747	43.7%	-	(27,964)	-
564,145	854,724	290,579	34.0%	630,377	66,232	10.5%	Total Overhead Allocations-	7,974,939	10,256,239	2,281,300	22.2%	9,067,969	1,093,030	12.1%
4,651,725	**3,890,136**	**(761,589)**	**(19.6%)**	**3,035,954**	**(1,615,770)**	**(53.2%)**	**Total Expenses**	**41,596,687**	**47,416,623**	**5,819,935**	**12.3%**	**37,251,655**	**(4,345,032)**	**(11.7%)**
$ (2,539,183)	**$ (2,003,322)**	**$ (535,861)**	**26.7%**	**$ 123,041**	**$ (2,662,224)**	**(2,163.7%)**	**Net Margin**	**$ (18,939,629)**	**$ (26,422,155)**	**$ 7,482,525**	**(28.3%)**	**$ (10,869,376)**	**$ (8,070,254)**	**74.2%**
-	**153,697**	**153,697**	**-**	**(167,432)**	**(167,432)**	**-**	**Capital**	**-**	**1,844,284**	**1,844,284**	**100.0%**	**(151,804)**	**(151,804)**	**100.0%**
548,114	**-**	**548,114**	**-**	**-**	**548,114**	**-**	**Capital Contributions.**	**680,953**	**-**	**680,953**	**-**	**-**	**680,953**	**-**
-	**$ 6,625,000**	**$ (6,625,000)**	**-**	**$ 3,865,391**	**$ 3,865,391**	**-**	**Transfer In/(Out)**	**$ 14,099,698**	**$ 26,500,000**	**$ (12,400,302)**	**(46.8%)**	**$ 11,790,007**	**$ (2,309,692)**	**(19.6%)**

Primary Care Clinics Statement of Revenues and Expenses by Month

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Year to Date
Gross Patient Revenue	$ 2,421,964	$ 2,173,673	$ 2,534,826	$ 2,394,233	$ 2,436,124	$ 2,859,432	$ 2,815,106	$ 2,801,109	$ 2,918,227	$ 2,553,603	$ 2,841,225	$ 2,590,668	$ 31,340,191
Contractual Allowance	942,552	616,457	797,366	764,288	728,571	1,015,151	998,014	670,258	1,344,583	736,918	806,290	776,093	10,196,539
Charity Care	1,080,772	818,987	996,143	1,145,797	998,209	1,031,223	979,676	933,548	1,027,081	1,060,385	822,983	845,439	11,740,244
Bad Debt	49,730	353,288	285,914	95,985	279,913	332,230	527,608	628,944	(62,168)	312,029	710,907	612,000	4,126,378
Total Contractuals and Bad Debt	2,073,054	1,788,732	2,079,423	2,006,069	2,006,694	2,378,604	2,505,297	2,232,750	2,309,496	2,109,331	2,340,179	2,233,532	26,063,160
Other Patient Revenue	474,943	474,943	87,703	345,863	345,863	345,863	224,901	205,785	205,785	1,120,503	365,321	978,232	5,175,703
Net Patient Service Revenue	**823,853**	**859,885**	**543,106**	**734,027**	**775,294**	**826,691**	**534,711**	**774,144**	**814,516**	**1,564,774**	**866,367**	**1,335,368**	**10,452,735**
Collection %	34.02%	39.56%	21.43%	30.66%	31.82%	28.91%	18.99%	27.64%	27.91%	61.28%	30.49%	51.55%	33.35%
Non-Operating Revenues													
Grants	831,658	951,673	1,163,225	937,662	1,277,476	1,004,344	730,315	650,205	733,140	724,102	765,354	1,427,421	11,196,576
Interest Earnings	-	-	-	-	-	-	-	-	-	-	818	1,246	2,063
Other Financial Assistance	12,477	51,355	674,585	-	-	-	-	-	-	-	-	-	738,416
Other Revenue	624	29,490	1,042	1,648	18,706	193,647	101,773	51,117	358,355	155,255	7,104	(651,494)	267,268
Total Other Revenues	$ 844,758	$ 1,032,517	$ 1,838,851	$ 939,311	$ 1,296,183	$ 1,197,991	$ 832,088	$ 701,322	$ 1,091,495	$ 879,358	$ 773,276	$ 777,173	$ 12,204,323
Total Non-Operating Revenues	**$ 1,668,611**	**$ 1,892,402**	**$ 2,381,957**	**$ 1,673,338**	**$ 2,071,476**	**$ 2,024,682**	**$ 1,366,799**	**$ 1,475,466**	**$ 1,906,011**	**$ 2,444,132**	**$ 1,639,642**	**$ 2,112,542**	**$ 22,657,058**
Direct Operating Expenses:													
Salaries and Wages	1,713,850	1,402,443	1,788,664	1,498,332	1,674,786	1,997,115	1,543,212	1,709,521	1,629,444	1,721,522	1,797,791	2,546,491	21,023,171
Benefits	427,827	405,732	406,022	459,199	430,679	495,969	415,751	473,236	467,424	485,386	467,410	543,105	5,477,739
Purchased Services	13,764	60,480	10,119	24,018	29,210	11,762	40,767	39,476	69,048	39,233	36,797	28,646	403,320
Medical Supplies	35,872	230,443	141,439	60,778	25,067	29,192	30,198	90,290	101,849	42,487	91,719	361,007	1,240,342
Other Supplies	12,383	6,147	10,233	39,697	20,076	8,453	19,539	60,902	38,796	24,217	166,181	29,792	436,417
Medical Services	55,581	60,482	61,270	56,783	59,594	57,974	65,942	67,793	80,827	83,687	71,557	60,938	782,428
Drugs	37,475	49,341	45,922	45,378	44,505	37,090	43,958	39,990	45,397	39,232	45,452	81,266	555,006
Repairs and Maintenance	10,726	11,441	47,732	37,415	40,271	30,847	36,409	53,140	55,077	40,887	46,419	37,568	447,933
Lease and Rental	107,496	87,434	114,395	115,290	117,771	96,132	162,213	104,899	124,493	122,080	177,859	172,764	1,502,825
Utilities	8,438	8,881	8,149	9,620	3,675	5,106	7,585	7,587	7,462	7,709	7,501	10,745	92,459
Other Expense	115,489	74,228	262,113	(53,654)	65,834	23,262	24,383	263,662	51,877	111,223	154,792	180,763	1,273,972
Insurance	6,154	4,622	4,622	4,622	4,622	4,622	4,622	4,622	8,759	6,691	4,947	4,947	63,853
Total Operating Expenses	**2,545,056**	**2,401,675**	**2,900,679**	**2,297,479**	**2,516,089**	**2,797,523**	**2,394,579**	**2,915,118**	**2,680,453**	**2,724,354**	**3,068,426**	**4,058,033**	**33,299,465**
Net Performance before Depreciation & Overhead Allocations	**$ (876,445)**	**$ (509,273)**	**$ (518,722)**	**$ (624,141)**	**$ (444,613)**	**$ (772,841)**	**$ (1,027,780)**	**$ (1,439,653)**	**$ (774,442)**	**$ (280,223)**	**$ (1,428,783)**	**$ (1,945,492)**	**$ (10,642,407)**
Depreciation	25,462	25,462	26,045	25,656	26,428	26,619	26,619	26,909	26,989	27,002	29,546	29,546	322,283
Overhead Allocations:													
Risk Management	11,692	7,282	9,397	9,332	9,963	8,896	9,668	9,501	9,779	9,977	10,520	11,677	117,684
Revenue Cycle	63,371	103,816	86,659	73,183	62,585	90,867	75,286	92,509	74,884	82,399	81,579	91,047	978,185
Internal Audit	2,627	1,796	1,779	1,955	1,585	1,641	2,516	2,818	2,739	2,503	3,234	2,688	27,881
Home Office Facilities	30,821	31,492	32,824	20,328	24,166	35,671	34,187	36,362	34,251	34,755	29,123	33,322	377,302
Administration	46,107	48,941	49,005	49,055	34,089	42,379	39,583	45,523	51,018	69,603	22,417	-	497,720
Human Resources	76,105	96,165	80,652	41,032	63,880	76,821	55,879	65,960	69,724	57,374	69,168	83,679	836,439
Legal	3,344	12,867	12,360	14,912	35,905	18,361	21,522	15,153	16,039	12,136	27,627	23,784	214,010
Records	4,206	2,926	3,073	3,403	3,291	3,419	3,266	3,189	4,261	3,208	3,720	4,373	42,335
Compliance	6,347	6,648	6,675	6,995	7,114	6,714	7,962	7,546	6,834	6,194	7,570	8,890	85,489
IT Operations	35,658	44,142	42,594	37,089	32,670	40,660	34,452	41,326	39,156	35,730	38,226	39,716	461,419
IT Security	9,905	21,768	16,176	14,289	25,121	14,449	14,135	38,992	12,103	13,451	15,806	6,101	202,296

Primary Care Clinics Statement of Revenues and Expenses by Month

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Year to Date
Finance	24,232	19,591	27,494	20,102	25,315	27,713	28,566	41,493	33,431	30,570	30,667	29,928	339,102
Corporate Communications	10,421	9,413	10,833	11,419	12,679	15,613	10,308	8,955	10,993	10,184	12,976	16,129	139,923
Information Technology	10,834	10,976	13,078	12,123	3,404	10,180	-	-	-	-	-	-	60,595
IT Applications	81,636	278,939	162,379	216,444	192,470	176,106	87,647	116,519	250,681	219,039	168,812	99,344	2,050,016
IT Service Center	25,999	28,022	25,841	25,533	26,762	39,926	52,726	32,303	36,224	62,685	32,857	53,857	442,735
Performance Excellence	6,591	12,194	12,071	14,647	15,321	16,785	-	-	-	-	-	-	77,609
Corporate Quality	8,434	7,268	7,766	7,118	7,006	9,852	9,489	9,566	10,909	5,663	3,928	4,193	91,192
Security Services	39,124	39,146	42,649	38,519	36,544	39,645	35,851	35,916	44,003	61,817	36,958	36,449	486,621
Supply Chain	6,253	5,354	6,385	6,747	4,243	6,959	5,574	6,231	11,356	5,676	5,825	-	70,603
HIM Department	8,351	19,826	19,536	12,608	20,538	10,117	10,316	9,955	10,217	-	-	-	121,464
Coding	21,345	13,076	24,947	17,566	21,638	20,338	19,289	18,037	16,745	16,745	21,133	15,496	226,355
Reimbursement	2,482	1,671	4,032	1,238	1,989	2,109	2,020	2,081	2,206	2,598	2,066	3,472	27,964
Total Overhead Allocations	535,885	823,319	698,205	655,637	668,278	715,221	560,242	639,935	747,553	742,307	624,212	564,145	7,974,939
Total Expenses	**3,106,403**	**3,250,455**	**3,624,929**	**2,978,772**	**3,210,795**	**3,539,363**	**2,981,440**	**3,581,963**	**3,454,995**	**3,493,664**	**3,722,184**	**4,651,725**	**41,596,687**
Net Margin	**$ (1,437,791)**	**$ (1,358,053)**	**$ (1,242,972)**	**$ (1,305,434)**	**$ (1,139,319)**	**$ (1,514,681)**	**$ (1,614,641)**	**$ (2,106,497)**	**$ (1,548,984)**	**$ (1,049,532)**	**$ (2,082,541)**	**$ (2,539,183)**	**$ (18,939,629)**
Capital	**36,782**	**-**	**53,251**	**(90,033)**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Capital Contributions.	**-**	**-**	**-**	**-**	**-**	**-**	**10,923**	**14,609**	**107,308**	**-**	**-**	**548,114**	**680,953**
General Fund Support/Transfer In	**-**	**-**	**$4,128,850**	**-**	**-**	**$3,713,730**	**-**	**-**	**$6,257,118**	**-**	**-**	**-**	**$14,099,698**

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

	Clinic Administration	Belle Glade Medical Clinic	Delray Medical Clinic	Lantana Medical Clinic	Mangonia Park Medical Clinic	West Palm Beach Medical Clinic	Jupiter Medical Clinic	Lake Worth Medical Clinic	Lewis Center Medical Clinic	West Boca Medical Clinic	St Ann Place Medical Clinic	Mobile Warrior	Mobile Van Scout	Mobile Van Hero	Atlantis Medical Clinic	Port Medical Clinic	Total
Gross Patient Revenue	**$ 7,546**	**$ 1,808,740**	**$ 1,822,375**	**$ 4,791,180**	**$ 1,242,274**	**$ 3,204,304**	**$ 1,223,802**	**$ 3,638,299**	**$ 71,022**	**$ 737,430**	**$ 19,134**	**$ 13,094**	**$ 1,789**	**$ 131,937**	**-**	**$ 27,781**	**$ 18,740,707**
Contractual Allowance	-	446,689	565,034	(129,474)	645,382	877,742	251,843	1,624,325	103,839	425,270	16,303	4,131	930	31,715	-	(999)	4,862,730
Charity Care	-	589,121	648,160	2,011,888	211,156	1,142,264	408,082	1,481,531	20,873	233,145	2,734	11,440	278	15,700	-	20,059	6,796,430
Bad Debt	-	212,223	215,020	749,411	421,899	382,660	160,960	288,890	56,574	47,331	9,659	(389)	19	20,063	-	4,434	2,568,755
Total Contractual Allowances and Bad Debt	-	1,248,033	1,428,214	2,631,825	1,278,438	2,402,666	820,885	3,394,746	181,287	705,747	28,696	15,182	1,227	67,478	-	23,494	14,227,915
Other Patient Revenue	-	310,748	343,527	862,254	125,248	806,237	193,413	489,932	49,365	223,283	7,895	28,435	-	13,479	31,419	-	3,485,236
Net Patient Revenue	**7,546**	**871,455**	**737,689**	**3,021,610**	**89,084**	**1,607,875**	**596,330**	**733,486**	**(60,900)**	**254,966**	**(1,667)**	**26,347**	**562**	**77,939**	**31,419**	**4,287**	**7,998,027**
Collection %	100.00%	48.18%	40.48%	63.07%	7.17%	50.18%	48.73%	20.16%	(85.75%)	34.58%	(8.71%)	201.21%	31.42%	59.07%	-	15.43%	42.68%
Grants	2,167,190	782,054	624,046	1,394,472	1,333,438	1,238,744	336,435	984,843	34,861	363,688	27,931	43,147	68	77,771	3,182	-	9,411,870
Interest Earnings	2,063	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,063
Other Financial Assistance	120,959	66,464	60,718	119,301	50,531	105,464	19,969	66,551	10,885	19,710	4,445	2,000	2,067	-	-	-	649,065
Other Revenue	139,968	5,772	-	160	-	70	-	-	-	21	-	-	-	-	-	-	145,991
Total Other Revenues	2,430,180	854,290	684,764	1,513,933	1,383,968	1,344,278	356,405	1,051,394	45,746	383,419	32,376	45,147	2,135	77,771	3,182	-	10,208,989
Total Revenues	**$ 2,437,726**	**$ 1,725,744**	**$ 1,422,453**	**$ 4,535,543**	**$ 1,473,052**	**$ 2,952,153**	**$ 952,735**	**$ 1,784,880**	**$ (15,154)**	**$ 638,385**	**$ 30,709**	**$ 71,494**	**$ 2,697**	**$ 155,710**	**$ 34,601**	**$ 4,287**	**$ 18,207,016**
Direct Operational Expenses:																	
Salaries and Wages	4,393,240	1,198,273	1,169,469	2,666,402	2,101,931	2,067,654	659,215	1,940,791	73,221	732,903	67,023	59,750	-	146,258	-	-	17,276,129
Benefits	1,161,340	336,146	336,274	710,281	589,352	454,654	169,092	496,300	14,703	156,675	18,265	21,017	-	42,200	-	-	4,506,302
Purchased Services	235,631	23,669	29,662	9,064	12,414	2,017	8,960	28,450	1,397	21,313	-	-	-	-	-	-	372,576
Medical Supplies	-	102,096	118,589	156,366	114,453	238,323	55,610	96,005	19,548	55,875	6,446	2,489	426	589	-	-	966,813
Other Supplies	202,643	24,072	42,859	11,026	22,653	16,275	23,146	36,510	3,559	3,719	-	4,256	1,058	2,851	3,182	-	397,809
Medical Services	-	100,894	75,345	125,946	51,238	106,337	61,731	220,938	2,335	36,682	983	-	-	-	-	-	782,428
Drugs	-	54,915	99,494	149,648	110,874	129,379	1,290	1,750	(500)	6,978	-	-	-	33	-	-	553,861
Repairs and Maintenance	216,060	29,291	26,275	3,030	13,071	26,781	3,317	19,719	2,302	3,816	1,417	5,820	2,959	18,372	-	-	372,229
Lease and Rental	-	87,778	140,427	155,420	117,349	129,324	102,272	329,274	200	150,044	160	110	50	110	5,169	-	1,217,688
Utilities	-	24,066	1,453	2,478	10,702	2,497	7,961	14,523	2,179	7,898	1,327	-	-	-	-	-	75,082
Other Expense	446,714	179,133	85,934	72,963	53,175	99,718	39,544	148,791	9,122	27,075	5,120	3,466	422	1,791	287	-	1,173,255
Insurance	-	4,635	3,066	6,818	2,444	5,542	1,278	3,412	934	1,302	-	11,237	11,084	11,285	-	-	63,039
Total Operating Expenses	6,655,628	2,164,968	2,128,845	4,069,442	3,199,656	3,278,503	1,133,416	3,336,461	128,999	1,204,279	100,741	108,143	16,001	223,490	8,639	-	27,757,211
Net Performance before Depreciation & Overhead Allocations	**(4,217,902)**	**(439,223)**	**(706,393)**	**466,101**	**(1,726,604)**	**(326,350)**	**(180,681)**	**(1,551,582)**	**(144,153)**	**(565,893)**	**(70,031)**	**(36,650)**	**(13,304)**	**(67,780)**	**25,963**	**4,287**	**(9,550,195)**
Depreciation	5,209	83,520	1,149	13,068	21,776	15,923	1,865	4,993	217	8,702	-	-	13,884	83,526	-	-	253,832
Overhead Allocations:																	
Risk Management	99,349	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	99,349
Revenue Cycle	808,710	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	808,710
Internal Audit	23,536	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23,536
Home Office Facilities	329,952	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	329,952
Administration	420,173	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	420,173
Human Resources	714,352	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	714,352
Legal	180,666	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	180,666
Records	35,738	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	35,738
Compliance	72,169	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	72,169
IT Operations	389,526	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	389,526
IT Security	170,777	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	170,777
Finance	286,268	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	286,268
Corporate Communications	118,121	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	118,121
Information Technology	51,154	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	51,154
IT Applications	1,730,615	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,730,615
IT Service Center	373,754	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	373,754
Performance Excellence	65,517	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	65,517
Corporate Quality	76,985	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	76,985
Security Services	401,659	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	401,659
Supply Chain	59,604	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	59,604
HIM Department	102,540	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	102,540
Coding	191,088	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	191,088
Reimbursement	23,606	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23,606
Total Overhead Allocations	6,725,859	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6,725,859
Total Expenses	**13,386,696**	**2,248,487**	**2,129,995**	**4,082,510**	**3,221,432**	**3,294,425**	**1,135,281**	**3,341,454**	**129,216**	**1,212,981**	**100,741**	**108,143**	**29,885**	**307,017**	**8,639**	**-**	**34,736,901**
Net Margin	**$ (10,948,970)**	**$ (522,743)**	**$ (707,542)**	**$ 453,033**	**$ (1,748,380)**	**$ (342,273)**	**$ (182,546)**	**$ (1,556,574)**	**$ (144,370)**	**$ (574,595)**	**$ (70,031)**	**$ (36,650)**	**$ (27,188)**	**$ (151,307)**	**$ 25,963**	**$ 4,287**	**$ (16,529,885)**
Capital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Transfer In/(Out)	**$ 13,375,018**	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**$ 13,375,018**

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
$ 1,658,657	$ 1,153,618	$ 505,039	43.8%	$ 1,203,475	$ 455,182	37.8%	**Gross Patient Revenue**	$ 18,740,707	$ 15,415,750	$ 3,324,957	21.6%	$ 15,340,086	$ 3,400,621	22.2%
(2,659,886)	297,431	(2,957,317)	(994.3%)	(379,126)	(2,280,760)	601.6%	Contractual Allowance	4,862,730	3,974,512	888,218	22.3%	1,771,524	3,091,206	174.5%
318,108	455,449	(137,341)	(30.2%)	404,268	(86,160)	(21.3%)	Charity Care	6,796,430	6,086,245	710,185	11.7%	5,917,247	879,184	14.9%
337,859	183,972	153,887	83.6%	730,008	(392,149)	(53.7%)	Bad Debt	2,568,755	2,458,485	110,270	4.5%	3,161,171	(592,416)	(18.7%)
(2,003,919)	936,852	(2,940,771)	(313.9%)	755,149	(2,759,068)	(365.4%)	Total Contractuals and Bad Debt	14,227,915	12,519,242	1,708,673	13.6%	10,849,941	3,377,974	31.1%
682,109	320,944	361,165	112.5%	759,554	(77,445)	(10.2%)	Other Patient Revenue	3,485,236	4,288,918	(803,682)	(18.7%)	3,809,165	(323,930)	(8.5%)
4,344,685	**537,710**	**3,806,975**	**708.0%**	**1,207,880**	**3,136,804**	**259.7%**	**Net Patient Service Revenue**	**7,998,027**	**7,185,426**	**812,601**	**11.3%**	**8,299,310**	**(301,283)**	**(3.6%)**
261.94%	46.61%			100.37%			Collection %	42.68%	46.61%			54.10%		
1,211,296	1,036,569	174,727	16.9%	1,280,350	(69,054)	(5.4%)	Grants	9,411,870	9,110,930	300,940	3.3%	12,958,127	(3,546,257)	(27.4%)
1,246	-	1,246	-	-	1,246	-	Interest Earnings	2,063	-	2,063	-	-	2,063	-
-	-	-	-	12,772	(12,772)	-	Other Financial Assistance	649,065	381,143	267,922	70.3%	782,319	(133,253)	(17.0%)
(651,844)	2,455	(654,299)	(26,651.7%)	109,333	(761,177)	(696.2%)	Other Revenue	145,991	29,515	116,476	394.6%	112,850	33,141	29.4%
$ 4,905,383	**$ 1,576,734**	**$ 3,328,649**	**211.1%**	**$ 2,610,335**	**$ 2,295,048**	**87.9%**	**Total Revenues**	**$ 18,207,016**	**$ 16,707,014**	**$ 1,500,002**	**9.0%**	**$ 22,152,606**	**$ (3,945,590)**	**(17.8%)**
							Direct Operating Expenses:							
2,094,066	1,570,212	(523,854)	(33.4%)	1,406,934	(687,132)	(48.8%)	Salaries and Wages	17,276,129	19,452,810	2,176,681	11.2%	14,958,482	(2,317,647)	(15.5%)
446,734	411,104	(35,629)	(8.7%)	284,188	(162,545)	(57.2%)	Benefits	4,506,302	4,933,035	426,733	8.7%	4,066,243	(440,059)	(10.8%)
25,192	57,499	32,306	56.2%	29,603	4,410	14.9%	Purchased Services	372,576	689,957	317,381	46.0%	633,380	260,804	41.2%
325,000	83,650	(241,351)	(288.5%)	31,789	(293,211)	(922.4%)	Medical Supplies	966,813	1,003,750	36,937	3.7%	491,792	(475,021)	(96.6%)
26,938	50,964	24,027	47.1%	2,303	(24,634)	(1,069.6%)	Other Supplies	397,809	611,493	213,683	34.9%	314,952	(82,858)	(26.3%)
60,938	59,503	(1,436)	(2.4%)	16,794	(44,145)	(262.9%)	Medical Services	782,428	714,000	(68,428)	(9.6%)	541,263	(241,165)	(44.6%)
81,165	48,961	(32,204)	(65.8%)	57,506	(23,658)	(41.1%)	Drugs	553,861	587,500	33,639	5.7%	552,776	(1,085)	(0.2%)
35,565	51,618	16,053	31.1%	(69,036)	(104,601)	151.5%	Repairs and Maintenance	372,229	619,385	247,156	39.9%	299,733	(72,497)	(24.2%)
146,956	137,472	(9,484)	(6.9%)	(365,260)	(512,216)	140.2%	Lease and Rental	1,217,688	1,649,591	431,903	26.2%	524,235	(693,452)	(132.3%)
9,091	9,019	(72)	(0.8%)	7,733	(1,358)	(17.6%)	Utilities	75,082	108,219	33,137	30.6%	71,430	(3,652)	(5.1%)
167,368	70,441	(96,927)	(137.6%)	(8,909)	(176,277)	1,978.6%	Other Expense	1,173,255	845,255	(328,000)	(38.8%)	460,625	(712,631)	(154.7%)
-	-	-	-	107,297	107,297	-	Interest Expense	-	-	-	-	107,297	107,297	-
4,902	3,993	(909)	(22.8%)	4,545	(357)	(7.9%)	Insurance	63,039	47,910	(15,129)	(31.6%)	55,030	(8,009)	(14.6%)
3,423,914	**2,554,434**	**(869,481)**	**(34.0%)**	**1,505,486**	**(1,918,429)**	**(127.4%)**	**Total Operating Expenses**	**27,757,211**	**31,262,905**	**3,505,694**	**11.2%**	**23,077,238**	**(4,679,973)**	**(20.3%)**
$ 1,481,469	**$ (977,700)**	**$ 2,459,168**	**(251.5%)**	**$ 1,104,849**	**$ 376,619**	**34.1%**	**Net Performance before Depreciation & Overhead Allocations**	**$ (9,550,195)**	**$ (14,555,891)**	**$ 5,005,696**	**(34.4%)**	**$ (924,632)**	**$ (8,625,563)**	**932.9%**
22,411	27,501	5,090	18.5%	489,955	467,543	95.4%	Depreciation	253,832	330,000	76,168	23.1%	749,115	495,283	66.1%
							Overhead Allocations:							
9,858	9,052	(806)	(8.9%)	-	(9,858)	-	Risk Management	99,349	108,620	9,271	8.5%	57,954	(41,395)	(71.4%)
75,273	90,896	15,623	17.2%	123,627	48,354	39.1%	Revenue Cycle	808,710	1,090,698	281,988	25.9%	1,612,422	803,712	49.8%
2,269	5,534	3,265	59.0%	1,507	(762)	(50.6%)	Internal Audit	23,536	66,407	42,871	64.6%	17,234	(6,302)	(36.6%)
29,140	28,638	(502)	(1.8%)	28,676	(464)	(1.6%)	Home Office Facilities	329,952	343,641	13,689	4.0%	310,133	(19,819)	(6.4%)
-	35,016	35,016	-	25,471	25,471	-	Administration	420,173	420,172	(1)	-	435,310	15,137	3.5%
71,465	85,363	13,898	16.3%	46,582	(24,883)	(53.4%)	Human Resources	714,352	1,024,311	309,959	30.3%	538,397	(175,955)	(32.7%)
20,078	23,441	3,363	14.3%	17,655	(2,423)	(13.7%)	Legal	180,666	281,278	100,612	35.8%	183,827	3,161	1.7%
3,692	3,521	(171)	(4.9%)	2,694	(998)	(37.0%)	Records	35,738	42,254	6,516	15.4%	32,344	(3,394)	(10.5%)
7,505	9,336	1,831	19.6%	5,571	(1,934)	(34.7%)	Compliance	72,169	112,032	39,863	35.6%	62,708	(9,461)	(15.1%)
-	-	-	-	8,728	8,728	-	Clinical Labor Pool Alloc	-	-	-	-	85,161	85,161	-
33,528	39,047	5,519	14.1%	45,163	11,635	25.8%	IT Operations	389,526	468,545	79,019	16.9%	795,562	406,036	51.0%
5,150	14,232	9,082	63.8%	15,014	9,864	65.7%	IT Security	170,777	170,779	2	-	125,990	(44,787)	(35.5%)
25,265	28,067	2,802	10.0%	22,013	(3,252)	(14.8%)	Finance	286,268	336,789	50,521	15.0%	314,837	28,569	9.1%
13,616	14,318	702	4.9%	4,580	(9,036)	(197.3%)	Corporate Communications	118,121	171,812	53,691	31.2%	60,958	(57,163)	(93.8%)

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
-	4,010	4,010	-	10,568	10,568	-	Information Technology	51,154	48,118	(3,036)	(6.3%)	105,732	54,578	51.6%
83,866	200,671	116,805	58.2%	75,797	(8,069)	(10.6%)	IT Applications	1,730,615	2,407,941	677,326	28.1%	518,174	(1,212,441)	(234.0%)
-	-	-	-	19,815	19,815	-	IT EPIC	-	-	-	-	1,767,044	1,767,044	-
45,466	35,016	(10,450)	(29.8%)	-	(45,466)	-	IT Service Center	373,754	420,170	46,416	11.0%	-	(373,754)	-
-	5,490	5,490	-	7,930	7,930	-	Performance Excellence	65,517	65,881	364	0.6%	116,574	51,057	43.8%
3,540	6,797	3,257	47.9%	6,562	3,022	46.1%	Corporate Quality	76,985	81,566	4,581	5.6%	78,722	1,737	2.2%
30,085	47,288	17,203	36.4%	73,282	43,197	58.9%	Security Services	401,659	567,431	165,772	29.2%	568,302	166,643	29.3%
-	4,545	4,545	-	-	-	-	Supply Chain	59,604	54,536	(5,068)	(9.3%)	-	(59,604)	-
-	8,574	8,574	-	-	-	-	HIM Department	102,540	102,889	349	0.3%	-	(102,540)	-
13,082	18,185	5,103	28.1%	-	(13,082)	-	Coding	191,088	218,216	27,128	12.4%	-	(191,088)	-
2,931	3,497	566	16.2%	-	(2,931)	-	Reimbursement	23,606	41,966	18,360	43.7%	-	(23,606)	-
475,809	720,536	244,727	34.0%	541,237	65,428	12.1%	Total Overhead Allocations-	6,725,859	8,646,052	1,920,193	22.2%	7,787,385	1,061,526	13.6%
3,922,135	**3,302,471**	**(619,664)**	**(18.8%)**	**2,536,677**	**(1,385,458)**	**(54.6%)**	**Total Expenses**	**34,736,901**	**40,238,957**	**5,502,055**	**13.7%**	**31,613,738**	**(3,123,164)**	**(9.9%)**
$ 983,248	**$ (1,725,737)**	**$ 2,708,985**	**(157.0%)**	**$ 73,658**	**$ 909,590**	**1,234.9%**	**Net Margin**	**$ (16,529,885)**	**$ (23,531,943)**	**$ 7,002,057**	**(29.8%)**	**$ (9,461,132)**	**$ (7,068,753)**	**74.7%**
-	**116,565**	**116,565**	**-**	**(167,432)**	**(167,432)**	**-**	**Capital**	**-**	**1,398,717**	**1,398,717**	**100.0%**	**(151,804)**	**(151,804)**	**100.0%**
548,114	**-**	**548,114**	**-**	**-**	**548,114**	**-**	**Capital Contributions.**	**585,532**	**-**	**585,532**	**-**	**-**	**585,532**	**-**
-	**$ 5,900,000**	**$ (5,900,000)**	**-**	**$ 3,296,240**	**$ 3,296,240**	**-**	**Transfer In/(Out)**	**$ 13,375,018**	**$ 23,600,000**	**$ (10,224,982)**	**(43.3%)**	**$ 10,615,515**	**$ (2,759,503)**	**(26.0%)**

	Dental Clinic Administration	Belle Glade Dental Clinic	Delray Dental Clinic	Lantana Dental Clinic	West Palm Beach Dental Clinic	Port Dental Clinic	Total
Gross Patient Revenue	**-**	**$ 1,733,433**	**$ 2,324,936**	**$ 3,125,523**	**$ 4,261,584**	**$ 41,058**	**$ 11,486,535**
Contractual Allowance	-	1,015,470	737,324	1,071,572	2,162,179	1,129	4,987,674
Charity Care	-	510,799	1,121,835	1,173,473	1,879,930	42,650	4,728,688
Bad Debt	-	189,823	233,630	324,579	467,607	(19,769)	1,195,871
Total Contractual Allowances and Bad Debt	-	1,716,093	2,092,789	2,569,623	4,509,717	24,011	10,912,233
Other Patient Revenue	-	293,808	338,722	441,122	596,839	236	1,670,727
Net Patient Revenue	**-**	**311,148**	**570,869**	**997,022**	**348,706**	**17,284**	**2,245,029**
Collection %	-	17.95%	24.55%	31.90%	8.18%	42.10%	19.54%
Grants	200,978	183,247	386,123	393,888	620,470	-	1,784,706
Other Financial Assistance	20,165	6,474	11,703	27,647	23,361	-	89,351
Other Revenue	121,226	-	-	(9)	60	-	121,277
Total Other Revenues	342,370	189,721	397,826	421,526	643,891	-	1,995,334
Total Revenues	**$ 342,370**	**$ 500,870**	**$ 968,695**	**$ 1,418,548**	**$ 992,597**	**$ 17,284**	**$ 4,240,363**
Direct Operational Expenses:							
Salaries and Wages	536,262	370,496	743,533	852,541	1,244,211	-	3,747,043
Benefits	128,403	119,371	196,001	236,714	290,948	-	971,437
Purchased Services	-	10,280	10,861	1,616	7,988	-	30,745
Medical Supplies	-	40,670	63,517	54,265	115,077	-	273,529
Other Supplies	-	5,082	17,716	6,338	9,472	-	38,608
Drugs	-	237	268	325	315	-	1,145
Repairs and Maintenance	-	9,367	20,817	8,913	36,606	-	75,703
Lease and Rental	-	34,048	74,941	65,350	110,798	-	285,137
Utilities	-	9,469	1,373	3,258	3,277	-	17,377
Other Expense	7,771	9,213	21,655	19,811	42,266	-	100,717
Insurance	-	815	-	-	-	-	815
Total Operating Expenses	672,436	609,048	1,150,683	1,249,130	1,860,957	-	5,542,255
Net Performance before Depreciation & Overhead Allocations	**(330,066)**	**(108,178)**	**(181,988)**	**169,418**	**(868,360)**	**17,284**	**(1,301,892)**
Depreciation	-	20,628	10,817	6,604	30,402	-	68,451
Overhead Allocations:							
Risk Management	18,335	-	-	-	-	-	18,335
Revenue Cycle	169,475	-	-	-	-	-	169,475
Internal Audit	4,345	-	-	-	-	-	4,345
Home Office Facilities	47,350	-	-	-	-	-	47,350
Administration	77,547	-	-	-	-	-	77,547
Human Resources	122,087	-	-	-	-	-	122,087
Legal	33,344	-	-	-	-	-	33,344
Records	6,597	-	-	-	-	-	6,597
Compliance	13,320	-	-	-	-	-	13,320
IT Operations	71,893	-	-	-	-	-	71,893
IT Security	31,519	-	-	-	-	-	31,519
Finance	52,834	-	-	-	-	-	52,834
Corporate Communications	21,802	-	-	-	-	-	21,802
Information Technology	9,441	-	-	-	-	-	9,441
IT Applications	319,401	-	-	-	-	-	319,401
IT Service Center	68,981	-	-	-	-	-	68,981
Performance Excellence	12,092	-	-	-	-	-	12,092
Corporate Quality	14,207	-	-	-	-	-	14,207
Security Services	84,962	-	-	-	-	-	84,962
Supply Chain	10,999	-	-	-	-	-	10,999
HIM Department	18,924	-	-	-	-	-	18,924
Coding	35,267	-	-	-	-	-	35,267
Reimbursement	4,358	-	-	-	-	-	4,358
Total Overhead Allocations	1,249,080	-	-	-	-	-	1,249,080
Total Expenses	**1,921,516**	**629,676**	**1,161,500**	**1,255,734**	**1,891,359**	**-**	**6,859,786**
Net Margin	**$ (1,579,146)**	**$ (128,806)**	**$ (192,805)**	**$ 162,814**	**$ (898,762)**	**$ 17,284**	**$ (2,619,423)**
Capital	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Transfer In/(Out)	**$ 724,681**	**-**	**-**	**-**	**-**	**-**	**$ 724,681**

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
$ 831,963	$ 718,811	$ 113,152	15.7%	$ 746,043	$ 85,920	11.5%	**Gross Patient Revenue**	$ 11,486,535	$ 9,882,688	$ 1,603,847	16.2%	$ 10,126,093	$ 1,360,441	13.4%
3,196,393	189,866	3,006,527	1,583.5%	330,884	2,865,509	866.0%	Contractual Allowance	4,987,674	2,610,427	2,377,247	91.1%	3,103,913	1,883,762	60.7%
498,439	343,041	155,398	45.3%	274,502	223,937	81.6%	Charity Care	4,728,688	4,716,347	12,341	0.3%	4,855,751	(127,063)	(2.6%)
217,217	81,377	135,840	166.9%	52,155	165,062	316.5%	Bad Debt	1,195,871	1,118,828	77,043	6.9%	1,204,931	(9,060)	(0.8%)
3,912,049	614,284	3,297,765	536.8%	657,541	3,254,508	495.0%	Total Contractuals and Bad Debt	10,912,233	8,445,602	2,466,631	29.2%	9,164,595	1,747,638	19.1%
293,774	94,176	199,598	211.9%	294,057	(283)	(0.1%)	Other Patient Revenue	1,670,727	1,294,782	375,945	29.0%	1,536,809	133,918	8.7%
(2,786,312)	**198,703**	**(2,985,015)**	**(1,502.2%)**	**382,559**	**(3,168,871)**	**(828.3%)**	**Net Patient Service Revenue**	**2,245,029**	**2,731,868**	**(486,839)**	**(17.8%)**	**2,498,308**	**(253,279)**	**(10.1%)**
(334.91%)	27.64%			51.28%			Collection %	19.54%	27.64%			24.67%		
216,125	111,377	104,748	94.0%	106,691	109,433	102.6%	Grants	1,784,706	1,555,586	229,120	14.7%	2,008,343	(223,637)	(11.1%)
-	-	-	-	-	-	-	Other Financial Assistance	89,351	-	89,351	-	114,462	(25,111)	(21.9%)
350	-	350	-	1,900	(1,550)	(81.6%)	Other Revenue	121,277	-	121,277	-	2,100	119,177	5,675.1%
$ (2,569,837)	**$ 310,080**	**$ (2,879,917)**	**(928.8%)**	**$ 491,150**	**$ (3,060,987)**	**(623.2%)**	**Total Revenues**	**$ 4,240,363**	**$ 4,287,454**	**$ (47,091)**	**(1.1%)**	**$ 4,623,213**	**$ (382,850)**	**(8.3%)**
							Direct Operating Expenses:							
452,425	286,563	(165,862)	(57.9%)	304,540	(147,885)	(48.6%)	Salaries and Wages	3,747,043	3,564,599	(182,444)	(5.1%)	2,860,625	(886,418)	(31.0%)
96,372	73,094	(23,277)	(31.8%)	60,167	(36,205)	(60.2%)	Benefits	971,437	877,095	(94,342)	(10.8%)	789,481	(181,956)	(23.0%)
3,453	6,290	2,837	45.1%	461	(2,992)	(649.0%)	Purchased Services	30,745	75,480	44,735	59.3%	18,615	(12,130)	(65.2%)
36,007	19,438	(16,568)	(85.2%)	2,162	(33,844)	(1,565.4%)	Medical Supplies	273,529	233,250	(40,279)	(17.3%)	197,730	(75,799)	(38.3%)
2,855	9,010	6,155	68.3%	3,929	1,074	27.3%	Other Supplies	38,608	108,110	69,502	64.3%	53,437	14,829	27.8%
-	15,661	15,661	-	-	-	-	Medical Services	-	187,920	187,920	-	-	-	-
102	-	(102)	-	-	(102)	-	Drugs	1,145	-	(1,145)	-	-	(1,145)	-
2,003	2,069	66	3.2%	894	(1,108)	(123.9%)	Repairs and Maintenance	75,703	24,825	(50,878)	(204.9%)	22,648	(53,056)	(234.3%)
25,808	27,870	2,062	7.4%	22,520	(3,288)	(14.6%)	Lease and Rental	285,137	334,420	49,283	14.7%	275,015	(10,123)	(3.7%)
1,655	2,503	849	33.9%	2,944	1,290	43.8%	Utilities	17,377	30,040	12,663	42.2%	21,116	3,739	17.7%
13,395	5,139	(8,257)	(160.7%)	5,000	(8,396)	(167.9%)	Other Expense	100,717	61,660	(39,057)	(63.3%)	27,873	(72,844)	(261.3%)
45	90	45	50.0%	77	32	41.6%	Insurance	815	1,080	265	24.5%	1,052	237	22.5%
634,119	**447,726**	**(186,393)**	**(41.6%)**	**402,695**	**(231,425)**	**(57.5%)**	**Total Operating Expenses**	**5,542,255**	**5,498,479**	**(43,776)**	**(0.8%)**	**4,267,591**	**(1,274,664)**	**(29.9%)**
$ (3,203,956)	**$ (137,646)**	**$ (3,066,310)**	**2,227.7%**	**$ 88,456**	**$ (3,292,412)**	**(3,722.1%)**	**Net Performance before Depreciation & Overhead Allocations**	**$ (1,301,892)**	**$ (1,211,025)**	**$ (90,867)**	**7.5%**	**$ 355,622**	**$ (1,657,514)**	**(466.1%)**
7,135	5,750	(1,385)	(24.1%)	7,443	308	4.1%	Depreciation	68,451	69,000	549	0.8%	89,743	21,292	23.7%
							Overhead Allocations:							
1,819	1,671	(148)	(8.9%)	-	(1,819)	-	Risk Management	18,335	20,047	1,712	8.5%	9,472	(8,863)	(93.6%)
15,774	19,048	3,274	17.2%	21,491	5,717	26.6%	Revenue Cycle	169,475	228,570	59,095	25.9%	280,298	110,823	39.5%
419	1,021	602	59.0%	246	(173)	(70.3%)	Internal Audit	4,345	12,256	7,911	64.5%	2,816	(1,529)	(54.3%)
4,182	4,110	(72)	(1.8%)	3,034	(1,148)	(37.8%)	Home Office Facilities	47,350	49,315	1,965	4.0%	32,810	(14,540)	(44.3%)
-	6,463	6,463	-	4,163	4,163	-	Administration	77,547	77,547	-	-	71,144	(6,403)	(9.0%)
12,214	14,589	2,375	16.3%	7,829	(4,385)	(56.0%)	Human Resources	122,087	175,061	52,974	30.3%	90,491	(31,596)	(34.9%)
3,706	4,326	620	14.3%	2,885	(821)	(28.5%)	Legal	33,344	51,912	18,568	35.8%	30,043	(3,301)	(11.0%)
681	650	(31)	(4.8%)	440	(241)	(54.8%)	Records	6,597	7,798	1,201	15.4%	5,286	(1,311)	(24.8%)
1,385	1,723	338	19.6%	911	(474)	(52.0%)	Compliance	13,320	20,676	7,356	35.6%	10,249	(3,071)	(30.0%)
-	-	-	-	1,426	1,426	-	Clinical Labor Pool Alloc	-	-	-	-	13,918	13,918	-
6,188	7,206	1,018	14.1%	7,381	1,193	16.2%	IT Operations	71,893	86,474	14,581	16.9%	130,021	58,128	44.7%
951	2,627	1,676	63.8%	2,454	1,503	61.2%	IT Security	31,519	31,519	-	-	20,591	(10,928)	(53.1%)
4,663	5,180	517	10.0%	3,598	(1,065)	(29.6%)	Finance	52,834	62,157	9,323	15.0%	51,455	(1,379)	(2.7%)
2,513	2,643	130	4.9%	749	(1,764)	(235.5%)	Corporate Communications	21,802	31,710	9,908	31.2%	9,963	(11,839)	(118.8%)
-	740	740	-	1,727	1,727	-	Information Technology	9,441	8,881	(560)	(6.3%)	17,280	7,839	45.4%
15,478	37,036	21,558	58.2%	12,388	(3,090)	(24.9%)	IT Applications	319,401	444,408	125,007	28.1%	84,687	(234,714)	(277.2%)

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
-	-	-	-	3,238	3,238	-	IT EPIC	-	-	-	-	288,793	288,793	-
8,391	6,462	(1,929)	(29.9%)	-	(8,391)	-	IT Service Center	68,981	77,546	8,565	11.0%	-	(68,981)	-
-	1,013	1,013	-	1,296	1,296	-	Performance Excellence	12,092	12,159	67	0.6%	19,052	6,960	36.5%
653	1,255	602	48.0%	1,072	419	39.1%	Corporate Quality	14,207	15,054	847	5.6%	12,866	(1,341)	(10.4%)
6,364	10,002	3,638	36.4%	12,811	6,447	50.3%	Security Services	84,962	120,024	35,062	29.2%	99,351	14,389	14.5%
-	839	839	-	-	-	-	Supply Chain	10,999	10,065	(934)	(9.3%)	-	(10,999)	-
-	1,582	1,582	-	-	-	-	HIM Department	18,924	18,989	65	0.3%	-	(18,924)	-
2,414	3,356	942	28.1%	-	(2,414)	-	Coding	35,267	40,274	5,007	12.4%	-	(35,267)	-
541	645	104	16.1%	-	(541)	-	Reimbursement	4,358	7,745	3,387	43.7%	-	(4,358)	-
88,336	134,188	45,852	34.2%	89,140	804	0.9%	Total Overhead Allocations-	1,249,080	1,610,187	361,107	22.4%	1,280,584	31,504	2.5%
729,590	**587,665**	**(141,925)**	**(24.2%)**	**499,278**	**(230,312)**	**(46.1%)**	**Total Expenses**	**6,859,786**	**7,177,666**	**317,880**	**4.4%**	**5,637,918**	**(1,221,868)**	**(21.7%)**
$ (3,299,427)	**$ (277,585)**	**$ (3,021,842)**	**1,088.6%**	**$ (8,127)**	**$ (3,291,300)**	**40,498.3%**	**Net Margin**	**$ (2,619,423)**	**$ (2,890,212)**	**$ 270,789**	**(9.4%)**	**$ (1,014,705)**	**$ (1,604,718)**	**158.1%**
-	**37,132**	**37,132**	**-**	**-**	**-**	**-**	**Capital**	**-**	**445,567**	**445,567**	**100.0%**	**-**	**-**	**-**
-	**-**	**-**	**-**	**-**	**-**	**-**	**Capital Contributions.**	**95,421**	**-**	**95,421**	**-**	**-**	**95,421**	**-**
-	**$ 725,000**	**$ (725,000)**	**-**	**$ 569,152**	**$ 569,152**	**-**	**Transfer In/(Out)**	**$ 724,681**	**$ 2,900,000**	**$ (2,175,319)**	**(75.0%)**	**$ 1,174,492**	**$ 449,811**	**38.3%**

d Expenses by Location (YTD)

For the Twelfth Month Ended September 30, 2023

	Belle Glade Behavioral Health	St Ann Place Behavioral Health	Delray Behavioral Health	Lantana Behavioral Health	Mangonia Park Behavioral Health	West Palm Beach Behavioral Health	Jupiter Behavioral Health	Lake Worth Behavioral Health	Lewis Center Behavioral Health	West Boca Behavioral Health	Total
Gross Patient Revenue	**$141**	**$336**	**$21,855**	**-**	**$1,081,266**	**$1,513**	**-**	**-**	**$7,839**	**-**	**$1,112,950**
Contractual Allowance	4,135	(72)	(37,765)	(33)	16,173	1,897	-	-	361,800	-	346,135
Charity Care	665	70	8,258	33	200,966	398	19	-	4,715	-	215,126
Bad Debt	731	(4)	2,275	150	290,360	1,427	64	39	66,690	20	361,751
Total Contractual Allowances and Bad Debt	5,531	(7)	(27,231)	150	507,499	3,723	83	39	433,205	20	923,012
Other Patient Revenue	-	-	-	-	19,459	-	-	-	282	-	19,741
Net Patient Revenue	**(5,390)**	**343**	**49,086**	**(150)**	**593,226**	**(2,209)**	**(83)**	**(39)**	**(425,085)**	**(20)**	**209,679**
Collection %	(3,828.16%)	102.04%	224.60%	-	54.86%	(145.98%)	-	-	(5,422.91%)	-	18.84%
Ad Valorem Taxes	-	-	-	-	-	-	-	-	-	-	-
Intergovernmental Revenue	-	-	-	-	-	-	-	-	-	-	-
Grants	-	-	-	-	-	-	-	-	-	-	-
Interest Earnings	-	-	-	-	-	-	-	-	-	-	-
Unrealized Gain/(Loss) On Investments	-	-	-	-	-	-	-	-	-	-	-
Other Financial Assistance	-	-	-	-	-	-	-	-	-	-	-
Other Revenue	-	-	-	-	-	-	-	-	-	-	-
Total Other Revenues	-	-	-	-	-	-	-	-	-	-	-
Total Revenues	**$ (5,390)**	**$ 343**	**$ 49,086**	**$ (150)**	**$ 593,226**	**$ (2,209)**	**$ (83)**	**$ (39)**	**$ (425,085)**	**$ (20)**	**$ 209,679**
Direct Operational Expenses:											
Total Operating Expenses	-	-	-	-	-	-	-	-	-	-	-
Net Performance before Depreciation & Overhead Allocations	**(5,390)**	**343**	**49,086**	**(150)**	**593,226**	**(2,209)**	**(83)**	**(39)**	**(425,085)**	**(20)**	**209,679**
Depreciation	-	-	-	-	-	-	-	-	-	-	-
Overhead Allocations:											
Total Overhead Allocations	-	-	-	-	-	-	-	-	-	-	-
Total Expenses	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Net Margin	**$ (5,390)**	**$ 343**	**$ 49,086**	**$ (150)**	**$ 593,226**	**$ (2,209)**	**$ (83)**	**$ (39)**	**$ (425,085)**	**$ (20)**	**$ 209,679**
Capital	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/Transfer In	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
$ 100,049	-	$ 100,049	-	$ 68,756	$ 31,293	45.5%	**Gross Patient Revenue**	$ 1,112,950	-	$ 1,112,950	-	$ 315,057	$ 797,893	253.3%
239,585	-	239,585	-	11,207	228,378	2,037.8%	Contractual Allowance	346,135	-	346,135	-	242,533	103,601	42.7%
28,893	-	28,893	-	26,900	1,993	7.4%	Charity Care	215,126	-	215,126	-	111,102	104,023	93.6%
56,924	-	56,924	-	(21,886)	78,809	(360.1%)	Bad Debt	361,751	-	361,751	-	371,810	(10,058)	(2.7%)
325,402	-	325,402	-	16,222	309,180	1,905.9%	Total Contractuals and Bad Debt	923,012	-	923,012	-	725,445	197,566	27.2%
2,349	-	2,349	-	4,975	(2,627)	(52.8%)	Other Patient Revenue	19,741	-	19,741	-	16,849	2,891	17.2%
(223,004)	-	**(223,004)**	-	**57,510**	**(280,514)**	**(487.8%)**	**Net Patient Service Revenue**	**209,679**	-	**209,679**	-	**(393,539)**	**603,218**	**(153.3%)**
(222.90%)	-			83.64%			Collection %	18.84%	-			(124.91%)		
$ (223,004)	-	**$ (223,004)**	-	**$ 57,510**	**$ (280,514)**	**(487.8%)**	**Total Revenues**	**$ 209,679**	-	**$ 209,679**	-	**$ (393,539)**	**$ 603,218**	**(153.3%)**
							Direct Operating Expenses:							
-	-	-	-	-	-	-	**Total Operating Expenses**	-	-	-	-	-	-	-
$ (223,004)	-	**$ (223,004)**	-	**$ 57,510**	**$ (280,514)**	**(487.8%)**	**Net Performance before Depreciation & Overhead Allocations**	**$ 209,679**	-	**$ 209,679**	-	**$ (393,539)**	**$ 603,218**	**(153.3%)**
-	-	-	-	-	-	-	**Total Expenses**	-	-	-	-	-	-	-
$ (223,004)	-	**$ (223,004)**	-	**$ 57,510**	**$ (280,514)**	**(487.8%)**	**Net Margin**	**$ 209,679**	-	**$ 209,679**	-	**$ (393,539)**	**$ 603,218**	**(153.3%)**

Health Care District
PALM BEACH COUNTY

District Clinic Holdings, Inc.

Clinic Visits - Adults and Pediatrics	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
West Palm Beach	1,446	1,067	1,204	1,395	1,333	1,713	1,438	1,547	1,599	1,423	1,758	1,660	17,583	17,982	(2.2%)	15,786
Delray	729	582	753	689	668	862	887	858	562	785	793	841	9,009	7,149	26.0%	7,149
Lantana	1,894	1,502	1,484	1,628	1,696	1,924	1,772	2,092	1,872	1,717	2,056	1,851	21,488	20,043	7.2%	20,043
Belle Glade & Women's Health Care	796	693	764	837	798	873	734	805	766	731	873	797	9,467	8,620	9.8%	8,620
Lewis Center	5	19	27	5	63	29	14	25	12	24	38	25	286	3,490	(91.8%)	3,490
Lake Worth & Women's Health Care	1,342	948	1,049	1,039	1,057	1,235	1,136	1,225	1,201	1,018	1,293	1,106	13,649	13,455	1.4%	13,455
Jupiter & Women's Health Care	469	406	493	429	381	546	461	558	510	500	556	559	5,868	5,995	(2.1%)	5,995
West Boca & Women's Health Care	321	293	332	334	284	310	345	293	282	326	356	347	3,823	4,257	(10.2%)	4,257
St Ann Place	-	-	-	-	-	17	20	11	6	12	8	17	91	533	(82.9%)	458
Clb Mob 1 Warrior	-	-	-	-	-	-	-	-	-	-	17	19	36	210	(82.9%)	3,239
Clb Mob 2 Scout	-	-	-	-	-	-	-	-	-	-	-	14	14	14	0.0%	2,745
Clb Mob 3 Hero	40	37	39	58	63	49	50	41	57	63	37	23	557	600	(7.2%)	5,056
Portable Medical	-	-	-	-	-	-	-	-	-	-	27	87	114	-	#DIV/0!	-
Mangonia Park	897	815	890	811	743	932	769	914	914	947	1,083	949	10,664	5,173	106.1%	5,173
Total Clinic Visits	**7,939**	**6,362**	**7,035**	**7,225**	**7,086**	**8,490**	**7,626**	**8,369**	**7,781**	**7,546**	**8,895**	**8,295**	**92,649**	**87,521**	**5.9%**	**95,466**
Dental Visits																
West Palm Beach Dental	1,101	824	977	1,209	1,059	1,298	1,272	1,211	1,261	1,133	950	1,086	13,381	10,030	33.4%	10,030
Delray Dental	536	420	540	521	743	796	710	751	437	519	582	506	7,061	5,208	35.6%	5,208
Lantana Dental	769	529	653	753	780	935	899	1,001	1,068	838	856	846	9,927	9,659	2.8%	9,659
Belle Glade Dental	369	270	344	282	299	519	514	496	531	481	564	451	5,120	4,580	11.8%	4,580
Portable Dental	10	17	8	12	7	-	-	34	-	-	11	6	105	-	#DIV/0!	-
Total Dental Visits	**2,785**	**2,060**	**2,522**	**2,777**	**2,888**	**3,548**	**3,395**	**3,493**	**3,297**	**2,971**	**2,963**	**2,895**	**35,594**	**29,477**	**20.8%**	**29,477**
Total Medical and Dental Visits	**10,724**	**8,422**	**9,557**	**10,002**	**9,974**	**12,038**	**11,021**	**11,862**	**11,078**	**10,517**	**11,858**	**11,190**	**128,243**	**116,998**	**9.6%**	**124,943**
Mental Health Counselors (non-billable)																
West Palm Beach BH	169	112	177	45	35	90	78	54	76	69	74	43	1,022	1,915	(46.6%)	1,915
Delray BH	157	127	140	141	135	164	146	172	106	207	218	161	1,874	1,689	11.0%	1,689
Lantana BH	80	131	192	158	138	160	129	101	117	141	145	80	1,572	1,825	(13.9%)	1,825
Belle Glade BH	148	58	16	-	13	-	-	-	-	-	-	-	235	1,179	(80.1%)	1,179
Mangonia Park BH	852	776	869	899	771	1,019	891	1,087	1,046	887	998	973	11,068	6,811	62.5%	6,811
Lewis Center BH	-	-	-	-	37	1	-	-	-	-	-	-	38	120	(68.3%)	7,266
Lake Worth BH	174	137	172	227	232	184	137	169	167	141	138	130	2,008	2,156	(6.9%)	2,156
Jupiter BH	-	-	37	44	58	-	-	-	-	-		-	139	-	#DIV/0!	-
St Ann Place BH	-	-	-	-	-	98	108	85	120	88	94	86	679	-	#DIV/0!	-
West Boca BH	-	-	-	-	20	48	34	32	73	26	33	30	296	-	#DIV/0!	4
Mobile Van	-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	-
Total Mental Health Screenings	**1,580**	**1,341**	**1,603**	**1,514**	**1,439**	**1,764**	**1,523**	**1,700**	**1,705**	**1,559**	**1,700**	**1,503**	**18,931**	**15,695**	**20.6%**	**22,845**
GRAND TOTAL	12,304	9,763	11,160	11,516	11,413	13,802	12,544	13,562	12,783	12,076	13,558	12,693	147,174	132,693		147,788

CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
November 28, 2023

1. Description: Executive Director of FQHC Services Annual Evaluation by the Board 2023

2. Summary:

This Agenda Item presents the Board's Annual Evaluation of Candice Abbott, Executive Director of FQHC Services, tally as of October 2023.

3. Substantive Analysis:

The Bylaws and HRSA Compliance Manual indicate that the annual evaluation of the Executive Director of the Clinics is reviewed and approved by the Board. A tally of results from last month's 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 ☐ No ☐
Net Operating Impact	N/A		Yes ☐ No ☐

*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:

DocuSigned by:
Jessica Cafarelli
CA6A21FF2E094E5...
Jessica Cafarelli
Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date

CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
November 28, 2023

6. Recommendation:

Staff recommends the Board Approve Candice Abbott's Annual Evaluation by the Board.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7DB67064341...
Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Jesenia Montalvo
D31F5A902D3B449...
Jesenia Montalvo
Manager of Regulatory and Accreditation

DocuSigned by:
Darcy Davis
77A3B53589A1477...
Darcy J. Davis
Chief Executive Officer

Our Missio
Your Passi

C. L. Brumback Primary Care Clinic

Governing Board Annual Executive Director Evaluation

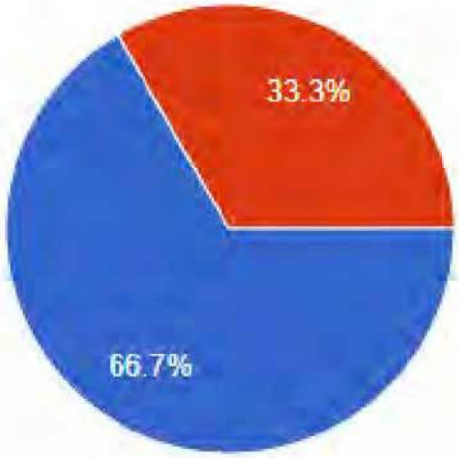
2023

Health Care District of Palm Beach C

Leaders

Leadership - Acts as liaison between Executive Leadership and Governing Boards of the District and C.L. Brumback. Provides leadership to ensure the mission, ethical values, and core guiding principles are practiced.

9 responses

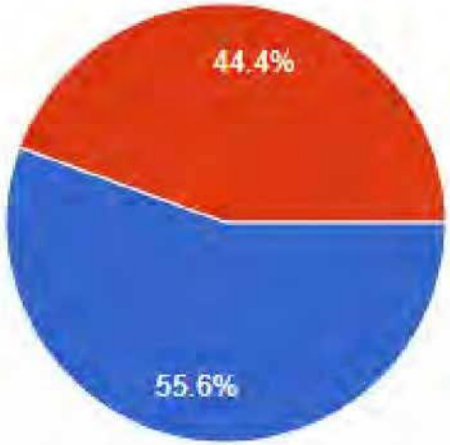


- 3 = OUTSTANDING: Consistently exceeds expectation. Example for others.
- 2 = EXCELLENT: Always meets expectation. Supervisor has complete confidence.
- 1 = DOES NOT MEET EXPECTATION. Does not always meet expectation. Less than 100% confidence.

Cooperat

Cooperation - Establishes and maintains positive external relationships among community organizations, local governments and with other health care providers and funders within the service area. Serves as part of the community liaison for the District Clinic Holdings, Inc. and related FQHC services.

9 responses



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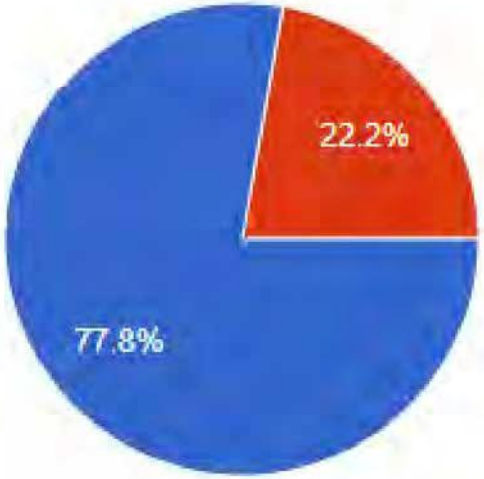
Communicat

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

9 responses



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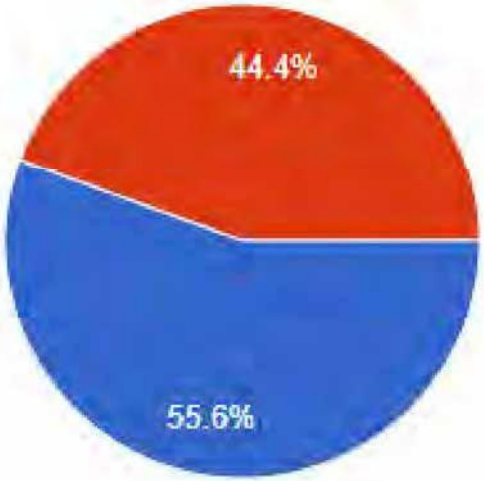
Decision Mak

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

9 responses



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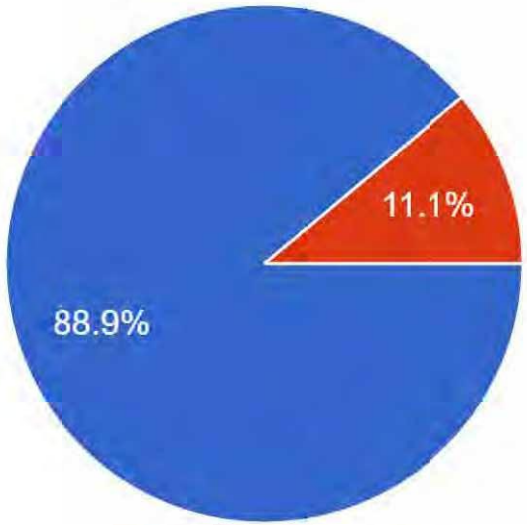
Job Knowled

Job Knowledge - Maintains current knowledge of trends and developments for FQHC clinic/medical operations.

9 responses



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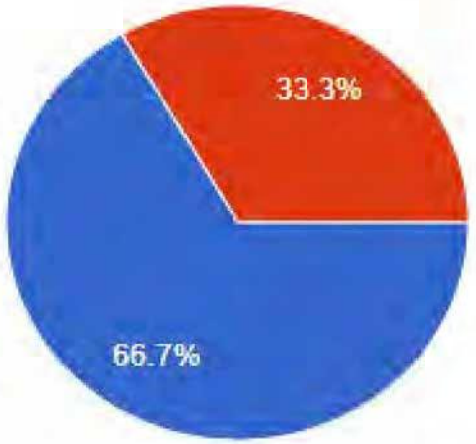
Complian

Compliance - Coordinates the preparation and submission of grant reports to grantors and the FQHC Board on a monthly, quarterly, and annual basis as required to ensure regulatory compliance. Develops and implements HRSA compliant policies and procedures manual approved by the FQHC Board. Assures compliance with all contract and funding requirements and appropriate and timely disclosure of material information.

9 responses



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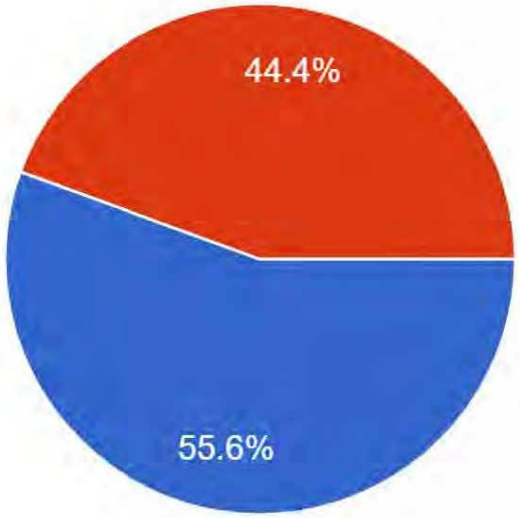
FQHC Knowled

FQHC Knowledge - Participates and attends FQHC related educational and training events.

9 responses



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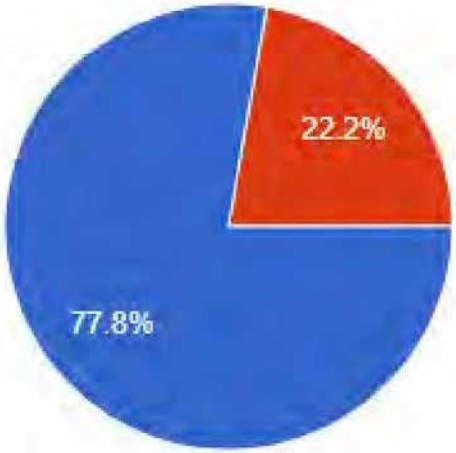
FQHC Fund

FQHC Funding - Maintains and expands the existing level of funding and research and identifies new funding opportunities. Serves as HRSA Grant leader and is responsible for reporting, renewals, and new opportunities. Leads grant writing, reports, and activities including necessary planning, organizing and integrating available 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.

Staff Supervis

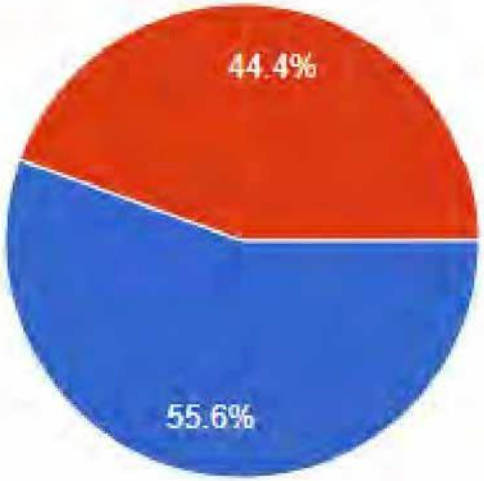
Staff Supervision - Prepares performance evaluations including counseling or disciplinary actions as applicable to direct reports.

9 responses

Board Support and Relatio

Board Support and Relations - Serves as an ex-officio member of the FQHC Board, all standing committees, and assist the Chair in planning the agenda for all meetings, Board Member orientation, and 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.

GOALS and BOARD OF DIRECTORS'S COMME

Ms. Candice Abbott assumed the position of SVP, Chief Operating Officer, and CEO on August 23, 2023. To date, she has officially presided over one (1) PCC Board Meeting. Therefore, it is a bit challenging to provide a thorough evaluation of her performance at this early point in time. That being said, I believe that Ms. Abbott communicates well with Board members and is knowledgeable of her role and responsibilities, as well as clinic operations. She provides gentle leadership to steer the Board to ensure the Board governs rather than get sucked into the day-to-day operations. She has a thorough understanding of the content of her 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 Candice's direction.

Candice is doing very well. Her previous experience is helping in her new role

The Executive Director consistently provides the leadership needed to ensure that the mission and goals of the boards of the Health Care District and the C.L.Brumback Clinics are exhibited in our community.

New to the position but a strong leader. As time goes on, I am sure Candace will fully engage in FQHC. Brings a wealth of financial experience to the organization.

The executive Director is very involved in planning the agenda for all board meetings.

Candace has quickly adapted to her new role and is well-prepared for Board meetings and discussions in that forum. She also calls upon her staff members to respond to Board issues, giving them an opportunity to shine. Her strong financial background and skills will also continue to strengthen the Clinic system and its on-going case for continued public support.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 28, 2023

1. Description: Summary of Board Member Self-Evaluations

2. Summary:

This agenda item presents the Board's annual self-evaluation tally of results from November 2023.

3. Substantive Analysis:

The C. L. Brumback Primary Care Clinics Board completes an annual self-evaluation yearly. Attached you will find the tally of results for 2023.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes ☐ No ☐
Net Operating Impact	N/A		Yes ☐ No ☐

*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:

DocuSigned by:
Jessica Cafarelli
CA6A21FF2E09481...
Jessica Cafarelli
Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date Approved

6. Recommendation:

Staff recommends the Board Receive and File Summary of Board Member Self-Evaluations.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7DB670643B...
Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Jesenia Montalvo
D31F5A902D3B44B...
Jesenia Montalvo
Manager of Regulatory and Accreditation

DocuSigned by:
Candice Abbott
F637D209DB5242...
Candice Abbott
SVP & Chief Operating Officer
Executive Director of FQHC Services

Our Missio
Your Passi

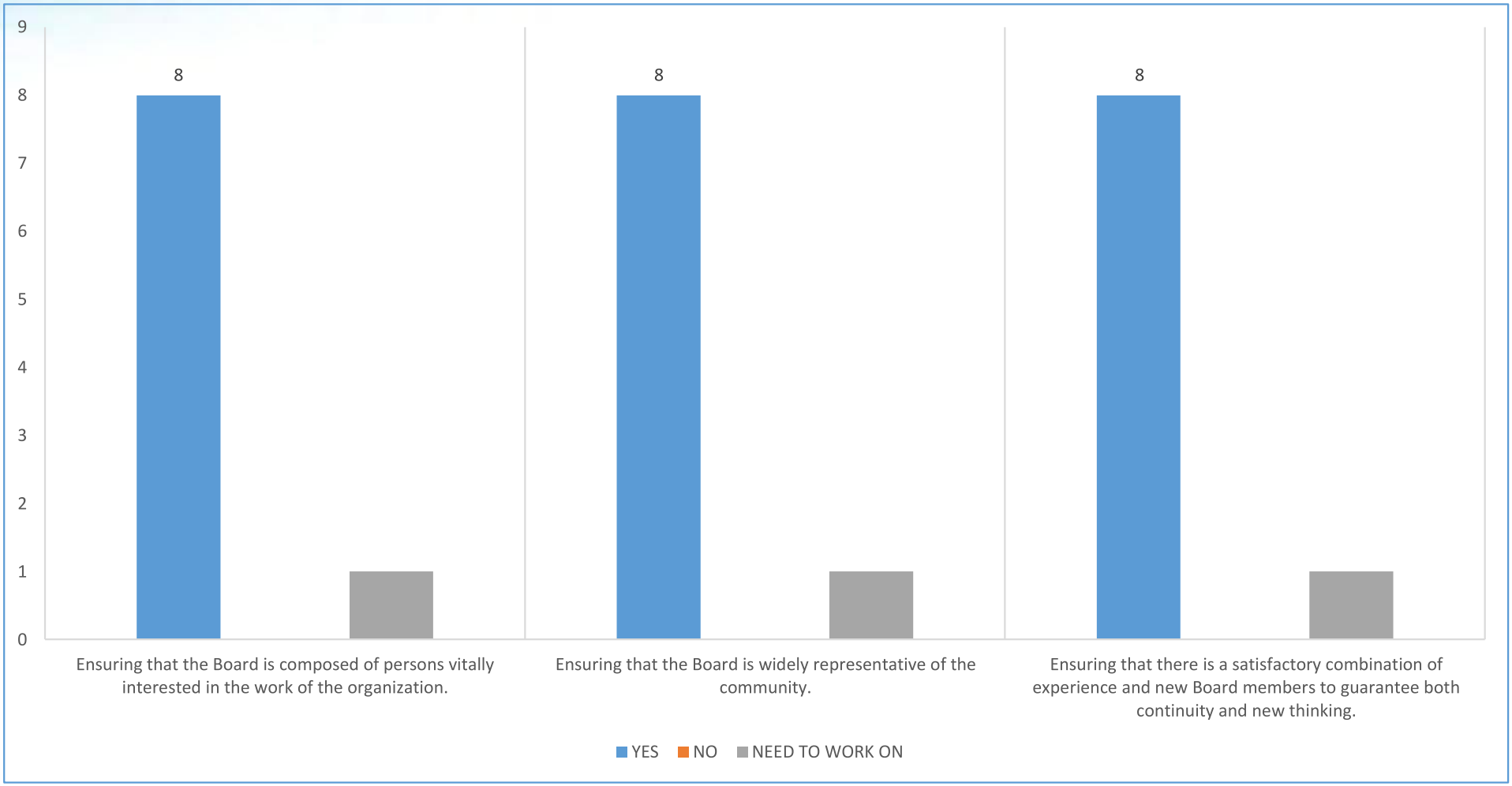
C. L. Brumback Primary Care Clinic

Board of Directors

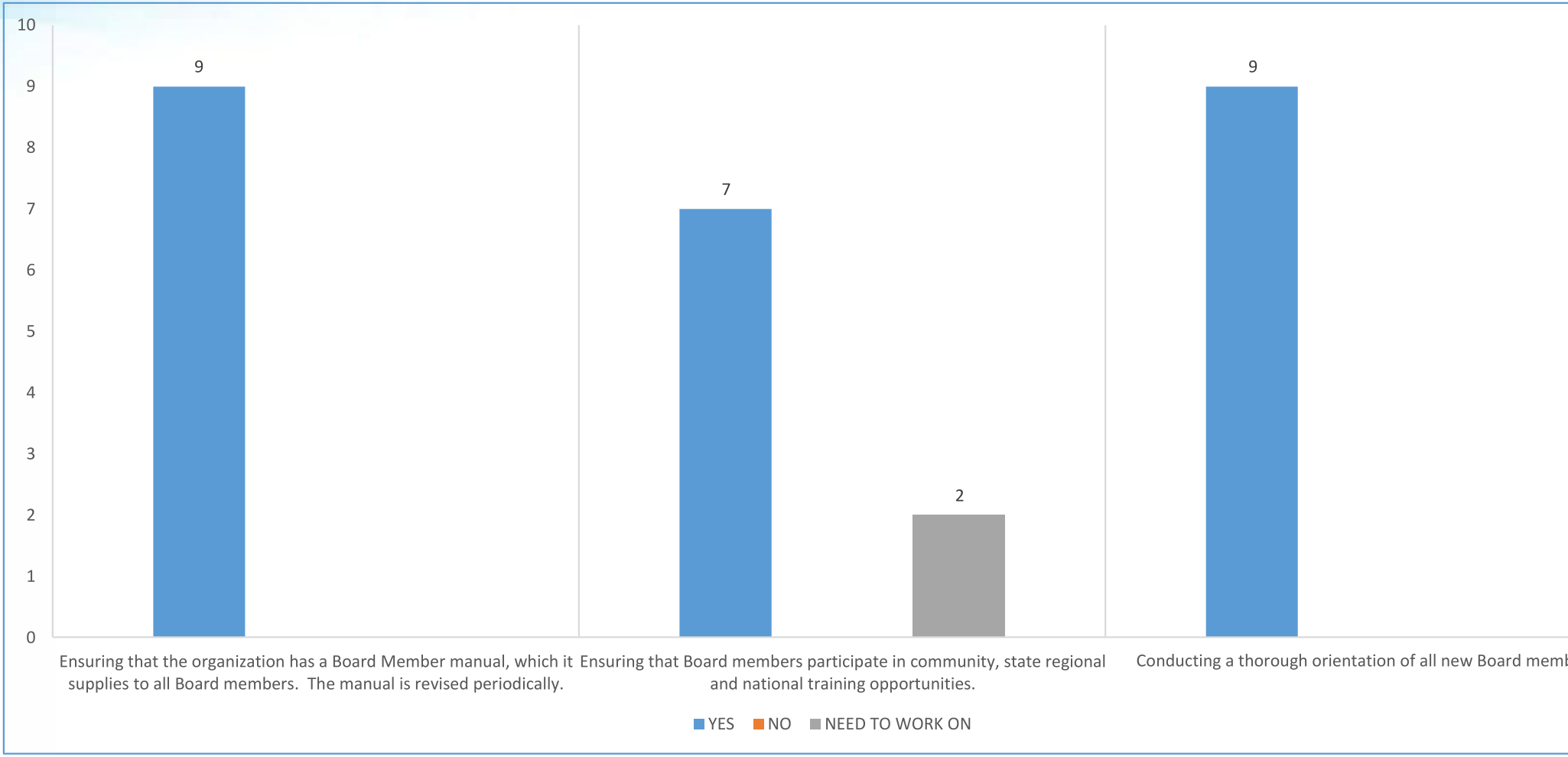
Self-Evaluation
2023

Health Care District of Palm Beach C

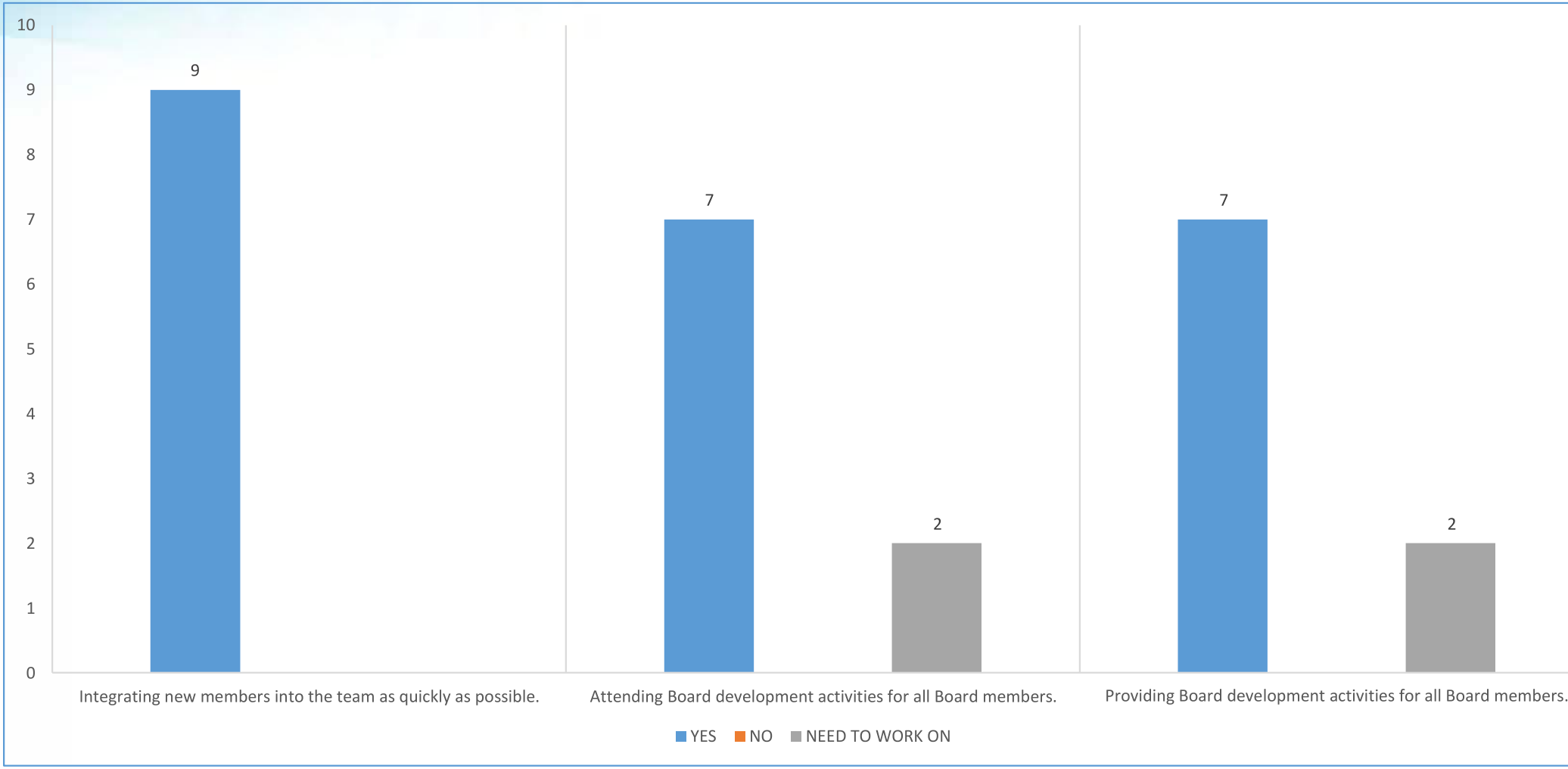
SELECTION AND COMPOSITION



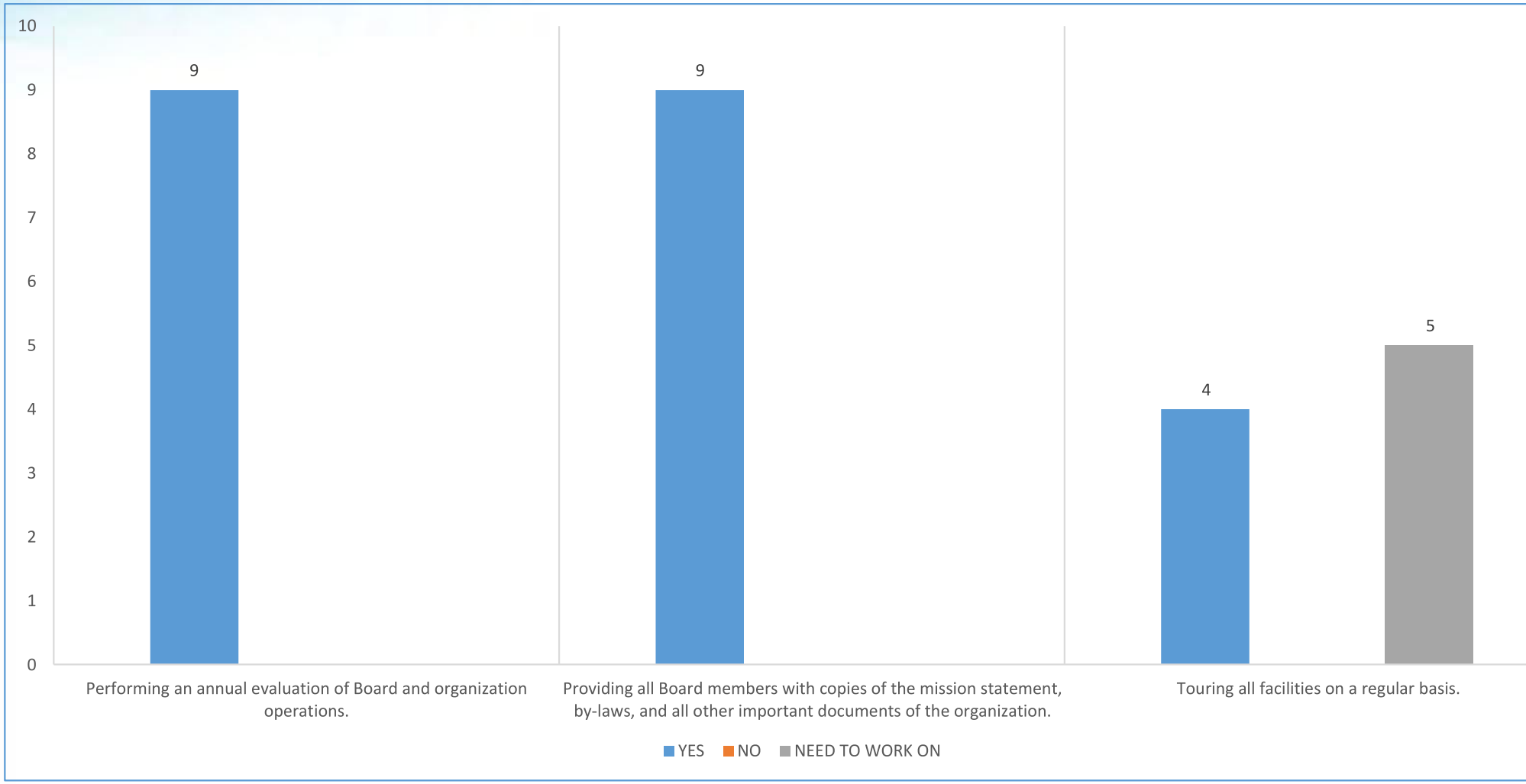
ORIENTATION AND TRAINING



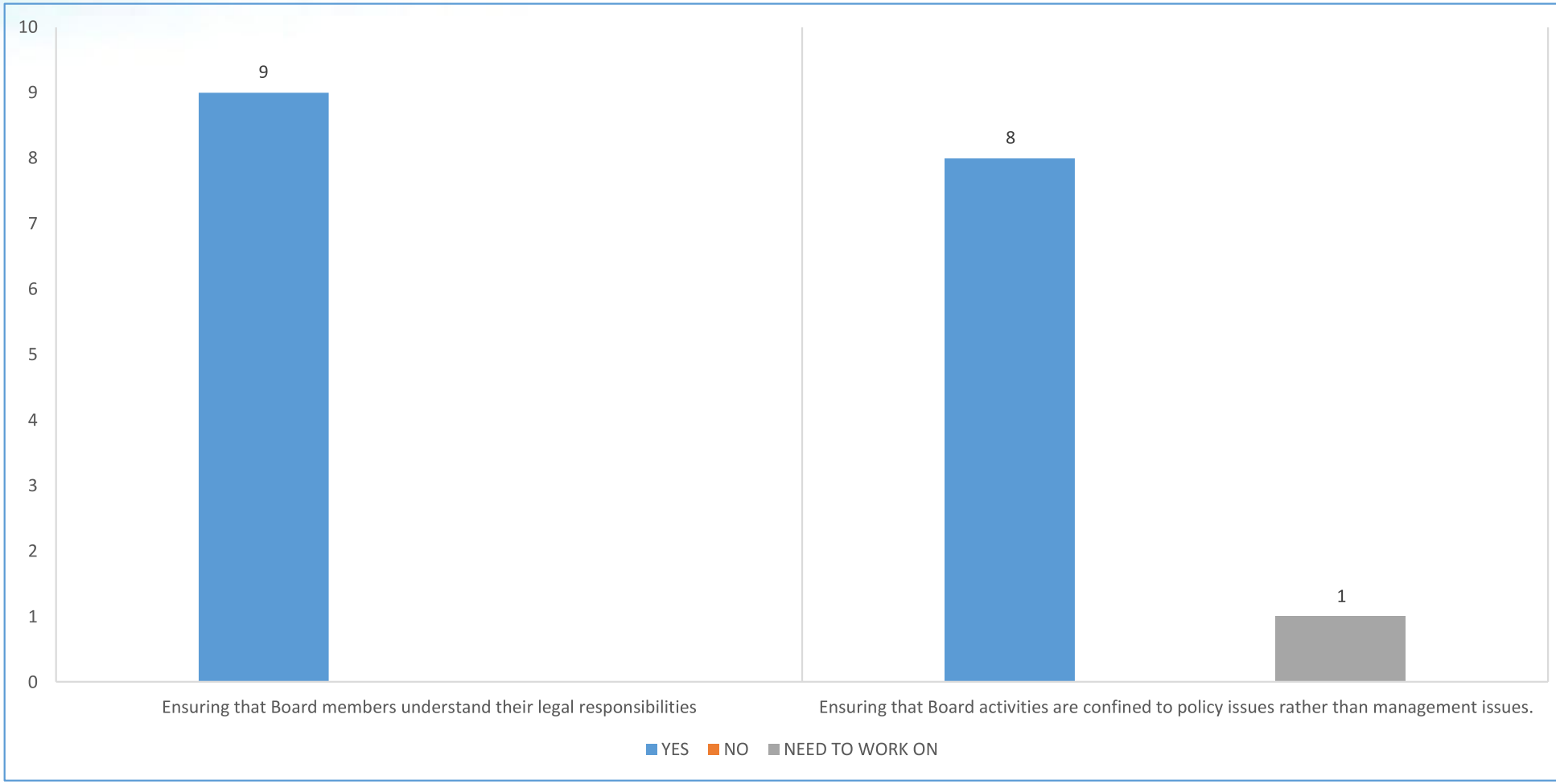
ORIENTATION AND TRAINING



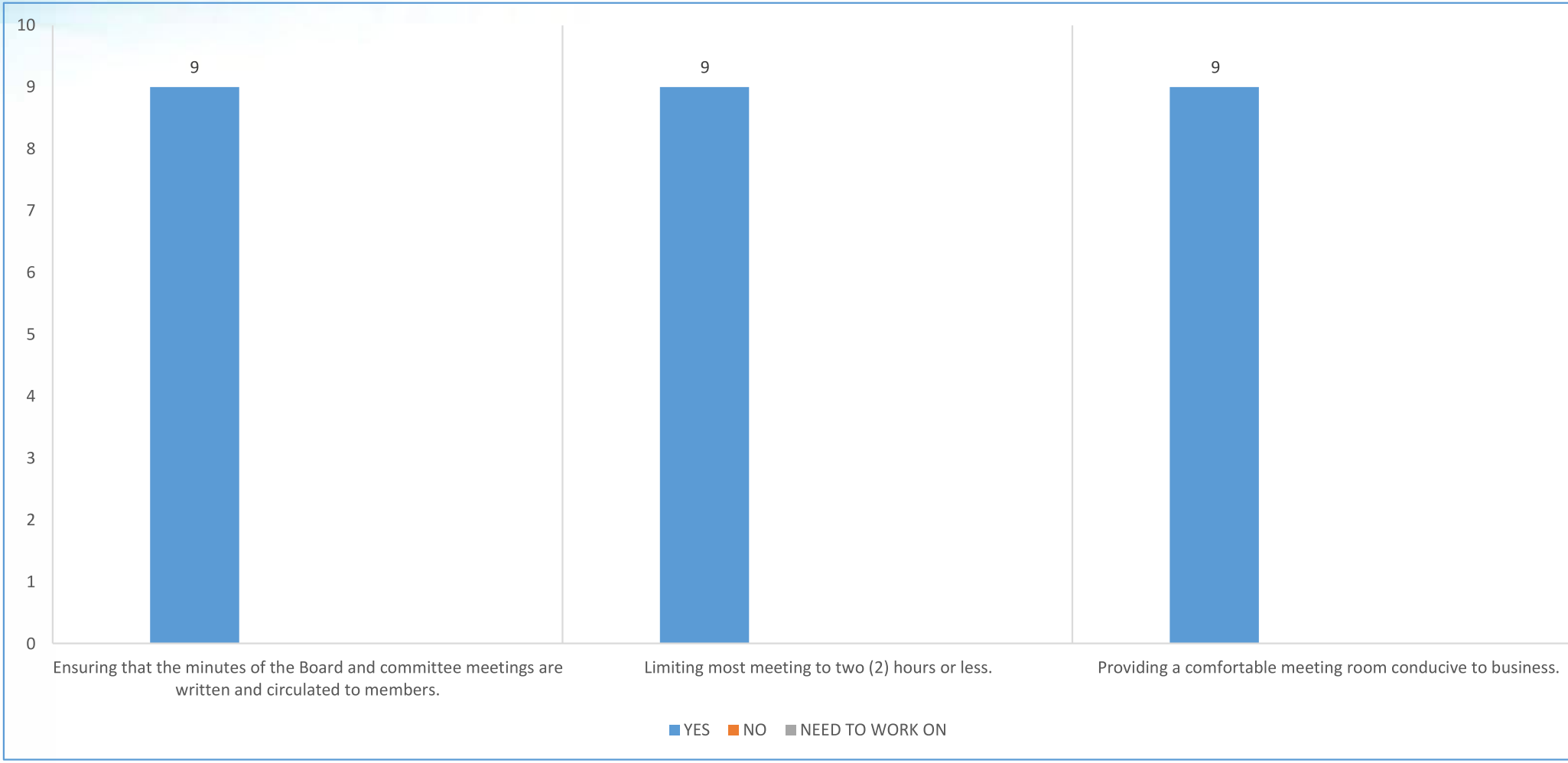
ORIENTATION AND TRAINING



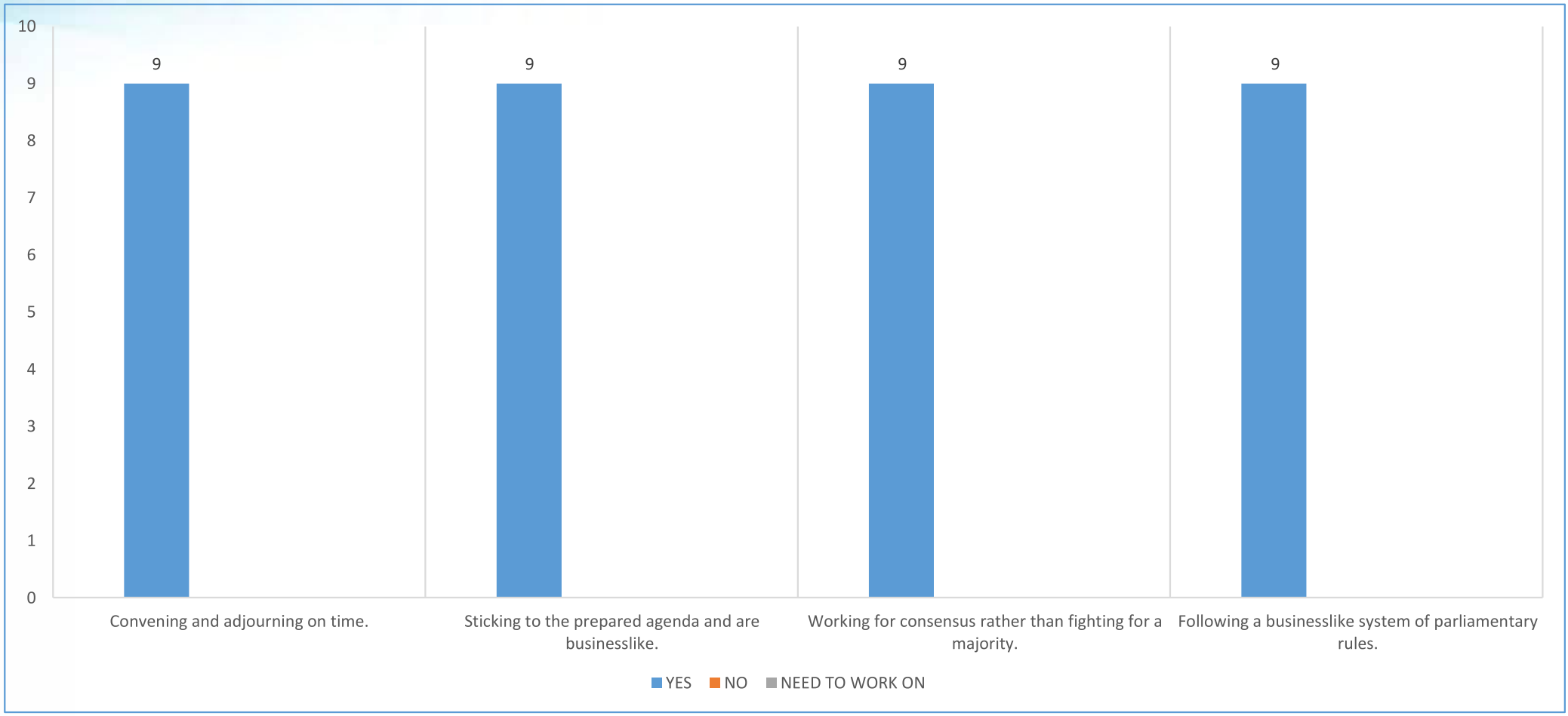
ORIENTATION AND TRAINING



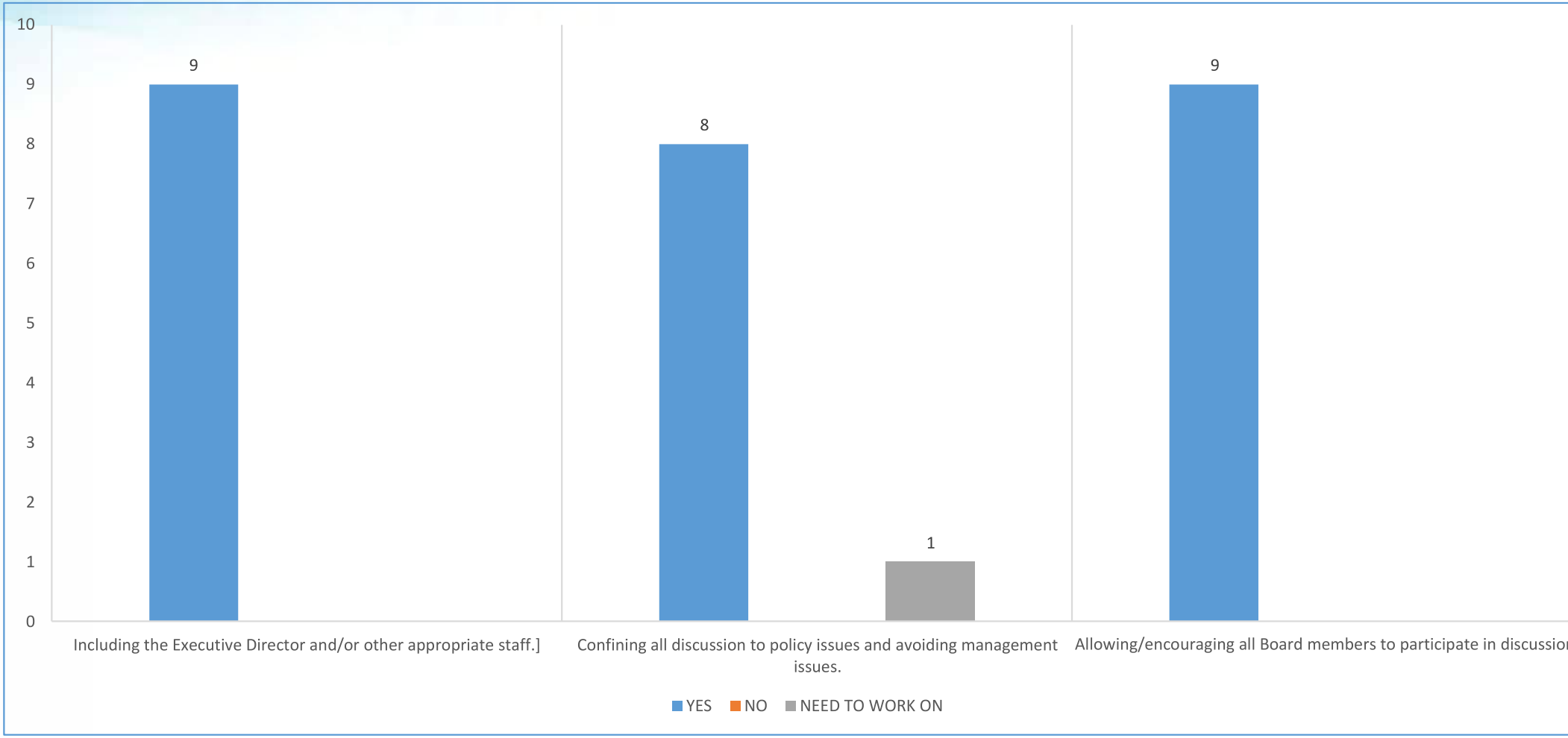
OUR BOARD ENSURES GOOD MEETINGS BY



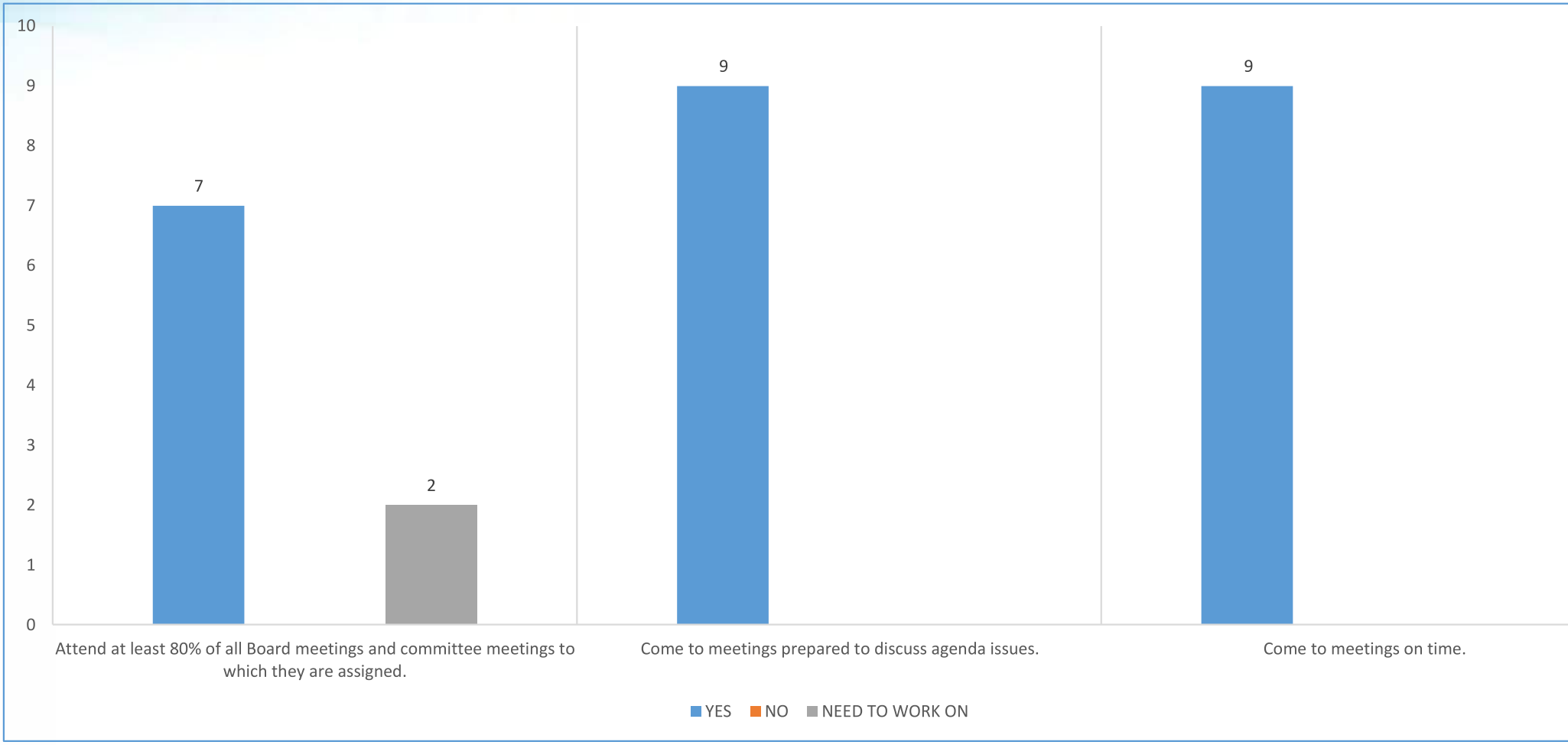
OUR BOARD ENSURES GOOD MEETINGS BY



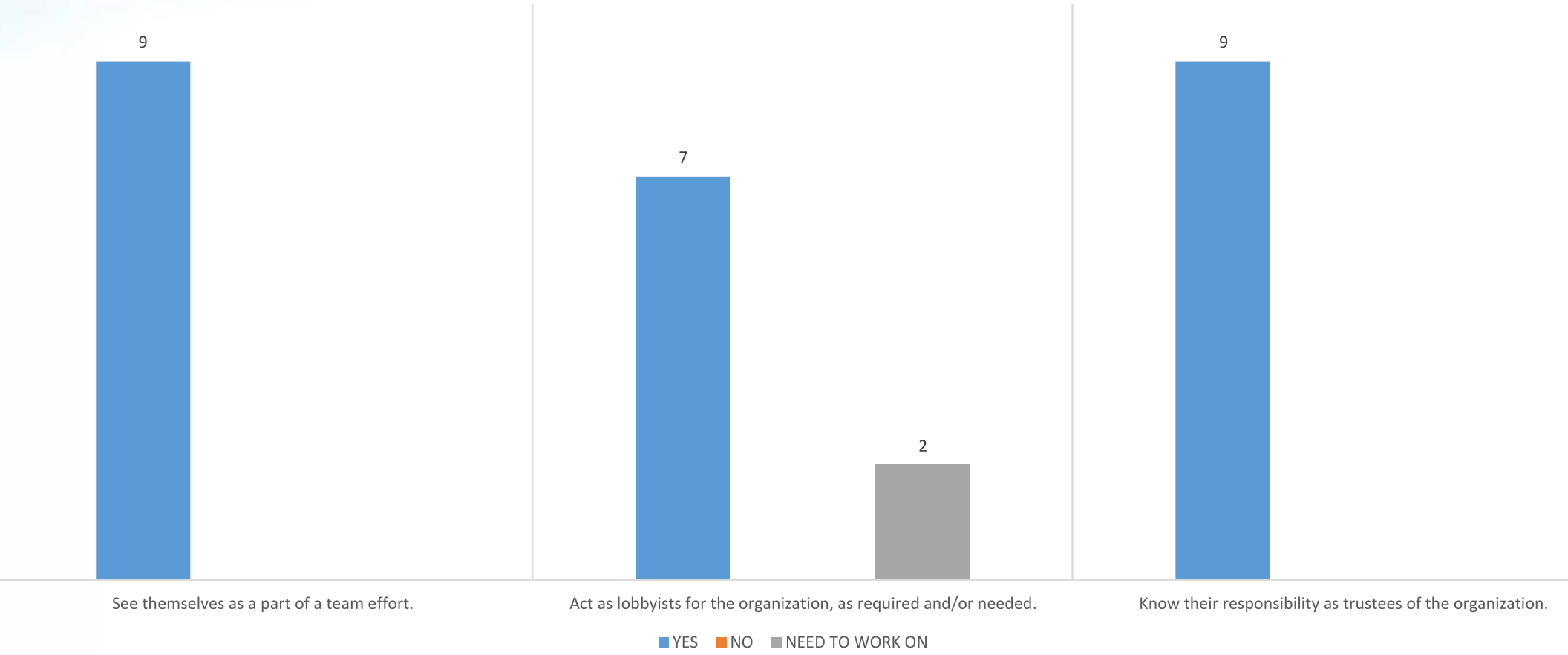
OUR BOARD ENSURES GOOD MEETINGS BY



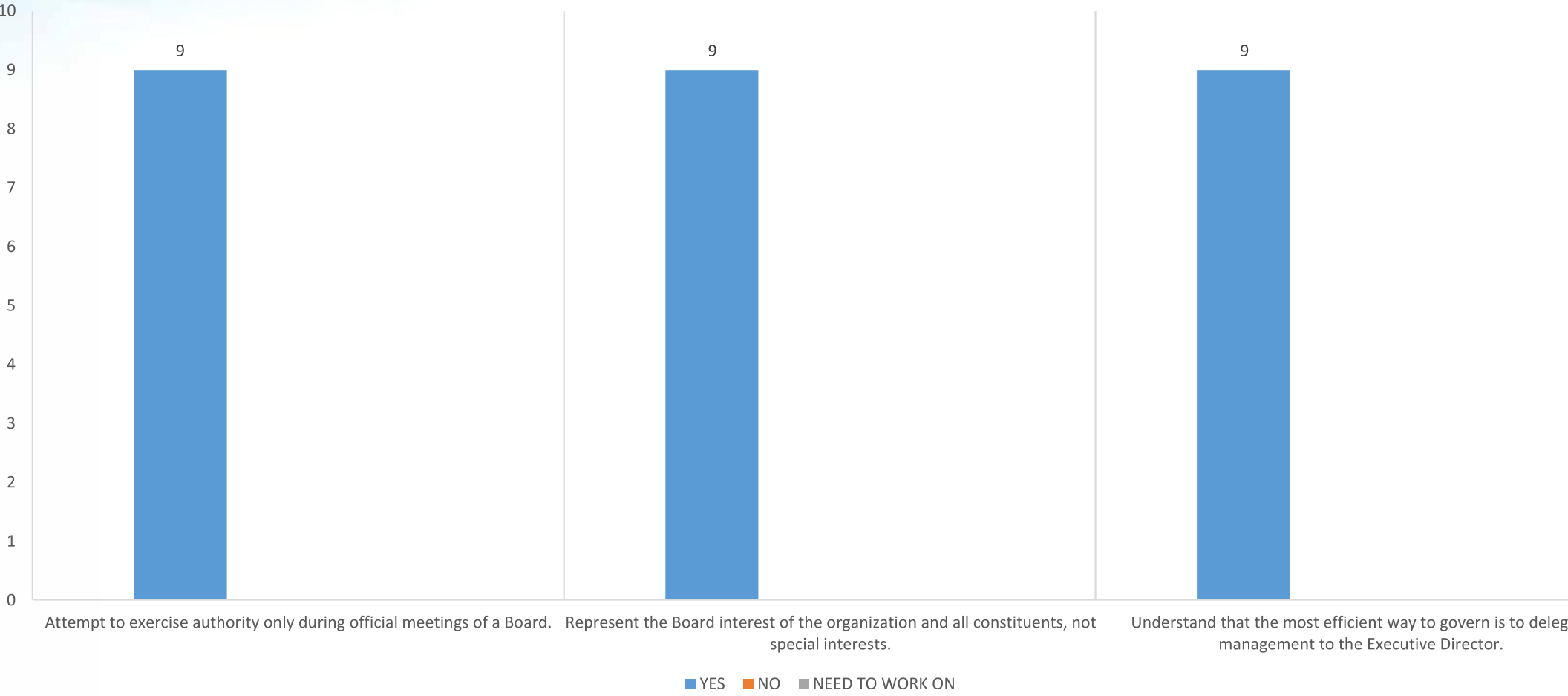
INDIVIDUAL BOARD MEMBERS



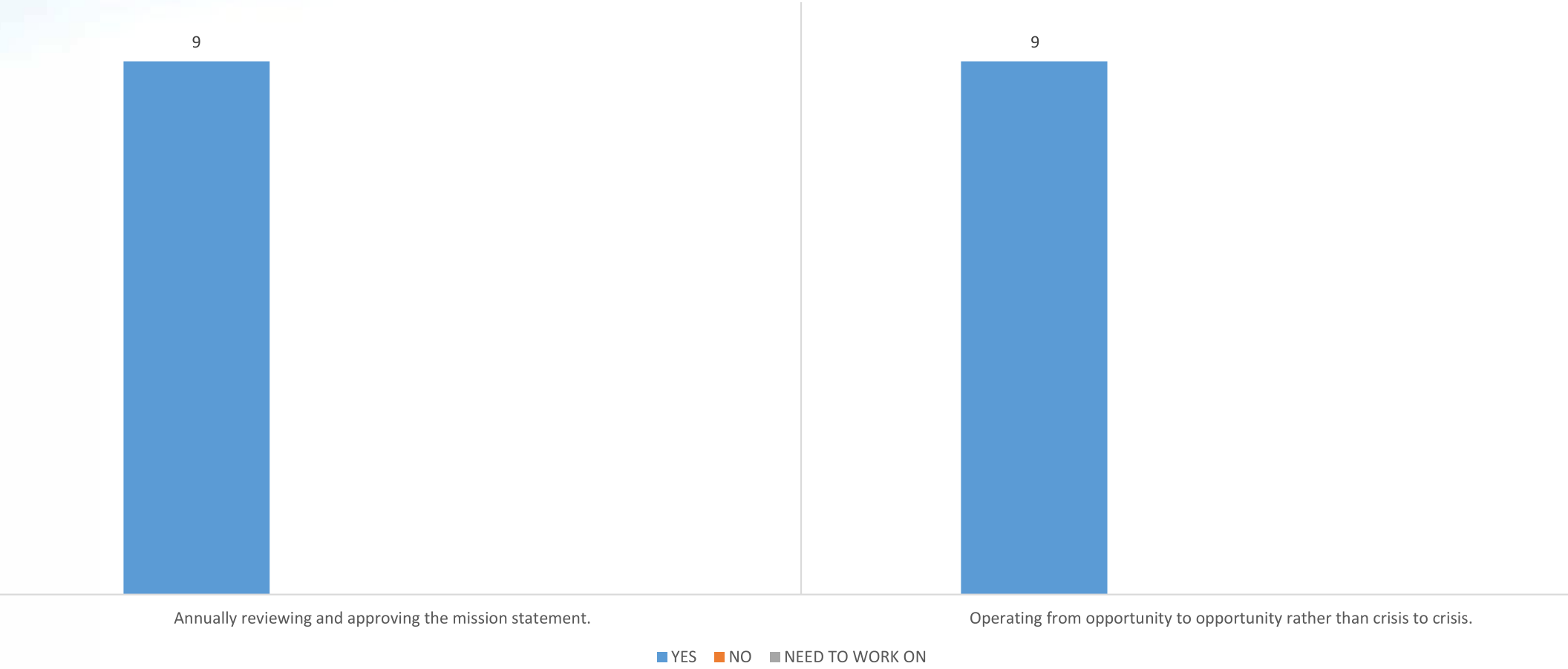
INDIVIDUAL BOARD MEMBERS



INDIVIDUAL BOARD MEMBERS



OUR BOARD PLANS FOR THE FUTURE OF THE ORGANIZATION BY



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

I believe that the PCC Board members are universally committed to, and very passionate about, the mission of the Board, the Clinics, and the Health Care District.

Operating from opportunity rather than crisis

Left blank

I believe that our Board is doing exceptionally well in the category of Selection and Composition.

Collaboration & Respecting viewpoints

The Board shows real strength in selection and composition of the board members. The diversity, breadth, and depth of experience of board members add to the effectiveness of the governance.

Board Orientation

Preparation for meetings and wide participation in discussions

Representing the Board interest of the organization and all constituents, not special interests.

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

eel that on occasion, the PCC Board crosses into operational management territory. I think we need to const
mind ourselves of our governance responsibilities. Conversely, I think the Board needs to take a bit more dir
le (involvement) in the development of the Strategic Plan, board member recruitment (i.e., screening, select
nd orientation of new members), and [clinic] budget development. I realize that Sunshine Laws create some
stacles for our participation, but I think they can be overcome (e.g., publicize the meeting, or appoint a singl
oard member to represent the Board on these matters). Finally, I am grateful for the opportunity to serve on
CC Board and serve the citizens of Palm Beach County in providing quality, compassionate healthcare services
do not think we need improvement in any of the major areas.

election and composition

ur Board is working well in all major categories and no improvement is needed.

embers who participate as much as possible

otentially more training opportunities that Board members could attend together without conflict of interest
allenges.

ours

etter understanding of the needs of individual clinics or sought-after services that the clinics doesn't yet provi

ttend at least 80% of all Board meetings and committee meeting

CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
November 28, 2023

1. Description: Tracking & Emergency Response Policies

2. Summary:

This agenda item presents the Referral Tracking Policy, Diagnostic Test Tracking Policy, Tracking Higher Level of Care Referral Policy, and Code Blue Emergency Response Policy for review and approval.

3. Substantive Analysis:

The HRSA Compliance Manual and for Federal Tort Claims Act (FTCA) Manual regarding Coverage for Health Centers and Their Covered Individuals" outlined updates needed to the risk management procedures that address mitigating risk in referral tracking, diagnostics test tracking, and tracking higher level of care. In addition, the Code Blue Emergency Response is presented for review and re-approval. Accordingly, the Clinics have updated their policies to align with HRSA requirements.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes ☐ No ☐
Net Operating Impact	N/A		Yes ☐ No ☐

*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:

DocuSigned by:
Jessica Cafarelli
CA6A21FF2E[illegible]
Jessica Cafarelli
Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date

CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
November 28, 2023

6. Recommendation:

Staff recommends the Board approve the Tracking and the Code Blue Emergency Response Policies.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7DB6706434...
Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Jesenia Montalvo
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Jesenia Montalvo
Manager, Regulatory and Accreditation

DocuSigned by:
Candice Abbott
F637D209DB52427...
Candice Abbott
SVP & Chief Operating Officer
Executive Director of FQHC Services

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

Diagnostic Test Results Tracking Policy

Policy #:	830-18	Effective Date:	12/3/2021
Business Unit:	Primary Care Clinics	Last Review Date:	4/24/2019
Approval Group:	PCC Clinical Policy	Document Owner(s):	Primary Care Clinics
Board Approval Date:			

PURPOSE

N/A

SCOPE

N/A

POLICY

It is the policy of C. L. Brumback Primary Care Clinics that all laboratory and diagnostic testing performed on all established primary care patients will be followed up to ensure that the results have been received, reviewed by the provider, communicated to the patient, and appropriate follow up actions taken. All test results must be communicated to the ordering provider or a covering provider, if the ordering provider is unavailable, within a period of time that allows prompt clinical action to be taken. The ordering provider or designee must communicate all test results, including normal results, to patients within specified time frames. Procedures are in place for reporting of critical and abnormal test results. This policy applies to all types of test results, such as laboratory, radiology, and other diagnostic tests. The procedure is modeled after HRSA guidance provided in the Program Assistance Letters (PAL).

EXCEPTIONS

N/A

RELATED DOCUMENTS

Related Policy Document(s)	
Related Forms	
Reference(s)	830-18-A
Last Revision	
Revision Information/Changes	

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

Next Review Date	

APPROVALS	
Reviewer approval	Sandra Warren; Charmaine Chibar; Belma Andric;
Reviewer approval date	10/31/2023
Final approver	Darcy Davis;
Final approval date	11/1/2023

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

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

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

Code Blue Emergency Response Policy

Policy #:	828-14	Effective Date:	2/25/2022
Business Unit:	Primary Care Clinics	Last Review Date:	11/16/2023
Approval Group:	PCC Clinical Policy	Document Owner(s):	Primary Care Clinic
Board Approval Date:	01/23/2014		

PURPOSE

N/A

SCOPE

N/A

POLICY

It is the policy of C.L. Brumback Primary Care Clinics to render supportive life preserving care by following the Emergency Response: Code Blue procedure through a team approach until the patient is either stable or transferred to a higher level of care.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS	
Reviewer approval	Sandra Warren; Charmaine Chibar; Belma Andric;
Reviewer approval date	11/16/2023

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

Final approver	Darcy Davis;
Final approval date	11/16/2023

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

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

Referral Tracking Policy

Policy #:	831-14.1	Effective Date:	12/3/2021
Business Unit:	Primary Care Clinics	Last Review Date:	1/30/2019
Approval Group:	PCC Referral Policy	Document Owner(s):	Primary Care Clinics
Board Approval Date:	2/27/2019		

PURPOSE

N/A

SCOPE

All C. L. Brumback Primary Care Clinics team-members

POLICY

It is the policy of C. L. Brumback Primary Care Clinics (CLBPCC) to track referrals to specialists generated by all our service lines including but not limited to Primary Care Medical, Dental, OB/GYN, Behavioral Health and Substance Abuse programs using an electronic reporting system and following guidance provided by HRSA in the Compliance Manual, FTCA Manual and the Program Assistance Letters (PAL).

CLBPCC has implemented a system to track all referrals from their origin until they are returned and evaluated by a provider. This includes specific process and timeframes for the transmission and receipt of referral results, as well as specific process and times frames for follow-up if results are not received in timely manner.

EXCEPTIONS

N/A

RELATED DOCUMENTS

Related Policy Document(s)	
Related Forms	
Reference(s)	831-14-A.1
Last Revision	1/30/2019
Revision Information/Changes	

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

Next Review Date	

APPROVALS	
Reviewer approval	Candice Abbott
Reviewer approval date	11/8/2023
Final approver	Darcy Davis
Final approval date	11/8/2023

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

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

Tracking Higher Level of Care Referrals Policy

Policy #:	PCC-Clin-832-14.1	Effective Date:	10/13/2021
Business Unit:	Primary Care Clinics	Last Review Date:	
Approval Group:	PCC Clinical Policy	Document Owner(s):	Primary Care Clinics
Board Approval Date:	10/23/2014		

PURPOSE

N/A

SCOPE

N/A

POLICY

It is the policy of C.L. Brumback Primary Care Clinics to track all hospital and emergency department (ED) visits for all established primary care patients according to HRSA guidance provided in the Program Assistance Letters (PAL) to ensure continuity of care and a seamless transition from the clinic to the hospital and from the hospital back to the clinic. Each clinic site will assign a staff member to follow through on all known hospital admissions or ED visits. Hospital and ED visits will be monitored as closely as possible to when they occur in order to enhance follow up, prevent readmission and prevent condition from worsening. CL Brumback Primary Care Clinics will strive to establish two-way communication with local hospitals and ED departments so the Primary Care Provider will be notified of an admission or ED visit. CL Brumback Primary Care Clinic staff will ask patients at the beginning of each visit whether they have had a hospital admission or ED visit since their last health center appointment.

EXCEPTIONS

N/A

RELATED DOCUMENTS

Related Policy Document(s)	
Related Forms	
Reference(s)	

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

Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS	
Reviewer approval	Sandra Warren; Charmaine Chibar;
Reviewer approval date	1/21/2022
Final approver	Darcy Davis; Hyla Fritsch;
Final approval date	4/20/2022

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

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CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
November 28, 2023

1. Description: Change in Scope of Services for CL Brumback Clinic – Lewis Center and Belle Glade

2. Summary:

The Lewis Center location hours of operation will be reduced to Wednesdays with hours from 8-5pm. The Belle Glade location's hours of operation include Saturday hours.

3. Substantive Analysis:

Due to decreased volumes since the Covid pandemic leadership recommends to reduce the hours of operation for the Lewis Center to Wednesdays with hours from 8am – 5pm. Belle Glade's operation hours listed on Form 5B at 45 hours to be corrected to 49 hours.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes ☐ No ☐
Net Operating Impact	N/A		Yes ☐ No ☐

*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:

DocuSigned by:
Jessica Cafarelli
CA6A21FF2E0948...
Jessica Cafarelli
Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date

CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
November 28, 2023

6. Recommendation:

Staff recommends the Board approve the Change in Scope of Services for the Lewis Center and Belle Glade.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7DB6706434...Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Candice Abbott
F637D209DB52427Candice Abbott
SVP & Chief Operating Officer
Executive Director of FQHC Services

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 28, 2023

1. Description: Executive Director Informational Update

2. Summary:

Health Center Process Improvement and Efficiencies

- Medical Assistant and Registration Workflow
- Medical Dental Integration

3. Substantive Analysis:

Medical Assistant and Registration Workflow

The purpose of the process improvement event is to create efficiencies in the patient check-out process and allow the Medical Assistant to use the time for patient care related tasks that are relevant to their discipline (i.e., increase patient chart prep).

Medical Dental Integration

Dr. Adametz, Dental Program Director assessed the dental program and determined at our Delray Beach and West Palm Beach locations hygienist appointments were booked several months out creating a delay in patient access. He further reviewed our current Medical Dental Integration (MDI) program and determined we could have Dental Assistants occupy the MDI role which are currently held by hygenists and open up hygienist schedules in those locations thereby reducing the wait time for patients.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes ☐ No ☐
Net Operating Impact	N/A		Yes ☐ No ☐

*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:

DocuSigned by:
Jessica Cafarelli
CA6A21FF2E0948...
Jessica Cafarelli
Interim VP & Chief Financial Officer

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 28, 2023

5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date Approved

6. Recommendation:

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

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7DD6B6B4B...
Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Candice Abbott
F637D209D...
Candice Abbott
SVP & Chief Operating Officer
Executive Director of FQHC Services

CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
November 28, 2023

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
Bernard	Ana	DDS	General Dentistry	Initial Credentialing
Jones	Kiara	LCSW	Licensed Clinical Social Worker	Recredentialing
Lazaro	Nancy	MD	Pediatric Medicine	Recredentialing
Pierre-Louis	Joann	APRN	Nurse Practitioner	Recredentialing

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

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

Ana Bernard, DDS joined the Delray Beach Clinic in 2023 specializing in General Dentistry. She attended the Indiana University School of Dentistry. She has been in practice for sixteen years and is fluent in German and Romanian

Kiara Jones, LCSW joined the Lake Worth Clinic in 2017 as a Licensed Clinical Social Worker. She attended the Florida Atlantic University. Ms. Jones has been in practice for eleven years.

Nancy Lazaro, MD joined the Lantana Clinic in 2015 specializing in Pediatric Medicine. She attended the University of Puerto Rico and also completed her residency at Puerto Rico Medical Center. She has been in practice for twenty years and is fluent in Italian and Spanish.

Joann Pierre-Louis, APRN joined the Lake Worth Clinic in 2015 as a Nurse Practitioner. She attended the Florida Atlantic University and is certified as an Adult Health Nurse Practitioner by the American Academy of Nurse Practitioners. She has been in practice for twelve years and is fluent in Creole.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes ☐ No ☐
Net Operating Impact	N/A		Yes ☐ No ☐

*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:

DocuSigned by:
Jessica Cafarelli
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Jessica Cafarelli
Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date

6. Recommendation:

Staff recommends the Board approve the Initial Credentialing and privileging of Ana Bernard, DDS, General Dentistry.

Staff recommends the Board approve the Recredentialing and privileging of Kiara Jones, LCSW, Licensed Clinical Social Worker.

Staff recommends the Board approve the Recredentialing and privileging of Nancy Lazaro, MD, Pediatric Medicine.

Staff recommends the Board approve the Recredentialing and privileging of Joanne Pierre-Louis, APRN, Nurse Practitioner.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
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Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Charmaine Chibar
B6F5640C1C56454...
Dr. Charmaine Chibar
FQHC Medical Director

DocuSigned by:
Candice Abbott
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Candice Abbott
SVP & Chief Operating Officer
Executive Director of FQHC Services

CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
November 28, 2023

1. Description: Quality Report

2. Summary:

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

- Quality Council Meeting Minutes – November 2023
- UDS Report – YTD
- Provider Productivity – October 2023

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.

PATIENT SATISFACTION AND GRIEVANCES
Patient relations to be presented as separate agenda item.

QUALITY ASSURANCE & IMPROVEMENT
Diabetes Management: As part of our continued commitment to providing quality care for our diabetic patients, we dedicated time at our October's providers meeting to educating our providers on the updated American Diabetes Standards of Care for 2023. This comprehensive review included updates on classification and diagnosis of diabetes as well as updated treatment recommendations. Providers were also provided with resources such as the clinical guidance from the American Association of Clinical Endocrinologists as well as a link to download the ADA Standards of Care app for their personal mobile devices.

UTILIZATION OF HEALTH CENTER SERVICES
Individual monthly provider productivity stratified by clinic.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes ☐ No ☐
Net Operating Impact	N/A		Yes ☐ No ☐

*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:

DocuSigned by:
Jessica Cafarelli
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Jessica Cafarelli
Interim VP & Chief Financial Officer

CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
November 28, 2023

5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date

6. Recommendation:

Staff recommends the Board approve the updated Quality Report.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
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Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Charmaine Chibar
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Dr. Charmaine Chibar
FQHC Medical Director

DocuSigned by:
Candice Abbott
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Candice Abbott
SVP & Chief Operating Officer
Executive Director of FQHC Services

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

Quality Council Meeting Minutes
Date: November 8, 2023
Time: 2:00PM – 4:30PM

Attendees: Steven Sadiku – Director of Corporate Quality; Maria Chamberlin – Assistant Director of Nursing; Shauniel Brown – Senior Risk Manager; Carolina Foksinski- Operations Process Manager; Jokebed Laurore- Nurse Educator; Nancy Gonzalez – Dental Program Director; Erik Lalani – Dental Operations Manager; Alexa Goodwin – Patient Relations Manager; Lisa Hogans – Director of Nursing; Dr. Sandra Warren – Associate Medical Director; Dr. Ana Ferwerda – Director of Clinic EHR Optimization & Women's Health; Dr. Charmaine Chibar – FQHC Medical Director; Angela Santos – Director of Ops; Dr. Josh Adametz – Dental Director; Jessica Ramirez; Candice Abbot – SVP & Chief Operating Officer, Marisol Miranda – Director of Clinic Operations; Ivonne Cohen – Business Intelligence Developer
Excused:; Courtney Phillips
Minutes by: Christine Ferguson – Executive Assistant

AGENDA ITEM	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
Health Center	**Achievement of Health Center Program Objectives?** - FAU Psychiatry Residency Program • Implementation of injectables for mental health - Community Partnership in Schools - Continual efforts of COVID-19 Vaccinations and Testing until March 2022 - Implementation of Narcan Program **Service utilization patterns?** - Implementation of Flow Schedule - Barriers of transportation for uninsured patients (Medical Lyft program) - Expansion of Womens Health in Belle Glade Clinic and Jupiter Clinic - Expansion of Behavioral Health service lines to West Palm Beach and Lantana clinics			

	- Expansion of pediatric services in West Boca clinic **Quality of care?** - Chronic disease management (CDM) - Early detection for breast and cervical cancer - Expansion of inventory of injectable medications - Expansion of Point and Care Testing (Strep and Influenza) **Efficiency and effectiveness of health center?** - Check out process - MDI Program - changing provider from Hygenist to Dental Assistant to allow more availability for patients access to appointments **Patient satisfaction, including addressing any patient grievances?** - Implementation of Phreesia for patient satisfaction surveys - 5 Star Google Review implementation - Feedback Form added to Phone Line - Feedback option on the company's online home page			
PATIENT SAFETY & ADVERSE EVENTS				
OCCURRENCES	Per Compliance, discussion surrounding not recording meetings. **Report Summary** The October 2023 Risk Management Tableau dashboard was presented. Volumes were provided for the following clinic areas and types: total reported events, incidents,			

	and good catches. Trends were also presented by volume of reported entries and clinic location. The Risk Report Summary and graphical data were reviewed with the Committee for October 2023. 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. **(October 2023 Risk Report Summary presented with graphs.)**			
UTILIZATION				
OPERATIONS	**Productivity**			

Productivity October 2023

Service Line	Target		Seen		% of Goal
	In Person	Tele	In Person	Tele	**Total**
Adult Care	6,764		5,168		76%
Pediatrics	1,988		1,765		89%
Primary Residents	735		638		87%
Women's Health	826		596		72%
Behavioral Health	689		601		87%
Behavioral Health - Psych	494		315		64%
Psych Residents	618		407		66%
Substance Use	799		721		90%
Dental	2,419		2,302		95%
Dental Hygiene	1,064		1,002		94%

(Clinic productivity report with graphs were presented.)

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

	Walk-ins Medical • Scheduled: 7,844 • Walk-Ins: 1,954 Dental: • Scheduled: 2,425 • Walk-Ins: 470			
	No Show Rates No Show rate was 21%, a 5.7% increase from the previous month as a result of new reporting structures. Year to date no show rate is 24%, between medical and dental, of which 1% is from telehealth visits. **(Report with graph presented.)**			
	Doximity Dialer Usage -September 2023 **Users** • 56 registered users (98.2% registration rate) ○ 22 active users (9 MD/DOs, 6 NP, PA, 7 Care Team **Calls** • 250 total calls ○ 175 voice calls ▪ 106 successful calls (92%) success rate ▪ 1 call escalated to video ○ 75 video calls ▪ 58 successful calls (77.3%) success rate ○ 7 secure text **(Report with breakdown by specialty and user)**			

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

PATIENT RELATIONS				
GRIEVANCES, COMPLAINTS & COMPLIMENTS	**<u>Patient Relations Dashboard</u>** For September 2023, there were a total of 13 Patient Relations Occurrences that occurred between 3 Clinics and Clinic Administration. Of the 13 occurrences, there was 3 Grievances and 10 Complaints. The top 5 categories were Communication, Care & Treatment, Physician Related, Respect Related, Referral Issues, Nursing Related, Finance Related and Environmental Issues. The top subcategory was Poor Communication with 2 occurrences. There was also a total of 9 patient compliments received across 5 Clinics. Breakdown of each clinic presented. ***(Patient Relations Report & Patient Relations Dashboard with Graphs presented.)***			
SURVEY RESULTS	**<u>Patient Satisfaction Survey – October 2023</u>** For October 2023 there were 673 Patient Satisfaction Surveys completed out of a total of 14,049 patient visits. This is a 5% return rate out of the total survey delivered for the month. West Palm Primary had the highest return rate (106/1,949). The top 5 and lowest 5 scored-questions were presented for each area. "Best Questions" for in person visits – October 2023: • Quality of your medical care – 92% (1% decrease from previous month) • Ease of making your appointment – 91% • Care and concern of our nurses/medical assistants - 90% (3% decrease from previous month)			

	• Courtesy of the person who took your call – 90% (6% increase from the previous month) • Friendliness of the receptionist upon your arrival – 90% (2% increase from the previous month) "Worst Questions" for in person visits – October 2023: • Waiting time in reception area – 11% (same as previous month) • Your ability to contact us after hours - 13% (1% decrease from previous month) • Parking – 10% • Being aware of care you received from other doctors/providers, not in this practice – 10% (8% decrease from previous month) • Being informed about any delays during this visit – 10% (Decrease of 5% from last month) Of the surveys received October, 46% of patients perceived wait time between 6 to 15 minutes, 38% of responses were from patients that this was their first visit to the practice, 75% of surveys completed were by females and most patients preferred to be seen on Monday or Tuesday mornings. 83% of responses in October were promoters (decrease from the last month where promoters were 86%), 12% of responses were neutrals (increase from the previous month where neutrals were 9%) and 5% of responses were detractors (decrease from the previous month where detractors were 6%). Top promoters, detractors, and patient comments presented by clinic and service line. Clinic			

	trends over time to be shared with Clinic Supervisors and Coordinators. Reviewed patient satisfaction survey preferences for days of the week appointment times being offered in alignment with patient preferences and hours of operation. **(Patient Satisfaction Survey PowerPoint presented.)**			
OUTBOUND CALL CAMPAIGNS	**Afterhours Report – October 2023** In Oct 2023, the Clinic Service Center returned 164 after hours calls. This was a 1% increase from the previous month. 78% of these calls were medical related followed by Dental with 9% of calls received. Delray Clinic recieved the most AHC's with 32% of calls for Oct 23. Of the 164 after hours calls received, we see our highest volumes in patients calling for "appt request" with 25% of all calls followed by "Adult Clinical issues" with 24% calls over the past month. Our highest Trends over time reported. ***(Outbound Campaign PowerPoint presented.)***			
QUALITY				
QUALITY				
QI/QA	During the meeting we reviewed the updated QI/QA paln, document was presented on screen for review and discussion.			

Needs Assessment	**<u>2023 Palm Beach County Community Health Improvement Plan</u>** **1. Chronic Disease Management Project** **Goal:** Help patients feel more confident in their self-management skills - keeping them on track towards better health and being supportive of their process towards behavior-change How is this accomplished? • Risk Stratification - Identify target patient population using customized Risk Score in Epic • Care Team Approach - Daily huddles - Shared Visits - Patient, Nurse, Provider - Shared-decision making/collaborative goal setting Patient, Nurse, Provider • Self-Management Education & Action Planning – Patient and Nurse - Education encourages patient engagement and is individualized to their needs - Motivational interviewing techniques elicit behavior change - Create an action plan that outlines how patient will accomplish goal (SMART Goal)			

	- Anticipate barriers and discuss/identify strategies to overcome barriers • Frequent Follow-Up/Care Coordination – Telephone or In-Person - Frequent assessment of patients progress towards goal/revision of action plan, if needed - Care Coordination activities: medication reconciliation, BP/BG log review, etc. **Grant with the American Heart Association** • Reviewed/trained providers on the standars of care during the Physician Monthly Meetings in September and October of 2023. Review will continue through the year. • Dr. Warren is working on providing the physicians with a baseline data related to standars of care to monitor improvement. **2. Expansion of Behavioral Health Services across multiple sites in our county** • Mangonia Park clinic is currently fully operating at full capacity for mental health care. The clinic is providing psychiatric care, substance use disorder, group therapy, and individual group therapy. • October 2022 HCD opened a clinic in Delray and are currently working on replicating the same care as Mangonia Park Clinic. • We partnered with the FAU Psychiatirc Residency Program in July 2023 were we			

	were able to add a total of 8 residents to our provider team and now we are able to provide sam day availability for our mental health patients. • We expanded behavioral health services medical staff to our West Palm Beach clinic and our Lantana clinic for 4 days a week. • We are working very closely with our community partners with coordinating care for our patients, which have helped us acquire recovery coordinators and care coordinators for our patients. • Our model is currently being replicated in other counties in the state. • Dr. Chibar and Dr. Phillips are currently working on expanding our pediatric mental health care services. **3. HIV Grant** • We were recently awarded an HIV Grant and we are working on expanding HIV screenings amongst our clinics. **Community Partners School** • We implemented this program on August 10th, 2023 at John F. Kennedy Middle School and Lake Worth High School to increase access to care. **Expansion of Clinics**			

	• Expansion of clinics and services in Delray and St. Ann Place clinic. **Community Outreach Events**			
MEDICAL	**<u>Hemoglobin A1C/Point of Care Testing</u>** Shows: The diabetes measure data for October, 2023 shows that our patients are currently controlled at (2898)74 % while (998) 26% are uncontrolled (of 3896 diabetic patients total) and (107) 3% of patients need data. Our HRSA goal is to have 67% of patients with controlled diabetes. Up to October, there were 3352 POC A1Cs done (91% of Diabetic Patients). The majority of controlled patients (91%) and uncontrolled patients (97%) had the A1c done at POC vs. lab. **(Diabetes dashboard presented.)**			
	<u>Colorectal Cancer Screening October 2023</u> Satisfied: 4184 (42%) No met: 5887 (58%) **(Report with graph presented.)**			
	<u>FIT Test October 2023</u> Among patients with the colorectal cancer screening that do not meet having the screening completed, the screening was ordered in 60% of the patients and 40% of			

	the patient did not have and order for Fit test. The rate of completion persists low. Our highest return rates during the past year up to October, 2023 were at Boca Clinic (58%), Lantana Clinic (50%), and Belle Glade Clinic (44%). **(Report with graph presented.)**			
	<u>Cervical Cancer Screening October 2023</u> Satisfied: 6702 (61%) Needs Data: 4246 (39%) **(Report with graph presented.)**			
	<u>HPV</u> Second dose in both females and males for 9-10y and 11-12y has improved, especially when compared to Meningococcal & TDAP. **(Report with graph presented.)**			
	<u>Breast Cancer Screening October 2023</u> Satisfied screenings – 2329 (58%) Unsatisfied Screenings – 1712 (42%) • Not Met with order – 1314 (76%) • Not Met (Patient Missed) – 392 (24%) **(Report with graph presented.)**			
Dental Clinic Audit	**<u>Dental Sealants</u>** YTD 2023: **96%** (551; n=573) October 2023: **98%** (157; n= 161)			
	<u>Limited Exams</u> **October 2023: 411**			

	-Same Day Extractions: **167 (41% n=411)** -Antibiotics Given: Patients without a future extraction appointment type **136 (33% n=411)** -Ext. not needed(non-emergent): **80 (19%n=411)** -Returns (Follow-Up): Patients with a future extraction appointment type **28 (7% n=411)** -Returned within 21 days for ext.: **22 (79% n=28)**			
	MDI/WHO **October 2023** Total Well Visit Pediatric Patients: **230** - Excluded from MDI KPI **77 (33%; n=230)** - Eligible MDI **153 (67%; n=230)** Total Pediatrician KPI Patients (Pts who do not have a dental home): **153** - No MDI **92 (60% n=153)** - MDI **61 (40% n=153)** Total of patients who had MDI visit: **61** - Declined WHO **70 (43% n=61)** - Interested in WHO **19 (30% n=61)** Total Dentist KPI Patients (Pts. Interested in WHO): **21** - WHO not seen by Dentists **9 (37%; n=19)** - WHO seen by Dentists **12 (63%; n=19)**			
	Dental Clinic Audit Summary **Dental Clinic Audit – October 2023** | **Belle Glade** | **97%**			

	Delray **97%** **Lantana** **97%** **West Palm Beach** **97%**			
Behavioral Health	**PHQ9** **October 2023** Total encounters with PHQ9: 5,811 12.75% positive rate Unique patients with positive PHQ9= 416/7% **(Report with graph presented.)**			
	Depression Remission **October 2023** 42% achieving depression remission (294 patients) 2% increase from the previous month. We are exceeding our goal of 14% **(Report with graph presented.)**			
NURSING	**<u>Higher Level of Care</u>** Higher Level of Care September 2023 117 ER referrals/ 110 patients were sent to the ER in September. The breakdown of the referrals is: • WH- 15 (13%) • Peds- 25 (21%)			

	• Adult- 75 (64 %) (this combines urgent care and emergency medicine referrals) • Life Trans to LMC- 0 (%) • Adult Crisis- 1 (1%) • Peds Crisis- 1 (1%) There were 7 patients with multiple orders in September- 1. Patient was sent on both visits, 9/18 and 9/19, to the ER for hypertensive crisis. Patient refused. Patient missed subsequent follow up visits but phone attempts were made by the clinic team. Next visit was 10/6 and BP was significantly lower. 2. OBGYN patient seen on 9/20, 40 weeks gestation, minimal care, first visit. Second visit 9/22, to ER for antenatal testing and possible induction of labor 3. Both referrals done on same day 9/18. One for child and one for adult stabilization. Patient is a minor. Adult stabilization referral in error. Baker act for suicidal ideation. 4. Patient in clinic 9/19 with symptomatic hyperglycemia, sent to ER. Did not go to the ER on 9/19 so sent again on 9/25. On 9/25			

	sent to ER with symptomatic hyperglycemia (accucheck unable to read, too high). 5. OB/GYN patient seen on 9/19 and sent to ER to rule out pre-eclampsia. On 9/29 was sent for IOL 6. Patient sent for hyperglycemia on 9/22 and then again on 9/25 hospital follow up visit for abscess, unrelated to first referral 7. OB/GYN patients sent to ER for delivery on 9/13. 2 referrals dropped during visit, both for ER. One was for delivery planning, potential IOL and the other for eval of possible DVT. One referral order could have been utilized for both. PEDS REFERRALS- highest producer was Dr. Clarke- having 11 (44 %) ADULT REFERRALS- highest producers this month were Carline St. Vil in Delray with 9 (12%), and Dr. Castiglia in Boca with 7 (9%) for the second month in a row. The clinics with the most referrals continues to be Belle Glade primary with 23 (31%). WPB had 16 (21%) of the referrals for this month.			

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

QUALITY METRICS

UDS YTD 2023

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

Medical UDS Report	**Adult Weight screening and follow-up:** (N/A% / 90%)			
	Breast Cancer Screening: *(_58_%/60%)*			
	Cervical Cancer Screening: *(_61_% /65%)*			
	Childhood immunization: (_43_%/ 60%)			
	Colorectal Cancer Screening: *(_43_% / 82%)*			
	Coronary Artery Disease CAD: *(_84_% / 81%)*			
	Dental Sealants: *(_96_% / 75%)*			
	Depression Remission: *(_41_% / 14%)*			
	Diabetes: *(_73_% / 67%)*			
	HIV Screening: (_53_% / 32%)			
	Hypertension: *(_72_% / 80%)*			
	Ischemic Vascular Disease (IVD): *(_77_% / 86%)*			
	Depression screening: *(_94_% / 83%)*			
	Depression screening (Homeless): (_92_% / 83%)			
	Tobacco use screening & cessation: *(_96_% / 93%)*			
	Weight assessment, Children & Adolescent: (N/A% /90%)			

Meeting Adjourned: 4:07pm

PRODUCTIVITY REPORT OCTOBER 2023

ALL PROVIDERS *AS 10/31/2023 Based on Completed Appointments*

<51% >=51% and < 80% >= 80% and <100% >= 100%

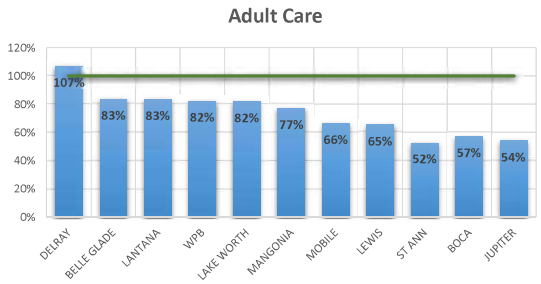
Provider	Daily Target	Days Worked	Target for the Month	% Monthly Target Achieved		Daily Average
			Total	Total		
ADULT CARE						
ALFONSO PUENTES, RAMIRO, MD	18	20.0	360	274	76%	13.7
CASTIGLIA, SARAH, MD	18	22.0	396	226	57%	10.3
DABU, DARNEL, MD	*18 when no precepting*	3.5	29	28	97%	8.0
DORCE-MEDARD, JENNIFER, MD	18	1.0	18	16	89%	16.0
FERNANDEZ SANCHEZ, MARCO, NP	20	21.5	430	339	79%	15.8
FIDLER, LISA, APRN	16	21.0	326	198	61%	9.4
FLOREZ, GLORIA MATILDE, MD	18	18.5	333	266	80%	14.4
JEAN-JACQUES, FERNIQUE, NP	16	21.5	344	315	92%	14.7
KOOPMAN, REBECCA SUE, PA	20	19.0	380	283	74%	14.9
LAM, MINH DAI, NP	16	19.5	312	363	116%	18.6
LANGLEY, TAMARA, NP	16	19.5	312	183	59%	9.4
LARA SUAREZ, MARIA, NP	16	21.0	336	195	58%	9.3
MILLIEN, ELEONORE, APRN	8	20.5	164	109	66%	5.3
NAVARRO, ELSY, NP	16	15.5	248	212	85%	13.7
NOUKELAK, GERMAINE, MD	18	21.5	387	362	94%	16.8
PEREZ, DANIEL JESUS, MD	*18 when no precepting*	4.5	39	27	69%	6.0
PHILISTIN, KETELY, NP	16	21.0	336	278	83%	13.2
PIERRE LOUIS, JOANN, NP	16	19.5	312	250	80%	12.8
TAHERI, NERGESS, DO	*18 when no precepting*	6.0	81	68	84%	11.3
TUCKER, CHELSEA, PA	16	12.5	197	129	65%	10.3
TUSSEY, CLAUDIA, MD	*New Provider*	7.0	62	62	100%	8.9
ST. VIL, CARLINE, NP	16	18.5	304	300	99%	16.2
STANEK, EWELINA, PA	16	22.0	352	275	78%	12.5
WARREN, SANDRA, MD	18	10.5	189	155	82%	14.8
WILMOT, ALTHEA, NP	18 / 6 *Mobile, St Ann, Lewis*	19.5	157	90	57%	4.6
ZHANG, MICHAEL, MD	18	20.0	360	165	46%	8.3
ADULT CARE TOTALS		**426.5**	**6,764**	**5,168**	**76%**	
RESIDENCY PROGRAM						
PGY-1	5	23.0	130	118	91%	5.1
PGY-2	11	25.5	285	226	79%	8.9
PGY-3	14	24.0	320	294	92%	12.3
RESIDENTS TOTAL		**72.5**	**735**	**638**	**87%**	
PEDIATRIC CARE						
CLARKE-AARON, NOELLA, MD	20	13.5	270	238	88%	17.6
CHIBAR, CHARMAINE, MD	20	0.5	1	1	100%	2.0
DESSALINES, DUCLOS, MD	20	15.5	310	300	97%	19.4
HERNANDEZ GARCIA, JOSE, MD	20	16.5	297	222	75%	13.5
NORMIL-SMITH, SHERLOUNE, MD	20	14.5	290	234	81%	16.1
LAZARO RIVERA, NANCY, MD	20	20.5	410	416	101%	20.3
MARZOUCA, KISHA F., MD	20	20.5	410	354	86%	17.3
PEDIATRIC CARE TOTALS		**101.5**	**1,988**	**1,765**	**89%**	
WOMEN'S HEALTH CARE						
FERWERDA, ANA, MD	18 / 14 BG	10.5	175	134	77%	12.8
FINLEY, NICOLE, NP	16	18.5	296	236	80%	12.8
PROPHETE, JOYCE, MD	18 / 14 BG	20.5	355	226	64%	11.0
WOMEN'S HEALTH CARE TOTALS		**49.5**	**826**	**596**	**72%**	
BEHAVIORAL HEALTH INTEGRATION						
CALDERON, NYLSA, LMHC	10	16.5	165	143	87%	8.7
HIRSCH, KAREN, LCSW	8	17.5	134	82	61%	4.7
BROWN, JEREMY, LCSW	10	21.5	215	188	87%	8.7
JONES, KIARA, LCSW	10	17.5	175	188	107%	10.7
BH INTEGRATION TOTALS		**73**	**689**	**601**	**87%**	
BEHAVIORAL HEALTH PSYCHIATRY						
PETER, AMANDA, NP	12	20.5	246	170	69%	8.3
PHILLIPS, COURTNEY, MD	12	0.5	1	1	100%	2.0
DEMNER, ADAM, MD	12	1.0	1	1	100%	1.0
BURROWES, SHARON, NP	12	20.5	246	143	58%	7.0
BEHAVIORAL HEALTH PSYCHIATRY		**42.5**	**494**	**315**	**64%**	
RESIDENT PSYCHIATRY						
MENEFEE, STEPHEN, MD	12	8.0	96	64	67%	8.0
BEAMAN, DAVID, MD	12	6.5	78	41	53%	6.3
DHALIWAL, AMAREEN, MD	12	5.5	66	49	74%	8.9
HOGUE, KRISTIAN, MD	12	5.0	60	28	47%	5.6
MAXWELL, CHRISTIAN, MD	12	4.5	54	56	104%	12.4
NGUYEN, ANH-VU, MD	12	4.0	48	29	60%	7.3
SANCHEZ, GRETEL, MD	12	8.0	96	57	59%	7.1
TORRES, MICHAEL, MD	12	10.0	120	83	69%	8.3
RESIDENTS PSYCHIATRY TOTAL		**51.5**	**618.0**	**407.0**	**66%**	
BEHAVIORAL HEALTH ADDICTION						
MILETA, SNJEZANA, LMHC	10	21.5	215	218	101%	10.1
SILVER, DAWN, PhD	10	5.0	50	36	72%	7.2
LARRAD LAMOTE DE GRIGNON, MARIA, LCSW	10	21.5	215	115	53%	5.3
MITCHELL, ANGELA DENISE, LCSW	8	20.5	164	191	116%	9.3
REXACH, CLAUDIA, LMHC	10	15.5	155	161	104%	10.4
BH ADDICTION TOTALS		**84**	**799**	**721**	**90%**	
DENTAL						
ABREU, MARIANA, DDS	16	22.0	351	338	96%	15.4
ADAMETZ, JOSHUA, DMD	16	6.5	99	99	100%	15.2
ALWEHAIB, ARWA, DDS	16	21.5	344	392	114%	18.2
BOWEN, BEVERLY, DMD	16	20.5	321	310	97%	15.1
SEMINARIO, ADA, DDS	16	21.5	344	280	81%	13.0
SOFIANOS, MICHAEL, DMD	16	20.0	320	356	111%	17.8
WILLIAMS, RICHARD, DMD	16	18.5	296	245	83%	13.2
ZANGENEH, YASMINE, DMD	16	21.5	344	282	82%	13.1
DENTAL TOTALS		**152.0**	**2,419**	**2,302**	**95%**	
DENTAL HYGIENE						
MOZER NASCIMENTO, ARIANNE MILENA	8	19.5	156	154	99%	7.9
DUCHARME, RHONDA	8 / 16 MDI	14.0	216	196	91%	14.0
HARDCASTLE, CORINA	8	19.5	156	146	94%	7.5
FEOLA, LEYDA	8	21.5	172	154	90%	7.2
MASON, SHERRY	8	20.5	164	144	88%	7.0
PETERSEN, PATRICE	8 / 16 MDI	13.5	200	208	104%	15.4
DENTAL HYGIENE TOTALS		**108.5**	**1064**	**1,002**	**94%**	
GRAND TOTAL		**1161.5**	**16,396**	**13,515**	**82%**	

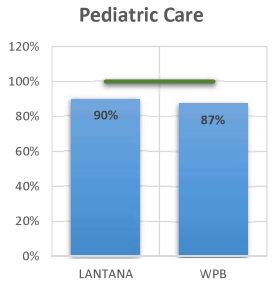
PRODUCTIVITY REPORT OCTOBER 2023

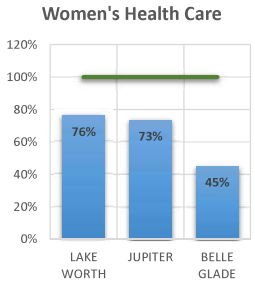
<51% | >=51% and < 80% | >= 80% and <100% | >= 100%

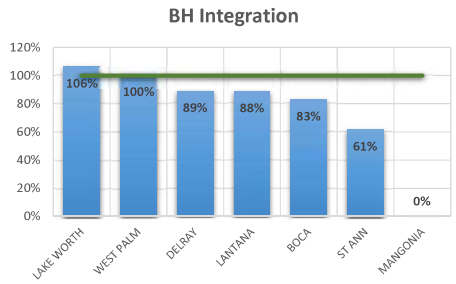
ALL CLINICS *AS 10/31/2023 Based on Completed Appointments*

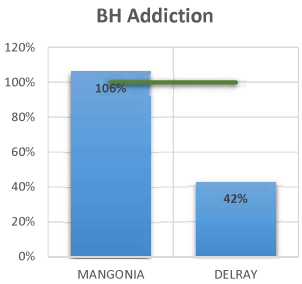
Category	Target for the Month			Total for the Month Seen			% Monthly Target Achieved
AS 10/31/2023	AM	PM	Total	AM	PM	Total	
ADULT CARE	3,519	3,245	6,764	3,155	2,013	5,168	76%
PEDIATRIC CARE	1,033	955	1,988	1,103	662	1,765	89%
WOMEN'S HEALTH CARE	450	376	826	418	178	596	72%
BH INTEGRATION	370	319	689	295	306	601	87%
BH ADDICTION	409	390	799	474	247	721	90%
DENTAL HEALTH	1,258	1,161	2,419	1,574	728	2,302	95%
DENTAL HYGIENE	540	524	1,064	479	523	1,002	94%
BH PSYCHIATRY	253	241	494	185	130	315	64%
RESIDENCY PSYCHIATRY	324	294	618	270	137	407	66%
RESIDENCY PROGRAM	382	353	735	385	253	638	87%
Grand Total	**8,538**	**7,858**	**16,396**	**8,338**	**5,177**	**13,515**	**82%**

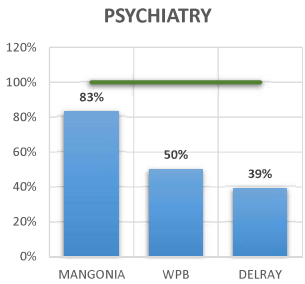


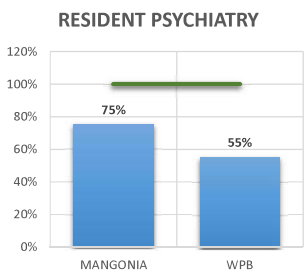


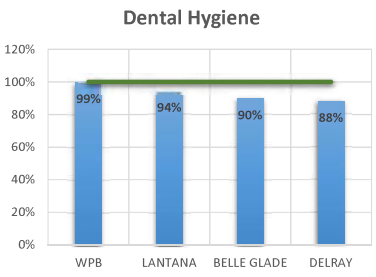


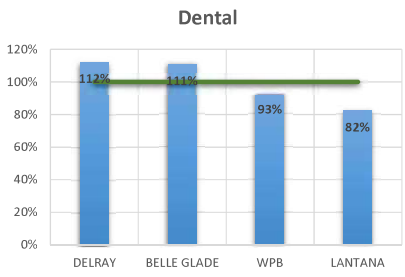


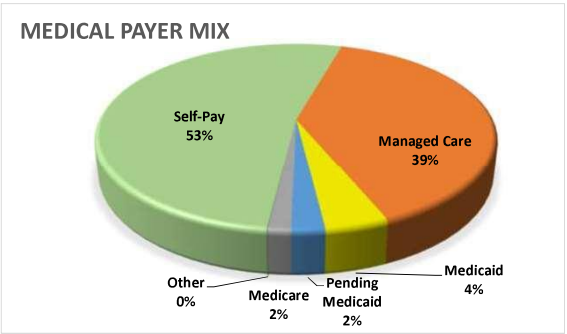


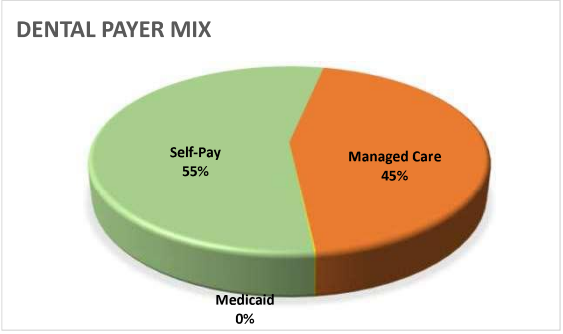


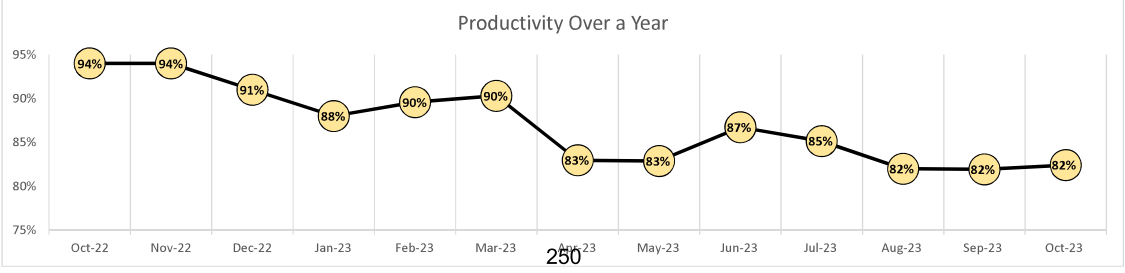












SATURDAY

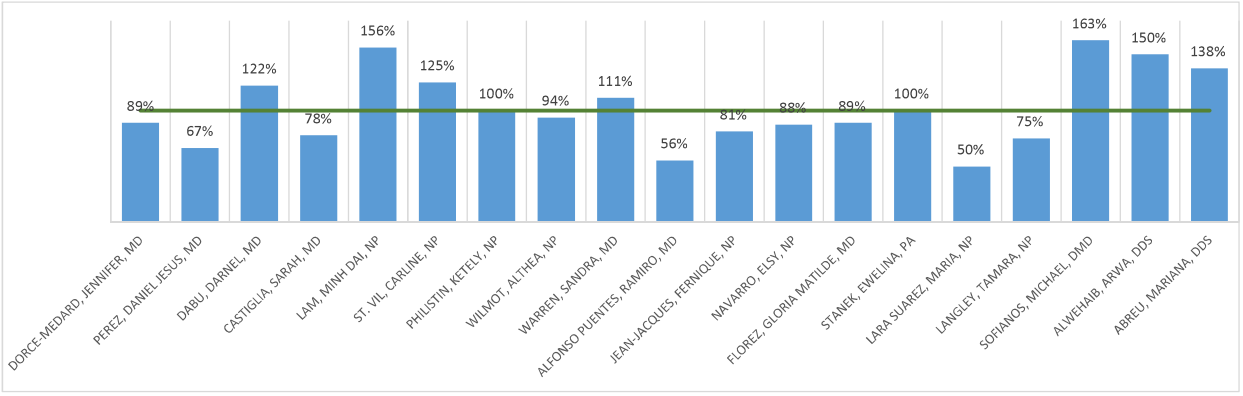
<51% | >=51% and < 80% | >= 80% and <100% | >= 100%

PRODUCTIVITY REPORT OCTOBER 2023

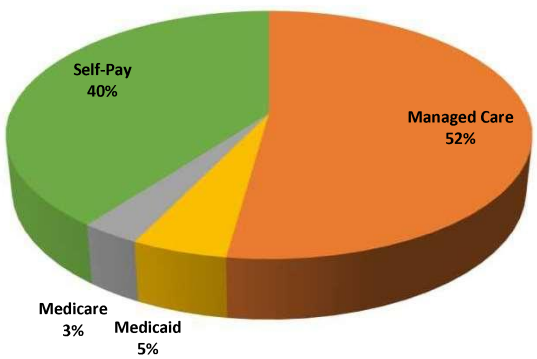
AS 10/31/2023 Based on Completed Appointments

ADULT CARE						
Provider	Daily Target (1/2 Day)	# Saturdays Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
BELLE GLADE						
DORCE-MEDARD, JENNIFER, MD	9	2	18	16	89%	8.0
PEREZ, DANIEL JESUS, MD	9	1	9	6	67%	6.0
DABU, DARNEL, MD	9	1	9	11	122%	11.0
DELRAY						
CASTIGLIA, SARAH, MD	9	1	9	7	78%	7.0
LAM, MINH DAI, NP	8	2	16	25	156%	12.5
ST. VIL, CARLINE, NP	8	1	8	10	125%	10.0
LAKE WORTH						
PHILISTIN, KETELY, NP	8	1	8	8	100%	8.0
WILMOT, ALTHEA, NP	8	2	16	15	94%	7.5
WARREN, SANDRA, MD	9	1	9	10	111%	10.0
LANTANA						
ALFONSO PUENTES, RAMIRO, MD	9	1	9	5	56%	5.0
JEAN-JACQUES, FERNIQUE, NP	8	2	16	13	81%	6.5
NAVARRO, ELSY, NP	8	1	8	7	88%	7.0
WEST PALM BEACH						
FLOREZ, GLORIA MATILDE, MD	9	1	9	8	89%	8.0
STANEK, EWELINA, PA	8	1	8	8	100%	8.0
LARA SUAREZ, MARIA, NP	8	1	8	4	50%	4.0
LANGLEY, TAMARA, NP	8	1	8	6	75%	6.0
ADULT CARE TOTALS			168	159	95%	

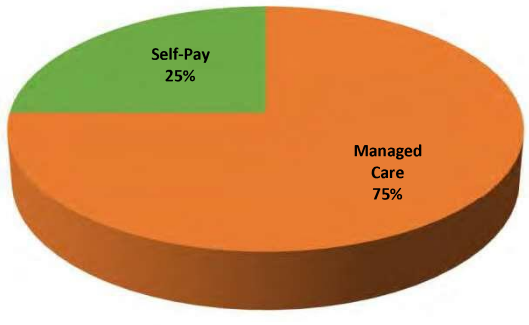
BELLE GLADE DENTAL						
SOFIANOS, MICHAEL, DMD	8	1	8	13	163%	13.0
WEST PALM BEACH DENTAL						
ALWEHAIB, ARWA, DDS	8	2	16	24	150%	12.0
ABREU, MARIANA, DDS	8	1	8	11	138%	11.0
DENTAL TOTALS			32	48	150%	
GRAND TOTAL			200	207	104%	



MEDICAL PAYER MIX



DENTAL



BELLE GLADE

<51% | >=51% and < 80% | >= 80% and <100% | >= 100%

PRODUCTIVITY REPORT OCTOBER 2023

AS 10/31/2023 Based on Completed Appointments

ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
TAHERI, NERGESS, DO	*18 when no precepting*	6.0	81	68	84%	11.3
DORCE-MEDARD, JENNIFER, MD	18	1.0	18	16	89%	16.0
DABU, DARNEL, MD	*18 when no precepting*	3.5	29	28	97%	8.0
PEREZ, DANIEL JESUS, MD	*18 when no precepting*	4.5	39	27	69%	6.0
ADULT CARE TOTALS		**15.0**	**167**	**139**	**83%**	

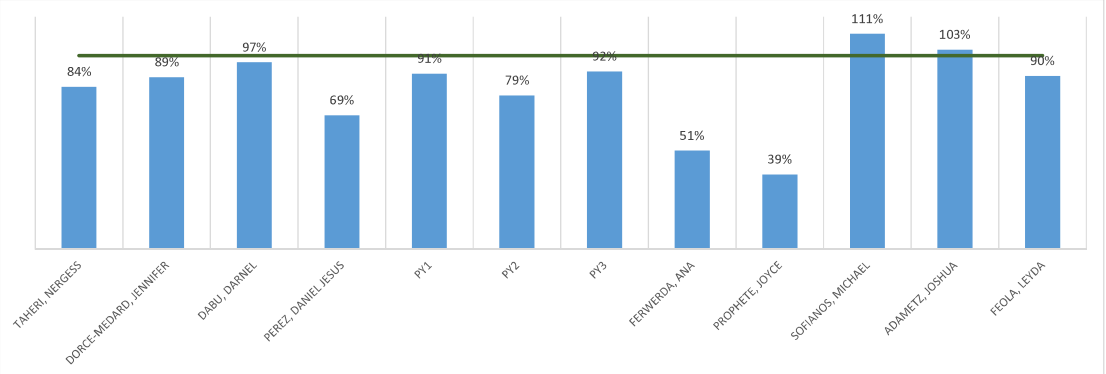
RESIDENCY PROGRAM						
PGY-1	6	23	130	118	91%	5.1
PGY-2	10	25.5	285	226	79%	8.9
PGY-3	14	24.0	320	294	92%	12.3
RESIDENTS TOTALS		**72.5**	**735**	**638**	**87%**	

WOMEN'S HEALTH CARE						
FERWERDA, ANA, MD	18	3.5	49	25	51%	7.1
PROPHETE, JOYCE, MD	18	3.5	49	19	39%	5.4
WOMEN'S HEALTH CARE TOTALS		**7.0**	**98**	**44**	**45%**	

DENTAL						
SOFIANOS, MICHAEL, DMD	16	20.0	320	356	111%	17.8
ADAMETZ, JOSHUA, DMD	16	2.0	32	33	103%	16.5
DENTAL TOTALS		**22.0**	**352**	**389**	**111%**	

DENTAL HYGIENE						
FEOLA, LEYDA	8	21.5	172	154	90%	7.2
DENTAL HYGIENE TOTALS		**21.5**	**172**	**154**	**90%**	

GRAND TOTAL	138.0	1,524	1,364	90%	



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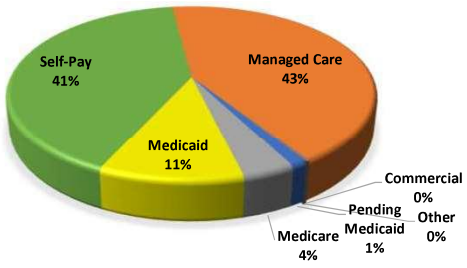
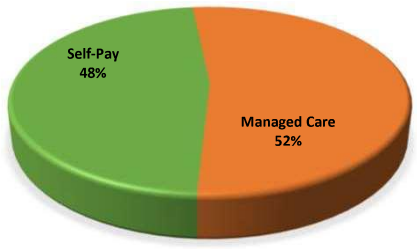
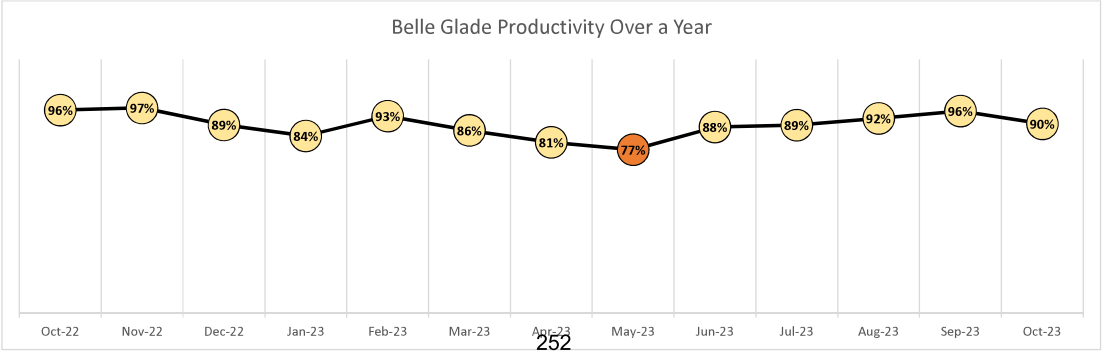


DENTAL PAYER MIX





BOCA

<51% | >=51% and < 80% | >= 80% and <100% | >= 100%

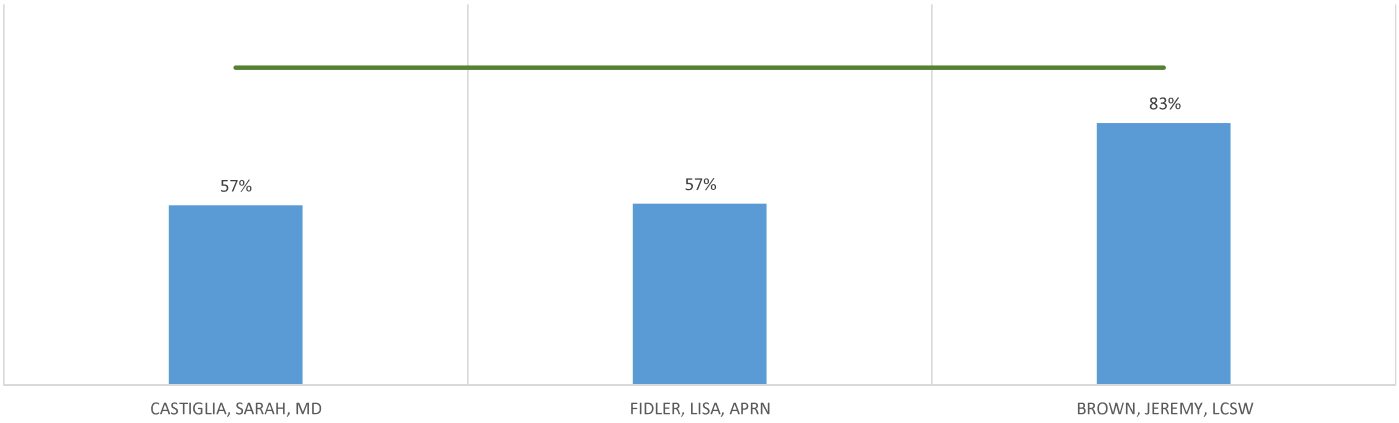
PRODUCTIVITY REPORT OCTOBER 2023

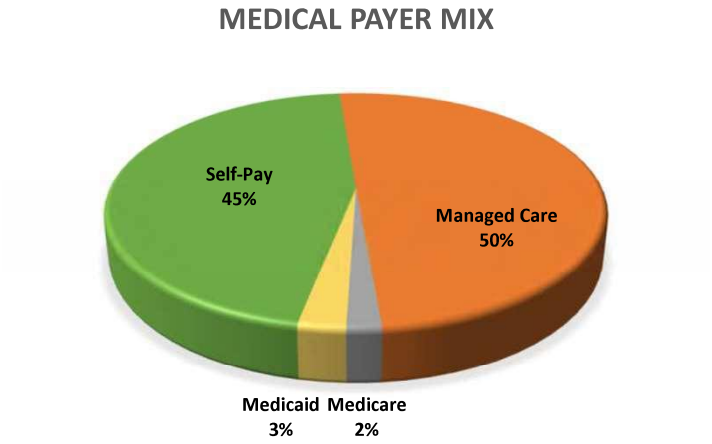
AS 10/31/2023 Based on Completed Appointments

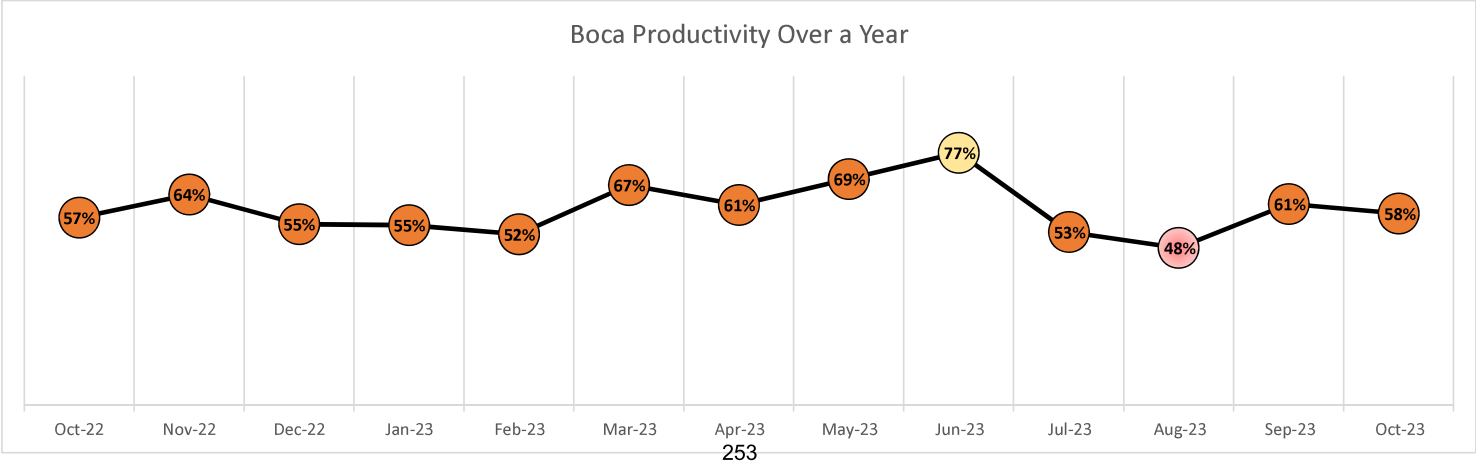
ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
CASTIGLIA, SARAH, MD	18	21.5	387	219	57%	10.2
FIDLER, LISA, APRN	16	18.5	296	169	57%	9.1
ADULT CARE TOTALS		40.0	683	388	57%	

BEHAVIORAL HEALTH INTEGRATION						
BROWN, JEREMY, LCSW	10	4.0	40	33	83%	8.3
BH INTEGRATION TOTALS		4.0	40	33	83%	

GRAND TOTAL	44.0	723	421	58%	







DELRAY

<51% | >=51% and < 80% | >= 80% and <100% | >= 100%

PRODUCTIVITY REPORT OCTOBER 2023

AS 10/31/2023 Based on Completed Appointments

ADULT CARE						
Provider	**Daily Target**	**Days Worked**	**Target for the Month**	**Total for the Month Seen**	**% Monthly Target Achieved**	**Daily Average**
LAM, MINH DAI, NP	16	19.5	312	363	116%	18.6
ST. VIL, CARLINE, NP	16	18.5	304	300	99%	16.2
CASTIGLIA, SARAH, MD	18	0.5	9	7	78%	14.0
TUSSEY, CLAUDIA, MD	New Provider	6.0	58	58	100%	9.7
ADULT CARE TOTALS		**44.5**	**683**	**728**	**107%**	

BEHAVIORAL HEALTH INTEGRATION						
BROWN, JEREMY, LCSW	10	17.5	175	155	89%	8.9
BH INTEGRATION TOTALS		**17.5**	**175**	**155**	**89%**	

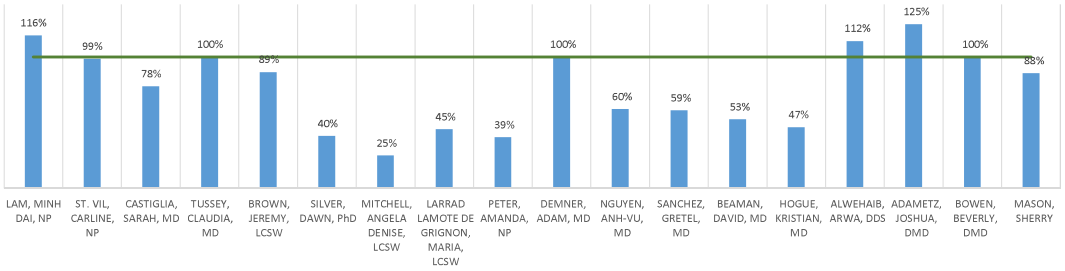
BEHAVIORAL HEALTH ADDICTION						
SILVER, DAWN, PhD	10	4.0	40	16	40%	4.0
MITCHELL, ANGELA DENISE, LCSW	8	2.0	16	4	25%	2.0
LARRAD LAMOTE DE GRIGNON, MARIA, LCSW	10	14.0	140	63	45%	4.5
BH ADDICTION TOTALS		**20.0**	**196**	**83**	**42%**	
BEHAVIORAL HEALTH PSYCHIATRY						
PETER, AMANDA, NP	12	9.0	108	42	39%	4.7
DEMNER, ADAM, MD	12	1.0	1	1	100%	1.0
BEHAVIORAL HEALTH PSYCHIATRY TOTALS		**10.0**	**109**	**43**	**39%**	

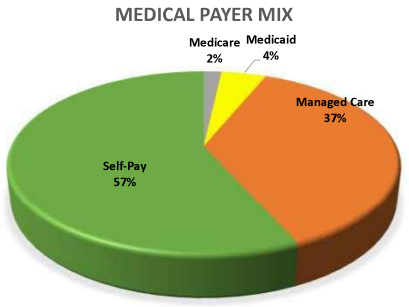
RESIDENT PSYCHIATRY						
NGUYEN, ANH-VU, MD	12	4.0	48	29	60%	7.3
SANCHEZ, GRETEL, MD	12	8.0	96	57	59%	7.1
BEAMAN, DAVID, MD	12	6.5	78	41	53%	6.3
HOGUE, KRISTIAN, MD	12	5.0	60	28	47%	5.6
RESIDENT PSYCHIATRY TOTAL		**23.5**	**282**	**155**	**55%**	

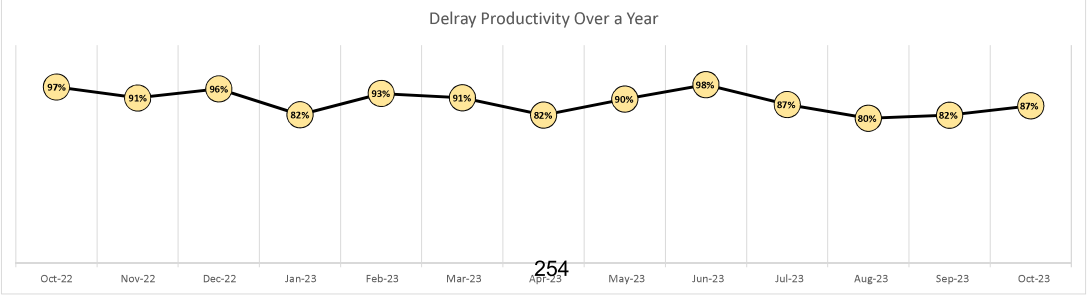
DENTAL						
ALWEHAIB, ARWA, DDS	16	20.5	328	368	112%	18.0
ADAMETZ, JOSHUA, DMD	16	0.5	4	5	125%	10.0
BOWEN, BEVERLY, DMD	16	1	16	16	100%	16.0
DENTAL TOTALS		**22**	**348**	**389**	**112%**	

DENTAL HYGIENE						
MASON, SHERRY	8	20.5	164	144	88%	7.0
DENTAL HYGIENE TOTALS		**20.5**	**164**	**144**	**88%**	

GRAND TOTAL	158	1957	1697	87%	







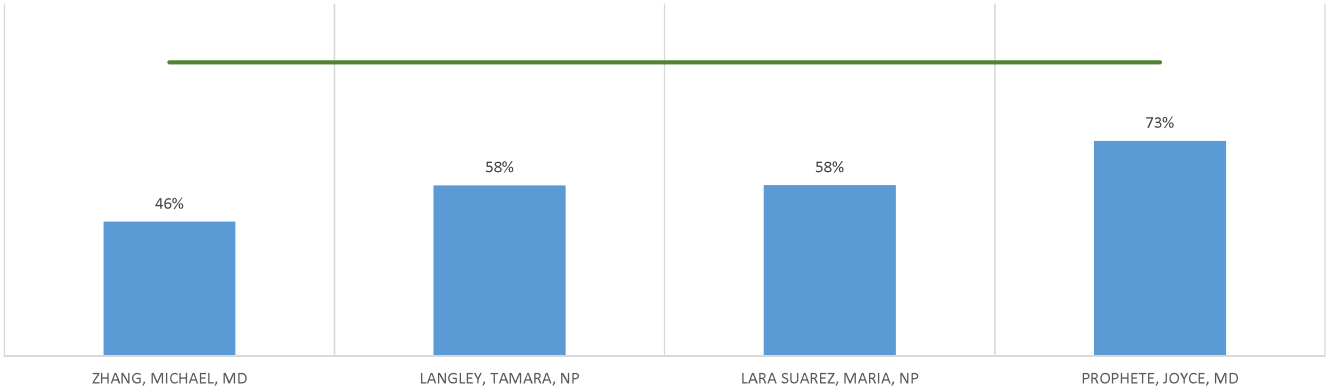
JUPITER

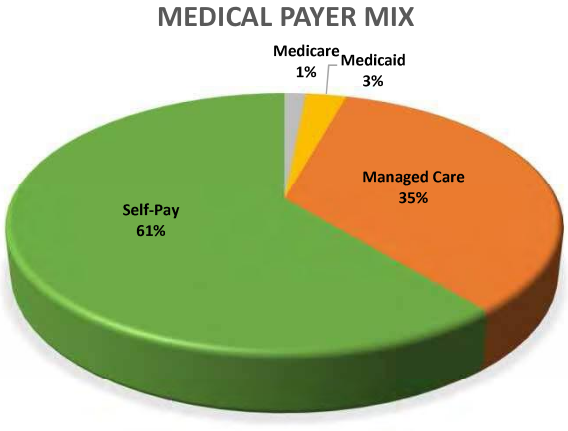
<51% | >=51% and < 80% | >= 80% and <100% | >= 100%

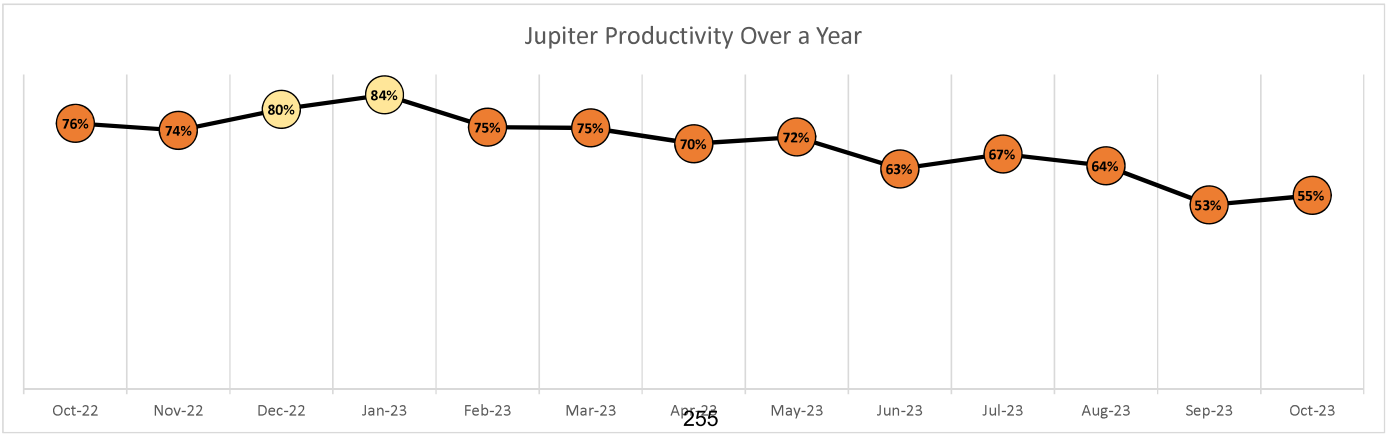
PRODUCTIVITY REPORT OCTOBER 2023

AS 10/31/2023 Based on Completed Appointments

ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
ZHANG, MICHAEL, MD	18	20.0	360	165	46%	8.3
LANGLEY, TAMARA, NP	16	19.0	304	177	58%	9.3
LARA SUAREZ, MARIA, NP	16	20.5	328	191	58%	9.3
ADULT CARE TOTALS		59.5	992	533	54%	
WOMENS HEALTH CARE						
PROPHETE, JOYCE, MD	18	5.0	90	66	73%	13.2
WOMENS HEALTH CARE TOTALS		5	90	66	73%	
GRAND TOTAL		64.5	1,082	599	55%	







LAKE WORTH

<51% | >=51% and < 80% | >= 80% and <100% | >= 100%

PRODUCTIVITY REPORT OCTOBER 2023

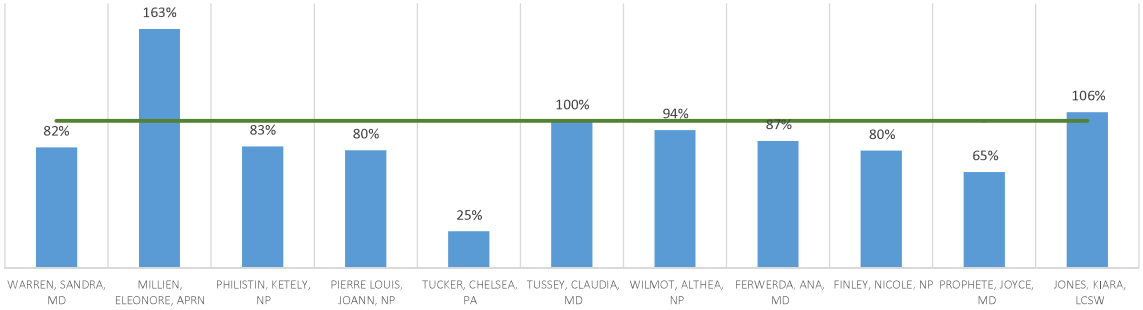
AS 10/31/2023 Based on Completed Appointments

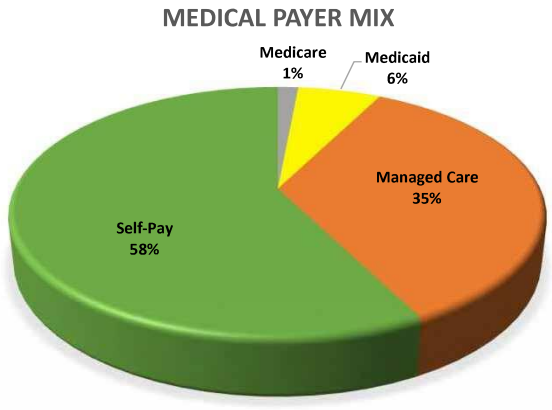
ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
WARREN, SANDRA, MD	18	10.5	189	155	82%	14.8
MILLIEN, ELEONORE, APRN	8	1.0	8	13	163%	13.0
PHILISTIN, KETELY, NP	16	21.0	336	278	83%	13.2
PIERRE LOUIS, JOANN, NP	16	19.5	312	250	80%	12.8
TUCKER, CHELSEA, PA	16	1.0	16	4	25%	4.0
TUSSEY, CLAUDIA, MD	New Provider	1.0	4	4	100%	4.0
WILMOT, ALTHEA, NP	16	1.0	16	15	94%	15.0
ADULT CARE TOTALS		**55.0**	**881**	**719**	**82%**	

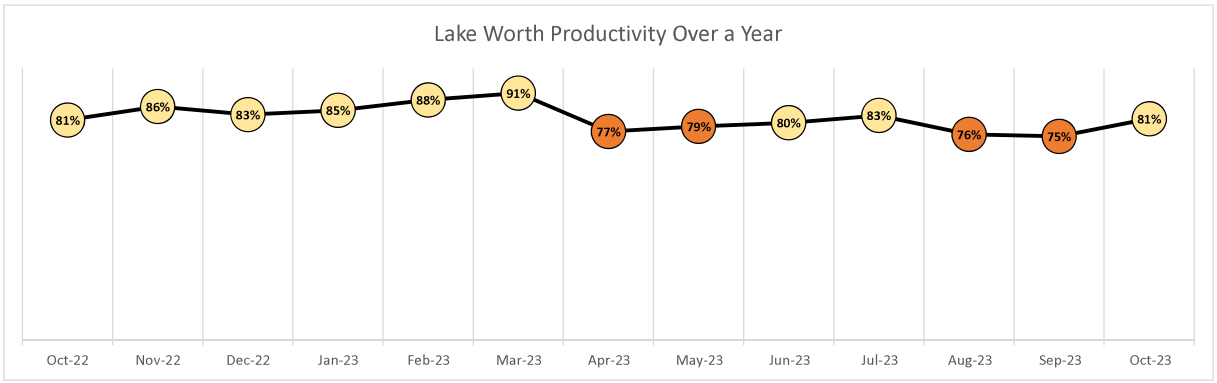
WOMEN'S HEALTH CARE						
FERWERDA, ANA, MD	18	7	126	109	87%	15.6
FINLEY, NICOLE, NP	16	18.5	296	236	80%	12.8
PROPHETE, JOYCE, MD	18	12	216	141	65%	11.8
WOMEN'S HEALTH CARE TOTALS		**37.5**	**638**	**486**	**76%**	

BEHAVIORAL HEALTH INTEGRATION						
JONES, KIARA, LCSW	10	13.5	135	143	106%	10.6
BH INTEGRATION TOTALS		**13.5**	**135**	**143**	**106%**	

GRAND TOTAL	106.0	1,654	1,348	81%	







LANTANA

<51% | >=51% and < 80% | >= 80% and <100% | >= 100%

PRODUCTIVITY REPORT OCTOBER 2023

AS 10/31/2023 Based on Completed Appointments

ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
ALFONSO PUENTES, RAMIRO, MD	18	20.0	360	274	76%	13.7
JEAN-JACQUES, FERNIQUE, NP	16	21.5	344	315	92%	14.7
NAVARRO, ELSY, NP	16	15.5	248	212	85%	13.7
FIDLER, LISA, APRN	16	1.0	16	15	94%	15.0
WILMOT, ALTHEA, NP	16	2.0	32	17	53%	8.5
ADULT CARE TOTALS		60.0	1,000	833	83%	

PEDIATRIC CARE						
DESSALINES, DUCLOS, MD	20	15.5	310	300	97%	19.4
LAZARO RIVERA, NANCY, MD	20	20.5	410	416	101%	20.3
NORMIL-SMITH, SHERLOUNE, MD	20	14.5	290	234	81%	16.1
HERNANDEZ GARCIA, JOSE, MD	20	9.5	171	111	65%	11.7
PEDIATRIC CARE TOTALS		60	1,181	1,061	90%	

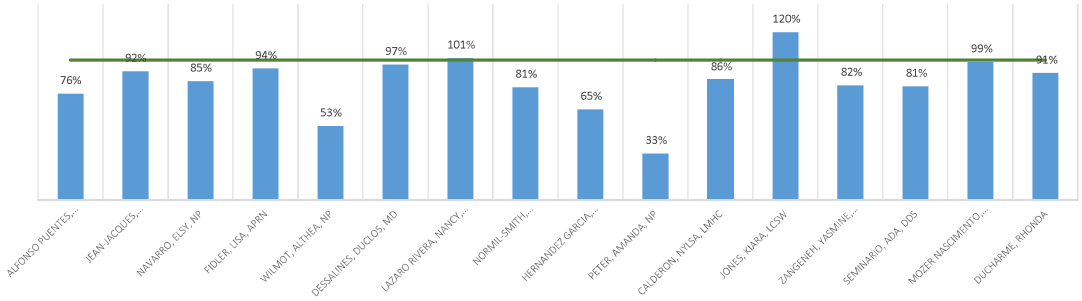
BEHAVIORAL HEALTH PSYCHIATRY						
PETER, AMANDA, NP	12	4.0	48	16	33%	4.0
BEHAVIORAL HEALTH PSYCHIATRY TOTALS		4.0	48	16	33%	

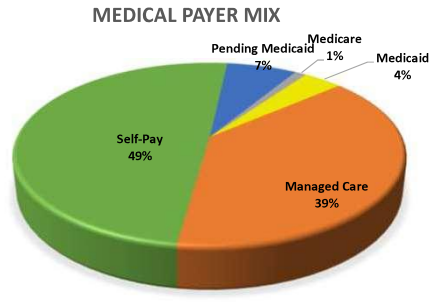
BEHAVIORAL HEALTH INTEGRATION						
CALDERON, NYLSA, LMHC	10	13.5	135	116	86%	8.6
JONES, KIARA, LCSW	10	1	10	12	120%	12.0
BH INTEGRATION TOTALS		14.5	145	128	88%	

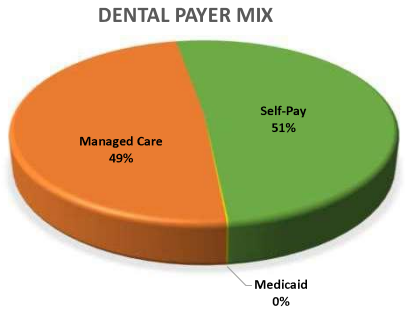
DENTAL						
ZANGENEH, YASMINE, DMD	16	21.5	344	282	82%	13.1
SEMINARIO, ADA, DDS	16	21.5	344	280	81%	13.0
ALWEHAIB, ARWA, DDS	16	0.5	8	9	113%	18.0
DENTAL TOTALS		43.5	696	571	82%	

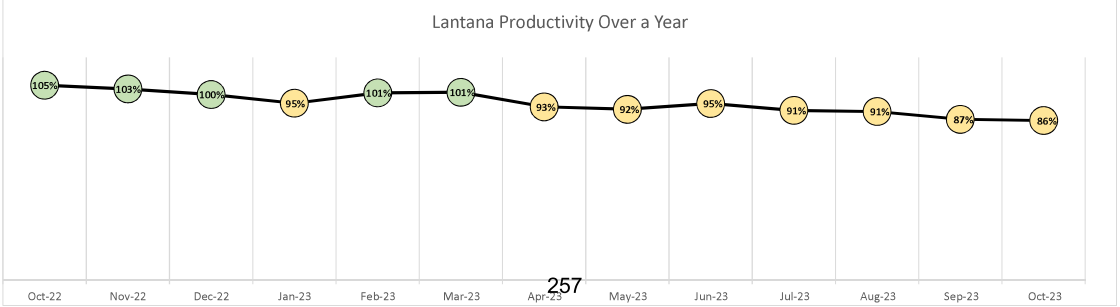
DENTAL HYGIENE						
MOZER NASCIMENTO, ARIANNE MILENA	8	19.5	156	154	99%	7.9
DUCHARME, RHONDA	16	14.0	216	196	91%	14.0
DENTAL HYGIENE TOTALS		33.5	372	350	94%	

GRAND TOTAL	216	3442	2959	86%	









LEWIS

PRODUCTIVITY REPORT OCTOBER 2023

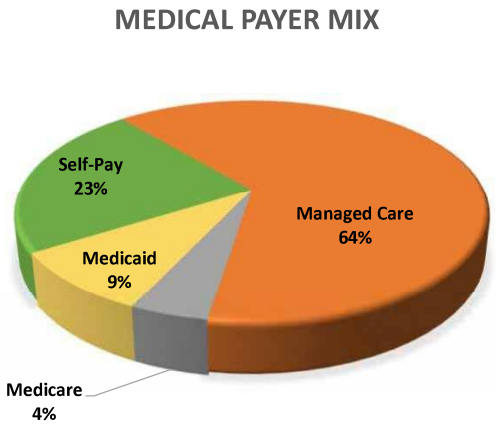
AS 10/31/2023 Based on Completed Appointments

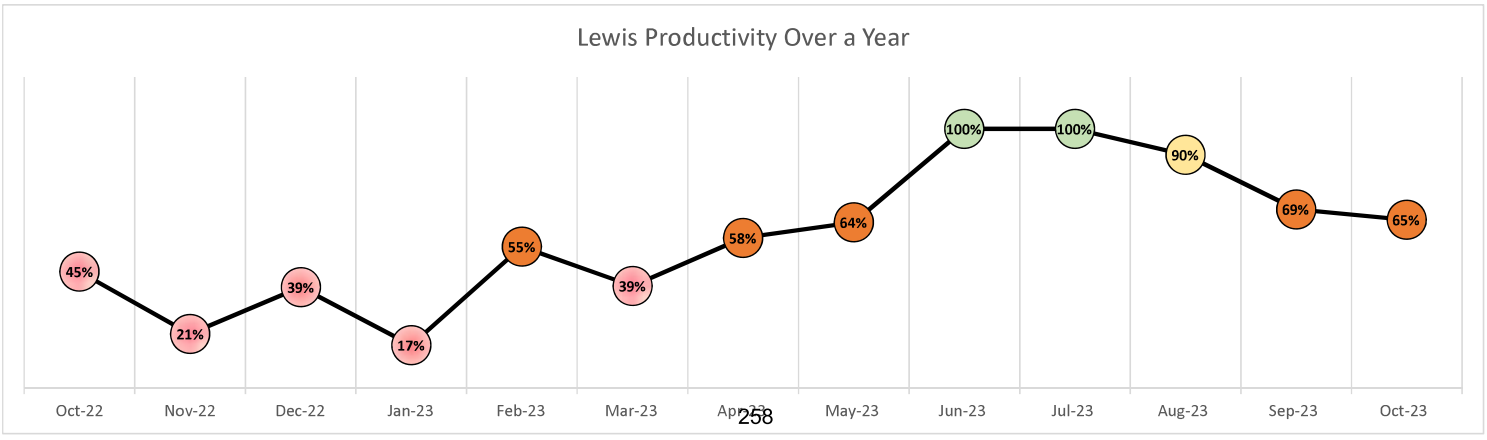
ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
FIDLER, LISA, APRN	16	1.0	6	6	100%	6.0
WILMOT, ALTHEA, NP	16	3.0	28	16	57%	5.3
ADULT CARE TOTALS			34	22	65%	

BEHAVIORAL HEALTH INTEGRATION						
BH INTEGRATION TOTALS		0	0	0		

BEHAVIORAL HEALTH ADDICTION						
BH ADDICTION TOTALS						

GRAND TOTAL	0	34	22	65%	





MANGONIA

<51% >=51% and < 80% >= 80% and <100% >= 100%

PRODUCTIVITY REPORT OCTOBER 2023

AS 10/31/2023 Based on Completed Appointments

ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
KOOPMAN, REBECCA SUE, PA	20	19.0	380	283	74%	14.9
FERNANDEZ SANCHEZ, MARCO, NP	20	21.5	430	339	79%	15.8
TUCKER, CHELSEA, PA	16	0.0	1	1	100%	
ADULT CARE TOTALS		40.5	811	623	77%	

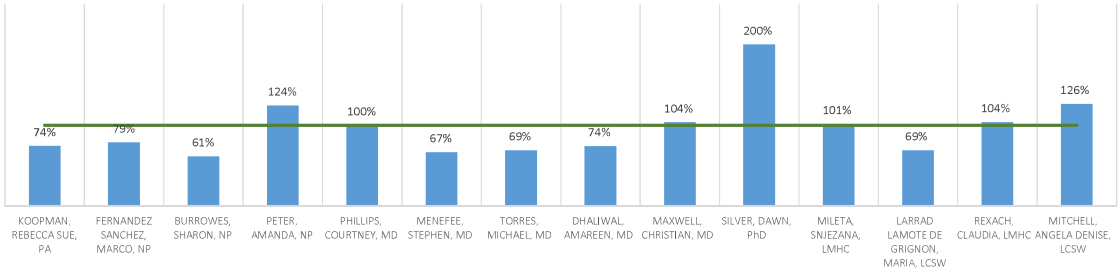
BEHAVIORAL HEALTH PSYCHIATRY						
BURROWES, SHARON, NP	12	14.5	174	107	61%	7.4
PETER, AMANDA, NP	12	7.5	90	112	124%	14.9
PHILLIPS, COURTNEY, MD	12	0.5	1	1	100%	2.0
BEHAVIORAL HEALTH PSYCHIATRY TOTALS		22.5	265	220	83%	

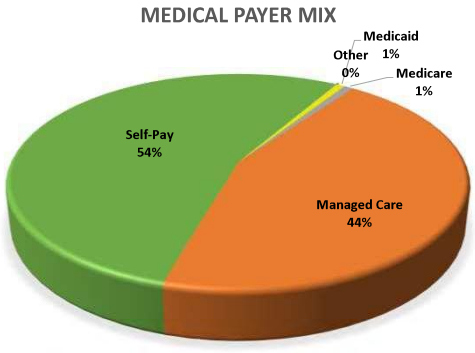
RESIDENT PSYCHIATRY						
MENEFEE, STEPHEN, MD	12	8.0	96	64	67%	8.0
TORRES, MICHAEL, MD	12	10.0	120	83	69%	8.3
DHALIWAL, AMAREEN, MD	12	5.5	66	49	74%	8.9
MAXWELL, CHRISTIAN, MD	12	4.5	54	56	104%	12.4
RESIDENT PSYCHIATRY TOTAL		28.0	336	252	75%	

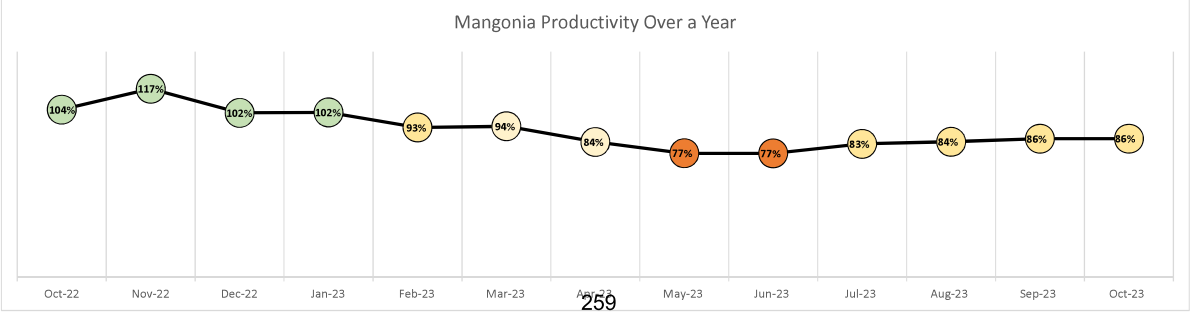
BEHAVIORAL HEALTH INTEGRATION						
BH INTEGRATION TOTALS		0.0	0	0		

BEHAVIORAL HEALTH ADDICTION						
SILVER, DAWN, PhD	10	1.0	10	20	200%	20.0
MILETA, SNJEZANA, LMHC	10	21.5	215	218	101%	10.1
LARRAD LAMOTE DE GRIGNON, MARIA, LCSW	10	7.5	75	52	69%	6.9
REXACH, CLAUDIA, LMHC	10	15.5	155	161	104%	10.4
MITCHELL, ANGELA DENISE, LCSW	8	18.5	148	187	126%	10.1
BH ADDICTION TOTALS		64.0	603	638	106%	

GRAND TOTAL	155.0	2,015	1,733	86%	







WEST PALM BEACH

PRODUCTIVITY REPORT OCTOBER 2023

AS 10/31/2023 Based on Completed Appointments

<51% | >=51% and < 80% | >= 80% and <100% | >= 100%

ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
NOUKELAK, GERMAINE, MD	18	21.5	387	362	94%	16.8
FLOREZ, GLORIA MATILDE, MD	18	18.5	333	266	80%	14.4
STANEK, EWELINA, PA	16	22.0	352	275	78%	12.5
FIDLER, LISA, APRN	16	0.5	8	8	100%	16.0
LANGLEY, TAMARA, NP	16	0.5	8	6	75%	12.0
LARA SUAREZ, MARIA, NP	16	0.5	8	4	50%	8.0
TUCKER, CHELSEA, PA	16	11.5	180	124	69%	10.8
ADULT CARE TOTALS		75	1,276	1,045	82%	

PEDIATRIC CARE						
CLARKE-AARON, NOELLA, MD	20	13.5	270	238	88%	17.6
CHIBAR, CHARMAINE, MD	20	0.5	1	1	100%	2.0
MARZOUCA, KISHA F., MD	20	20.5	410	354	86%	17.3
HERNANDEZ GARCIA, JOSE, MD	20	7	126	111	88%	15.9
PEDIATRIC CARE TOTALS		41.5	807	704	87%	

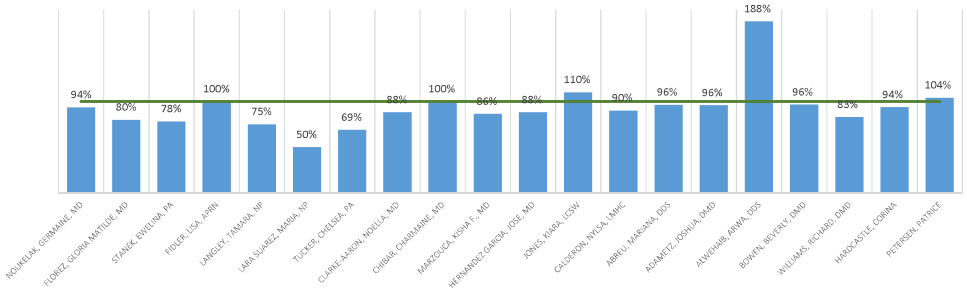
BEHAVIORAL HEALTH PSYCHIATRY						
BURROWES, SHARON, NP	12	6.0	72	36	50%	6.0
BEHAVIORAL HEALTH PSYCHIATRY TOTALS		6.0	72	36	50%	

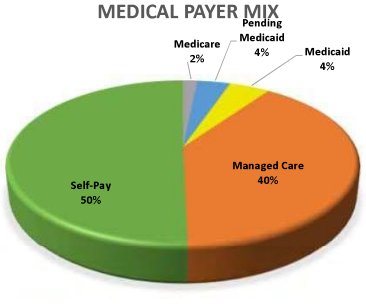
BEHAVIORAL HEALTH INTEGRATION						
JONES, KIARA, LCSW	10	3.0	30	33	110%	11.0
CALDERON, NYLSA, LMHC	10	3.0	30	27	90%	9.0
BH INTEGRATION TOTALS		6	60	60	100%	

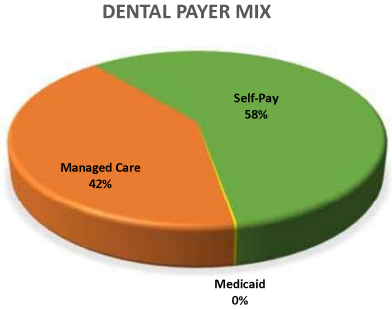
DENTAL						
ABREU, MARIANA, DDS	16	22.0	351	338	96%	15.4
ADAMETZ, JOSHUA, DMD	16	3.0	48	46	96%	15.3
ALWEHAIB, ARWA, DDS	16	0.5	8	15	188%	30.0
BOWEN, BEVERLY, DMD	16	19.5	305	294	96%	15.1
WILLIAMS, RICHARD, DMD	16	18.5	296	245	83%	13.2
DENTAL TOTALS		63.5	1,008	938	93%	

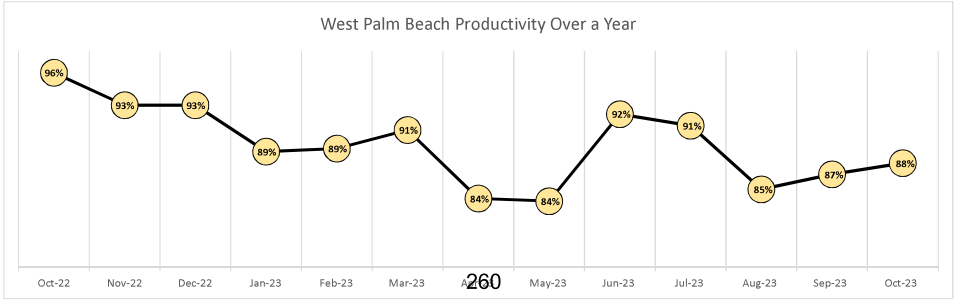
DENTAL HYGIENE						
HARDCASTLE, CORINA	8	19.5	156	146	94%	7.5
PETERSEN, PATRICE	8 / 16 MDI	13.5	200	208	104%	15.4
DENTAL HYGIENE TOTALS		33.0	356	354	99%	

GRAND TOTAL	225	3579	3137	88%	









MOBILE & PORT CLIN

<51% | >=51% and < 80% | >= 80% and <100% | >= 100%

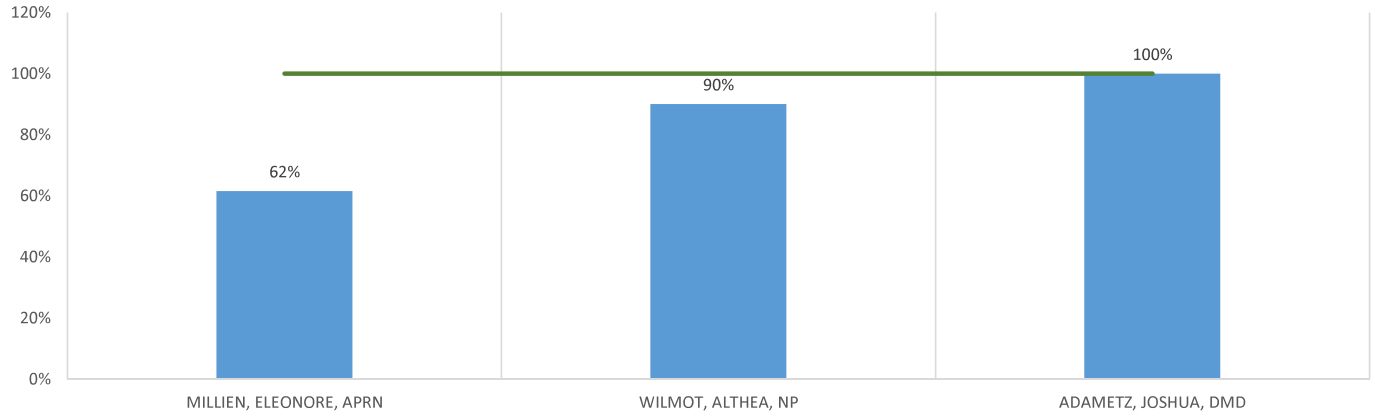
PRODUCTIVITY REPORT OCTOBER 2023

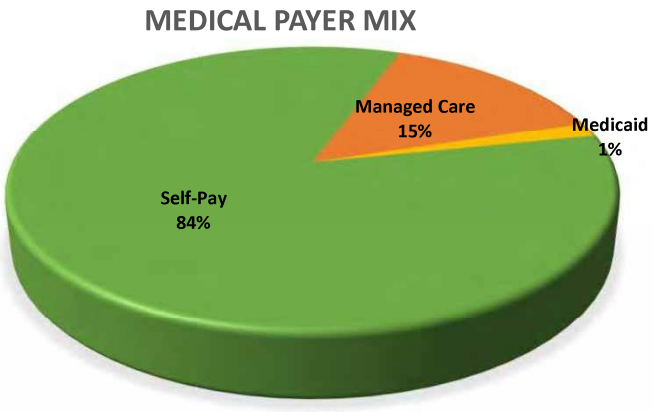
AS 10/31/2023 Based on Completed Appointments

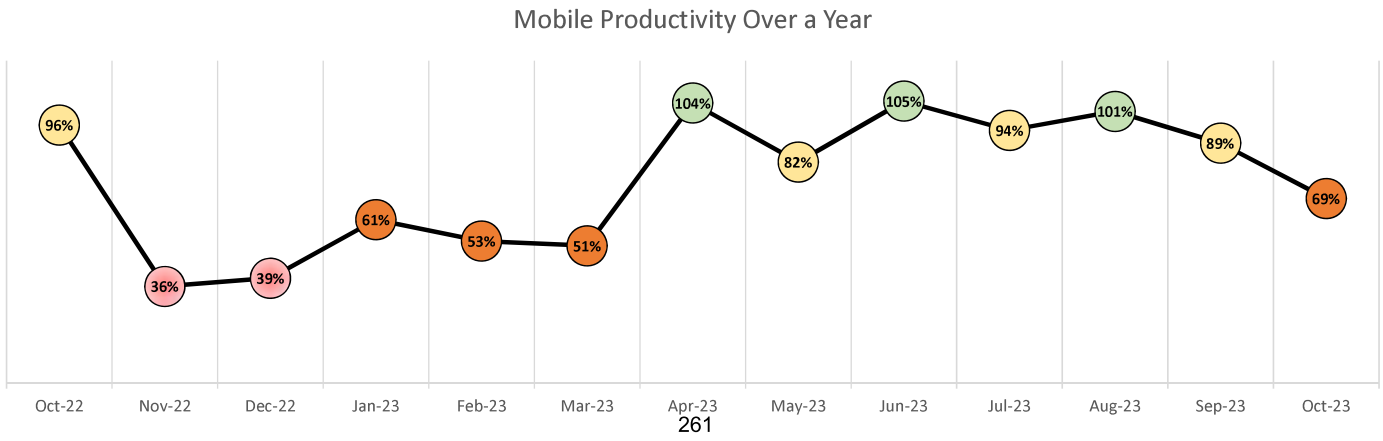
ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
MILLIEN, ELEONORE, APRN	6	19.5	156	96	62%	4.9
WILMOT, ALTHEA, NP	6	5.0	30	27	90%	5.4
ADULT CARE TOTALS		25	186	123	66%	

DENTAL						
ADAMETZ, JOSHUA, DMD	6	1.0	15	15	100%	15.0
DENTAL TOTALS		1.0	15	15	100%	

GRAND TOTAL	26	201	138	69%	







St ANN

<51% | >=51% and < 80% | >= 80% and <100% | >= 100%

PRODUCTIVITY REPORT OCTOBER 2023

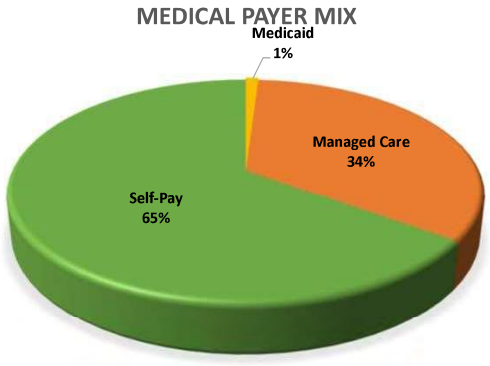
AS 10/31/2023 Based on Completed Appointments

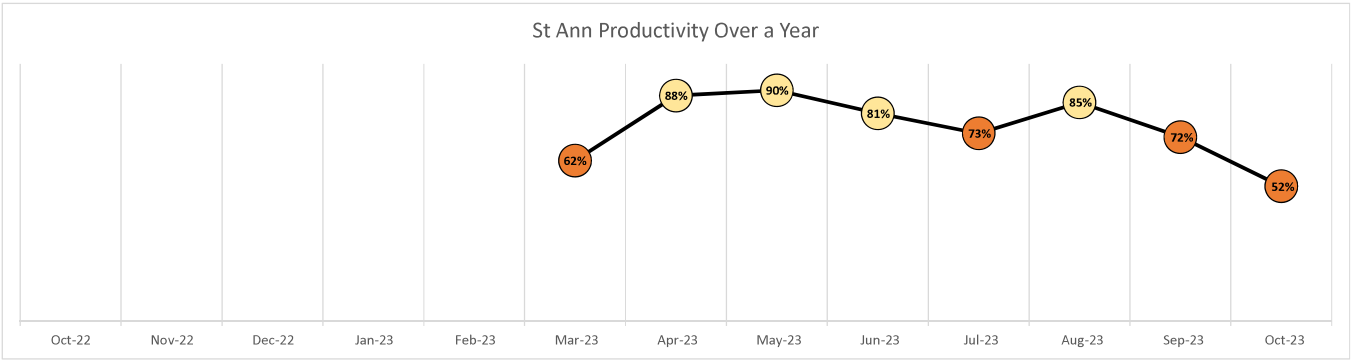
ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
WILMOT, ALTHEA, NP	6	8.5	51	15	29%	1.8
ADULT CARE TOTALS		8.5	51	15	29%	

BEHAVIORAL HEALTH INTEGRATION						
HIRSCH, KAREN, LCSW	8	17.5	134	82	61%	4.7
BH INTEGRATION TOTALS		17.5	134	82	61%	

BEHAVIORAL HEALTH PSYCHIATRY						
BH PSYCHIATRY TOTALS		0.0	0	0		

GRAND TOTAL	26.0	185.0	97.0	52%	



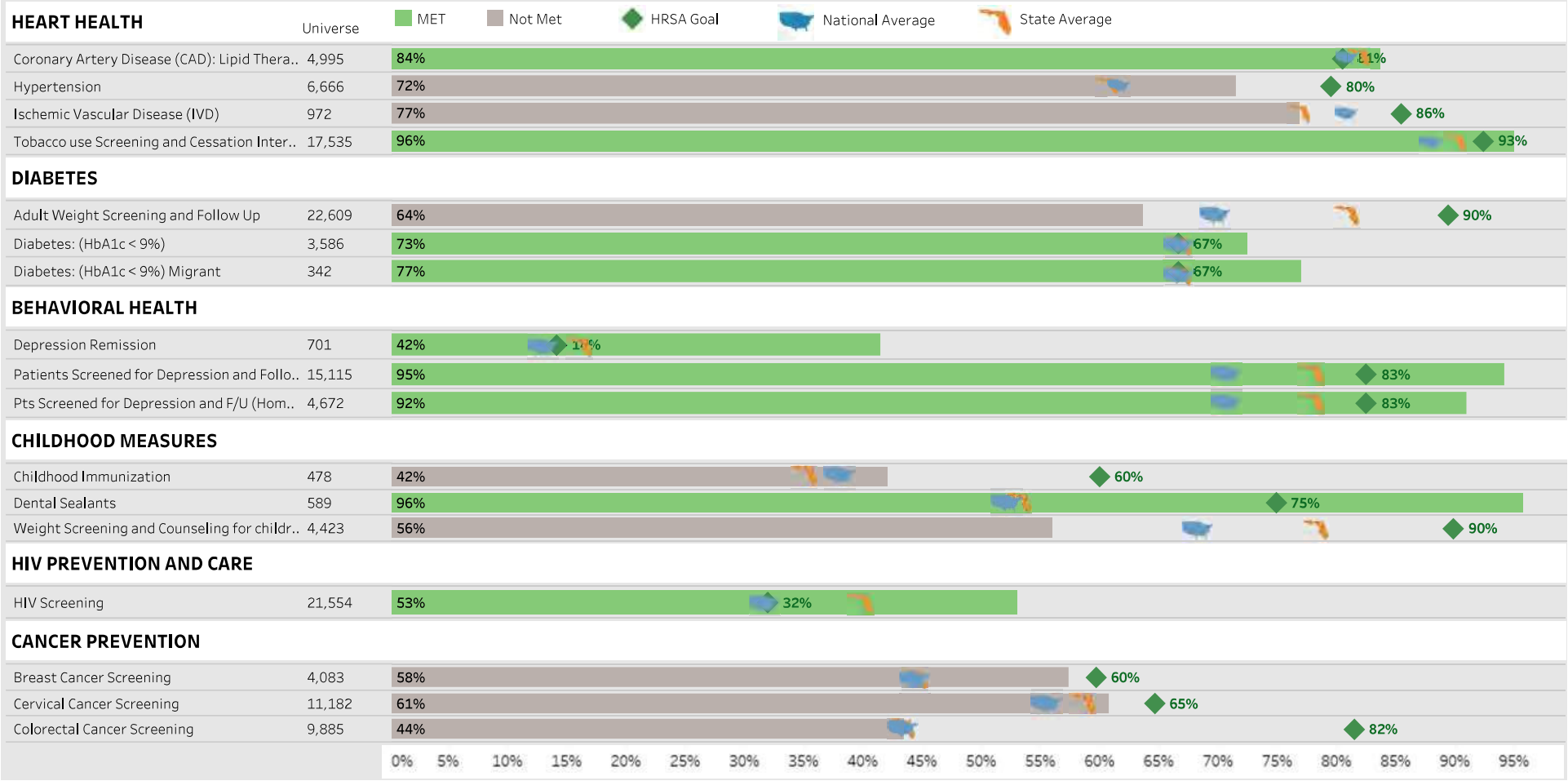


C. L. Brumback Primary Care Clinics
Health Care District Palm Beach County

UDS PROVIDER LEVEL QUALITY MEASURES 2023
NATIONAL QUALITY LEADER METRICS

Load Date
11/13/2023

Filters



CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
November 28, 2023

1. Description: Quality Improvement & Quality Assurance (QI/QA) Plan Updates

2. Summary:

This agenda item presents the updated Quality Improvement & Quality Assurance (QI/QA) Plan.

3. Substantive Analysis:

There were minor revisions made to the QI/QA Plan, which included updating the Executive Director of FQHC Services, the Director of Corporate Quality, and other personnel.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes ☐ No ☐
Net Operating Impact	N/A		Yes ☐ No ☐

*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:

DocuSigned by:
Jessica Cafarelli
CA6A21FF2E09481...
Jessica Cafarelli
Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date

CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
November 28, 2023

6. Recommendation:

Staff recommends the Board Approve the updated Quality Improvement & Quality Assurance (QI/QA) Plan.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
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Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Charmaine Chibar
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Dr. Charmaine Chibar
FQHC Medical Director

DocuSigned by:
Candice Abbott
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Candice Abbott
SVP & Chief Operating Officer
Executive Director of FQHC Services

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

QUALITY IMPROVEMENT/ ASSURANCE PLAN

Version 12~~1~~: October ~~June~~ 2023

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Melissa Tascone ***Date***
Chair Board of Directors

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Candice Abbott ~~Alicia Ottmann, MMS, PA-C~~ ***Date***
SVP and Chief Operating Officer & Executive Director of FQHC Services
~~AVP & Executive Director of Clinic and Pharmacy Services~~

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Charmaine Chibar, MD ***Date***
FQHC Medical Director

INTRODUCTION

C. L. Brumback Primary Care Clinics (CLBPCC) works diligently to improve the health ~~of~~ of families in Palm Beach county, including the indigent and medically underserved population. It provides ~~an~~ accessible cost-effective, high quality and comprehensive primary health service programs.

CLBPCC strives to ensure that all service delivery is compliant with industry standards, government regulations, and contractual agreements.

CLBPCC works to integrate quality and safe practices into all operations, promoting accountability throughout the organization. CLBPCC also works to promote a culture that encourages real-time staff reporting of errors and near-misses.

STATEMENT OF PURPOSE

As part of providing quality care in alignment with the C. L. Brumback Primary Care Clinics Mission Statement, CLBPCC has implemented the Quality Improvement (QI) Program under the supervision of the FQHC Medical Director. The purpose of the QI Program is to track clinical, operational and other measures to promote quality, ensure patient safety and improve patient care, aligned with the Health Resources and Services Administration' (HRSA) clinical and financial performance measures. The QI Plan is also designed to move CLBPCC toward achieving professional accreditations in health care and improving population health at reduced per capita cost.

SCOPE

The scope of the QI Plan is comprehensive and serves as a guide to all clinical and operational QI activities in CLBPCC.

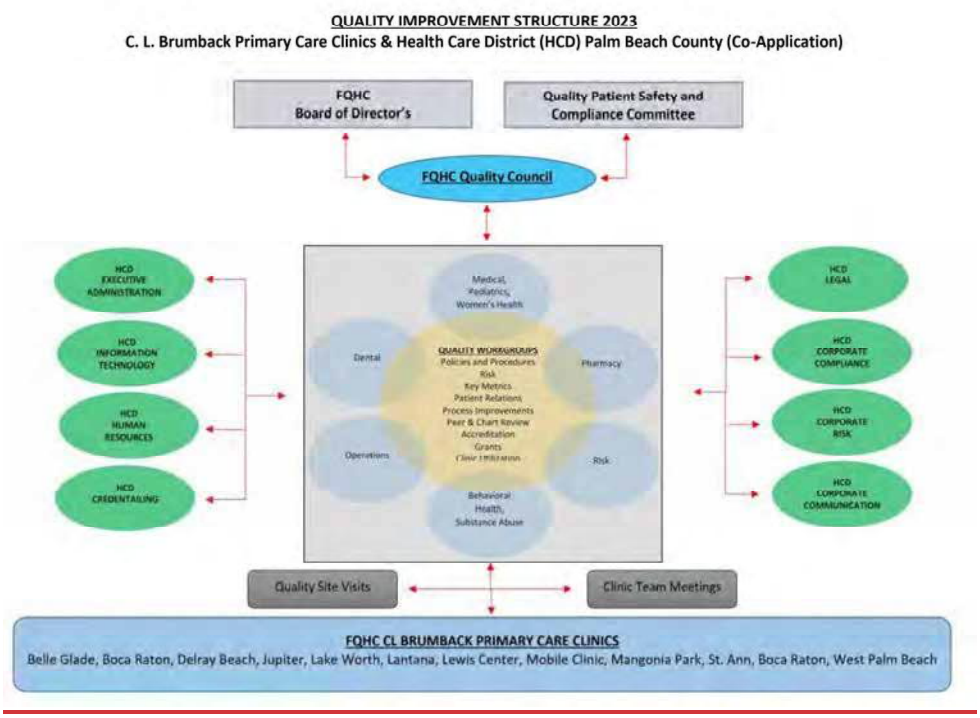
The QI/QA program addresses the following:

1. Quality assurance and improvement
2. Utilization of health center services
3. Patient satisfaction and patient grievance processes and
4. Patient safety, including adverse events

The plan focuses on:

1. Designing, implementing, monitoring, and improving processes
2. Addressing findings identified through audits and assessments
3. Ensuring accountability at all levels
4. Establishing clear differentiation of responsibilities
5. Meeting all requirements of the QI Program required by HRSA, the Federal Tort Claims Act (FTCA), Patient Centered Medical Home (PCMH) Accreditation and other grant-related requirements and
6. Establishing key initiatives

QI PROGRAM MONITORING



Board of Directors

The CLBPCC is governed by the Federally Qualified Health Center (FQHC) Board of Directors (BOD) which is responsible for providing oversight and direction related to care and services provided by the organization. The BOD is accountable for compliance with the Quality Improvement Plan for CLBPCC. Accountability begins with the Board's initial approval of the QI Plan, and continues through the re-approval of the plan, which takes place at least every three years (more often if substantial changes are made in the CLBPCC QI Program).

BOD delegates responsibility to the Executive Director of FQHC Services ~~AVP & Executive Director of FQHCs & Pharmacy~~ to ensure that resources such as personnel, finances and equipment are available for QI activities. The Executive Director of FQHC Services ~~AVP & Executive Director of Clinics & Pharmacy~~ delegates primary responsibility for implementing, managing and monitoring CLBPCC QI Program efforts to the FQHC Medical Director. He or she reports to the Board on a monthly basis and presents the Quality Council meeting minutes, summary Uniform Data System (UDS reports) and at least quarterly QI/QA assessments.

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The BOD is responsible for the following activities:

1. Reviewing and approving the QI Plan
2. Reviewing summary reports of the QI Program
3. Credentialing and privileging of provider staff
4. Reviewing and approving policies
5. Reviewing summary reports and patient complaints
6. Reviewing the results of quality audits, patient satisfaction and trend report results
7. Reviewing legal claims related to patient care

Quality Council

The Quality Council is a cross-functional committee that meets monthly (per our bylaws). It includes clinical and administrative staff, and serves as the umbrella committee for quality across the CLBPCC service lines. The Quality Council is chaired by the ~~Executive~~ Director of Corporate Quality.

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The Quality Council reviews and makes recommendations for clinical services, monitors progress of Health Care objectives, reviews clinical outcome measures, monitors and review quality assurance and continuous quality improvement. It also monitors principles of practice, credentialing, community needs survey data, patient satisfaction and recommends

new clinical programs. The Quality Council 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.

The Quality Council provides leadership by defining organizational priorities as agreed upon, and continually assessing the CLBPCC needs for QI improvement activities. The Quality Council selects and prioritizes quality metrics to be monitored and assesses the data source and integrity for each metric. The Quality Council sets a performance goal for each metric, assigns responsibility for improvement, institutionalizes improvement changes, and recommends the development of policies and procedures as needed. The Quality Council reviews incidents, complaints, grievances, high-risk condition reports, and any sentinel events. The Quality Council develops the QI Plan which shall be approved by the BOD. Recommendations discussed and approved at the Quality Council meetings are presented to the BOD at the next full BOD meeting by the FQHC Medical Director for review and approval.

This Quality Council consists of:

- FQHC Senior Management (Executive Director, Medical Director, Associate FQHC Medical Director, Director of Dental, Director of Clinic Operations,~~,~~ Director of Behavioral Health, Director of Nursing, Director of Dental Program, Director of Women Health, ~~Director of Patient Experience~~)
- HCD Corporate Management (SVP & Chief Medical Officer, ~~Executive~~ Director of Corporate Quality)
- Senior Risk Manager, Patient Experience and Relations Manager, Operations Process Manager, Business Intelligence Developer, ~~Corporate Quality Reporting Analyst~~, ~~Clinic Quality Analyst~~, Assistant Director of Nursing
- Invited Guests as required

Workgroups

Quality workgroups (e.g. Risk Workgroup, Medical Workgroup, etc.) recommend process improvement strategies and ensure implementation down the service-line; review chart

audits and peer review summaries; analyze Clinic Quality Site Visit summaries and recommend improvements. The Workgroups ensure that the chosen metrics are being monitored, data is being collected, and those metrics not meeting the required threshold are moved into the QI action phase. The workgroups will work to determine whether findings are employee specific, clinic specific, or systemic issues. Quality Workgroups validate data, evaluate the effectiveness of QI activities, document improvements and ensure that identified quality issues are fully resolved. The workgroups will also identify areas of improvement, initiate Quality Improvement opportunities, and provide any corrective actions to improve the delivery of quality care. Ad-hoc committees may be formed as needed to address unique challenges that can be addressed and resolved in smaller workgroups on shorter timelines.

Pertinent issues, metrics, summaries as well as recommended action plans are presented monthly to Quality Council for further review and discussion.

QI/QA Assessments

Clinic Quality Site Visits (QSV) are performed at each clinic location and for each clinic service line at least quarterly. The QSVs are conducted by designated leadership. The QSV is a combination of facility assessments, staff interviews / meetings, and. Facility assessments include review of compliance / regulatory requirements, HIPAA and Privacy Practices and assurance, Equipment and Supply checks, Quality Binders and QI Logs, patient care areas, Lab-related activities, Vaccine Management, Safety and Security measures, clinic flow, OSHA, Infection Control, and special focus items for each service line: Medical, Dental, Behavioral Health and Clinic Operations. During the QSV, the Quality team meets with staff, assesses competencies, shares provider metrics, reports clinic trends, identify problems and provider corrective actions, provides staff training, requests staff input and feedback. At the conclusion of a QSV, results are relayed to Clinic admin team where results are reviewed in appropriate workgroups, new protocols established, and goals for corrective actions are set. Information from these actions are gathered and relayed to Practice Management, Clinical Leads, and other available clinic staff for implementation.

Team-member Meetings

Team-member meetings are held to provide an opportunity for Clinic Administration and Practice Management to share clinic updates and provide education and/or training to clinic team-members. During this time team-members also have the opportunity to ask questions, learn best practices from other clinics and share opportunities for improvement. Feedback and comments are gathered from team-members and brought back to relevant workgroups for further discussion and follow-up.

Title	Quality Responsibility
SVP & Chief Medical Officer	Provide strategic oversight of quality initiatives across organization.
Director~~AVP~~, Corporate Quality	Responsible for implementing, managing and updating CLBPCC QI Program in accordance with the HRSA Compliance Manual. Implements initiatives resulting from strategic planning. Responsible for oversight and direction for clinics quality metrics. Leads customization and optimization of EHR to support accreditation and performance improvement efforts. Hold staff accountable for achievement of goals as determined by metrics. Ensures consistent and repeatable data collection. Responsible for grant compliance, including Uniform Data System (UDS) reporting. Oversees credentialing of providers and staff. Responsible for ensuring the development of appropriate policies and procedures.

~~AVP~~ SVP & Executive Director of FQHC Services~~& Pharmacy~~	Provides direction to QI Program activities and supports Quality Improvement activities assuring that quality improvement initiatives are consistent with our mission. Leads strategic planning for the clinics.
FQHC Medical Director	Responsible for assessing the CLBPCC QI Program. Responsible for periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by the center. Responsible for oversight and direction for medical providers. Responsible for providers credentialing and privileging. ~~Responsible for after-hours coverage and on-call schedule and procedure~~. Assures that all activities of the medical staff are in alignment with QI plan. Responsible for the adoption of clinical guidance for providers. Responsible for pharmaceutical quality review of prescribing practices by providers and reporting on their compliance with best practices. Presentation of Peer Review results for quality documentation in patient records. Responsible for development of the electronic health record templates and standardized order sets. Responsible for grant compliance with clinical performance expectations. Responsible for development of appropriate policies and procedures.
Associate FQHC Medical Director	~~Responsible~~ Collaborate with the Medical Director to ensure ~~for~~ Uniform Data System improvement of quality metrics over the course of each calendar

	year and managing the identified quality champions across our clinics. Responsible for grant compliance with clinical performance expectations. Responsible for development of appropriate policies and procedures.
Director of Clinic Operations	Responsible for periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by the center. Producing and sharing reports on QI/QA to support decision-making and oversight by key management staff and by the governing board regarding the provision of health center services. Responsible for business processes including flow of the clinics, patient access and cycle time, and efficient operations in a fiscally sound manner. Responsible for the accuracy of the financial and business-related EHR documentation and business-related reports and quality metrics. Responsible for coordinated information flow such as record transfers and coordination of care with other providers. Suggests customization and optimization of EHR. Responsible for development of appropriate policies and procedures. Responsible for communicating action items to FQHC Practice Management. Responsible for after-hours coverage and on-call schedule and procedure
~~Director~~ Manger of Patient Experience and Relations	Ensures patient experience data are collected and provides directions on improvement efforts based

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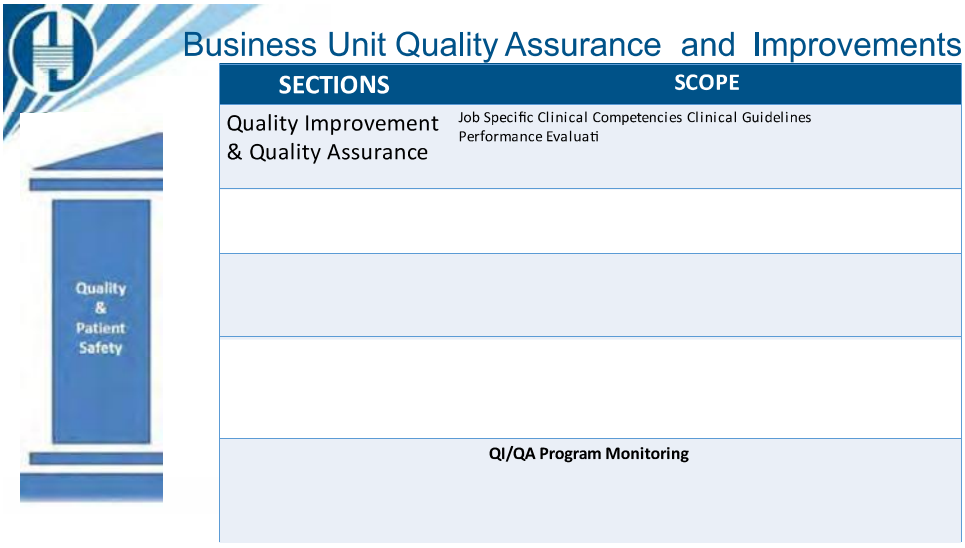
	on this data. Ensures that patient complaints are answered in a timely manner. Responsible for timeliness of patient encounter closure. Responsible for oversight of the Call Center and coordinate patient experience continuum activities including all patient satisfaction related reports. Responsible for coordinated information flow such as referrals and coordination of care with other providers.

The following diagram summarizes the scope of the QI Program at CLBPCC:



QUALITY ASSURANCE & IMPROVEMENT

CLBPCC Standards

CLBPCC standards are defined in our Policies and Procedures, and Standard Operating Procedures (SOPs) that provide the framework for all programs.

All BOD approved Policies and Clinic Procedures are posted on the organization's Intranet SharePoint site, so that all staff can access them at any time. New hires are instructed on how to access the policies and procedures at their initial orientation and existing employees are advised by their supervisors when new policies are added. Additionally, all new Policies, Procedures, and Standard Operating Procedures are discussed during the staff meetings and clinic huddles and are a standing agenda item. Once a new policy is reviewed with

staff, sign-off sheets are utilized to track that training is completed. A copy of the sign-off sheets is kept for each clinic.

Policies and Procedures are grouped into fifteen categories: Administration, Compliance, Human Resources, Information Technology, Finance, Credentialing, Risk, Clinical, Dental, Pharmacy, Behavioral Health, Women's Health, Substance Abuse, Telemedicine, and Clinic Service Center.

Job Specific Clinical Competencies & Performance Evaluation

Each staff is presented with a job description upon their first day of employment, as well as a defined list of detailed job-specific competencies. An assessment of the competencies for the staff is completed during each employee's performance evaluation (the initial evaluation is done during on-boarding, again after three months of employment, followed by a six-month evaluation, and then a one-year evaluation. Evaluations are done annually thereafter.). Assessment of the competencies is completed by immediate supervisors with input provided by key stakeholders.

Credentialing & Privileging

CLBPCC has policies in place that ensure verification of the credentials of health care practitioners and define their privileges to increase the safety of the patients and provide the highest quality care to our patients. The Health Care District of Palm Beach County has established a "Credentialing and ro vider Service Department" that works with the CLB C C in all credentialing activities. Credentialing with primary and secondary source verification is performed on all licensed or certified health care staff members before assuming patient care activities. Completed and verified packets are reviewed by the corresponding Director (Medical, Dental, and/or Behavioral Health) and the Director of Credentialing and Provider Services established under the Health Care District of Palm Beach County, the co-applicant to the F HC's. For all Licensed Individual Practitioners, the corresponding Director (Medical, Dental, Women's Health, and/or Behavioral Health) makes recommendations to approve (or not approve) applicant for credentialing and privileging to the BOD. These

recommendations are based on thorough review of the practitioner's credentials and evaluation of clinical qualifications. Renewal of all previously credentialed and privileged staff will be performed every two years.

Peer Review

CLBPCC has an ongoing Provider Peer Review process as a mechanism of having medical, dental, women's health, and behavioral health ~~providers~~ providers' work routinely reviewed by their peers. The purpose of Peer Review is to ensure the delivery of high-quality care, assess clinical performance, and is used to reappoint providers in the credentialing and privileging process. Charts are audited by using an electronic *Peer Review Form* in the Electronic Risk/ Quality reporting platform. Please refer to the Peer Review Policy and Procedure regarding the minimum number of charts requiring review per quarter. Clinicians are required to respond to all identified deficiencies. Any identified deficiencies affecting direct patient care will be corrected at the future visit with the patient. Peer review data is aggregated and reviewed quarterly with providers during provider ~~meeting~~ meetings as well as Quality Council meetings. Any trends on an individual level will be discussed privately with the clinician and the corresponding FQHC Director and will result in a corrective plan of action for the clinician. Provider specific Peer Review summaries are reviewed during provider's re-credentialing process.

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Clinical Guidelines

CLBPCC adheres to current evidence-based clinical guidelines, standards of care, and standards of practice, as applicable. Program-specific evidence-based guidelines from National sources (including, but not limited to: the American Diabetes Association, American Heart Association, the United States Preventative Services Workgroup guidelines, etc.) are adopted and followed by CLBPCC providers and updated when necessary. Similarly, the dental program also follows guidelines (including, but not limited to: The Organization for Safety, Asepsis, Prevention (OSAP), and Lexi-comp). Adherence to these guidelines are monitored via periodic chart reviews, peer reviews, audits, and the *Tableau* platform.

In addition, CLBPCC maintains an organization-wide subscription to "UpToDate", an online clinical information resource that is evidence based and constantly updated. "UpToDate" encompasses all current clinical practice guidelines and is recommended and endorsed by the Society of General Internal Medicine, the American Academy of Pediatrics, and the American Academy of Family Practice. It is CLBPCC expectation that our medical clinicians refer to "UpToDate" for all current guideline reference.

Protocols & Manuals

CLBPCC works diligently to develop Standard Operating Procedures (SOPs) for all clinical and nonclinical operations in order to ensure standardized training so that patient care is consistent. All departments develop and maintain their own protocols consisting of SOPs (including, but not limited to: Frontline Manual, Referrals Processing Manual - *Referral Institute*, Clinical Manual, Dental Clinical Manual, Call Center Manual, etc.). Clinical and Dental Protocols are grouped into two categories: Adults and Pediatrics. These protocols consist of all standard nursing procedures, standing lab orders, immunization standards and protocols, process maps, screen prints, etc. Every reasonable attempt will be made to streamline our protocols so they follow clinical competencies.

Improvement Projects

Process Improvement is an ongoing system. Through monthly Quality meetings, established reporting systems & protocols, and consistent review of services, CLBPCC staff are able to identify areas in need of improvement in a timely and consistent manner. It is expected that all improvements should enhance our processes and ultimately the health care outcomes of our patients.

The following criteria are followed when establishing priorities for Performance Improvement Projects:

- Any process/procedure that presents a significant risk to patients and staff members
- Any process/procedure that is high in volume (regardless if low risk)
- Any process/procedure that is high risk (regardless if low volume)

- Any process/procedure of high expense or conversely one that could save money

CLBPCC strives to maintain the highest quality standards. Leadership provides thorough, detailed analysis of all sentinel events, performance that significantly reflects sub-standard care, and trends or patterns that significantly deviate from recognized standards of care.

All performance improvement processes will begin with expectation of what is determined to be minimum acceptable standard of compliance for CLBPCC. All criteria used in the evaluation process will be measurable and responsibility for implementation of the project defined.

Effective actions that might be taken once issues are thoroughly evaluated include, but are not limited to:

- Improvement in operations or facilities
- Actions to improve staff knowledge, such as changes in orientation, in-service training and continuing education Programs
- Redistribution or addition of staff, supplies or equipment
- Change in clinical or administrative policies and procedures
- Changes in modifications in clinical privileges
- Individual counseling or disciplinary action

All final findings, conclusions and recommendations are presented to the Quality Council for review, discussion and implementation of change as appropriate.

Root Cause Analysis

Root Cause Analyses are used as our process for identifying, analyzing, and addressing patient adverse events primarily for in-depth analysis of an adverse incident (or “sentinel event”). However, it is also used as the first step in our improvement process by asking the “Five Whys”. By repeatedly asking the question “Why”, you can peel away the layers of symptoms which can lead to the root cause of a problem. With each successive step, the team asks “Why?” again, until it has been asked five times. This approach enables the team

to dig deeply into the source of the issue, generally resulting in a better understanding and, thus, a more functional solution.

Plan Do Check Act (PDCA)

CLBPCC uses QI tools such as PDCA cycles, process mapping, brainstorming and other techniques for problem identification and/or process improvement.

Plan - Determine what data will be collected and what change/intervention/test to be performed.

Do - Carry out the determined change/intervention/test then collect data again to begin analysis.

Check - Complete analysis of data, summarize what was learned and compare to prediction.

Act – Implement the change tested and study again.

Frequency of data collection and the timeline for sampling of events or activities monitored will be determined based on the frequency of the identified problem. Measurement criteria will be modified as needed based on assessment activities and current literature.

In addition to standard data collection methods (EHR reports, incident reports, management reports, etc.), performance is monitored by patient/staff satisfaction surveys, suggestion boxes, staff reporting errors, and staff suggestions.

UTILIZATION OF HEALTH CENTER SERVICES

Utilization of Services

CLBPCC conducts periodic assessments of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by our clinics. These assessments are:

- Conducted by physicians or by other licensed health professionals under the supervision of physicians;
- Based on the systematic collection and evaluation of patient records;
- Assess patient satisfaction, achievement of project objectives, and include a process for hearing and resolving patient grievances; and
- Identify and document the necessity for change in the provision of services by the center and result in the institution of such change, where indicated.

Additionally, a detailed annual review is undertaken to examine the relevance of service area boundaries, to identify opportunities to better serve the needs of the target population and to ensure adherence with compliance requirements.

Sliding Fee Scale Program and Nominal Fee Surveys

Sliding Fee Scale Program and Nominal Fee Surveys are conducted at least every three years to ensure the Sliding Fee Scale Program is being helping the patients we serve and the flat nominal charge(s) are set at a level that is considered to be nominal from the perspective of the patient based on input from patient surveys.

Detailed Aggregated Data by Site, Provider, Clinic

CLBPCC conducts a monthly overall, as well as clinic-specific and provider-specific, analysis of productivity including number of patients seen by each provider in each service line as compared to targets set for that provider, daily average, percent monthly target achieved and payor mix.

Metrics Monitoring

CLBPCC monitors clinical outcomes (such as UDS requirements, PCMH, and HEDIS indicators), clinical patient care (such as access and cycle time), and business process metrics (such as operational efficiencies and maximized revenue). For selected metrics, the Quality Council leadership establishes a goal and related plan for performance measurement.

Clinical Outcome Measure Audits

UDS Measure Audits and Meaningful Use Audits are performed monthly and presented to the monthly Quality Council meetings as overall "up to date" reports and/or clinic-specific or provider-specific reports. Reports are measured against national goals and closely monitored from month to month. The PDCA process is mapped for the selected measures not meeting the goals.

Clinical Patient Care

CLBPCC continuously monitors both fundamental primary care metrics and program-specific quality metrics for initiatives such as access, cycle time, health information technology, referral tracking, chronic disease management, and team care. These may be measured with reports such as *Patient Cycle Time, Third Next Available Appointment, Percentage of Closed Referrals*, *Number of Referrals vs. PCP Encounters*, *Percentage of Chronic Disease Management Patients,* and *Percentage of Patients who are Compliant with Team Care Plans and Goals* as well as other improvement measures.

Business Processes

CLBPCC continuously monitors finances, coding and billing accuracy and consistency, patient access, staff turnover, and efficiencies seen as a result of PCMH. These may be measured with reports such as *Cash Collection* and *Coding/Billing Audits.*

Performance Based Dashboard Analysis

Selected performance measures are presented on a monthly basis to the Quality Council and BOD relative to pre-established goals. Metrics identified as deterring from our goals are followed and expected improvement is specified by leadership. Quality Councils track and report progress until improvement is reached. When improvement activity is complete, the Quality Councils re-analyze dashboard outcome data to ensure improvements are sustained. Dashboards are shared with the clinics and personalized goals are presented to providers at least quarterly to increase staff awareness of goals achieved and identify where improvements can be made.

Additionally, CLBPCC utilizes a *Tableau* platform which provides a wide variety of user-friendly performance-specific dashboards to drive improvement in population health. This unique high-tech software is based on extrapolated data from the EHR which is provided to the software vendor for aggregation. This tool provides performance feedback and comparative benchmarking for the selected measure set. Providers have access to the *Quality Report Module* that they may use for actionable patient lists with the goal to improve these metrics. *Clinic Quality Boards* are also updated on a monthly basis in each clinic break-room.

Ongoing EHR System Improvements

EHR improvements can come from new interfaces that improve efficiencies, EHR enhancements and updates from the vendor, as well as suggested improvement from internal customers or consultants. We aim to review our health IT tools, add-on products, and software solutions on an ongoing basis.

Template Adjustments

CLBPCC internal customers strive to offer and suggest improvements such as provider, program or service-line specific order sets which streamline documentation and increase overall standardization.

PATIENT SATISFACTION & PATIENT GRIEVANCE PROCESSES

Patient Satisfaction Surveys

Patient Satisfaction Surveys enable CLBPCC to ensure a process is followed for assessing patient satisfaction and patient experience and to better meet patient expectations and create loyalty. The Patient Satisfaction Survey is offered to patients during operating hours in the clinic through staff reminders and QR codes. It is also offered through our clinic website. Results are compiled monthly and trended over time. The summary of the results are shared with the staff, Workgroup, Quality Council, and the BOD.

Patient Relations

CLBPCC monitors all patient relations activities including Patient Complaints, Grievances, and Compliments. CLBPCC has a BOD approved Patient Grievance Policy and Procedure that describes our process for hearing, receiving, reviewing and resolving patient grievances. The Patient Experience Director oversees all aspects of the patient experience. The Patient Relations Manager processes, investigates, tracks, provides follow-up on Patient Grievances, Complaints and Compliments. All patient complaints and grievances are reported to the Executive Director, Medical Director, Patient Experience and Relations Manager ~~Director~~ and appropriate Program Director by the Patient Relations Manager. The Patient Experience and Relations Manager ~~Director~~ provides monthly reports to the Quality Council and at all Clinic Workgroups. CLBPCC presents Patient Relations data quarterly at the Corporate Quality, Patient Safety, and Compliance Committee Meeting.

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Values

CLBPCC values the following:

Patient Focus – Providing ~~high quality~~high-quality services for patients, which exceed their expectations. Physical space, patient care processes and clinical and business procedures at the clinics respect the comfort and dignity of the patient at all times. Patient satisfaction is assessed regularly through patient satisfaction surveys. Patient complaints are answered in a timely manner. Patient should have timely access to appointments as

measured by appointments availability. Access relates to ease and timeliness in obtaining care and includes hours of operation, after-hours on-call systems and telephone systems. These must meet the needs of patient.

Vitality and Efficiency – In order to deliver the highest quality of care, our staff needs to be well trained, satisfied, and empowered to serve the patients. Our organization must be fiscally sound in order to continue our Mission. CLBPCC are devoted to using available resources to produce the highest quality health services.

Equity – All patients will be served with dignity and respect. Sliding fee scale fees will be available to those uninsured patients who qualify according to federal regulations. Pharmacy Programs utilizing the 340B Program are available to our patients. Multilingual staff and appropriate translations are available to patients. No disparities regarding race, ethnicity, or payer class will exist within CLBPCC.

Accessibility – Access to care for underserved communities and patients is achieved by forming outreach teams, careful planning, marketing, and removal of barriers of care. This includes the establishment of extended hours at specified clinics and the availability of a After Hours Answering Service.

Leadership Involvement – The BOD and Executive Director provide strong leadership, direction, and support of QI activities. This involvement of organizational leadership assures that QI initiatives are consistent with our mission and strategic plan.

Data Informed Practice – CLBPCC uses feedback loops and data to better inform the practice and make fact-based decisions.

Analytic Tools – For continuous improvement of care, tools, and methods are needed that foster knowledge and understanding. CLBPCC uses a defined set of analytic tools, reports, and metrics for both clinical patient care and quality of business processes to

turn data into information. This information is reported at the Quality Council meetings each month and escalated to the Quality Council as appropriate.

Customer Service

CLBPCC strives to partner with patients and families to understand each patient's unique needs, culture, values and preference. We are working to change our culture from reactive to proactive in addressing patient experience. We aim to develop and support an empathetic culturally diverse, competent, motivated and service oriented-workforce; to recruit and retain highly competent team-members. We smile.

Collaborative Team-member Engagement

CLBCC approach to quality improvement is that all staff, regardless of their position, are considered to be customer service improvement agents. They receive training during their orientation and training on the QI Program, including patient satisfaction and are expected to participate in these activities. Customer service and QI activities are considered to be embedded in all operations, not separate from the full operations.

PATIENT SAFETY & ADVERSE EVENTS

Culture of Safety

CLBPCC strives to maintain a patient-centered and "Just Accountable" culture that encourages all employees to provide safe quality care and conduct themselves in a professional, team-driven manner.

Team-member Orientation

New staff at CLBPCC complete new employee orientation. During the on-boarding period, new employees receive job-specific training that includes, but is not limited to: training on clinical manuals, electronic health/dental records training, clinical competencies, policies and procedures, quality metrics, HIPAA compliance, and Risk & OSHA. During this period,

skills are assessed for clinical and dental privileging. All new clinic employees are paired with a clinic peer for a minimum of two weeks. Their work is assessed during the first month by an assigned evaluator, via chart audits, and during 1:1 meetings with their supervisor, or a designated Manager.

Continuous Team-member Education

Education of staff at CLBPCC occurs on a continuous basis. As the need arises, updated policies and procedures are reviewed with staff. Select Policies and Procedures are reviewed with staff annually. Employee trainings are tracked through the use of sign-in sheets. In the event an employee missed a required training, the employee is provided a make-up training. Selected training is provided on an annual basis (such as OSHA & Risk, Medical Malpractice, clinical skills, guideline review, EHR/EDR, and standing orders). All licensed medical clinical staff have access to continuing education through an organizational subscription.

Policies & Procedures and Standard Operating Procedures (SOPs)

CLBPCC seeks to implement best practices and streamline processes across all clinics and departments. Policy and Procedure are established by Clinic Administration with input from Corporate Departments (Legal, Compliance, Information technology, Finance, Human Resources, Provider Services, Quality, and Risk) as needed. All clinic policies are reviewed and signed by the FQHC Board. The Policies and Procedures of the Healthcare District Palm Beach County are reviewed and adopted by the CLBPCC and stored in an electronic version-controlled system on SharePoint. All policies and procedures are reviewed at a minimum once every three years or as needed to reflect current processes. The CLBPCC also creates Standard Operating Procedures to introduce new workflows or to provide specific instructions on a new process.

Audits/Log Reviews

CLBPCC conducts scheduled clinic quality audits by conducting clinic quality site visits on rotating basis with the goal that each clinic is visited at least quarterly. During the quality

site visits, all clinics are reviewed and audited through the use of an established audit tools that encompasses a variety of topics (such as compliance signage, equipment, safety, OSHA, inventories, and employee performance). Visit findings are recorded by using a standardized checklist. Visit findings are then tracked by documenting newly created action items and by updating ongoing action items. Findings and action items are presented at Clinical Workgroups and Quality Council Meetings. A copy of findings is placed in each clinic for staff review at meetings and clinic huddles.

CLBPCC maintains the Quality Improvement Action items log that identifies all action items from Workgroups, Clinical Site Visits, Quality Council Meetings, Internal/External Audit findings, Accreditation Bodies, Grant-Funded Programs, and Administrative and Corporate Departments.

Chart Reviews

Chart Audits of the Electronic Health and Dental Records are done on a routine basis by Clinical Directors, ~~Clinic Quality Analyst~~, Risk Manager, Clinical Coordinators, and ~~Chart Auditor~~ and through the Peer Review process. Performance Measures including UDS indicators, specific grant program requirements, and insurance company's requirements are monitored, analyzed, and reported through electronic reports generated in the "Tableau" database and the Electronic Medical Record systems. The results of clinical audits are presented in the Clinic Workgroups and Quality Council meetings in the form of dashboards, graphs, and pivot tables. These results are escalated to the Board of Directors as necessary.

Facility & Equipment Assessments

CLBPCC seeks to provide an environment of care where safe operations of medical equipment implements and supports the care of patients. CLBPCC has implemented the "Management of Clinical Equipment" SOP that establishes, supports, and maintains a Program that is based on assessed clinical and physical risks of the equipment, monitoring and evaluation of organizational practices, applicable law and regulation, and accepted

practices within the healthcare industry. Clinically validated medical and dental equipment is purchased whenever possible. Users of medical and dental equipment receive training on the safe operation of all equipment as part of their orientation to specific job responsibilities. Training is ongoing and as necessary. All equipment is inspected, tested, and maintained at least bi-annually through agreements with vendors. For retired or non-functioning equipment, staff follow the "Lock-Out Tag-Out for Inoperable q uipment" policy and procedure.

Incident Reporting

The office of Corporate Risk, established under the Health Care District of Palm Beach County, has been tasked to lead CLBPCC Risk Management activities, but efforts are made in every service line. The Medical Director, Dental Director, Women's Health Director, Behavioral Health Director, ~~Practice Operations Director~~Director of Operations, Director of Nursing, Assistant Director of Nursing ~~Nurse Manager, Clinic Quality Analyst~~, Dental Quality Coordinator, and Practice Management or delegate work with all staff to discuss actual, potential, and alleged risk management cases and potential system improvements to improve care of all CLBPCC sites. CLBPCC stresses timely, constructive and educational dialogues between involved parties in continuous efforts to improve the quality of the patient care. CLBPCC has a BOD approved "Risk Management lan" that defines the goals and objectives of the Risk Program including a process for identifying, analyzing, and addressing patient safety and adverse events and for implementing follow-up actions, as necessary. This plan emphasizes implementing evidence-based best practices, learning from incident analysis, and providing constructive feedback, rather than blame and punishment. In a just culture, unsafe conditions and hazards are readily and proactively identified, medical or patient care incidents are reported and analyzed, issues are openly discussed, and suggestions for systemic improvements are welcomed.

Risk Management:

The Corporate Risk and FQHC Leadership incorporates best practices throughout its operations to provide a safe environment for staff and patients. CLBPCC maintains a culture

of patient safety and performs routine activities to ensure staff are educated and reminded of patient safety practices. The Director of Corporate Risk Management, established under the Health Care District of Palm Beach County, co-applicant to the F HC's, works alongside the Clinic Risk Manager to provide direction, oversight and support to CLBPCC Risk Management education and activities. The Clinics Risk Manager provides monthly reports to the Quality Council on all incidents from the previous month. Risk Management Education/Activities are conducted and tracked in accordance with the Risk Management Plan.

Quality Events

CLBPCC has established a process in which clinical and/or operational challenges that have been noted as a trend can be documented, analyzed, and improved through a "Quality Event" portion of the Risk & uality lectronic Management System. Those events are opportunities to provide corrective actions or quality improvement activities in a more structured way to improve the overall quality of service and minimize risk. Quality events are reviewed and tracked by the Director of Corporate Quality ~~CLBPCC Clinic Quality Analyst~~. Quality Events are reported at the Quality Councils. The Director of Corporate Quality ~~Risk Manager~~ provides oversight and support for reviewing and handling Quality Events.

HIPAA Privacy and Compliance

CLBPCC maintains the confidentiality of patient records, including all information as to personal facts and circumstances obtained by the health center staff about recipients of services. Specifically, CLBPCC does not divulge such information without the individual's consent except as may be required by law or as may be necessary to provide service to the individual or to provide for medical audits by the Secretary of Health and Human Services or his/her designee with appropriate safeguards for confidentiality of patient records.

KEY INITIATIVES

Quality and Patient Safety

To provide quality, patient centered health care that can be defined and measured. To enforce and invest in a pervasive culture of safety with zero preventable errors.

People

To be the employer of choice. To develop and support a culturally diverse, competent, motivated and service oriented workforce. To recruit and retain highly competent providers to meet patient needs.

Cost

To maximize taxpayer investment while advancing the mission and vision. To offer unquestionable value to payers and consumers.

Community Leader

To lead Palm Beach County in improving health status and access to care through community coordination and collaboration. To protect and advance the county's health care safety net.

Data-Driven Culture

To encourage the use of data to improve decision making and inform strategy by promoting a data-driven culture using "democratized" data.

QI/QA Work Plan

KEY PERFORMANCE INDICATOR WORK PLAN						
Performance Indicator	**Performance Goal and Source/YR**	**Method of Collection**	**Data Source**	**Monitor Freq**	**Report Freq**	**Responsible Person/Depart**
CLINICAL MEASURES						
Early Entry into Prenatal Care HRSA Required Measure	Baseline: 45.4 % Source/YR: UDS 2022 2021 Goal: 60% TARGET: 73.5% Source/YR: HRSA National Average 2022	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services Clinic Supervisor Director of Women's Health EHR Vendor
Childhood Immunization Status HRSA Required Measure	Baseline: 39% Source/YR: UDS 2022 2021 Goal: 60% TARGET: 33.2% Source/YR: HRSA National Average 2022	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services Director of Corporate Quality Medical Director Director of Nursing EHR Vendor
Cervical Cancer Screening HRSA Required Measure	Baseline: 59% Source/YR: UDS 2022 2021 Goal: 65% TARGET: 54% Source/YR: HRSA National Average 2022	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services Director of Corporate Quality Medical Director Director of Women's Health Associate Medical Director EHR Vendor
Breast Cancer Screening	Baseline: 56% Source/YR: UDS 2022 2021 Goal: 60% TARGET: 50.28% Source/YR: HRSA National Average 2022	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services Director of Corporate Quality Medical Director Director of Women's Health Associate Medical Director EHR Vendor

QI/QA Work Plan

KEY PERFORMANCE INDICATOR WORK PLAN						
Performance Indicator	**Performance Goal and Source/YR**	**Method of Collection**	**Data Source**	**Monitor Freq**	**Report Freq**	**Responsible Person/Depart**
Weight Assessment / Counseling for Nutrition & Physical Activity– Children & Adolescents HRSA Required Measure	Baseline: 93% Source/YR: UDS 2022 2021 Goal: 90% TARGET: 69.81% Source/YR: HRSA National Average 2022	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services Director of Corporate Quality Medical Director Associate Medical Director Director of Nursing EHR Vendor
Preventive Care and Screening: BMI Screening and Follow-up Plan HRSA Required Measure	Baseline: 76% Source/YR: UDS 2022 2021 Goal: 90% TARGET: 84.6% Source/YR: HRSA National Average 2020	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services Director of Corporate Quality Medical Director Associate Medical Director Director of Nursing EHR Vendor
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention HRSA Required Measure	Baseline: 95% Source/YR: UDS 2022 2021 Goal: 93% TARGET: 84.6% Source/YR: HRSA National Average 2022	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services Director of Corporate Quality Medical Director Associate Medical Director EHR Vendor
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease HRSA Required Measure	Baseline: 83% Source/YR: UDS 2022 2021 Goal: 81% TARGET: 76.07% Source/YR: HRSA National Average 2022	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services Director of Corporate Quality Medical Director Associate Medical Director EHR Vendor

QI/QA Work Plan

KEY PERFORMANCE INDICATOR WORK PLAN						
Performance Indicator	**Performance Goal and Source/YR**	**Method of Collection**	**Data Source**	**Monitor Freq**	**Report Freq**	**Responsible Person/Depart**
Ischemic Vascular Disease HRSA Required Measure	Baseline: 79% Source/YR: UDS 2020 2021 Goal: 86% TARGET: 76.83% Source/YR: HRSA National Average 2022	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services Director of Corporate Quality Medical Director Associate Medical Director EHR Vendor
Colorectal Cancer Screening HRSA Required Measure	Baseline: 50% Source/YR: UDS 2022 2021 Goal: 82% TARGET: 42.82% Source/YR: HRSA National Average 2022	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services Director of Corporate Quality Medical Director Associate Medical Director Director of Nursing EHR Vendor
HIV Linkage to Care HRSA Required Measure	Baseline: 82% Source/YR: UDS 2022 2021 Goal: 85% TARGET: 82.2% Source/YR: HRSA National Average 2022	**Refer to Attachment A*	Report with manual data validation	Monthly	Quarterly	Clinical Services Director of Corporate Quality Medical Director Associate Medical Director Director of Nursing EHR Vendor
HIV Screening	Baseline: 36% Source/YR: UDS 2022 2021 Goal: 32% TARGET: 43.82% Source/YR: HRSA National Average 2022	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services Director of Corporate Quality Medical Director Associate Medical Director Director of Nursing EHR Vendor

QI/QA Work Plan

KEY PERFORMANCE INDICATOR WORK PLAN						
Performance Indicator	**Performance Goal and Source/YR**	**Method of Collection**	**Data Source**	**Monitor Freq**	**Report Freq**	**Responsible Person/Depart**
Preventive Care and Screening: Screening for Depression and Follow-up Plan HRSA Required Measure	Baseline: 92% Source/YR: UDS 2022 2021 Goal: 83% TARGET: 70.02% Source/YR: HRSA National Average 2022	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services Medical Director Behavioral Health Director EHR Vendor Director of Corporate Quality
Depression Remission at Twelve Months HRSA Required Measure	Baseline: 29% Source/YR: UDS 2022 2021 Goal: 14% TARGET: 13.64% Source/YR: HRSA National Average 2022	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services Medical Director Behavioral Health Director EHR Vendor Director of Corporate Quality
Dental Sealants HRSA Required Measure	Baseline: 97% Source/YR: UDS 2020 2021 Goal: 75% TARGET: 58.39% Source/YR: HRSA National Average 2022	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services Medical Director Dental Director Director of Corporate Quality EHR Vendor
Low Birth Weight HRSA Required Measure	Baseline: 8%% Source/YR: UDS 2022 2021 Goal: 8% TARGET: 8.43% Source/YR: HRSA National Average 2022	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services Medical Director Director of Women's Health Director of Corporate Quality EHR Vendor

QI/QA Work Plan

KEY PERFORMANCE INDICATOR WORK PLAN						
Performance Indicator	**Performance Goal and Source/YR**	**Method of Collection**	**Data Source**	**Monitor Freq**	**Report Freq**	**Responsible Person/Depart**
Controlling High Blood Pressure HRSA Required Measure	Baseline: 68% Source/YR: UDS 2022 2021 Goal: 80% TARGET: 63.4% Source/YR: HRSA National Average 2022	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services Director of Corporate Quality Medical Director Associate Medical Director Director of Nursing EHR Vendor
Diabetes: Hemoglobin A1C (HbA1c) Poor Control (>9%) HRSA Required Measure	Baseline: 28% Source/YR: UDS 2022 2021 Goal: 67% TARGET: 30.42% Source/YR: HRSA National Average 2022	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services Director of Corporate Quality Medical Director Associate Medical Director Director of Nursing EHR Vendor
SATISFACTION						
Patient Satisfaction	Baseline: 77.8% of responses were promoters Source/YR: 2022 TARGET: 75% of responses were promoters (very good/excellent responses) Source/YR: Internal Goal/2023	Numerator: Total number of patients surveyed who responded very good or excellent on the patient satisfaction survey. Denominator: Total number of patients surveyed during the year. Administration of Patient Satisfaction Survey Tool with analysis and reporting	Patient Satisfaction Survey Tool	Monthly	Monthly	SV, CMO Patient Experience and Relations Manager 3rd Party Vendor Director of Corporate Quality
Employee Engagement	73% of employees participated/completed the survey Source/YR: 2023 TARGET: 85% Source/YR: Internal Goal/2023	Administration of Employee Satisfaction Survey Tool via 3rd Party Vendor with report Numerator: Total number of employees who completed the survey	Employee Satisfaction Survey Tool	Annually	Annually	Director of Corporate Quality Executive Director of FQHC Services Director of Operations Director of Nursing Medical Director

QI/QA Work Plan

KEY PERFORMANCE INDICATOR WORK PLAN						
Performance Indicator	**Performance Goal and Source/YR**	**Method of Collection**	**Data Source**	**Monitor Freq**	**Report Freq**	**Responsible Person/Depart**
		Denominator: Total number of employees in the department.				
COORDINATION OF CARE						
Tracking Patient Referrals	Baseline: 13% of referral loop closure within 90 days Source/YR: Internal Report/2022 TARGET: 75% of referral loop closure within 90 days Source/YR: Internal Goal/2023	Internal Referral Tracking Process Numerator: Total number of consultation reports received within 90 days following the scheduled referral appointment Denominator: Total number of external/internal patient referrals	Referral Tracking Log	Monthly	Quarterly	Patient Access Manager Director of Corporate Quality Executive Director of FQHC Services Director of Operations Director of Nursing Medical Director
ACCESS / SERVICE UTILIZATION						
No Show Appointments	*Baseline: a. Dental: 24% b. Medical: 24% c. Women's Health: 30% d. Behavioral: 25% Source/YR: Internal Report/2022 *TARGET: a. Dental: 15% b. Medical: 16% c. Women's Health: 16% d. Behavioral: 16% Source/YR: Internal Goal/ 2023	EHR System Numerator: Total number of patients scheduled appointments who did not show for their appointment and did not cancel. Denominator: Total number of patients scheduled for appointments	EHR Report	Monthly	Monthly	Manager of Clinical Operations Director of Operations SVP, COO, Executive Director of FQHC Services Director of Corporate Quality Medical Director Dental Director Dental Program Director

QI/QA Work Plan

KEY PERFORMANCE INDICATOR WORK PLAN						
Performance Indicator	**Performance Goal and Source/YR**	**Method of Collection**	**Data Source**	**Monitor Freq**	**Report Freq**	**Responsible Person/Depart**
SAFETY/RISK MGMT						
Compliance with 72-hour chart closure standards	Baseline: 84% of patient encounter charts were closed within 72 hours Source/YR: 2022 TARGET: 90% of patient encounter charts were closed within 72 hours Source/YR: Internal Goal/2023	Numerator: Total number of open patient encounters 72 hours after encounter. Denominator: Total number of patients with completed encounters	EHR Report	Weekly	Monthly	SV, CMO Aimee Griner Ann Marie Hankins Medical Director Dental Director Director of Corporate Quality
Patient Complaints	Baseline: 62% of patient's complaints/grievances were resolved to patient satisfaction in 2022. Source/YR: 2022 TARGET: 70% of patient's complaints/grievances were resolved to patient satisfaction. Source/YR: Internal Goal 2023	Internal Patient Complaint Tracking Process Numerator: Total number of patient complaints/grievances that were resolved to patient satisfaction. Denominator: Total number of patient complaints/grievances	Patient Complaint Form/Log	Ongoing	Quarterly	SV, CMO Patient Experience and Relations Manager Director of Corporate Quality Medical Director

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2023 Report)	2022 National Average	Major Differences from 2021 to 2023	Major Differences from UDS to eCQM	Reminders
6B	7-9	Early Entry into Prenatal Care	Percentage of prenatal care patients who entered prenatal care during their first trimester.	Women seen for prenatal care during the year	Women beginning prenatal care at the health center or with a referral provider, or who began care with another prenatal care provider during their first trimester	None	no eCQM	71.99%	None	None	Trimester of entry is based on last menstrual period (vs. conception) 1st trimester is through end of 13th week 2nd trimester is start of 14th week to end of 27th week 3rd trimester starts at 28th week If you referred women to other providers for all their prenatal care, report the trimester of their first prenatal visit with the other provider in Column A Patient self-report of trimester of entry is permitted To determine the appropriate age group, use the woman's age on June 30th of the reporting year

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2023 Report)	2022 National Average	Major Differences from 2021 to 2023	Major Differences from UDS to eCQM	Reminders
6B	10	Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	Children who turn 2 years of age during the measurement period and who had a medical visit during the measurement period	Children who were fully immunized by their second birthday. A child is fully immunized if s/he has been vaccinated or there is documented evidence of history of illness, a seropositive test result, or an allergic reaction for ALL of the following: 4 diphtheria, tetanus, and acellular pertussis (DTaP); 3 polio (IPV), 1 measles, mumps, and rubella (MMR); 3 H influenza type B (HiB); 3 Hepatitis B (Hep B); 1 chicken pox (VZV); 4 pneumococcal conjugate (PCV); 1 Hepatitis A (Hep A); 2 or 3 rotavirus (RV); and 2 influenza (flu) vaccines	Patients who were in hospice care during the measurement period. Children with any of the following on or before the child's second birthday Severe combined immunodeficiency Immunodeficiency HIV Lymphoreticular cancer, multiple myeloma, or leukemia	CMS117v11	33.23%	None	None	Record must list the dates of all immunizations and names of immunization agents Good faith efforts do not meet the measurement standard, including: Failure to bring patient in Refusal for personal or religious reasons To meet the numerator criteria, a child's health record must be documented as being compliant for each vaccine. Registries can be used to fill any voids in the immunization record if the search is routinely done prior to or immediately after a visit and before the end of the measurement period. For example, you may use an immunization registry maintained by the state or other public entity that shows comparable information

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2023 Report)	2022 National Average	Major Differences from 2021 to 2023	Major Differences from UDS to eCQM	Reminders
6B	11	Cervical Cancer Screening	Percentage of women 21*–64 years of age who were screened for cervical cancer (*Use age 24 as the initial age to include in the assessment) --Women age 21*-64 who had cervical cytology performed within the last 3 years --Women age 30-64 who had human papillomavirus (HPV) testing performed within the last 5 years.	Women 24 through 64 years of age with a medical visit during the measurement period	Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria: --Cervical cytology performed during the measurement period or the 2 years prior to the measurement period for women who are at least 21 years old at the time of the test. --Cervical HPV testing performed during the measurement period or the 4 years prior to the measurement period for women who are 30 years or older at the time of the test	Women who had a hysterectomy with no residual cervix or a congenital absence of cervix Women who were in hospice/palliative care during the measurement period	CMS124v11	54%	None	None	Include documentation in the patient health record of a cervical cytology and HPV tests performed outside of the health center with the date the test was performed, who performed it, and the result of the finding provided by the agency that conducted the test or a copy of the lab test. The measure only evaluates whether tests were performed after a woman turned 21 years of age. The youngest age in the initial population is a patient who turned 24 years old on December 31.

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2023 Report)	2022 National Average	Major Differences from 2021 to 2023	Major Differences from UDS to eCQM	Reminders
6B	11a	Breast Cancer Screening	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period	Women 52-74 years of age with a visit during the measurement period	Women with one or more mammograms any time on or between October 1 two years prior to the measurement period and the end of the measurement period	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy. Patients whose hospice care overlaps the measurement period. Patients 66 and older who are living long term in an institution for more than 90 consecutive days during the measurement period. Patients 66 and older with advanced illness and frailty Patients who received palliative care during measurement period	CMS125v11	50.28%	None	None	The measure evaluates primary screening DO NOT count biopsies, breast ultrasounds, or magnetic resonance imaging, because they are not appropriate methods for primary breast cancer screening. If a mammogram was performed outside of the health center, include documentation in the patient health record with the date the test was performed, who performed it, and the result of the finding provided by the agency that conducted the diagnostic study or a copy of the results. Include patients according to sex at birth.

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2023 Report)	2022 National Average	Major Differences from 2021 to 2023	Major Differences from UDS to eCQM	Reminders
6B	12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Percentage of patients 3 - 17 years of age who had an outpatient medical visit and who had: ▪ Evidence of height, weight, and body mass index (BMI) percentile documentation and who had documentation of counseling for nutrition and had documentation of counseling for physical activity during the measurement period	Patients 3 through 17 years of age with at least one medical visit by the end of the measurement period --Include children and adolescents with birthday on or after January 1, 2006, and birthdate on or before December 31, 2020.	Children and adolescents who have had: --their height, weight, and BMI percentile recorded during the measurement period and counseling for nutrition during the measurement period and counseling for physical activity during the measurement period.	Patients who have a diagnosis of pregnancy during the measurement period Patients who were in hospice care during the measurement period	CMS155v11	69.81%	None	Include medical visits performed by any medical provider. Note that this is different from the eCQM, which requires that the visit be performed by a primary care physician or an OB/GYN. For example, include patients who had a medical visit with an NP.	Because BMI norms for youth vary with age and sex, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2023 Report)	2022 National Average	Major Differences from 2021 to 2023	Major Differences from UDS to eCQM	Reminders
6B	13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Percentage of patients aged 18 years and older with a BMI documented during the most recent visit or during the measurement period and who had a follow-up plan documented if BMI was outside of normal parameters Note: Normal parameters: For age 18 years and older, BMI greater than or equal to 18.5 kg/m2 and less than 25 kg/m2	Patients 18 years of age or older on the date of the visit with at least one medical visit during the measurement period	Patients with a documented BMI (not just height and weight) during the most recent visit in the measurement period or during the previous 12 months of that visit, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of the current visit. Note: Include in the numerator patients within normal parameters who had their BMI documented and those with a follow-up plan if BMI is outside normal parameters.	Patients who are pregnant during the measurement period Patients receiving palliative care during or prior to the visit Patients who refuse measurement of height and/or weight Patients with a documented medical reason for not documenting BMI or for not documenting a follow-up plan for BMI outside normal parameters	CMS69v11	84.6%	None	None	If the documented BMI is outside of normal parameters, then a follow-up plan is to be documented during the visit or during the measurement period. If more than one BMI is reported during the measurement period, and any of the documented BMI assessments is outside of normal parameters, documentation of an appropriate follow-up plan is to be used to determine whether performance has been met.

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2023 Report)	2022 National Average	Major Differences from 2021 to 2023	Major Differences from UDS to eCQM	Reminders
6B	14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times during the measurement period and who received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period if identified as a tobacco user	Patients aged 18 years and older seen for at least two medical visits in the measurement period or at least one preventive medical visit during the measurement period	Patients who were screened for tobacco use at least once during the measurement period and NOT identified as a tobacco user, **and** Patients who were screened for tobacco use at least once during the measurement period and received tobacco cessation intervention during the measurement period or during the 6 months prior to the measurement period if identified as a tobacco user **Note:** Include in the numerator patients with a negative screening and those with a positive screening who had cessation intervention if a tobacco user.	Patients who were in hospice care for any part of the measurement period	CMS138v11	84.6%	Measurement period decreased from 24 months to 12 months	Denominator patient population and numerator are reported separately in the eCQM, but combined in the UDS	If patients use any type of tobacco (i.e., smokes or uses smokeless tobacco), tobacco cessation intervention (counseling and/or pharmacotherapy) is expected. If a patient has multiple tobacco use screenings during the 12-month period, use the most recent screening that has a documented status of tobacco user or non-user. The current evidence is insufficient to recommend electronic cigarettes (e-cigarettes) for tobacco cessation. However, the U.S. Food and Drug Administration definition of tobacco includes e-cigarettes, hookah pens, and other electronic nicotine delivery systems. Therefore, the measure does consider the use of e-cigarettes and other electronic nicotine delivery systems to be tobacco use. Identify preventive visits using “Preventive Care Services” CPT codes referenced in the eCQM.

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2023 Report)	2022 National Average	Major Differences from 2021 to 2023	Major Differences from UDS to eCQM	Reminders
6B	17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Percentage of the following patients—all considered at high risk of cardiovascular events—who were prescribed or were on statin therapy during the measurement period: -- All patients who have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD) or have ever had an ASCVD procedure, or -- Patients 20 years of age or older who have ever had a low-density lipoprotein cholesterol (LDL-C) laboratory result level greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia, or -- Patients 40 through 75 years of age with a diagnosis of diabetes	All patients who have an active diagnosis of ASCVD or have ever had an ASCVD procedure, or Patients who were 20 years of age and older at the start of the measurement period who: --ever had a laboratory result of LDL-C greater than or equal to 190 mg/dL or -- were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia, or Patients 40 through 75 years of age at the start of the measurement period with type 1 or type 2 diabetes; With an eligible countable visit during the measurement period, as specified in the measure criteria Include patients of any age for the ASCVD determination;	Patients who are actively using or who received an order (prescription) for statin therapy at any point during the measurement period	Patients who are breastfeeding. Patients who have a diagnosis of rhabdomyolysis. Patients with statin-associated muscle symptoms or an allergy to statin medication Patients who are receiving palliative or hospice care Patients with active liver disease or hepatic disease or insufficiency Patients with end-stage renal disease (ESRD) Patients with documentation of a medical reason for not being prescribed statin therapy	CMS347v6	76.07%	None	None	Current statin therapy (including statin medication samples provided to patients) must be documented in the patient's current medication list or ordered during the measurement period. Ensure patients are not counted in the denominator more than once. Once a patient meets one set of denominator criteria (check from first listed in Measure Description to last), they are included and further risk checks are not needed. Intensity of statin therapy or lifestyle modification coaching is NOT being assessed for this measure; only prescription or use of any statin therapy is being assessed. DO NOT count other cholesterol-lowering medications as meeting the numerator criteria; only statin therapy meets the numerator criteria. Patients who had telephone-only visits are excluded from the denominator.

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2023 Report)	2022 National Average	Major Differences from 2021 to 2023	Major Differences from UDS to eCQM	Reminders
6B	18	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period or who had an active diagnosis of IVD during the measurement period, and who had documented use of aspirin or another antiplatelet during the measurement period	Patients 18 years of age and older with a medical visit during the measurement period and who had an AMI, CABG, or PCI in the 12 months prior to the measurement period or who had a diagnosis of IVD overlapping the measurement period	Patients who had an active medication of aspirin or another antiplatelet during the measurement period	Patients who had documentation of use of anticoagulant medications overlapping the measurement period Patients who were in hospice care during the measurement period	CMS164v7	76.83%	None	None	Include in the numerator patients who received a prescription for, were given, or were using aspirin or another antiplatelet drug Follow the CMS164v7 specifications for UDS reporting.

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2023 Report)	2022 National Average	Major Differences from 2021 to 2023	Major Differences from UDS to eCQM	Reminders
6B	19	Colorectal Cancer Screening	Percentage of adults 45*–75 years of age who had appropriate screening for colorectal cancer	Patients 46 through 75 years of age by the end of the measurement period with an eligible countable visit during the measurement period, as specified in the measure criteria	Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following: ▪ Fecal occult blood test (FOBT) during the measurement period ▪ Fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period ▪ Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period ▪ Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period ▪ Colonoscopy during the measurement period or the 9 years prior to the measurement period	Patients with a diagnosis of colorectal cancer or history of total colectomy Patients who were in hospice/palliative care during the measurement period Patients aged 66 or older by the end of the measurement period who were living long-term in an institution for more than 90 consecutive days during the measurement period Patients aged 66 and older by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria: advanced illness with one inpatient visit or two outpatient visits during the measurement period or the year prior; or taking dementia medications during the measurement period or the year prior	CMS130v11	42.82%	Patient's age criteria decreased from 50 to 45.	None	There are two FOBT test options: Guaiac fecal occult blood test (gFOBT) and the immunochemical-based fecal occult blood test (iFOBT - commonly known as a FIT test) Lab tests (FOBT and FIT-DNA) performed elsewhere must be confirmed by documentation in the chart: either a copy of the test results or correspondence between the clinic personnel and the performing lab/provider showing the results. FOBT and FIT-DNA test kits can be mailed to patients, but receipt, processing, and documentation of the test sample is required.

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2023 Report)	2022 National Average	Major Differences from 2021 to 2023	Major Differences from UDS to eCQM	Reminders
6B	20	HIV Linkage to Care	Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 30 days of diagnosis	Patients first diagnosed with HIV by the health center between December 1 of the prior year through November 30 of the current measurement period and who had at least one eligible countable visit during the measurement period or prior year, as specified in the measure criteria	Newly diagnosed HIV patients that received treatment within 30 days of diagnosis. Include patients who were newly diagnosed by your health center providers **and:** had a medical visit with your health center provider who initiates treatment for HIV, or had a visit with a referral resource who initiates treatment for HIV	None	no eCQM	82.2%	Update in measure description from 90 days to within 30 days of diagnosis	None	Treatment must be initiated within 30 days of the HIV diagnosis (NOT just a referral made, education provided, or retest at a referral site). Identification of patients for this measure crosses years and may include prior-year patients. Reactive initial HIV tests and patients who self-identify as being HIV positive without documentation must be followed by a supplemental test to confirm diagnosis.
Table	**Line**	**UDS Measure Name**	**Brief Description**	**Denominator (Universe)**	**Numerator**	**Exclusions or Exceptions**	**eCQM # (for 2023 Report)**	**2022 National Average**	**Major Differences from 2021 to 2023**	**Major Differences from UDS to eCQM**	**Reminders**
6B	20a	HIV Screening	Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for HIV	Patients 15 to 65 years of age at the start of the measurement period AND who had at least one outpatient visit during the measurement period	Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday	Patients diagnosed with HIV prior to the start of the measurement period Telephone-only visits are excluded from the denominator.	CMS349v5	43.82%	None	None	Patient attestation or self-report to meet the measure requirements is NOT permitted. HIV tests performed elsewhere must be confirmed by documentation in the chart: either a copy of the test results or correspondence between the clinic personnel and the performing lab/provider showing the results.

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2023 Report)	2022 National Average	Major Differences from 2021 to 2023	Major Differences from UDS to eCQM	Reminders
6B	21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized depression screening tool and, if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying visit	Patients aged 12 years and older with at least one medical visit during the measurement period	Patients who were screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized tool, and screened negative for depression Patients who were screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized tool, and if screened positive for depression, a follow-up plan is documented on the date of or up to two days after the date of the qualifying visit **Note:** Include in the numerator patients with a negative screening and those with a positive screening who had a follow-up plan documented.	Patients with an active diagnosis for depression or a diagnosis of bipolar disorder Patients who refuse to participate Patients who are in urgent or emergent situations where time is of the essence and to delay treatment would jeopardize the patient's health status Patients with documentation of medical reason for not screening the patient for depression (e.g., cognitive, functional, or motivational limitations) that may impact the accuracy of results	CMS2v12	70.02%	None	None	Use the most recent screening results Although a Patient Health Questionnaire (PHQ-9) may follow a PHQ-2 as a new screening, if the result is positive, then a compliant follow-up plan on the date of the visit is still required. DO NOT count a PHQ-9 screening that follows a positive PHQ-2 screening during the measurement period as meeting the numerator criteria for a follow-up plan to a positive depression screening. Follow-up for a positive depression screening must include one or more of the following: --Additional interventions designed to treat depression, such as behavioral health evaluation, psychotherapy, or additional treatment. --Referral to a provider for further evaluation for depression. --Pharmacological interventions, when appropriate

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2023 Report)	2022 National Average	Major Differences from 2021 to 2023	Major Differences from UDS to eCQM	Reminders
6B	21a	Depression Remission at Twelve Months	Percentage of patients aged 12 years and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event	Adolescent patients 12 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-9M score greater than nine during the index event. Patients may be screened using PHQ-9 and PHQ-9M up to 7 days prior to the office visit (including the day of the office visit).	Patients who achieved remission at 12 months as demonstrated by the most recent 12-month (+/- 60 days) PHQ-9 or PHQ-9M score of less than 5	Patients with a diagnosis of bipolar disorder, personality disorder emotionally labile, schizophrenia, psychotic disorder, or pervasive developmental disorder Patients who died, received hospice/palliative care services, or who were permanent nursing home residents	CMS159v11	13.64%	None	None	Use the most recent screening results to identify occurrence of index event. Complete PHQ9 rather than PHQ2 at every subsequent visit after index event. Proactively schedule patients within the (window) Only include patients with a diagnosis of major depression or dysthymia

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2023 Report)	2022 National Average	Major Differences from 2021 to 2023	Major Differences from UDS to eCQM	Reminders
6B	22	Dental Sealants for Children between 6-9 Years	Percentage of children, age 6–9 years, at moderate to high risk for caries who received a sealant on a first permanent molar during the measurement period	Children 6 through 9 years of age with an eligible oral assessment or comprehensive or periodic oral evaluation dental visit and are at moderate to high risk for caries in the measurement period	Children who received a sealant on a permanent first molar tooth during the measurement period	Children for whom all first permanent molars are non-sealable (i.e., molars are either decayed, filled, currently sealed, or unerupted/missing)	CMS277v0	58.39%	None	None	Include dental sealants placed by the health center or by another dental provider who saw health center dental patients through a referral, regardless of whether it was paid for by the health center. Use ADA codes to document caries risk level determined through an assessment. “Elevated risk” must be a finding at the patient level, NOT a population-based factor such as low socioeconomic status.

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2023 Report)	2022 National Average	Major Differences from 2021 to 2023	Major Differences from UDS to eCQM	Reminders
7	1b-1d	Low Birth Weight	Percentage of babies of health center prenatal care patients born whose birth weight was below normal (less than 2,500 grams)	Babies born during measurement period to prenatal care patients	Babies born with a birth weight below normal (under 2,500 grams)	Still-births or miscarriages	no eCQM	8.43%	None	None	Report the total number of live births during the calendar year for patients who received prenatal care from the health center or a referral provider during the calendar year, according to the appropriate birth weight group (in grams): ▪ Very low (Column 1b) = Less than 1,500grams ▪ Low (Column 1c) = 1,500 grams through 2,499 grams ▪ Normal (Column 1d) = 2,500 grams or greater This is a negative measure, the higher the percentage of babies born below normal birth weight, the poorer the outcome Report all live births separately by birth weight

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2023 Report)	2022 National Average	Major Differences from 2021 to 2023	Major Differences from UDS to eCQM	Reminders
7	2a-2c	Controlling High Blood Pressure	Percentage of patients 18–85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure (BP) was adequately controlled (less than 140/90 mmHg) during the measurement period	Patients 18 through 85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period with a medical visit during the period, as specified in the measure criteria	Patients whose most recent blood pressure is adequately controlled (systolic blood pressure less than 140 mmHg and diastolic blood pressure less than 90 mmHg) during the measurement period	Patients with evidence of end-stage renal disease (ESRD), dialysis, or renal transplant before or during the measurement period Patients with a diagnosis of pregnancy during the measurement period Patients who were in hospice/palliative care during the measurement period Patients 66 and older who were living long term in a nursing home	CMS165v11	63.4%	None	None	Include blood pressure readings taken at any visit type at the health center as long as the result is from the most recent visit Include patients who have an active diagnosis of essential hypertension even if their medical visits during the year were unrelated to the diagnosis. Blood pressure readings are acceptable if: --taken in person by a clinician, --measured remotely by an electronic monitoring device capable of transmitting the blood pressure data to the clinician, or --taken by a remote monitoring device and conveyed by the patient to the clinician. Do not include blood pressure readings taken during an acute inpatient stay or emergency department visit.

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2023 Report)	2022 National Average	Major Differences from 2021 to 2023	Major Differences from UDS to eCQM	Reminders
7	3a-3f	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	Percentage of patients 18–75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period	Patients 18 through 75 years of age with diabetes with a medical visit during the measurement period	Patients whose most recent HbA1c level during the measurement year is greater than 9.0 percent or who had no test conducted during the measurement period	Patients who were in hospice/palliative care during the measurement period Patients aged 66 or older by the end of the measurement period who were living long-term in a nursing home any time on or before the end of the measurement period Patients aged 66 or older by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria: advanced illness with one inpatient visit or two outpatient visits or taking dementia medications during the measurement period or the year prior	CMS122v11	30.42%	None	None	**Note:** This is a "negative" measure: The lower the number of adult patients with diabetes with poor diabetes control, the better the performance on the measure. Report patients who have an active diagnosis of diabetes even if their medical visits during the year were unrelated to the diagnosis. Even if the treatment of the patient's diabetes has been referred to a non–health center provider, the health center is expected to have the current lab test results in its records.

CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
November 28, 2023

1. Description: Operations Report – October 2023

2. Summary:

This agenda item provides the following operations report for October 2023

- Health Center Productivity, Payor Mix, Demographics, No Show and Walk-In Dashboard

3. Substantive Analysis:

In October, the Health Centers had a total of 9,315 unique patients. This is a 5% increase over previous month. Our unique new patients totaled was 2,223 which remains consistently at 25% of overall unique patients. In provider visits the Health Centers had a total of 13,503 visits. This was an increase of 6% from the month prior and 10% higher than October 2022. 38% of patients were from adults Primary Care which is a 2% decrease, 24% from Dental which was a 1% increase and 13% from Pediatrics which is consistent with previous month. In October the Lantana Primary Care Health Center had the highest volume with 2,035 visits followed by the West Palm Beach Primary Health Center with 1,845 visits.

Our payer mix for October reflects 53% uninsured which is a 1% decrease over previous month. 41% of patients were Managed Care and 5% Medicaid which were both consistent with previous month.

61% of patients reported as female which is only a 1% increase over previous months. 50% of patients reported as White and 43% Black or African American. 39% of patients reported as Hispanic. Our largest age group continue to be those between the ages of 30-39 years old with 17% of patients.

In October our Homeless population averaged 32.5% with a total of 3,135 homeless patients between all Health Centers.

Agricultural Worker averaged 4.4% between all Health Centers in October with a total of 430 patients.

The no show rate in October between all service lines and health centers was 21%. By service line, Dental is lower at 18%; Primary Care 21%; Women's Health 23% and the highest being Behavioral Health at 29%. Only 1% of no shows are from Telehealth.
The average new patient no show rate is 19% year to date and established patient no show rate is 22%.

Women's Health departments show a higher percent of new patient no shows as well as multiple Behavioral Health departments. For established patients, the highest no show rates are those from Mangonia Behavioral Health, West Palm Beach, Lake Worth and Lantana Primary Care departments.

Walk-in visits year to date remain consistent at 19% in medical and 15% in dental. We have provided a total of 23,111 walk-in visits year to date. In October the West Palm Beach Health Center saw the highest number of walk-ins in medical and in dental with a total of 754 walk-in visits.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes ☐ No ☐
Net Operating Impact	N/A		Yes ☐ No ☐

*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:

DocuSigned by:
Jessica Cafarelli
CA6A21FF2E0948...
Jessica Cafarelli
Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date

6. Recommendation:

Staff recommends the Board approve the Operations Report for November 2023.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7DB6706431...
Bernabe Icaza
SVP & General Counsel

DocuSigned by:
M. Miranda
A0CB9739E3DF4B2...
Marisol Miranda
Director of Clinic Operations

DocuSigned by:
Candice Abbott
F637D209DB5242...
Candice Abbott
SVP & Chief Operating Officer
Executive Director of FQHC Services

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ary Care Clinics
e District Palm Beach County

Unique Patients	Patient Visits	New Patients
9,315	13,503	2,344

Monthly Productivity October 2023

DEMOGRAPHICS

39%

Agricultural
4.4%

430

RACE

White	Black/AfricanAme
4,631	3,997
50%	43%

ETHNICITY

Not Hispanic or Latino	Hispanic or Latino
5,435	3,670
58%	39%

AGE GROUP

10-19	20-29	30-39	40-49	50-59	60-69	70+
8%	10%	17%	15%	14%	11%	4%

VISIT TYPE

In Person
Tele Health

Adult	5,105 (38%)
Dental	3,303 (24%)
Pediatric	1,765 (13%)
BH Addiction	717 (5%)
Residency Program	638 (5%)
BH Integration	598 (4%)
OB/GYN	596 (4%)
Residency Psychiatry	404 (3%)
Psychiatry	315 (2%)
Physician	62 (0%)

PA

41%

CLINICS MONTHLY VOLUME

2022 2023

Monthly Target
Difference from previous year

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
7%▲	15%▲	6%▲	13%▲	15%▲	23%▲	13%▲	19%▲	17%▲	25%▲	10%▲
	11,497	11,537	13,799	12,532	13,569	12,771	12,063	13,543	12,691	13,503
										14%▲

VOLUME BY CLINIC

Lant	WPB	Mang	LW	WPB Dental	Del	Lant Dental	BG	Jup	BG Dental	Del Dental	Boca	St. Ann	Port Medical	Hero
2,035	1,845	1,731	1,348	1,291	1,159	921	821	599	543	533	421			

ealth Care District
LM BEACH COUNTY

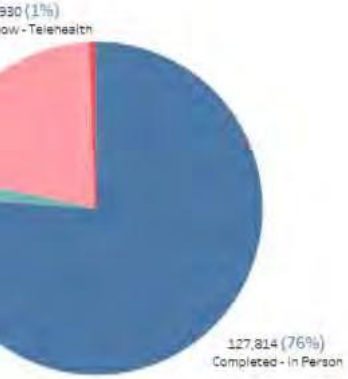
Clinic
All

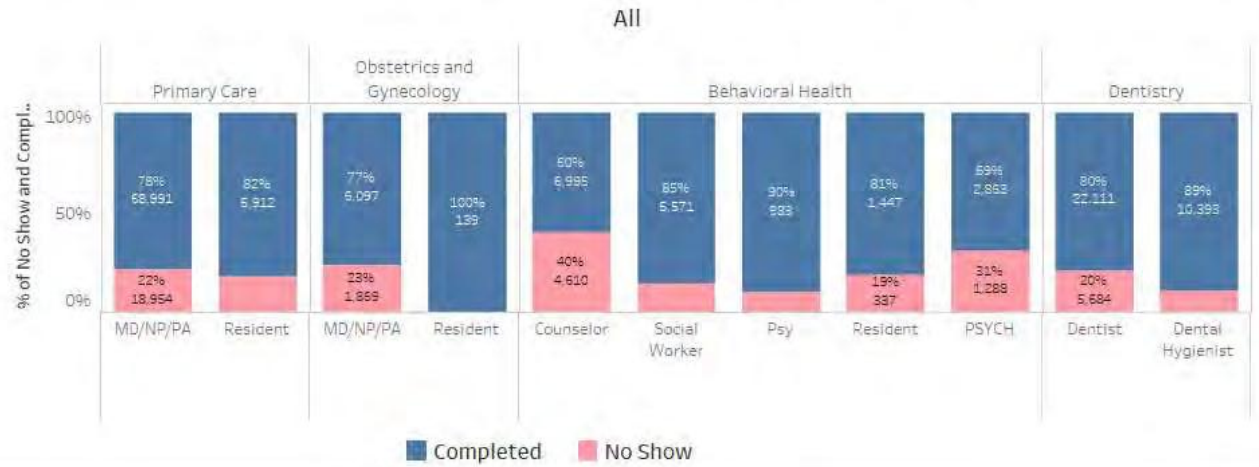
Year 2023

No Show vs Completed Appointments Overall

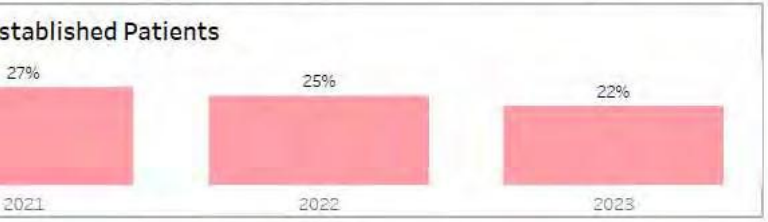
Adult Care, Pediatric Care, Women's Health, Dental, BH Integration and BH Addiction (*including resource schedules, excluding nurses*)

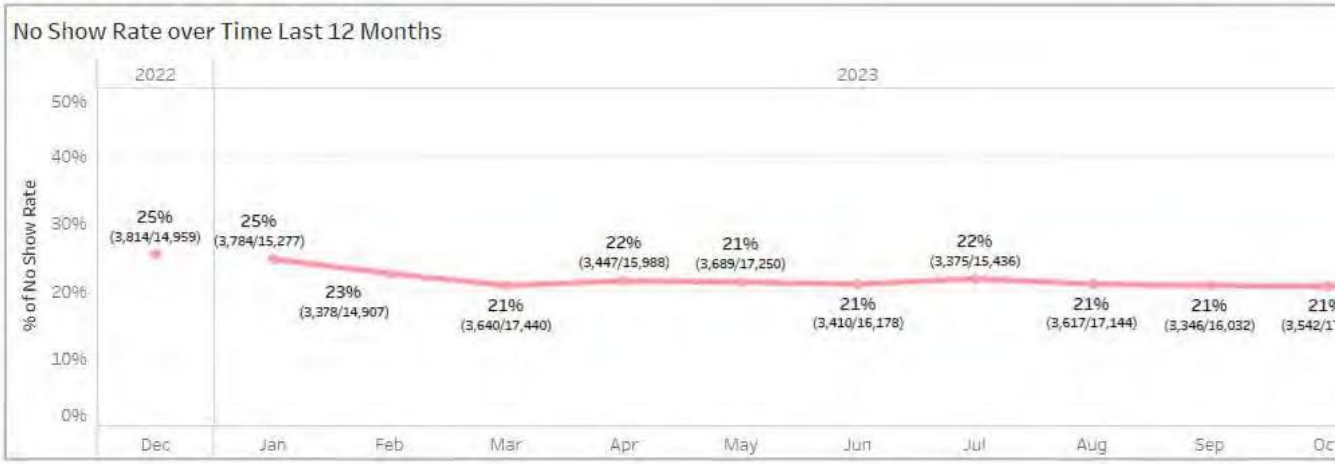
Overall 2023





No Show Rate by Dept Specialty		
Primary Care	No Show	Total
Obstetrics and Gynecology	No Show	Total
Behavioral Health	No Show	Total
Dentistry	No Show	Total





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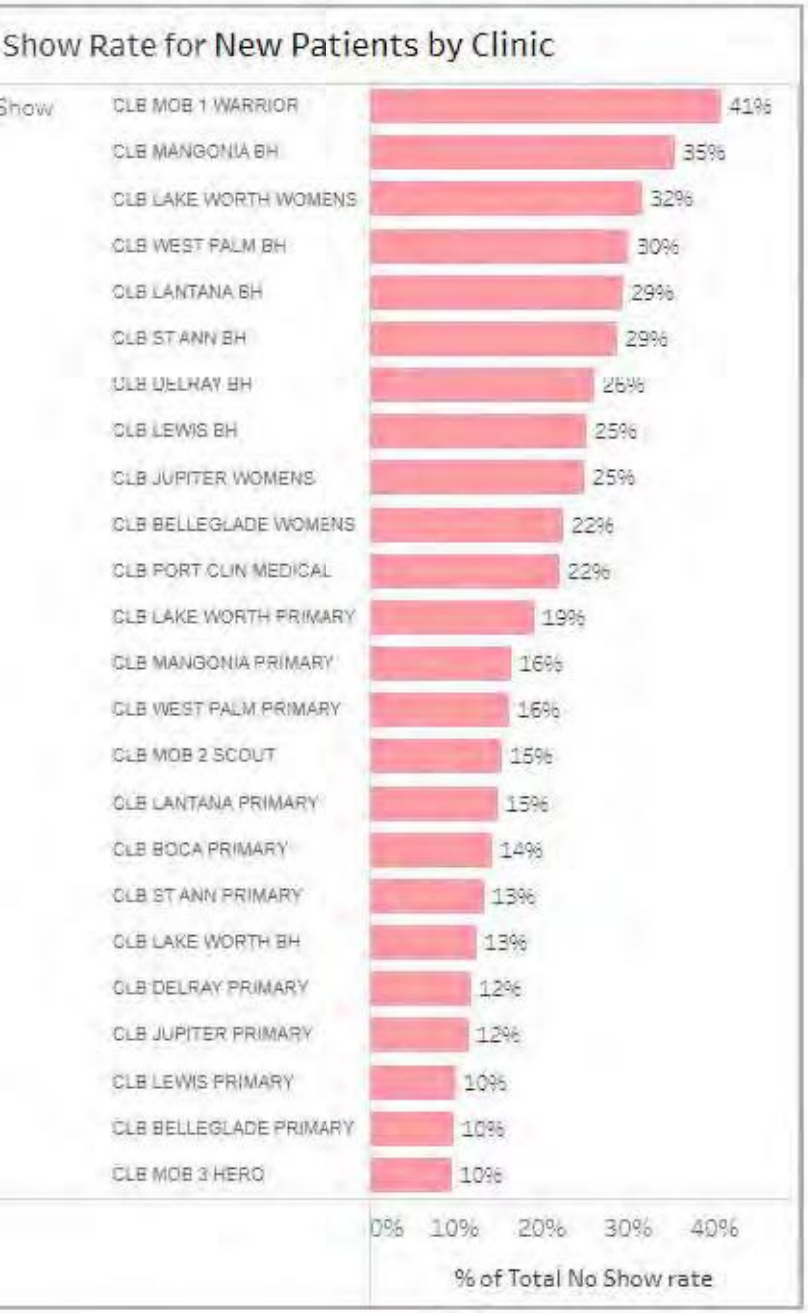
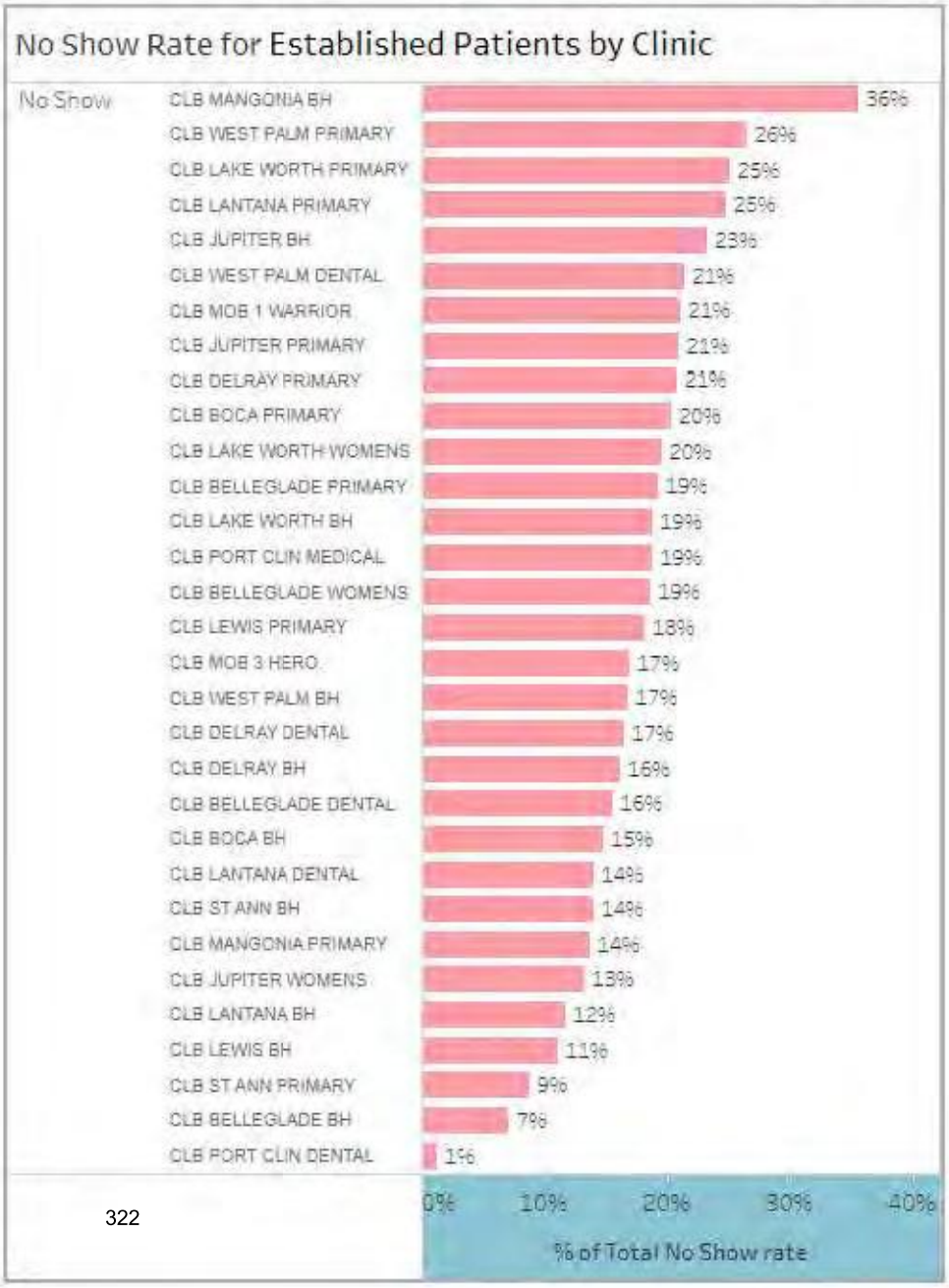
No Show vs Completed Appointments by Clinic

Adult Care, Pediatric Care, Women's Health, Dental, BH Integration and BH Addiction (*including resource schedules, excluding nurses*)

Year: 2023





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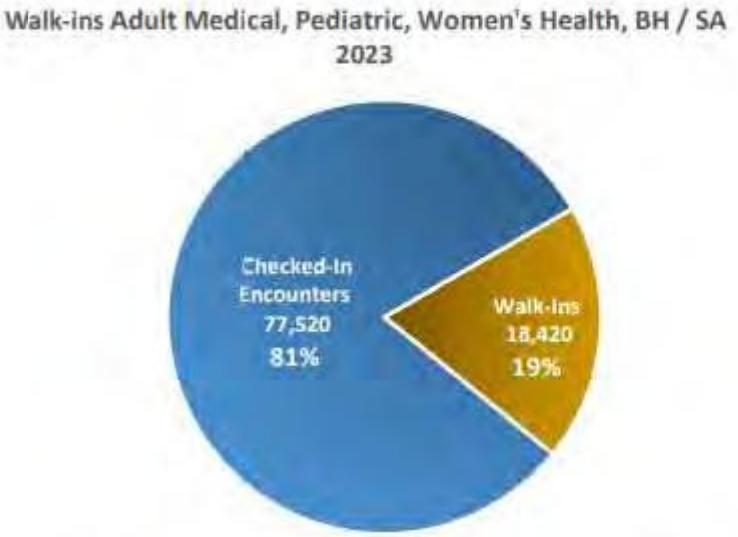
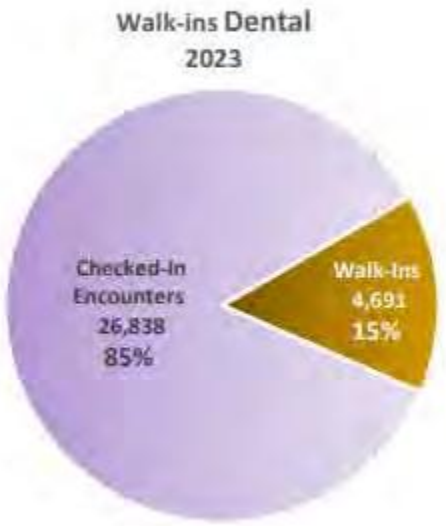
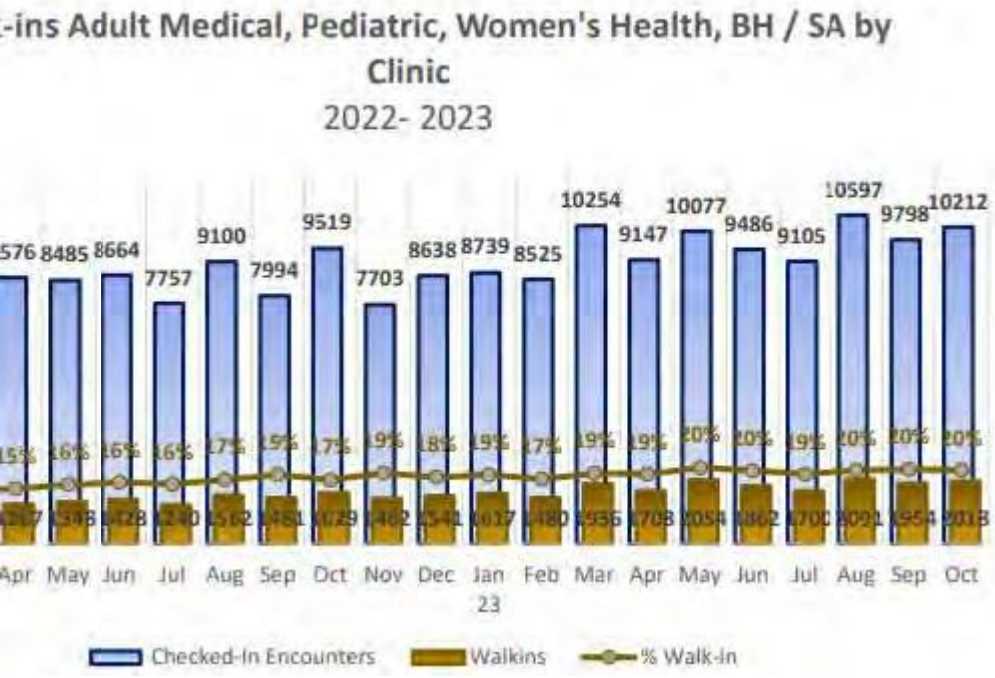
nber and percentage of Walk-Ins seen during YTD 2023 at C. L. Brumback Primary Care Clinics







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mber and percentage of Walk-Ins seen in October 2023 at C. L. Brumback Primary Care Clinics