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Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
MEETING AGENDA
February 25, 2026 at 12:30PM
4801 S. Congress Ave
Lake Worth Beach, FL 33461

Remote Participation Link:
https://zoom.us/j/5507895592?pwd=REZ4TWtYUXowQWNpWTBaVXRsZ1dDQT09
Telephone Dial-in Access: (646) 558-8656 / Meeting ID: 550 789 5592 / Password: 94650

1. Call to Order – Joseph Gibbons, Chair

A. Roll Call

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

2. Agenda Approval

A. Additions/Deletions/Substitutions

B. MOTION TO APPROVE Agenda

3. Awards, Introductions and Presentations

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

A. **MOTION TO APPROVE**:
Board Meeting Minutes of January 28, 2026 [Pages 1-5]

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Health Care District
OF PALM BEACH COUNTY
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7. Consent Agenda

<u>MOTION TO APPROVE:</u> Consent Agenda Items

A. <u>ADMINISTRATION</u>

7A-1 **<u>RECEIVE AND FILE:</u>**
February 2026 Internet Posting of District Public Meeting
https://www.hcdpbc.org/resources/public-meetings

7A-2 **<u>RECEIVE AND FILE:</u>**
Attendance Tracking [Page 6]

7A-3 **<u>RECEIVE AND FILE:</u>**
HRSA Digest (Dr. Joshua Adametz) [Pages 7-14]

B. <u>FINANCE</u>

7B-1 **<u>MOTION TO APPROVE:</u>**
Community Health Centers December 2025 Financial Report
(Jessica Cafarelli) [Pages 15-33]

C. <u>RISK</u>

7C- 1 **<u>MOTION TO APPROVE:</u>**
Community Health Centers Risk Management Plan 2026 (Alyssa Tarter)
[Pages 34-45]

8. Regular Agenda

A. <u>ADMINISTRATION</u>

8A-1 **<u>RECEIVE AND FILE:</u>**
Executive Director Informational Update (Dr. Joshua Adametz)
[Pages 46-48]

8A-2 **<u>MOTION TO APPROVE:</u>**
Nomination of Community Health Center Board Member Don Chester
(Dr. Joshua Adametz) [Pages 49-50]

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Health Care District
OF PALM BEACH COUNTY
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B. QUALITY

8B-1 **MOTION TO APPROVE:**
Quality Report (Dr. Ana Ferwerda) [Pages 51-70]

C. OPERATIONS

8C-1 **MOTION TO APPROVE:**
Operations Report (Kimberly Brennan) [Pages 71-77]

D. RISK

8D-1 **RECEIVE AND FILE:**
Annual Risk Management Report (Alyssa Tarter) [Pages 78-88]

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

10. Board Member Comments

11. Establishment of Upcoming Meetings

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

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

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

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

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

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11. Establishment of Upcoming Meetings (Continued)

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

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

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

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

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

12. Motion to Adjourn

Docusign Envelope ID: A9214EE8-9BE4-4588-A3A7-E6ED41E12090

Community Health Centers Board of Directors
Meeting Minutes
January 28, 2026 at 12:30PM
4801 S. Congress Avenue – Lake Worth, FL 33461

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

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

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

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

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

2. **Agenda Approval**

   A. Additions/Deletions/Substitutions

   Dr. Adametz requested the addition of a Regular Agenda Item Presentation of Patient Relations Dashboard in section 8E-1.

   B. Motion to Approve Agenda

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

3. **Awards, Introductions and Presentations**

4. **Disclosure of Voting Conflict**

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Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

5. Public Comment

6. Meeting Minutes

Staff Recommends a MOTION TO APPROVE:
Community Health Center Board Meeting Minutes of December 18, 2025

CONCLUSION/ACTION: Bill Johnson made a motion to approve the Community Health Center Board Meeting Minutes of December 18, 2025. The motion was duly seconded by Micheal Smith. There being no opposition, the motion passed unanimously.

7. Consent Agenda – Motion to Approve Consent Agenda Items

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

HEALTH CARE DISTRICT

A. ADMINISTRATION

7A-1 **RECEIVE AND FILE:**
January 2026 Internet Posting of Public Meeting

7A-2 **RECEIVE AND FILE:**
Community Health Center Board of Directors Attendance

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

B. FINANCE

7B-1 **MOTION TO APPROVE:**
Community Health Centers November 2025 Financial Report

Docusign Envelope ID: A9214EE8-9BE4-4588-A3A7-E6ED41E12090

Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

8. Regular Agenda

A. ADMINISTRATION

8A-1 **RECEIVE AND FILE:**
Executive Director Informational Update

Dr. Adametz provided updates for the Executive Director Informational report and introduced the new Director of Operations, Kimberly Brennan.

CONCLUSION/ACTION: RECEIVED AND FILED

B. CREDENTIALING

8B-1 **MOTION TO APPOVE:**

No credentialing approvals needed

C. QUALITY

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

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

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

D. OPERATIONS

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

Angela Santos presented the Operations Report for December 2025.

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

8E-1 **RECEIVE AND FILE:**
Patient Relations

Docusign Envelope ID: A9214EE8-9BE4-4588-A3A7-E6ED41E12090

Alexa Goodwin presented the Patient Relations Dashboard

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

10. Board Member Comments

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

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

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

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

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

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

July 22, 2026 (Atlantis)
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August 26, 2026 (Atlantis)
12:30 p.m. Board of Directors

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

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

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Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

Establishment of Upcoming Meetings (Continued)

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

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

12. Motion to Adjourn

There being no further business, the meeting was adjourned.

______________________________	______________________
Julia Bullard, Secretary	**Date**

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Community Health Center Board of Directors
Attendance Tracking 2026

	01/28/26	02/25/26	03/25/26	04/22/26	05/27/26	06/24/26	07/22/26	08/26/26	09/23/26	10/21/26	11/18/26	12/16/26
Mike Smith	X											
Julia Bullard	X (ZOOM)											
Joseph Gibbons	X											
Alcolya St. Juste	Absent											
William (Bill) Johnson	X											
Boris Seymore	Absent											
Albert Borotto	X (ZOOM)											
Nicholas Campbell	X (ZOOM)											
Marni Rogalsky	X											
Quorum Established	Q											

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

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COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
February 25, 2026

1. **Description: HRSA Primary Health Care Digest**

2. **Summary:**

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

3. **Substantive Analysis:**

   The February HRSA Digest highlighted the following:

- **BPHC Program Updates Recap**
  - **Updated Cervical Cancer Screening guidelines** were announced.
  - The Bureau's Office of Health Center Program Monitoring (OHCPM) reorganized structure with the **return of Project Officers** will roll out soon.
  - The **SVP Summary of Updates** is available for an overview of the updated Site Visit Protocol (SVP).
- **Funding Opportunities**
  - FY 2026 SAC-AA NOFO for the St. Gabriel, LA and Jemez Pueblo, NM service areas with an August 1, 2026 performance period start date.
  - FY 2026 National Technical Assistance Programs (NTAP) NOFO.
  - FY 2026 Quality Improvement Fund – Improving Access to Dental Services for Children with Neurodevelopmental Disorders NOFO.
- **UDS Reporting Updates**
  - 2025 UDS reports are **due February 15, 2026**, via EHB.
  - **2025 UDS Reporting Webinars Available On-Demand:**
    - Recordings and slide decks from recent webinars are posted on the UDS TA webpage.
- **FTCA Updates**
  - Registration is open for HRSA's **2026 Federal Tort Claims Act (FTCA) Deeming Application 3-day, virtual clinic**.
  - FTCA EHB Modules are closed for maintenance until February 26.
  - HRSA is reviewing **the FTCA OB Training Requiremen**t and will release formal guidance for CY 2026**.**
- **What's New**
  - **In-Scope Services in Carceral Settings**
    - Health Centers must ensure compliance with **PIN 2024-05,** HRSA's policy guidance for providing primary health services to support **transitions in care for justice-involved individuals**.

- **Office on Women's Health Resources**
  - The HHS Office on Women's Health (OWH) is raising awareness of the importance of breastfeeding.
- **HIV/AIDS Bureau (HAB) Monthly Webinar**
  - Registration is open to join the February **HAB You Heard webinar** on February 25.

- **Opportunities for Public Comment and Feedback**
  - Public comment open for 2026 UDS PAL Assistance Letter until February 9.
  - Information collection comment period open for HRSA's proposed updates to the Health Center Program forms until February 13
- **Upcoming Events**
  - **BPHC Program Updates Webcast:** Thursday, February 26, 2026, 2:00 p.m.
  - **UDS Pre-Submission Office Hours:** February 4, 2026, 2:00–3:00 p.m.

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:

Jessica Cafarelli
VP & Chief Financial Officer

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5. Recommendation:

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

Approved for Legal sufficiency:

Signed by:
Bernabe Icaza
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Bernabe Icaza
SVP & General Counsel

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

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BPHC Program Updates Recap, FTCA Updates, and More (Corrected URL)

From HRSA Primary Health Care Digest <hrsa@public.govdelivery.com>
Date Wed 2/4/2026 5:11 PM
To Krysten Kinsey <kkinsey@hcdpbc.org>

Primary Health Care Digest

February 04, 2026

BPHC is sending an updated Digest to include corrected information and links under "Funding Updates". Thank you for your patience.

BPHC Program Updates Recap

See the slides from the Thursday, January 29, BPHC Program Updates webcast. Here are other highlights from the webcast:

- HRSA released its **2025 Year in Review.**
- HRSA announced **updated cervical cancer screening guidelines** that include a recommendation to offer women ages 30 to 65 years and those at average risk the option to self-collect samples for testing. Read the press release.
- The Bureau's Office of Health Center Program Monitoring (OHCPM) is rolling out a reorganized structure in the coming days. Key changes include:
  - **Return of Project Officers –** Each health center will have a dedicated Project Officer as its primary programmatic contact
  - **Regional and Strategic Focus –** Four new divisions (Eastern, Central, Western, and Strategic Support) will provide regionally tailored oversight and engagement
  - **What to Expect** – Watch for an introductory email from your newly assigned Project Officer

    This restructure aims to deliver more consistent, strategic, and region-specific support to health centers nationwide.
- Review the **Health Center Performance Period FAQs for details on the changes.**
- Please **regularly review your Notice of Award or your Notice of Look-Alike Designation** to ensure you're in compliance with updated terms and conditions**.**
- We recently updated the Health Center Program Site Visit Protocol (SVP) to align with current program guidance. **See the SVP summary of updates for an overview of the changes.**

- **Funding Updates** (see the "Funding Opportunities" section below for details)**:**
  - HRSA released the fiscal year (FY) 2026 Service Area Competition – Additional Area (SAC-AA) Notice of Funding Opportunity (NOFO) for the St. Gabriel, LA and Jemez Pueblo, NM service areas (HRSA-26-007), with applications due in Grants.gov on Monday, March 16.
  - HRSA released the FY 2026 National Technical Assistance Programs (NTAP) NOFO with applications due in Grants.gov on Tuesday, March 31.
  - HRSA has forecasted the upcoming release of the FY 2026 Quality Improvement Fund-Improving Access to Dental Services for Children with Neurodevelopmental Disorders (QIF-DNDD) NOFO. **(Corrected URL and edited information)**
- Please continue to use the **Health Center Program Support** as your primary point of contact with BPHC via the BPHC Contact Form or by calling (877) 464-4772.

The next BPHC Program Updates webcast is scheduled for **2:00-3:00 p.m. ET on Thursday, February 26.** *We will make sure to broadcast access information leading up to the webcast.*

Funding Opportunities

SAC-AA NOFO Released for St. Gabriel, LA and Jemez Pueblo, NM

HRSA released the FY 2026 SAC-AA NOFO for the St. Gabriel, LA and Jemez Pueblo, NM service areas with an August 1, 2026 performance period start date (HRSA-26-007). Find details for the announced service areas in the Service Area Announcement Table.

Applications are due in:

- Grants.gov: Monday, March 16, 2026, by 11:59 p.m. ET.
- HRSA's Electronic Handbooks (EHBs): Monday, April 13, 2026, by 5:00 p.m. ET.

Service Area Competition (SAC) technical assistance (TA) materials are available on the SAC TA webpage.

NTAP Cooperative Agreements Funding Opportunity

FY 2026 NTAP applications are due in Grants.gov by 11:59 p.m. ET on Tuesday, March 31, 2026. Visit the NTAP technical assistance webpage for more information and access the recording of the technical assistance webinar.

UDS Reporting Updates

UDS 2025 Reporting Season Open

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

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

If you need additional assistance, please use these resources:

- **UDS Help Desk**: Assists with UDS measure specifications and reporting requirements. Call 866-837-4357 (866-UDS-HELP) or email udshelp330@bphcdata.net
- **BPHC Contact Form:** For help with completing UDS Reports:

- *For additional guidance on viewing UDS standard report*s, under the **Uniform Data System (UDS)** category, select **Reporting** then **Accessing UDS Reports in EHBs**.
- *For technical issues with the HRSA Electronic Handbooks*, under the **Technical Support** category, select **EHBs Tasks/EHBs Technical Issues**.

Upcoming UDS Reporting Office Hours

If you are preparing calendar year (CY) 2025 UDS submissions for your health center, please register to join the final UDS Reporting Office Hour. Please submit questions you have about UDS reporting when you register.

UDS Pre-Submission Office Hour 2
TODAY: Wednesday, February 4, 2026
2:00-3:00 p.m. ET
Register for the session

2025 UDS Reporting Webinars Available On-Demand

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

FTCA Updates

FTCA Deeming Application Clinic

Registration is open for HRSA's 2026 Federal Tort Claims Act (FTCA) Deeming Application Clinic. Health centers will have the opportunity to engage in practice, hands-on learning with HRSA risk management subject matter experts. Presenters will provide a comprehensive overview of the FTCA deeming application and key considerations for submitting a strong application. This three-day virtual clinic is a great opportunity to engage directly with experts, ask questions, and prepare your team to complete your FTCA 2027 Deeming Application!

Wednesday, March 4 – Friday, March 6
1:00 p.m. ET
Register for the sessions

FTCA EHBs Modules Closed for Maintenance

The FTCA modules in HRSA's Electronic Handbooks (EHBs) will be **closed from Sunday, February 1 – Thursday, February 26** for maintenance and to allow for a transition to the new health center FTCA application.

Any FTCA applications that were submitted *on or after* Sunday, February 1, ***will be voided***. The new Health Center and Volunteer Health Professionals (VHP) FTCA Program deeming applications will be **available on Friday, February 27**. All health center FTCA applications will be due on **Friday, June 26**.

If you have questions about the impact of the FTCA EHBs closure, reach out to us using the BPHC Contact Form (FTCA > Health Center Program > Applications for Deeming).

HRSA Review of FTCA OB Training Requirement

HRSA is currently reviewing the FTCA obstetrics (OB) training requirement. We are assessing the scope of the requirement and procedures we'll use to determine compliance. This review will not affect the

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submission requirements for the upcoming FTCA deeming applications, which are due on Friday, June 26. Health centers should have already completed the applicable OB training activities for the period January 1, 2025, through December 31, 2025, in accordance with prior guidance.

HRSA will issue separate, formal guidance specifying the OB training activities that will be required for calendar year (CY) 2026. This forthcoming guidance will outline expectations for OB-related compliance activities that must be completed during CY 2026 and subsequently reported in the FTCA deeming application submitted in 2027.

If you have questions, please reach out through the BPHC Contact Form or call Health Center Program Support at 1-877-464-4772.

What's New

Delivering In-Scope Services in Carceral Settings

In November of 2024, HRSA issued PIN 2024-05: Health Center Program Policy Guidance Regarding Services to Support Transitions in Care for Justice-Involved Individuals Reentering the Community. This Policy Information Notice (PIN) establishes the scope of project policy for health centers that want to provide primary health care services to support transitions in care for justice-involved individuals reentering the community.

If your health center wishes to continue delivering in-scope services in carceral settings or conduct activities in these settings, your health center must ensure compliance with all criteria outlined in PIN 2024-05.

Please submit any questions through the BPHC Contact Form. Under the "Policy" category, select "Compliance Manual General Inquiry" and indicate that this question is about "PIN 2024-05."

Office on Women's Health Resources

The U.S. Department of Health and Human Services Office on Women's Health (OWH) is raising awareness of the importance of breastfeeding to help mothers give their babies the best start possible in life. For more information, please see their latest resource Your Guide to Breastfeeding.

HIV/AIDS Bureau Monthly Webinar

Mark your calendar and register to join HRSA's HIV/AIDS Bureau (HAB) for their February HAB You Heard webinar. During this month's webinar, they will discuss aging and HIV, provide new updates on the 2026 National Ryan White Conference, and share new details about site visits and cybersecurity. The HAB You Heard webinar is open to all RWHAP and HAB Ending the HIV Epidemic in the U.S. (EHE) recipients, subrecipients, stakeholders, and federal staff. Registration is required to participate.

> Wednesday, February 25
> 3:00 – 4:00 p.m. ET
> Register for the session

Opportunities for Public Comment and Feedback

2026 UDS Proposed Changes Program Assistance Letter Open for Public Comment

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

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

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Health Center Program Forms: Information Collection Request Comment Period

HRSA published proposed updates to its Health Center Program-specific forms in the Federal Register. Please review the proposed changes and provide your feedback by **Friday, February 13**.

Do you forward the Digest to others?
Encouraging them to subscribe.

Sign up for eNews

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Health Resources and Services Administration

5600 Fishers Lane | Rockville, MD 20857

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

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COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS

February 25, 2026

1. **Description: Community Health Centers Financial Report December 2025**

2. **Summary:**

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

3. **Substantive Analysis:**

   Management has provided the income statements and key statistical information for Community Health Centers. Additional Management discussion and analysis is incorporated into the financial statement presentation.

4. **Fiscal Analysis & Economic Impact Statement:**

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes ☐ 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:

Jessica Cafarelli
VP & Chief Financial Officer

5. **Reviewed/Approved by Committee:**

N/A	N/A
Committee Name	Date Approved

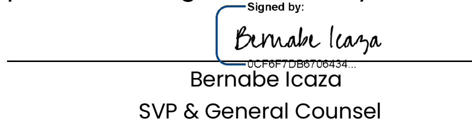
COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS

February 25, 2026

6. Recommendation:

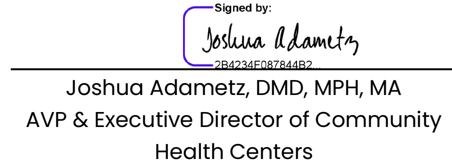
Staff recommends the Board approve the December 2025 Community Health Centers financial statements.

Approved for Legal sufficiency:



Bernabe Icaza
SVP & General Counsel

Jessica Cafarelli
VP & Chief Financial Officer



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

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MEMO

To: Finance Committee

From: Jessica Cafarelli
VP, Chief Financial Officer

Date: February 25, 2026

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

The December financial statements represent the financial performance through the third month of the 2026 fiscal year for the Community Health Centers. On the Comparative Statement of Net Position, total assets decreased ($3.1M). Cash decreased ($1.9M); this was mostly a result of the quarterly subsidy to clear interfund transactions.

On the Statement of Revenues and Expenses, net patient revenue YTD was favorable to budget by $251k or 8.0%. Gross patient revenue YTD was unfavorable to budget by ($474k) or (4.7%), reduced patient volume is contributing to this unfavorable result. Total YTD revenues were favorable to budget by $70k or 1.3%. YTD grant revenue was unfavorable to budget by ($172k). Operational expenses before depreciation were favorable to budget by $2.3M due to timing differences in expenses and staffing. Positive variances YTD in salaries, wages, and benefits were $974k due mainly to position vacancies. YTD net margin was a loss of ($6.4M) compared to the budgeted loss of ($9.1M) resulting in a favorable variance of $2.7M or (30.1%). YTD, the District has transferred in $6.6M to subsidize clinic operations.

Net patient revenue YTD for the Medical clinics was favorable to budget by $174k. The Medical clinics YTD gross patient revenue was unfavorable to budget by ($626k). The Medical clinics total YTD revenue was unfavorable to budget by ($47k). Grant revenue recognition had a negative impact on overall revenue of ($212k), which is expected to reverse throughout the year. Total operating expenses of $6.7M were favorable to budget of $8.7M by $2.0M or 23.2%. The positive variance is mostly due to salaries, wages, and benefits of $737k, purchased services of $479k, and repairs and maintenance of $404k. Timing differences in expenses and staffing are driving these favorable YTD variances. YTD net margin was a loss of ($4.9M) compared to the budgeted loss of ($7.1M) resulting in a favorable variance of $2.2M or (31.0%).

Net patient revenue YTD for the Dental clinics was favorable to budget by $64k. The Dental clinics total YTD gross patient revenue was unfavorable to budget by ($79k). Total YTD operating expenses of $1.3M were favorable to budget by $42k, with medical supplies accounting for $17k of this favorable variance and lease and rental for $13k. Total YTD net margin was favorable to budget by $150k or (20.4%).

Net patient revenue YTD for the Behavioral Health clinics was favorable to budget by $13k. The Behavioral Health clinics total YTD gross patient revenue was favorable to budget by $231k. Total YTD operating expenses of $1.1M were favorable to budget by $235k, with salaries, wages, and benefits accounting for $225k of this favorable variance. Total YTD net margin was favorable to budget by $398k or (30.3%).

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Community Health Centers
Comparative Statement of Net Position

	December 31, 2025	November 30, 2025	Increase (Decrease)
Assets			
Cash and Cash Equivalents	$ 676,502	$ 2,603,995	$ (1,927,492)
Accounts Receivable, net	1,429,267	1,911,946	(482,679)
Due From Other Governments	2,873,520	3,364,535	(491,016)
Other Current Assets	335,690	312,648	23,041
Net Investment in Capital Assets	5,090,346	5,163,544	(73,198)
Right Of Use Assets	7,791,572	7,896,080	(104,509)
Total Assets	$ 18,196,896	$ 21,252,748	$ (3,055,852)
Liabilities			
Accounts Payable	324,660	349,675	(25,016)
Deferred Revenue-	0	837	(837)
Accrued Interest	41,280	40,734	546
Other Current Liabilities	3,118,158	3,940,918	(822,760)
Lease Liability	7,297,011	7,380,801	(83,789)
Non-Current Liabilities	1,194,242	999,545	194,697
Total Liabilities	11,975,351	12,712,510	(737,159)
Deferred Inflows of Resources			
Deferred Inflows	$ 59,187	$ 59,187	$ 0
Net Position			
Net Investment in Capital Assets	5,090,346	5,163,544	(73,198)
Unrestricted	1,072,012	3,317,507	(2,245,495)
Total Net Position	6,162,358	8,481,051	(2,318,693)
Total Liabilities, Deferred Inflows of Resources and Net Position	$ 18,196,896	$ 21,252,748	$ (3,055,852)

Note: Amounts may not foot due to rounding.

Community Health Centers Statement of Revenues and Expenses
For The Third Month Ended December 31, 2025

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
$ 3,254,293	$ 3,520,144	$ (265,851)	(7.6%)	$ 3,037,040	$ 217,253	7.2%	**Gross Patient Revenue**	$ 9,677,100	$ 10,151,163	$ (474,064)	(4.7%)	$ 9,492,604	$ 184,496	1.9%
1,315,743	1,193,252	122,491	10.3%	755,447	560,296	74.2%	Contractual Allowance	3,543,873	3,447,911	95,962	2.8%	2,832,358	711,515	25.1%
1,250,688	1,223,765	26,923	2.2%	1,098,512	152,176	13.9%	Charity Care	3,720,388	3,518,486	201,902	5.7%	3,330,330	390,059	11.7%
167,311	572,367	(405,056)	(70.8%)	565,031	(397,720)	(70.4%)	Bad Debt	860,090	1,657,638	(797,548)	(48.1%)	1,699,020	(838,930)	(49.4%)
2,733,741	2,989,384	(255,643)	(8.6%)	2,418,989	314,752	13.0%	Total Contractuals and Bad Debt	8,124,352	8,624,035	(499,683)	(5.8%)	7,861,709	262,643	3.3%
614,253	563,123	51,130	9.1%	561,333	52,921	9.4%	Other Patient Revenue	1,842,760	1,617,380	225,380	13.9%	1,683,998	158,762	9.4%
1,134,805	**1,093,883**	**40,922**	**3.7%**	**1,179,383**	**(44,578)**	**(3.8%)**	**Net Patient Service Revenue**	**3,395,508**	**3,144,508**	**251,000**	**8.0%**	**3,314,893**	**80,614**	**2.4%**
34.87%	31.07%			38.83%			Collection %	35.09%	30.98%			34.92%		
435,850	729,464	(293,614)	(40.3%)	372,651	63,199	17.0%	Grants	1,936,236	2,108,014	(171,778)	(8.1%)	1,627,985	308,251	18.9%
5,566	23,319	(17,753)	(76.1%)	33,568	(28,003)	(83.4%)	Other Revenue	58,007	66,917	(8,910)	(13.3%)	64,868	(6,861)	(10.6%)
$ 1,576,220	**$ 1,846,666**	**$ (270,445)**	**(14.6%)**	**$ 1,585,603**	**$ (9,382)**	**(0.6%)**	**Total Revenues**	**$ 5,389,750**	**$ 5,319,439**	**$ 70,311**	**1.3%**	**$ 5,007,746**	**$ 382,004**	**7.6%**
							Direct Operating Expenses:							
1,812,026	2,373,311	561,286	23.6%	1,759,915	(52,110)	(3.0%)	Salaries and Wages	6,190,872	6,976,667	785,795	11.3%	5,285,545	(905,327)	(17.1%)
565,546	654,524	88,978	13.6%	585,302	19,756	3.4%	Benefits	1,751,172	1,939,304	188,132	9.7%	1,656,931	(94,241)	(5.7%)
15,405	179,288	163,883	91.4%	30,717	15,313	49.9%	Purchased Services	57,894	537,864	479,970	89.2%	66,007	8,113	12.3%
98,143	82,609	(15,534)	(18.8%)	80,343	(17,800)	(22.2%)	Medical Supplies	200,938	247,826	46,887	18.9%	198,161	(2,777)	(1.4%)
9,188	28,798	19,610	68.1%	22,170	12,981	58.6%	Other Supplies	29,838	86,394	56,556	65.5%	48,181	18,343	38.1%
26,285	26,340	55	0.2%	64,076	37,791	59.0%	Medical Services	57,915	79,020	21,105	26.7%	263,314	205,399	78.0%
3,232	71,442	68,209	95.5%	60,760	57,527	94.7%	Drugs	48,666	214,325	165,659	77.3%	189,780	141,114	74.4%
38,610	179,694	141,084	78.5%	33,724	(4,886)	(14.5%)	Repairs and Maintenance	131,242	539,081	407,839	75.7%	126,850	(4,392)	(3.5%)
108,622	103,595	(5,027)	(4.9%)	61,812	(46,810)	(75.7%)	Lease and Rental	271,076	310,785	39,708	12.8%	385,707	114,631	29.7%
11,894	15,366	3,472	22.6%	13,205	1,311	9.9%	Utilities	35,084	46,098	11,014	23.9%	28,241	(6,843)	(24.2%)
61,725	72,929	11,204	15.4%	53,236	(8,489)	(15.9%)	Other Expense	135,223	218,787	83,564	38.2%	195,901	60,679	31.0%
33,226	30,716	(2,510)	(8.2%)	35,698	2,471	6.9%	Interest Expense	100,524	92,148	(8,376)	(9.1%)	107,885	7,361	6.8%
-	-	-	-	-	-	-	Principal Expenditure	-	-	-	-	52,103	52,103	-
4,495	9,261	4,765	51.5%	6,635	2,140	32.3%	Insurance	13,486	27,782	14,296	51.5%	19,906	6,420	32.3%
2,788,397	**3,827,872**	**1,039,475**	**27.2%**	**2,807,592**	**19,195**	**0.7%**	**Total Operating Expenses**	**9,023,931**	**11,316,080**	**2,292,149**	**20.3%**	**8,624,513**	**(399,417)**	**(4.6%)**
$ (1,212,177)	**$ (1,981,206)**	**$ 769,029**	**(38.8%)**	**$ (1,221,990)**	**$ 9,813**	**(0.8%)**	**Net Performance before Depreciation & Overhead Allocations**	**$ (3,634,180)**	**$ (5,996,641)**	**$ 2,362,461**	**(39.4%)**	**$ (3,616,767)**	**$ (17,413)**	**0.5%**
177,903	150,727	(27,176)	(18.0%)	126,926	(50,977)	(40.2%)	Depreciation	539,788	452,181	(87,607)	(19.4%)	381,023	(158,764)	(41.7%)
							Overhead Allocations:							
88	5,360	5,272	98.4%	10,570	10,482	99.2%	OH Risk Management	13,567	16,080	2,513	15.6%	33,712	20,145	59.8%
20,209	127,819	107,610	84.2%	87,253	67,044	76.8%	OH Revenue Cycle	301,226	383,457	82,231	21.4%	222,054	(79,172)	(35.7%)
1,838	3,310	1,472	44.5%	2,478	640	25.8%	OH Internal Audit	4,963	9,930	4,967	50.0%	9,331	4,368	46.8%
11,699	14,453	2,754	19.1%	16,029	4,330	27.0%	OH Office Facilities	50,971	43,359	(7,612)	(17.6%)	66,009	15,038	22.8%
(16,194)	17,164	33,358	194.3%	14,636	30,830	210.6%	OH Administration	28,723	51,492	22,769	44.2%	50,230	21,507	42.8%
56,575	91,217	34,642	38.0%	102,453	45,878	44.8%	OH Human Resources	253,771	273,651	19,880	7.3%	330,909	77,138	23.3%
6,571	31,858	25,287	79.4%	26,771	20,200	75.5%	OH Legal	56,906	95,574	38,668	40.5%	114,084	57,178	50.1%
1,227	4,120	2,893	70.2%	4,660	3,433	73.7%	OH Records Management	7,889	12,360	4,471	36.2%	12,358	4,469	36.2%
919	15,163	14,244	93.9%	14,663	13,744	93.7%	OH Compliance	33,428	45,489	12,061	26.5%	44,534	11,106	24.9%
-	-	-	-	52,077	52,077	-	OH IT Operations	1,275	-	(1,275)	-	118,184	116,909	98.9%
-	-	-	-	3,226	3,226	-	OH IT Security	3	-	(3)	-	49,216	49,213	100.0%
12,928	41,694	28,766	69.0%	47,994	35,066	73.1%	OH Finance	89,903	125,082	35,179	28.1%	135,221	45,318	33.5%
5,179	17,186	12,007	69.9%	14,656	9,477	64.7%	OH Corporate Communications	28,673	51,558	22,885	44.4%	45,593	16,920	37.1%
254,689	346,653	91,964	26.5%	20,150	(234,539)	(1,164.0%)	OH Information Technology	855,200	1,039,959	184,759	17.8%	65,317	(789,883)	(1,209.3%)
-	-	-	-	194,313	194,313	-	OH IT Applications	10,504	-	(10,504)	-	543,031	532,527	98.1%

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Community Health Centers Statement of Revenues and Expenses

For The Third Month Ended December 31, 2025

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
-	-	-	-	44,993	44,993	-	OH IT Service Center	505	-	(505)	-	140,045	139,540	99.6%
332	40,482	40,150	99.2%	21,756	21,424	98.5%	OH Corporate Quality	97,573	121,446	23,873	19.7%	63,319	(34,254)	(54.1%)
14,807	24,983	10,176	40.7%	55,853	41,046	73.5%	OH Security Services	42,118	74,949	32,831	43.8%	179,369	137,251	76.5%
7,699	24,009	16,310	67.9%	22,354	14,655	65.6%	OH Supply Chain	40,651	72,027	31,376	43.6%	68,699	28,048	40.8%
(5,529)	8,342	13,871	166.3%	12,324	17,853	144.9%	OH Health Information Management	29,745	25,026	(4,719)	(18.9%)	37,051	7,306	19.7%
(8,783)	747	9,530	1,275.8%	24,168	32,951	136.3%	OH Coding	60,883	2,241	(58,642)	(2,616.8%)	72,774	11,891	16.3%
947	1,448	501	34.6%	530	(417)	(78.7%)	OH Reimbursement	3,366	4,344	978	22.5%	1,668	(1,698)	(101.8%)
-	-	-	-	13,260	13,260	-	OH Clinical Labor Pool	-	-	-	-	38,638	38,638	-
4,536	43,897	39,361	89.7%	32,018	27,482	85.8%	OH Clinical Services Administration	105,417	131,691	26,274	20.0%	90,399	(15,018)	(16.6%)
4,699	6,959	2,260	32.5%	21,158	16,459	77.8%	OH Support Services	41,566	20,877	(20,689)	(99.1%)	62,310	20,744	33.3%
1,720	3,404	1,684	49.5%	3,269	1,549	47.4%	OH Mail Room	7,677	10,212	2,535	24.8%	9,922	2,245	22.6%
1,484	2,177	693	31.8%	1,817	333	18.3%	OH Patient Experience	3,574	6,531	2,957	45.3%	1,817	(1,757)	(96.7%)
1,004	6,570	5,566	84.7%	4,927	3,923	79.6%	OH External Affairs	12,657	19,710	7,053	35.8%	17,444	4,787	27.4%
3,708	12,058	8,350	69.2%	39,695	35,987	90.7%	OH Strategic Initiatives and Projects	31,454	36,174	4,720	13.0%	39,695	8,241	20.8%
(672)	4,730	5,402	114.2%	-	672	-	OH Employee Health	(575)	14,190	14,765	104.1%	-	575	-
381,680	895,803	514,123	57.4%	910,051	528,371	58.1%	Total Overhead Allocations-	2,213,613	2,687,409	473,796	17.6%	2,662,933	449,320	16.9%
3,347,980	**4,874,402**	**1,526,422**	**31.3%**	**3,844,570**	**496,589**	**12.9%**	**Total Expenses**	**11,777,331**	**14,455,670**	**2,678,339**	**18.5%**	**11,668,470**	**(108,862)**	**(0.9%)**
$ (1,771,760)	**$ (3,027,736)**	**$ 1,255,976**	**(41.5%)**	**$ (2,258,967)**	**$ 487,207**	**(21.6%)**	**Net Margin**	**$ (6,387,581)**	**$ (9,136,231)**	**$ 2,748,650**	**(30.1%)**	**$ (6,660,724)**	**$ 273,143**	**(4.1%)**
197	**26,641**	**(26,444)**	**(99.3%)**	**-**	**197**	**-**	**Capital Contributions.**	**197**	**79,924**	**(79,727)**	**(99.8%)**	**-**	**197**	**-**
$ 6,598,148	**$ 2,963,340**	**$ 3,634,809**	**122.7%**	**$ 7,331,296**	**$ 733,148**	**10.0%**	**Transfer In/(Out)**	**$ 6,598,148**	**$ 8,890,019**	**$ (2,291,871)**	**(25.8%)**	**$ 7,331,296**	**$ 733,148**	**10.0%**

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enters Statement of Revenues and Expenses by Month

	Oct-25	Nov-25	Dec-25	Year to Date
Gross Patient Revenue	$ 3,674,429	$ 2,748,378	$ 3,254,293	$ 9,677,100
Contractual Allowance	1,271,078	957,052	1,315,743	3,543,873
Charity Care	1,387,151	1,082,550	1,250,688	3,720,388
Bad Debt	399,136	293,644	167,311	860,090
Total Contractuals and Bad Debt	3,057,365	2,333,245	2,733,741	8,124,352
Other Patient Revenue	614,253	614,253	614,253	1,842,760
Net Patient Service Revenue	**1,231,317**	**1,029,386**	**1,134,805**	**3,395,508**
Collection %	33.51%	37.45%	34.87%	35.09%
Non-Operating Revenues				
Grants	615,490	884,895	435,850	1,936,236
Other Revenue	1,819	50,622	5,566	58,007
Total Other Revenues	$ 617,309	$ 935,518	$ 441,416	$ 1,994,243
Total Non-Operating Revenues	**$ 1,848,627**	**$ 1,964,904**	**$ 1,576,220**	**$ 5,389,750**
Direct Operating Expenses:				
Salaries and Wages	2,206,581	2,172,266	1,812,026	6,190,872
Benefits	525,257	660,369	565,546	1,751,172
Purchased Services	20,735	21,754	15,405	57,894
Medical Supplies	65,956	36,839	98,143	200,938
Other Supplies	14,948	5,702	9,188	29,838
Contracted Physician Expense	10,900	(10,900)	-	-
Medical Services	5,520	26,110	26,285	57,915
Drugs	20,340	25,094	3,232	48,666
Repairs and Maintenance	58,055	34,577	38,610	131,242

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enters Statement of Revenues and Expenses by Month

	Oct-25	Nov-25	Dec-25	Year to Date
Lease and Rental	90,606	71,849	108,622	271,076
Utilities	12,433	10,757	11,894	35,084
Other Expense	47,616	25,882	61,725	135,223
Interest Expense	33,789	33,508	33,226	100,524
Insurance	4,495	4,495	4,495	13,486
Total Operating Expenses	**3,117,231**	**3,118,302**	**2,788,397**	**9,023,931**
Net Performance before Depreciation & Overhead Allocations	**$ (1,268,604)**	**$ (1,153,399)**	**$ (1,212,177)**	**$ (3,634,180)**
Depreciation	177,082	184,803	177,903	539,788
Overhead Allocations:				
OH Risk Management	6,041	7,438	88	13,567
OH Revenue Cycle	149,523	131,494	20,209	301,226
OH Internal Audit	1,732	1,393	1,838	4,963
OH Office Facilities	24,021	15,251	11,699	50,971
OH Administration	10,690	34,227	(16,194)	28,723
OH Human Resources	65,020	132,176	56,575	253,771
OH Legal	21,796	28,539	6,571	56,906
OH Records Management	3,206	3,456	1,227	7,889
OH Compliance	12,840	19,669	919	33,428
OH IT Operations	3,277	(2,002)	-	1,275
OH IT Security	12	(9)	-	3
OH Finance	33,504	43,471	12,928	89,903
OH Corporate Communications	11,137	12,357	5,179	28,673
OH Information Technology	308,812	291,699	254,689	855,200

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enters Statement of Revenues and Expenses by Month

	Oct-25	Nov-25	Dec-25	Year to Date
OH IT Applications	484	10,020	-	10,504
OH IT Service Center	331	174	-	505
OH Corporate Quality	32,488	64,753	332	97,573
OH Security Services	10,722	16,589	14,807	42,118
OH Supply Chain	15,316	17,636	7,699	40,651
OH Health Information Management	24,537	10,737	(5,529)	29,745
OH Coding	47,960	21,706	(8,783)	60,883
OH Reimbursement	1,312	1,107	947	3,366
OH Clinical Services Administration	37,128	63,753	4,536	105,417
OH Support Services	18,804	18,063	4,699	41,566
OH Mail Room	3,401	2,556	1,720	7,677
OH Patient Experience	544	1,546	1,484	3,574
OH External Affairs	4,548	7,105	1,004	12,657
OH Strategic Initiatives and Projects	11,140	16,606	3,708	31,454
OH Employee Health	1	96	(672)	(575)
Total Overhead Allocations	860,327	971,606	381,680	2,213,613
Total Expenses	**4,154,640**	**4,274,711**	**3,347,980**	**11,777,331**
Net Margin	**$ (2,306,013)**	**$ (2,309,808)**	**$ (1,771,760)**	**$ (6,387,581)**
Capital Contributions.	**-**	**-**	**197**	**197**
General Fund Support/Transfer In	**-**	**-**	**$6,598,148**	**$6,598,148**

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Community Health Centers - Medical Statement of Revenues and Expenses by Location (YTD)
For The Third Month Ended December 31, 2025

	Clinic Administration	CHC Belle Glade Medical	CHC Delray Beach Medical	CHC Lantana Medical	CHC Mangonia Park Medical	CHC West Palm Beach Medical	CHC Jupiter Medical	CHC Lake Worth Medical	CHC Lewis Center Medical	CHC West Boca Medical	CHC St Ann Place Medical	CHC Mobile Van 1 - Warrior Medical	CHC Mobile Van 2 - Scout Medical	CHC Mobile Van 3 - Hero Medical	CHC Atlantis Medical	CHC Port Medical	CHC Atlantis Women's Health	Total
Gross Patient Revenue	**$ 126**	**$ 493,910**	**$ 532,723**	**-**	**$ 708,972**	**$ 978,864**	**$ 260,548**	**$ 179**	**$ 49,067**	**$ 181,370**	**$ 13,504**	**$ 69,767**	**-**	**$ 55,410**	**$ 1,809,036**	**$ 170**	**-**	**$ 5,153,649**
Contractual Allowance	(631)	165,274	162,451	-	335,896	353,258	57,403	(24,416)	29,983	56,179	3,937	14,408	-	32,650	631,157	(135)	-	1,817,415
Charity Care	30	129,932	188,837	-	299,750	289,851	100,456	824	16,112	70,135	3,981	26,772	-	13,435	656,385	170	-	1,796,671
Bad Debt	(27)	27,698	52,744	-	178,293	76,077	23,123	10,490	5,859	4,971	5,151	10,536	-	17,915	32,925	6	-	445,762
Total Contractual Allowances and Bad Debt	(629)	322,904	404,033	-	813,939	719,187	180,983	(13,103)	51,955	131,284	13,069	51,716	-	64,000	1,320,468	42	-	4,059,847
Other Patient Revenue	-	128,199	108,156	-	63,934	254,862	59,859	-	21,842	85,242	3,577	15,306	-	3,107	479,736	129	-	1,223,949
Net Patient Revenue	**755**	**299,205**	**236,847**	**-**	**(41,034)**	**514,539**	**139,425**	**13,282**	**18,954**	**135,328**	**4,012**	**33,357**	**-**	**(5,482)**	**968,305**	**258**	**-**	**2,317,750**
Collection %	597.90%	60.58%	44.46%	-	(5.79%)	52.56%	53.51%	7,400.77%	38.63%	74.61%	29.71%	47.81%	-	(9.89%)	53.53%	151.56%	-	44.97%
Grants	325,415	105,241	141,725	-	60,309	179,190	46,325	-	874	40,835	188	16,981	-	18,992	407,946	-	8,300	1,352,321
Other Revenue	55,436	1,569	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	57,005
Total Other Revenues	380,852	106,810	141,725	-	60,309	179,190	46,325	-	874	40,835	188	16,981	-	18,992	407,946	-	8,300	1,409,326
Total Revenues	**$ 381,607**	**$ 406,015**	**$ 378,571**	**-**	**$ 19,275**	**$ 693,729**	**$ 185,750**	**$ 13,282**	**$ 19,828**	**$ 176,163**	**$ 4,200**	**$ 50,338**	**-**	**$ 13,510**	**$ 1,376,251**	**$ 258**	**$ 8,300**	**$ 3,727,076**
Direct Operational Expenses:																		
Salaries and Wages	1,665,317	307,191	324,343	-	212,511	504,192	207,854	-	4,726	124,343	(63)	56,296	-	69,592	963,970	-	49,131	4,489,401
Benefits	586,880	83,295	96,658	-	68,317	109,800	32,873	-	-	39,839	(70)	22,372	-	20,235	242,235	-	14,644	1,317,079
Purchased Services	14,888	5,411	8,670	-	990	128	3,252	-	638	5,519	-	-	-	-	1,364	-	10,900	51,760
Medical Supplies	-	14,578	16,254	-	6,893	48,372	6,839	-	1,292	7,221	-	18	-	111	24,242	-	-	125,818
Other Supplies	1,052	2,332	2,799	-	2,636	2,852	362	-	391	937	-	916	-	921	8,641	-	-	23,839
Medical Services	-	7,505	8,345	-	276	19,163	(6,365)	-	1,312	1,939	81	-	-	-	25,659	-	-	57,915
Drugs	-	4,358	4,940	-	8,028	6,832	3,006	(617)	-	539	34	16	-	4	21,526	-	-	48,666
Repairs and Maintenance	102,202	2,614	1,688	-	1,033	-	560	-	203	5,241	101	768	3,065	889	3,733	-	-	122,097
Lease and Rental	-	23,893	21,580	-	15,106	41,515	60	(222)	20	20,701	30	30	15	20	79,193	-	-	201,942
Utilities	-	6,699	6,565	-	1,760	585	2,916	(395)	444	1,445	377	-	-	-	7,856	-	-	28,252
Other Expense	23,217	9,638	6,642	-	16,213	11,061	2,610	375	3,179	2,497	1,030	191	2,200	1,024	12,811	-	-	92,688
Interest Expense	2,484	-	16,763	-	7,558	-	1,254	2,498	-	8,162	-	-	-	-	48,111	-	-	86,831
Insurance	-	582	754	-	395	1,498	153	11	84	132	-	2,330	2,330	2,330	2,784	-	-	13,383
Total Operating Expenses	2,396,040	468,097	516,001	-	341,716	745,997	255,373	1,651	12,289	218,517	1,521	82,937	7,610	95,124	1,442,126	-	74,675	6,659,673
Net Performance before Depreciation & Overhead Allocations	**(2,014,433)**	**(62,082)**	**(137,430)**	**-**	**(322,441)**	**(52,268)**	**(69,623)**	**11,631**	**7,539**	**(42,354)**	**2,679**	**(32,600)**	**(7,610)**	**(81,614)**	**(65,876)**	**258**	**(66,375)**	**(2,932,597)**
Depreciation	-	23,882	9,749	-	6,384	3,846	779	-	250	2,435	250	1,280	3,657	1,280	112,622	-	-	166,416
Overhead Allocations:																		
OH Risk Management	10,175	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10,175
OH Revenue Cycle	129,096	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	129,096
OH Internal Audit	3,739	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,739
OH Office Facilities	47,455	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47,455
OH Administration	21,615	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	21,615
OH Human Resources	188,976	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	188,976
OH Legal	42,804	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	42,804
OH Records Management	5,928	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,928
OH Compliance	25,143	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	25,143
OH IT Operations	864	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	864
OH IT Security	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
OH Finance	67,655	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	67,655
OH Corporate Communications	21,562	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	21,562
OH Information Technology	578,520	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	578,520
OH IT Applications	8,023	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8,023
OH IT Service Center	375	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	375
OH Corporate Quality	73,190	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	73,190
OH Security Services	30,886	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30,886
OH Supply Chain	30,586	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30,586
OH Health Information Management	22,881	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	22,881
OH Coding	42,618	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	42,618
OH Reimbursement	2,531	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,531
OH Clinical Services Administration	79,074	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	79,074
OH Support Services	31,179	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	31,179
OH Mail Room	5,758	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,758
OH Patient Experience	2,681	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,681
OH External Affairs	9,531	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9,531
OH Strategic Initiatives and Projects	23,593	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23,593
OH Employee Health	(441)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(441)
Total Overhead Allocations	1,505,999	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,505,999
Total Expenses	**3,934,573**	**491,979**	**566,848**	**-**	**367,436**	**749,843**	**283,288**	**37,290**	**12,539**	**242,773**	**1,771**	**84,218**	**11,267**	**96,404**	**1,659,125**	**-**	**74,675**	**8,614,029**
Net Margin	**$ (3,552,967)**	**$ (85,964)**	**$ (188,277)**	**-**	**$ (348,161)**	**$ (56,114)**	**$ (97,538)**	**$ (24,008)**	**$ 7,289**	**$ (66,610)**	**$ 2,429**	**$ (33,880)**	**$ (11,267)**	**$ (82,894)**	**$ (282,875)**	**$ 258**	**$ (66,375)**	**$ (4,886,953)**
Capital Contributions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Transfer In/(Out)	**$ 5,006,140**	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**$ 5,006,140**

Community Health Centers Medical Statement of Revenues and Expenses

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
$ 1,725,652	$ 2,010,807	$ (285,155)	(14.2%)	$ 1,788,272	$ (62,620)	(3.5%)	**Gross Patient Revenue**	$ 5,153,649	$ 5,779,709	$ (626,060)	(10.8%)	$ 5,647,374	$ (493,726)	(8.7%)
627,410	668,114	(40,704)	(6.1%)	384,070	243,339	63.4%	Contractual Allowance	1,817,415	1,922,098	(104,683)	(5.4%)	1,620,259	197,156	12.2%
607,550	659,031	(51,481)	(7.8%)	624,853	(17,302)	(2.8%)	Charity Care	1,796,671	1,893,285	(96,614)	(5.1%)	1,890,767	(94,096)	(5.0%)
108,927	308,960	(200,033)	(64.7%)	282,178	(173,251)	(61.4%)	Bad Debt	445,762	888,082	(442,320)	(49.8%)	1,010,981	(565,219)	(55.9%)
1,343,887	1,636,105	(292,218)	(17.9%)	1,291,101	52,786	4.1%	Total Contractuals and Bad Debt	4,059,847	4,703,465	(643,618)	(13.7%)	4,522,007	(462,159)	(10.2%)
407,983	371,942	36,041	9.7%	378,234	29,749	7.9%	Other Patient Revenue	1,223,949	1,067,312	156,637	14.7%	1,134,703	89,246	7.9%
789,747	**746,644**	**43,103**	**5.8%**	**875,405**	**(85,658)**	**(9.8%)**	**Net Patient Service Revenue**	**2,317,750**	**2,143,556**	**174,194**	**8.1%**	**2,260,070**	**57,679**	**2.6%**
45.77%	37.13%			48.95%			Collection %	44.97%	37.09%			40.02%		
265,890	541,781	(275,891)	(50.9%)	291,315	(25,425)	(8.7%)	Grants	1,352,321	1,564,343	(212,022)	(13.6%)	1,309,965	42,356	3.2%
4,566	23,070	(18,504)	(80.2%)	33,568	(29,003)	(86.4%)	Other Revenue	57,005	66,202	(9,197)	(13.9%)	63,868	(6,862)	(10.7%)
$ 1,060,202	**$ 1,311,495**	**$ (251,293)**	**(19.2%)**	**$ 1,200,288**	**$ (140,086)**	**(11.7%)**	**Total Revenues**	**$ 3,727,076**	**$ 3,774,101**	**$ (47,025)**	**(1.2%)**	**$ 3,633,903**	**$ 93,173**	**2.6%**
							Direct Operating Expenses:							
1,258,082	1,715,881	457,800	26.7%	1,278,760	20,679	1.6%	Salaries and Wages	4,489,401	5,060,945	571,544	11.3%	4,084,916	(404,485)	(9.9%)
428,782	499,348	70,566	14.1%	438,279	9,496	2.2%	Benefits	1,317,079	1,482,231	165,152	11.1%	1,297,564	(19,515)	(1.5%)
13,503	177,056	163,553	92.4%	29,593	16,090	54.4%	Purchased Services	51,760	531,168	479,408	90.3%	61,012	9,252	15.2%
78,774	51,254	(27,520)	(53.7%)	46,550	(32,224)	(69.2%)	Medical Supplies	125,818	153,761	27,942	18.2%	109,367	(16,452)	(15.0%)
7,782	24,960	17,178	68.8%	12,117	4,335	35.8%	Other Supplies	23,839	74,880	51,041	68.2%	36,777	12,939	35.2%
26,285	26,340	55	0.2%	64,076	37,791	59.0%	Medical Services	57,915	79,020	21,105	26.7%	263,314	205,399	78.0%
3,232	70,942	67,709	95.4%	60,760	57,527	94.7%	Drugs	48,666	212,825	164,159	77.1%	189,780	141,114	74.4%
36,793	175,399	138,606	79.0%	30,533	(6,260)	(20.5%)	Repairs and Maintenance	122,097	526,196	404,099	76.8%	118,135	(3,962)	(3.4%)
73,612	77,326	3,713	4.8%	51,570	(22,043)	(42.7%)	Lease and Rental	201,942	231,978	30,035	12.9%	301,280	99,338	33.0%
9,644	12,232	2,588	21.2%	9,689	45	0.5%	Utilities	28,252	36,696	8,444	23.0%	20,806	(7,446)	(35.8%)
49,651	59,532	9,881	16.6%	38,748	(10,903)	(28.1%)	Other Expense	92,688	178,596	85,908	48.1%	146,810	54,122	36.9%
28,693	26,292	(2,401)	(9.1%)	30,812	2,119	6.9%	Interest Expense	86,831	78,876	(7,955)	(10.1%)	93,143	6,312	6.8%
-	-	-	-	-	-	-	Principal Expenditure	-	-	-	-	40,669	40,669	-
4,461	9,215	4,754	51.6%	6,459	1,998	30.9%	Insurance	13,383	27,646	14,263	51.6%	19,377	5,994	30.9%
2,019,294	**2,925,777**	**906,483**	**31.0%**	**2,097,944**	**78,650**	**3.7%**	**Total Operating Expenses**	**6,659,673**	**8,674,817**	**2,015,144**	**23.2%**	**6,782,951**	**123,278**	**1.8%**
$ (959,092)	**$ (1,614,282)**	**$ 655,190**	**(40.6%)**	**$ (897,656)**	**$ (61,436)**	**6.8%**	**Net Performance before Depreciation & Overhead Allocations**	**$ (2,932,597)**	**$ (4,900,716)**	**$ 1,968,118**	**(40.2%)**	**$ (3,149,048)**	**$ 216,451**	**(6.9%)**
147,426	121,828	(25,598)	(21.0%)	108,261	(39,165)	(36.2%)	Depreciation	448,357	365,484	(82,873)	(22.7%)	324,783	(123,574)	(38.0%)
							Overhead Allocations:							
67	4,021	3,954	98.3%	7,119	7,052	99.1%	OH Risk Management	10,175	12,063	1,888	15.7%	22,705	12,530	55.2%
8,661	54,779	46,118	84.2%	43,627	34,966	80.1%	OH Revenue Cycle	129,096	164,337	35,241	21.4%	111,028	(18,068)	(16.3%)
1,407	2,483	1,076	43.3%	1,669	262	15.7%	OH Internal Audit	3,739	7,449	3,710	49.8%	6,284	2,545	40.5%
10,892	13,456	2,564	19.1%	12,955	2,063	15.9%	OH Office Facilities	47,455	40,368	(7,087)	(17.6%)	53,349	5,894	11.0%
(12,394)	12,875	25,269	196.3%	9,858	22,252	225.7%	OH Administration	21,615	38,625	17,010	44.0%	33,831	12,216	36.1%
42,130	67,927	25,797	38.0%	66,741	24,611	36.9%	OH Human Resources	188,976	203,781	14,805	7.3%	215,565	26,589	12.3%
5,029	23,897	18,868	79.0%	18,031	13,002	72.1%	OH Legal	42,804	71,691	28,887	40.3%	76,838	34,034	44.3%
939	3,091	2,152	69.6%	3,139	2,200	70.1%	OH Records Management	5,928	9,273	3,345	36.1%	8,323	2,395	28.8%
703	11,374	10,671	93.8%	9,876	9,173	92.9%	OH Compliance	25,143	34,122	8,979	26.3%	29,995	4,852	16.2%
-	-	-	-	35,075	35,075	-	OH IT Operations	864	-	(864)	-	79,600	78,736	98.9%
-	-	-	-	2,173	2,173	-	OH IT Security	2	-	(2)	-	33,148	33,146	100.0%
9,894	31,275	21,381	68.4%	32,325	22,431	69.4%	OH Finance	67,655	93,825	26,170	27.9%	91,074	23,419	25.7%
3,964	12,891	8,927	69.2%	9,871	5,907	59.8%	OH Corporate Communications	21,562	38,673	17,111	44.2%	30,708	9,146	29.8%
172,290	234,501	62,211	26.5%	13,571	(158,719)	(1,169.5%)	OH Information Technology	578,520	703,503	124,983	17.8%	43,992	(534,528)	(1,215.1%)
-	-	-	-	116,668	116,668	-	OH IT Applications	8,023	-	(8,023)	-	326,042	318,019	97.5%

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Community Health Centers Medical Statement of Revenues and Expenses

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
-	-	-	-	30,304	30,304	-	OH IT Service Center	375	-	(375)	-	94,323	93,948	99.6%
249	30,366	30,117	99.2%	14,653	14,404	98.3%	OH Corporate Quality	73,190	91,098	17,908	19.7%	42,647	(30,543)	(71.6%)
10,859	18,321	7,462	40.7%	39,484	28,625	72.5%	OH Security Services	30,886	54,963	24,077	43.8%	126,801	95,915	75.6%
5,892	18,009	12,117	67.3%	15,056	9,164	60.9%	OH Supply Chain	30,586	54,027	23,441	43.4%	46,271	15,685	33.9%
(4,253)	6,417	10,670	166.3%	8,300	12,553	151.2%	OH Health Information Management	22,881	19,251	(3,630)	(18.9%)	24,954	2,073	8.3%
(6,148)	523	6,671	1,275.5%	16,278	22,426	137.8%	OH Coding	42,618	1,569	(41,049)	(2,616.3%)	49,016	6,398	13.1%
725	1,086	361	33.2%	357	(368)	(103.1%)	OH Reimbursement	2,531	3,258	727	22.3%	1,124	(1,407)	(125.2%)
-	-	-	-	8,931	8,931	-	OH Clinical Labor Pool	-	-	-	-	26,024	26,024	-
3,403	32,927	29,524	89.7%	21,565	18,162	84.2%	OH Clinical Services Administration	79,074	98,781	19,707	20.0%	60,886	(18,188)	(29.9%)
3,525	5,220	1,695	32.5%	14,251	10,726	75.3%	OH Support Services	31,179	15,660	(15,519)	(99.1%)	41,968	10,789	25.7%
1,316	2,553	1,237	48.5%	2,202	886	40.2%	OH Mail Room	5,758	7,659	1,901	24.8%	6,683	925	13.8%
1,113	1,633	520	31.8%	1,224	111	9.1%	OH Patient Experience	2,681	4,899	2,218	45.3%	1,224	(1,457)	(119.0%)
768	4,928	4,160	84.4%	3,318	2,550	76.9%	OH External Affairs	9,531	14,784	5,253	35.5%	11,748	2,217	18.9%
2,781	9,045	6,264	69.3%	26,735	23,954	89.6%	OH Strategic Initiatives and Projects	23,593	27,135	3,542	13.1%	26,735	3,142	11.8%
(515)	3,548	4,063	114.5%	-	515	-	OH Employee Health	(441)	10,644	11,085	104.1%	-	441	-
263,297	607,146	343,849	56.6%	585,356	322,059	55.0%	Total Overhead Allocations-	1,505,999	1,821,438	315,439	17.3%	1,722,886	216,887	12.6%
2,430,017	**3,654,751**	**1,224,734**	**33.5%**	**2,791,561**	**361,544**	**13.0%**	**Total Expenses**	**8,614,029**	**10,861,739**	**2,247,710**	**20.7%**	**8,830,620**	**216,591**	**2.5%**
$ (1,369,815)	**$ (2,343,256)**	**$ 973,441**	**(41.5%)**	**$ (1,591,273)**	**$ 221,458**	**(13.9%)**	**Net Margin**	**$ (4,886,953)**	**$ (7,087,638)**	**$ 2,200,684**	**(31.0%)**	**$ (5,196,717)**	**$ 309,764**	**(6.0%)**
-	**20,375**	**(20,375)**	**-**	**-**	**-**	**-**	**Capital Contributions.**	**-**	**61,125**	**(61,125)**	**-**	**-**	**-**	**-**
$ 5,006,140	**$ 2,963,340**	**$ 2,042,801**	**68.9%**	**$ 5,350,738**	**$ 344,598**	**6.4%**	**Transfer In/(Out)**	**$ 5,006,140**	**$ 8,890,019**	**$ (3,883,879)**	**(43.7%)**	**$ 5,350,738**	**$ 344,598**	**6.4%**

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Community Health Centers - Dental Statement of Revenues and Expenses by Location
(YTD)
For The Third Month Ended December 31, 2025

	Dental Clinic Administration	CHC Belle Glade Dental	CHC Delray Beach Dental	CHC Lantana Dental	CHC West Palm Beach Dental	CHC Atlantis Dental	CHC Port Dental	Total
Gross Patient Revenue	**-**	**$ 433,939**	**$ 836,396**	**-**	**$ 921,938**	**$ 751,235**	**$ 6,104**	**$ 2,949,612**
Contractual Allowance	-	177,833	180,791	-	228,798	385,485	-	972,908
Charity Care	-	153,584	454,173	-	487,722	287,802	6,104	1,389,386
Bad Debt	-	48,988	111,788	-	60,731	57,919	(167)	279,258
Total Contractual Allowances and Bad Debt	-	380,405	746,751	-	777,252	731,207	5,938	2,641,552
Other Patient Revenue	-	105,881	125,690	-	183,547	167,699	-	582,817
Net Patient Revenue	**-**	**159,415**	**215,335**	**-**	**328,233**	**187,728**	**167**	**890,877**
Collection %	-	36.74%	25.75%	-	35.60%	24.99%	2.73%	30.20%
Grants	-	33,984	65,170	-	113,366	68,554	-	281,074
Other Revenue	1,002	-	-	-	-	-	-	1,002
Total Other Revenues	1,002	33,984	65,170	-	113,366	68,554	-	282,076
Total Revenues	**$ 1,002**	**$ 193,399**	**$ 280,505**	**-**	**$ 441,599**	**$ 256,282**	**$ 167**	**$ 1,172,953**
Direct Operational Expenses:								
Salaries and Wages	-	111,752	209,654	-	308,581	211,436	-	841,423
Benefits	915	35,373	54,242	-	79,647	60,605	-	230,783
Purchased Services	-	1,100	4,648	-	193	193	-	6,134
Medical Supplies	-	13,369	21,750	-	24,184	15,817	-	75,120
Other Supplies	-	453	831	-	1,418	3,297	-	5,999
Repairs and Maintenance	-	1,514	2,821	-	3,097	1,713	-	9,145
Lease and Rental	-	9,469	8,592	-	35,681	11,920	-	65,662
Utilities	-	2,696	1,644	-	585	1,907	-	6,832
Other Expense	857	5,185	10,771	-	13,914	9,311	-	40,038
Interest Expense	-	-	6,652	-	-	7,041	-	13,693
Insurance	-	103	-	-	-	-	-	103
Total Operating Expenses	1,773	181,014	321,605	-	467,300	323,240	-	1,294,931
Net Performance before Depreciation & Overhead Allocations	**(771)**	**12,385**	**(41,100)**	**-**	**(25,701)**	**(66,958)**	**167**	**(121,978)**
Depreciation	-	4,979	10,003	-	7,520	37,344	-	59,846
Overhead Allocations:								
OH Risk Management	1,861	-	-	-	-	-	-	1,861
OH Revenue Cycle	86,065	-	-	-	-	-	-	86,065
OH Internal Audit	665	-	-	-	-	-	-	665
OH Office Facilities	3,516	-	-	-	-	-	-	3,516
OH Administration	3,870	-	-	-	-	-	-	3,870
OH Human Resources	30,928	-	-	-	-	-	-	30,928
OH Legal	7,687	-	-	-	-	-	-	7,687
OH Records Management	1,071	-	-	-	-	-	-	1,071
OH Compliance	4,517	-	-	-	-	-	-	4,517
OH IT Operations	264	-	-	-	-	-	-	264
OH IT Security	1	-	-	-	-	-	-	1
OH Finance	12,114	-	-	-	-	-	-	12,114
OH Corporate Communications	3,878	-	-	-	-	-	-	3,878
OH Information Technology	156,716	-	-	-	-	-	-	156,716
OH IT Applications	1,302	-	-	-	-	-	-	1,302
OH IT Service Center	72	-	-	-	-	-	-	72
OH Corporate Quality	11,256	-	-	-	-	-	-	11,256
OH Security Services	5,616	-	-	-	-	-	-	5,616
OH Supply Chain	5,483	-	-	-	-	-	-	5,483
OH Health Information Management	6,864	-	-	-	-	-	-	6,864
OH Coding	6,089	-	-	-	-	-	-	6,089
OH Reimbursement	456	-	-	-	-	-	-	456
OH Clinical Services Administration	12,161	-	-	-	-	-	-	12,161
OH Support Services	4,795	-	-	-	-	-	-	4,795
OH Mail Room	1,053	-	-	-	-	-	-	1,053
OH Patient Experience	412	-	-	-	-	-	-	412
OH External Affairs	1,700	-	-	-	-	-	-	1,700
OH Strategic Initiatives and Projects	3,629	-	-	-	-	-	-	3,629
OH Employee Health	(70)	-	-	-	-	-	-	(70)
Total Overhead Allocations	373,971	-	-	-	-	-	-	373,971
Total Expenses	**375,744**	**185,993**	**347,917**	**-**	**474,820**	**375,859**	**-**	**1,760,332**
Net Margin	**$ (374,742)**	**$ 7,406**	**$ (67,413)**	**-**	**$ (33,221)**	**$ (119,577)**	**$ 167**	**$ (587,379)**
Capital Contributions	197	-	-	-	-	-	-	197
Transfer In/(Out)	**$ 587,182**	**-**	**-**	**-**	**-**	**-**	**-**	**$ 587,182**

Community Health Centers Dental Statement of Revenues and Expenses
For The Third Month Ended December 31, 2025

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
$ 984,319	$ 1,057,058	$ (72,739)	(6.9%)	$ 865,128	$ 119,191	13.8%	**Gross Patient Revenue**	$ 2,949,612	$ 3,028,728	$ (79,116)	(2.6%)	$ 2,698,701	$ 250,911	9.3%
341,403	344,723	(3,320)	(1.0%)	208,623	132,780	63.6%	Contractual Allowance	972,908	989,231	(16,323)	(1.7%)	828,362	144,545	17.4%
461,420	457,662	3,758	0.8%	383,390	78,030	20.4%	Charity Care	1,389,386	1,308,728	80,658	6.2%	1,180,434	208,952	17.7%
69,473	142,460	(72,987)	(51.2%)	154,418	(84,945)	(55.0%)	Bad Debt	279,258	408,656	(129,398)	(31.7%)	378,533	(99,274)	(26.2%)
872,297	944,845	(72,549)	(7.7%)	746,431	125,866	16.9%	Total Contractuals and Bad Debt	2,641,552	2,706,615	(65,063)	(2.4%)	2,387,329	254,223	10.6%
194,272	175,971	18,301	10.4%	174,519	19,754	11.3%	Other Patient Revenue	582,817	504,960	77,857	15.4%	523,556	59,261	11.3%
306,295	**288,184**	**18,111**	**6.3%**	**293,216**	**13,079**	**4.5%**	**Net Patient Service Revenue**	**890,877**	**827,073**	**63,804**	**7.7%**	**834,929**	**55,948**	**6.7%**
31.12%	27.26%			33.89%			Collection %	30.20%	27.31%			30.94%		
85,506	107,410	(21,904)	(20.4%)	65,897	19,609	29.8%	Grants	281,074	308,220	(27,146)	(8.8%)	245,514	35,560	14.5%
1,000	249	751	301.6%	-	1,000	-	Other Revenue	1,002	715	287	40.1%	1,001	1	0.1%
$ 392,801	**$ 395,843**	**$ (3,042)**	**(0.8%)**	**$ 359,113**	**$ 33,688**	**9.4%**	**Total Revenues**	**$ 1,172,953**	**$ 1,136,008**	**$ 36,945**	**3.3%**	**$ 1,081,444**	**$ 91,509**	**8.5%**
							Direct Operating Expenses:							
268,812	287,605	18,793	6.5%	265,400	(3,412)	(1.3%)	Salaries and Wages	841,423	853,533	12,110	1.4%	817,174	(24,249)	(3.0%)
73,190	77,563	4,373	5.6%	91,807	18,617	20.3%	Benefits	230,783	231,338	555	0.2%	255,020	24,237	9.5%
1,902	2,169	267	12.3%	1,125	(777)	(69.1%)	Purchased Services	6,134	6,507	373	5.7%	4,995	(1,139)	(22.8%)
19,369	30,568	11,199	36.6%	33,793	14,424	42.7%	Medical Supplies	75,120	91,704	16,584	18.1%	88,794	13,675	15.4%
1,407	2,126	719	33.8%	10,053	8,646	86.0%	Other Supplies	5,999	6,378	379	5.9%	11,404	5,405	47.4%
-	42	42	-	-	-	-	Drugs	-	126	126	-	-	-	-
1,817	4,295	2,478	57.7%	3,191	1,374	43.1%	Repairs and Maintenance	9,145	12,885	3,740	29.0%	8,715	(429)	(4.9%)
34,050	26,269	(7,781)	(29.6%)	10,242	(23,808)	(232.5%)	Lease and Rental	65,662	78,807	13,145	16.7%	84,427	18,765	22.2%
2,250	3,134	884	28.2%	3,516	1,266	36.0%	Utilities	6,832	9,402	2,570	27.3%	7,435	603	8.1%
11,219	10,992	(227)	(2.1%)	13,545	2,327	17.2%	Other Expense	40,038	32,976	(7,062)	(21.4%)	46,368	6,330	13.7%
4,534	4,424	(110)	(2.5%)	4,886	352	7.2%	Interest Expense	13,693	13,272	(421)	(3.2%)	14,742	1,049	7.1%
-	-	-	-	-	-	-	Principal Expenditure	-	-	-	-	11,434	11,434	-
34	46	11	23.9%	176	142	80.7%	Insurance	103	137	33	24.1%	529	426	80.5%
418,585	**449,233**	**30,648**	**6.8%**	**437,735**	**19,150**	**4.4%**	**Total Operating Expenses**	**1,294,931**	**1,337,065**	**42,134**	**3.2%**	**1,351,037**	**56,106**	**4.2%**
$ (25,784)	**$ (53,390)**	**$ 27,606**	**(51.7%)**	**$ (78,622)**	**$ 52,839**	**(67.2%)**	**Net Performance before Depreciation & Overhead Allocations**	**$ (121,978)**	**$ (201,057)**	**$ 79,079**	**(39.3%)**	**$ (269,593)**	**$ 147,615**	**(54.8%)**
30,477	28,899	(1,578)	(5.5%)	18,665	(11,812)	(63.3%)	Depreciation	91,430	86,697	(4,733)	(5.5%)	56,240	(35,190)	(62.6%)
							Overhead Allocations:							
11	618	607	98.2%	1,776	1,765	99.4%	OH Risk Management	1,861	1,854	(7)	(0.4%)	5,665	3,804	67.1%
5,774	36,520	30,746	84.2%	34,901	29,127	83.5%	OH Revenue Cycle	86,065	109,560	23,495	21.4%	88,821	2,756	3.1%
225	382	157	41.1%	416	191	45.9%	OH Internal Audit	665	1,146	481	42.0%	1,568	903	57.6%
807	997	190	19.1%	1,537	730	47.5%	OH Office Facilities	3,516	2,991	(525)	(17.6%)	6,330	2,814	44.5%
(1,983)	1,980	3,963	200.2%	2,459	4,442	180.6%	OH Administration	3,870	5,940	2,070	34.8%	8,440	4,570	54.1%
6,895	11,117	4,222	38.0%	17,988	11,093	61.7%	OH Human Resources	30,928	33,351	2,423	7.3%	58,099	27,171	46.8%
805	3,675	2,870	78.1%	4,498	3,693	82.1%	OH Legal	7,687	11,025	3,338	30.3%	19,170	11,483	59.9%
150	475	325	68.4%	783	633	80.8%	OH Records Management	1,071	1,425	354	24.8%	2,077	1,006	48.4%
113	1,749	1,636	93.5%	2,464	2,351	95.4%	OH Compliance	4,517	5,247	730	13.9%	7,483	2,966	39.6%
-	-	-	-	8,751	8,751	-	OH IT Operations	264	-	(264)	-	19,859	19,595	98.7%
-	-	-	-	542	542	-	OH IT Security	1	-	(1)	-	8,270	8,269	100.0%
1,583	4,810	3,227	67.1%	8,065	6,482	80.4%	OH Finance	12,114	14,430	2,316	16.0%	22,722	10,608	46.7%
634	1,983	1,349	68.0%	2,463	1,829	74.3%	OH Corporate Communications	3,878	5,949	2,071	34.8%	7,661	3,783	49.4%
46,672	63,525	16,853	26.5%	3,386	(43,286)	(1,278.4%)	OH Information Technology	156,716	190,575	33,859	17.8%	10,975	(145,741)	(1,327.9%)
-	-	-	-	32,651	32,651	-	OH IT Applications	1,302	-	(1,302)	-	91,248	89,946	98.6%
-	-	-	-	7,560	7,560	-	OH IT Service Center	72	-	(72)	-	23,532	23,460	99.7%

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Community Health Centers Dental Statement of Revenues and Expenses

For The Third Month Ended December 31, 2025

Current Month								Fiscal Year To Date						
Actual	**Budget**	**Variance**	**%**	**Prior Year**	**Variance**	**%**		**Actual**	**Budget**	**Variance**	**%**	**Prior Year**	**Variance**	**%**
38	4,670	4,632	99.2%	3,656	3,618	99.0%	OH Corporate Quality	11,256	14,010	2,754	19.7%	10,640	(616)	(5.8%)
1,974	3,331	1,357	40.7%	5,456	3,482	63.8%	OH Security Services	5,616	9,993	4,377	43.8%	17,522	11,906	67.9%
943	2,770	1,827	66.0%	3,756	2,813	74.9%	OH Supply Chain	5,483	8,310	2,827	34.0%	11,543	6,060	52.5%
(1,276)	1,925	3,201	166.3%	2,071	3,347	161.6%	OH Health Information Management	6,864	5,775	(1,089)	(18.9%)	6,226	(638)	(10.2%)
(878)	75	953	1,270.7%	4,061	4,939	121.6%	OH Coding	6,089	225	(5,864)	(2,606.2%)	12,228	6,139	50.2%
116	167	51	30.5%	89	(27)	(30.3%)	OH Reimbursement	456	501	45	9.0%	280	(176)	(62.9%)
-	-	-	-	2,228	2,228	-	OH Clinical Labor Pool	-	-	-	-	6,492	6,492	-
523	5,064	4,541	89.7%	5,380	4,857	90.3%	OH Clinical Services Administration	12,161	15,192	3,031	20.0%	15,190	3,029	19.9%
542	803	261	32.5%	3,555	3,013	84.8%	OH Support Services	4,795	2,409	(2,386)	(99.0%)	10,470	5,675	54.2%
211	393	182	46.3%	549	338	61.6%	OH Mail Room	1,053	1,179	126	10.7%	1,667	614	36.8%
171	251	80	31.9%	305	134	43.9%	OH Patient Experience	412	753	341	45.3%	305	(107)	(35.1%)
123	758	635	83.8%	828	705	85.1%	OH External Affairs	1,700	2,274	574	25.2%	2,931	1,231	42.0%
428	1,391	963	69.2%	6,670	6,242	93.6%	OH Strategic Initiatives and Projects	3,629	4,173	544	13.0%	6,670	3,041	45.6%
(82)	546	628	115.0%	-	82	-	OH Employee Health	(70)	1,638	1,708	104.3%	-	70	-
64,519	149,975	85,456	57.0%	168,844	104,325	61.8%	Total Overhead Allocations-	373,971	449,925	75,954	16.9%	484,084	110,113	22.7%
513,580	**628,107**	**114,526**	**18.2%**	**625,244**	**111,664**	**17.9%**	**Total Expenses**	**1,760,332**	**1,873,687**	**113,354**	**6.0%**	**1,891,361**	**131,029**	**6.9%**
$ (120,780)	**$ (232,264)**	**$ 111,484**	**(48.0%)**	**$ (266,131)**	**$ 145,352**	**(54.6%)**	**Net Margin**	**$ (587,379)**	**$ (737,679)**	**$ 150,299**	**(20.4%)**	**$ (809,917)**	**$ 222,538**	**(27.5%)**
197	**6,267**	**(6,070)**	**(96.9%)**	**-**	**197**	**-**	**Capital Contributions.**	**197**	**18,800**	**(18,603)**	**(99.0%)**	**-**	**197**	**-**
$ 587,182	**-**	**$ 587,182**	**-**	**$ 1,215,506**	**$ 628,324**	**51.7%**	**Transfer In/(Out)**	**$ 587,182**	**-**	**$ 587,182**	**-**	**$ 1,215,506**	**$ 628,324**	**51.7%**

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Community Health Centers - Behavioral Health Statement of Revenues and Expenses by Location (YTD)

For The Third Month Ended December 31, 2025

	Behavioral Health Clinic Administration	CHC Belle Glade Behavioral Health	CHC Delray Beach Behavioral Health	CHC Lantana Behavioral Health	CHC Mangonia Park Behavioral Health	CHC Mangonia Pilot	CHC West Palm Beach Behavioral Health	CHC Lewis Center Behavioral Health	CHC West Boca Behavioral Health	CHC St Ann Place Behavioral Health	CHC Mobile Van 1 - Warrior Behavioral Health	CHC Mobile Van 3 - Hero Behavioral Health	CHC Atlantis Behavioral Health	CHC Co-Responder Unit Medical	Total
Gross Patient Revenue	**-**	**$903**	**$245,235**	**-**	**$856,627**	**-**	**$1,327**	**$257,400**	**$29,091**	**-**	**-**	**$712**	**$182,544**	**-**	**$1,573,839**
Contractual Allowance	-	955	97,644	-	430,529	-	1,013	89,860	8,015	-	210	70	125,255	-	753,551
Charity Care	-	-	98,056	-	298,912	-	132	92,136	12,738	-	-	-	32,358	-	534,332
Bad Debt	-	1,197	36,845	-	88,278	-	(124)	11,622	(3,961)	-	-	-	1,212	-	135,070
Total Contractual Allowances and Bad Debt	-	2,152	232,545	-	817,719	-	1,021	193,618	16,793	-	210	70	158,824	-	1,422,952
Other Patient Revenue	-	259	5,567	-	12,689	-	-	6,603	1,424	-	-	-	9,452	-	35,995
Net Patient Revenue	**-**	**(990)**	**18,257**	**-**	**51,597**	**-**	**306**	**70,384**	**13,722**	**-**	**(210)**	**642**	**33,172**	**-**	**186,881**
Collection %	-	(109.55%)	7.44%	-	6.02%	-	23.06%	27.34%	47.17%	-	-	90.21%	18.17%	-	11.87%
Ad Valorem Taxes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Intergovernmental Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Grants	-	5,600	27,001	-	57,749	84,131	-	24,595	-	5,889	6,840	6,210	54,518	30,308	302,841
Interest Earnings	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Unrealized Gain/(Loss) On Investments	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Financial Assistance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Other Revenues	-	5,600	27,001	-	57,749	84,131	-	24,595	-	5,889	6,840	6,210	54,518	30,308	302,841
Total Revenues	**-**	**$ 4,610**	**$ 45,258**	**-**	**$ 109,345**	**$ 84,131**	**$ 306**	**$ 94,979**	**$ 13,722**	**$ 5,889**	**$ 6,631**	**$ 6,852**	**$ 87,690**	**$ 30,308**	**$ 489,722**
Direct Operational Expenses:															
Salaries and Wages	-	20,177	86,215	-	142,376	189,566	-	80,919	-	8,226	20,757	19,455	180,277	112,081	860,048
Benefits	1,157	4,990	12,979	-	39,621	48,582	-	23,408	-	2,534	4,364	7,495	30,427	27,752	203,310
Lease and Rental	-	-	-	-	-	3,472	-	-	-	-	-	-	-	-	3,472
Other Expense	-	-	-	-	-	2,288	-	-	-	130	-	-	-	79	2,497
Total Operating Expenses	1,157	25,167	99,195	-	181,996	243,908	-	104,327	-	10,890	25,121	26,950	210,704	139,912	1,069,327
Net Performance before Depreciation & Overhead Allocations	**(1,157)**	**(20,557)**	**(53,937)**	**-**	**(72,651)**	**(159,777)**	**306**	**(9,348)**	**13,722**	**(5,001)**	**(18,490)**	**(20,098)**	**(123,014)**	**(109,604)**	**(579,605)**
Depreciation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Overhead Allocations:															
OH Risk Management	-	-	-	-	-	1,531	-	-	-	-	-	-	-	-	1,531
OH Revenue Cycle	-	-	-	-	-	86,065	-	-	-	-	-	-	-	-	86,065
OH Internal Audit	-	-	-	-	-	559	-	-	-	-	-	-	-	-	559
OH Administration	-	-	-	-	-	3,238	-	-	-	-	-	-	-	-	3,238
OH Human Resources	-	-	-	-	-	33,867	-	-	-	-	-	-	-	-	33,867
OH Legal	-	-	-	-	-	6,415	-	-	-	-	-	-	-	-	6,415
OH Records Management	-	-	-	-	-	890	-	-	-	-	-	-	-	-	890
OH Compliance	-	-	-	-	-	3,768	-	-	-	-	-	-	-	-	3,768
OH IT Operations	-	-	-	-	-	147	-	-	-	-	-	-	-	-	147
OH Finance	-	-	-	-	-	10,134	-	-	-	-	-	-	-	-	10,134
OH Corporate Communications	-	-	-	-	-	3,233	-	-	-	-	-	-	-	-	3,233
OH Information Technology	-	-	-	-	-	119,964	-	-	-	-	-	-	-	-	119,964
OH IT Applications	-	-	-	-	-	1,179	-	-	-	-	-	-	-	-	1,179
OH IT Service Center	-	-	-	-	-	58	-	-	-	-	-	-	-	-	58
OH Corporate Quality	-	-	-	-	-	13,127	-	-	-	-	-	-	-	-	13,127
OH Security Services	-	-	-	-	-	5,616	-	-	-	-	-	-	-	-	5,616
OH Supply Chain	-	-	-	-	-	4,582	-	-	-	-	-	-	-	-	4,582
OH Coding	-	-	-	-	-	12,176	-	-	-	-	-	-	-	-	12,176
OH Reimbursement	-	-	-	-	-	379	-	-	-	-	-	-	-	-	379
OH Clinical Services Administration	-	-	-	-	-	14,182	-	-	-	-	-	-	-	-	14,182
OH Support Services	-	-	-	-	-	5,592	-	-	-	-	-	-	-	-	5,592
OH Mail Room	-	-	-	-	-	866	-	-	-	-	-	-	-	-	866
OH Patient Experience	-	-	-	-	-	481	-	-	-	-	-	-	-	-	481
OH External Affairs	-	-	-	-	-	1,426	-	-	-	-	-	-	-	-	1,426
OH Strategic Initiatives and Projects	-	-	-	-	-	4,232	-	-	-	-	-	-	-	-	4,232
OH Employee Health	-	-	-	-	-	(64)	-	-	-	-	-	-	-	-	(64)
Total Overhead Allocations	-	-	-	-	-	333,643	-	-	-	-	-	-	-	-	333,643
Total Expenses	**1,157**	**25,167**	**99,195**	**-**	**181,996**	**577,551**	**-**	**104,327**	**-**	**10,890**	**25,121**	**26,950**	**210,704**	**139,912**	**1,402,970**
Net Margin	**$ (1,157)**	**$ (20,557)**	**$ (53,937)**	**-**	**$ (72,651)**	**$ (493,420)**	**$ 306**	**$ (9,348)**	**$ 13,722**	**$ (5,001)**	**$ (18,490)**	**$ (20,098)**	**$ (123,014)**	**$ (109,604)**	**$ (913,248)**
Capital	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
General Fund Support/Transfer In	**$1,004,826**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$1,004,826**

Community Health Centers Behavioral Health Statement of Revenues and Expenses

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
$ 544,322	$ 452,279	$ 92,043	20.4%	$ 383,640	$ 160,682	41.9%	**Gross Patient Revenue**	$ 1,573,839	$ 1,342,726	$ 231,113	17.2%	$ 1,146,528	$ 427,310	37.3%
346,930	180,415	166,515	92.3%	162,753	184,177	113.2%	Contractual Allowance	753,551	536,582	216,969	40.4%	383,737	369,813	96.4%
181,717	107,072	74,645	69.7%	90,270	91,448	101.3%	Charity Care	534,332	316,473	217,859	68.8%	259,129	275,203	106.2%
(11,090)	120,947	(132,037)	(109.2%)	128,434	(139,524)	(108.6%)	Bad Debt	135,070	360,900	(225,830)	(62.6%)	309,507	(174,437)	(56.4%)
517,558	408,434	109,124	26.7%	381,458	136,100	35.7%	Total Contractuals and Bad Debt	1,422,952	1,213,955	208,997	17.2%	952,373	470,579	49.4%
11,998	15,210	(3,212)	(21.1%)	8,580	3,419	39.8%	Other Patient Revenue	35,995	45,108	(9,113)	(20.2%)	25,739	10,256	39.8%
38,763	**59,055**	**(20,292)**	**(34.4%)**	**10,762**	**28,001**	**260.2%**	**Net Patient Service Revenue**	**186,881**	**173,879**	**13,002**	**7.5%**	**219,894**	**(33,013)**	**(15.0%)**
7.12%	13.06%			2.81%			Collection %	11.87%	12.95%			19.18%		
84,454	80,273	4,181	5.2%	15,439	69,015	447.0%	Grants	302,841	235,451	67,390	28.6%	72,505	230,335	317.7%
$ 123,217	**$ 139,328**	**$ (16,111)**	**(11.6%)**	**$ 26,201**	**$ 97,016**	**370.3%**	**Total Revenues**	**$ 489,722**	**$ 409,330**	**$ 80,392**	**19.6%**	**$ 292,400**	**$ 197,322**	**67.5%**
							Direct Operating Expenses:							
285,132	369,825	84,693	22.9%	215,754	(69,377)	(32.2%)	Salaries and Wages	860,048	1,062,189	202,141	19.0%	383,455	(476,593)	(124.3%)
63,573	77,613	14,040	18.1%	55,216	(8,357)	(15.1%)	Benefits	203,310	225,735	22,425	9.9%	104,347	(98,963)	(94.8%)
-	63	63	-	-	-	-	Purchased Services	-	189	189	-	-	-	-
-	787	787	-	-	-	-	Medical Supplies	-	2,361	2,361	-	-	-	-
-	1,712	1,712	-	-	-	-	Other Supplies	-	5,136	5,136	-	-	-	-
-	458	458	-	-	-	-	Drugs	-	1,374	1,374	-	-	-	-
959	-	(959)	-	-	(959)	-	Lease and Rental	3,472	-	(3,472)	-	-	(3,472)	-
855	2,405	1,550	64.4%	943	88	9.3%	Other Expense	2,497	7,215	4,718	65.4%	2,724	226	8.3%
350,519	**452,863**	**102,344**	**22.6%**	**271,913**	**(78,606)**	**(28.9%)**	**Total Operating Expenses**	**1,069,327**	**1,304,199**	**234,872**	**18.0%**	**490,526**	**(578,801)**	**(118.0%)**
$ (227,302)	**$ (313,535)**	**$ 86,233**	**(27.5%)**	**$ (245,712)**	**$ 18,410**	**(7.5%)**	**Net Performance before Depreciation & Overhead Allocations**	**$ (579,605)**	**$ (894,869)**	**$ 315,264**	**(35.2%)**	**$ (198,126)**	**$ (381,479)**	**192.5%**
							Overhead Allocations:							
10	721	711	98.6%	1,675	1,665	99.4%	OH Risk Management	1,531	2,163	632	29.2%	5,342	3,811	71.3%
5,774	36,520	30,746	84.2%	8,725	2,951	33.8%	OH Revenue Cycle	86,065	109,560	23,495	21.4%	22,205	(63,860)	(287.6%)
206	445	239	53.7%	393	187	47.6%	OH Internal Audit	559	1,335	776	58.1%	1,479	920	62.2%
-	-	-	-	1,537	1,537	-	OH Office Facilities	-	-	-	-	6,330	6,330	-
(1,817)	2,309	4,126	178.7%	2,319	4,136	178.4%	OH Administration	3,238	6,927	3,689	53.3%	7,959	4,721	59.3%
7,550	12,173	4,623	38.0%	17,724	10,174	57.4%	OH Human Resources	33,867	36,519	2,652	7.3%	57,245	23,378	40.8%
737	4,286	3,549	82.8%	4,242	3,505	82.6%	OH Legal	6,415	12,858	6,443	50.1%	18,076	11,661	64.5%
138	554	416	75.1%	738	600	81.3%	OH Records Management	890	1,662	772	46.5%	1,958	1,068	54.5%
103	2,040	1,937	95.0%	2,323	2,220	95.6%	OH Compliance	3,768	6,120	2,352	38.4%	7,056	3,288	46.6%
-	-	-	-	8,251	8,251	-	OH IT Operations	147	-	(147)	-	18,725	18,578	99.2%
-	-	-	-	511	511	-	OH IT Security	-	-	-	-	7,798	7,798	100.0%
1,451	5,609	4,158	74.1%	7,604	6,153	80.9%	OH Finance	10,134	16,827	6,693	39.8%	21,425	11,291	52.7%
581	2,312	1,731	74.9%	2,322	1,741	75.0%	OH Corporate Communications	3,233	6,936	3,703	53.4%	7,224	3,991	55.2%
35,727	48,627	12,900	26.5%	3,193	(32,534)	(1,018.9%)	OH Information Technology	119,964	145,881	25,917	17.8%	10,350	(109,614)	(1,059.1%)
-	-	-	-	44,994	44,994	-	OH IT Applications	1,179	-	(1,179)	-	125,741	124,562	99.1%
-	-	-	-	7,129	7,129	-	OH IT Service Center	58	-	(58)	-	22,190	22,132	99.7%
45	5,446	5,401	99.2%	3,447	3,402	98.7%	OH Corporate Quality	13,127	16,338	3,211	19.7%	10,032	(3,095)	(30.9%)
1,974	3,331	1,357	40.7%	10,913	8,939	81.9%	OH Security Services	5,616	9,993	4,377	43.8%	35,046	29,430	84.0%
864	3,230	2,366	73.3%	3,542	2,678	75.6%	OH Supply Chain	4,582	9,690	5,108	52.7%	10,885	6,303	57.9%
-	-	-	-	1,953	1,953	-	OH Health Information Management	-	-	-	-	5,871	5,871	-
(1,757)	149	1,906	1,279.2%	3,829	5,586	145.9%	OH Coding	12,176	447	(11,729)	(2,623.9%)	11,530	(646)	(5.6%)
106	195	89	45.6%	84	(22)	(26.2%)	OH Reimbursement	379	585	206	35.2%	264	(115)	(43.6%)
-	-	-	-	2,101	2,101	-	OH Clinical Labor Pool	-	-	-	-	6,122	6,122	-
610	5,906	5,296	89.7%	5,073	4,463	88.0%	OH Clinical Services Administration	14,182	17,718	3,536	20.0%	14,323	141	1.0%

Community Health Centers Behavioral Health Statement of Revenues and Expenses

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
632	936	304	32.5%	3,352	2,720	81.1%	OH Support Services	5,592	2,808	(2,784)	(99.1%)	9,872	4,280	43.4%
193	458	265	57.9%	518	325	62.7%	OH Mail Room	866	1,374	508	37.0%	1,572	706	44.9%
200	293	93	31.7%	288	88	30.6%	OH Patient Experience	481	879	398	45.3%	288	(193)	(67.0%)
113	884	771	87.2%	781	668	85.5%	OH External Affairs	1,426	2,652	1,226	46.2%	2,765	1,339	48.4%
499	1,622	1,123	69.2%	6,290	5,791	92.1%	OH Strategic Initiatives and Projects	4,232	4,866	634	13.0%	6,290	2,058	32.7%
(75)	636	711	111.8%	-	75	-	OH Employee Health	(64)	1,908	1,972	103.4%	-	64	-
53,864	138,682	84,818	61.2%	155,851	101,987	65.4%	Total Overhead Allocations-	333,643	416,046	82,403	19.8%	455,963	122,320	26.8%
404,383	**591,545**	**187,162**	**31.6%**	**427,764**	**23,381**	**5.5%**	**Total Expenses**	**1,402,970**	**1,720,245**	**317,275**	**18.4%**	**946,489**	**(456,481)**	**(48.2%)**
$ (281,166)	**$ (452,217)**	**$ 171,051**	**(37.8%)**	**$ (401,563)**	**$ 120,397**	**(30.0%)**	**Net Margin**	**$ (913,248)**	**$ (1,310,915)**	**$ 397,667**	**(30.3%)**	**$ (654,089)**	**$ (259,159)**	**39.6%**
$ 1,004,826	**-**	**$ 1,004,826**	**-**	**$ 765,052**	**$ (239,774)**	**(31.3%)**	**Transfer In/(Out)**	**$ 1,004,826**	**-**	**$ 1,004,826**	**-**	**$ 765,052**	**$ (239,774)**	**(31.3%)**

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CHC Medical Visits - Adults and Pediatrics	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
Delray Beach	927	722	834										2,483	2,855	(13.0%)	2,855
Delray Beach- Women's Health Care													-	-	*included in budget above*	
Belle Glade	837	584	746										2,167	2,355	(8.0%)	2,355
Belle Glade- Women's Health Care													-	-	*included in budget above*	
Jupiter	441	359	426										1,226	1,538	(20.3%)	1,538
Jupiter- Women's Health Care													-	-	*included in budget above*	
West Boca	251	226	225										702	766	(8.4%)	766
West Boca- Women's Health Care													-	-	*included in budget above*	
Atlantis	2,142	1,537	1,792										5,471	6,642	(17.6%)	-
Atlantis- Womens Health Care	1,020	794	945										2,759	2,256	*included in budget above*	
West Palm Beach	1,220	909	1,163										3,292	4,098	(19.7%)	4,098
Mangonia Park	687	502	664										1,853	1,856	(0.2%)	1,856
Lewis Center	78	63	39										180	173	4.0%	173
St Ann Place	31	20	8										59	60	(1.7%)	135
Clb Mob 1 Warrior (Mobile Van)	127	36	36										199	90	121.1%	10
Clb Mob 3 Hero	59	59	64										182	251	(27.5%)	251
Portable Medical	-	3	4										7	234	(97.0%)	234
Clb Mob 2 Scout	-	-	-										-	-	0.0%	-
Total Medical Visits	**7,820**	**5,814**	**6,946**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**20,580**	**23,174**	(11.2%)	**19,714**
Dental Visits																
West Palm Beach Dental	1,069	973	1113										3,155	3,101	1.7%	3,101
Delray Dental	1,082	802	923										2,807	2,640	6.3%	2,258
Belle Glade Dental	525	395	466										1,386	1,380	0.4%	1,380
Atlantis Dental	808	580	738										2,126	2,265	(6.1%)	-
Portable Dental	9	7	1										17	24	(29.2%)	24
Total Dental Visits	**3,493**	**2,757**	**3,241**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**9,491**	**9,410**	**0.9%**	**7,969**
Total Medical and Dental Visits	**11,313**	**8,571**	**10,187**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**30,071**	**32,584**	**(7.7%)**	**27,683**
Behavioral Health Visits**																
Atlantis BH	514	338	458										1,310	1,611	(18.7%)	-
Mangonia Park BH	1,123	904	1,022										3,049	2,930	4.1%	2,930
Delray BH	450	380	495										1,325	1,138	16.4%	1,138
Lewis Center BH	453	331	358										1,142	777	47.0%	777
West Palm Beach BH	179	99	137										415	60	591.7%	-
Belle Glade BH	53	93	123										269	108	149.1%	2
St Ann Place BH	5	-	-										5	45	(88.9%)	-
West Boca BH	54	30	32										116	60	93.3%	4
Mob 1 Warrior BH (Mobile Van)	93	23	33										149	15	893.3%	1
Mob 3 Hero BH	63	57	54										174	60	190.0%	-
Jupiter BH	-	-	-										-	-	0.0%	-
Mobile Van BH	-	-	-										-	-	0.0%	2
Total Behavioral Health Visits	**2,987**	**2,255**	**2,712**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**7,954**	**6,804**	16.9%	**4,873**
GRAND TOTAL	**14,300**	**10,826**	**12,899**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**38,025**	**39,388**		**32,556**

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

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COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
FEBRUARY 25, 2026

1. **Description: Community Health Centers Risk Management Plan 2026**

2. **Summary:**

   This agenda item provides the Risk Management Plan for 2026 for the Community Health Centers.

3. **Substantive Analysis:**

   The Community Health Centers Risk Management Plan presents a comprehensive, well-structured framework that aligns with best practices in patient safety, enterprise risk management (ERM), and regulatory compliance. The Plan clearly articulates its purpose, guiding principles, and scope, emphasizing a just culture, shared accountability, and proactive risk identification and mitigation across clinical, operational, financial, and environmental domains.

   Strengths of the Plan include its strong integration of ERM principles, alignment with Joint Commission National Patient Safety Goals and ECRI priorities, and clear delineation of risk management functions, governance, and reporting mechanisms. The Plan appropriately incorporates data-driven tools such as Risk Management Information System, root-cause analysis, failure mode and effects analysis, and event trending to support continuous improvement. Additionally, the defined training plan and multidisciplinary committee structure reinforce organizational accountability and sustainability of risk management activities.

   Overall, the Plan demonstrates organizational commitment at the leadership and governing board levels, supports compliance with FTCA and other regulatory requirements, and establishes a solid foundation for reducing harm, minimizing liability, and protecting the organization’s reputation. Continued effectiveness will depend on consistent implementation, timely data analysis, and ongoing leadership engagement to ensure identified risks translate into measurable performance improvement.

COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
FEBRUARY 25, 2026

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:

____
Jessica Cafarelli
VP & Chief Financial Officer

5. Recommendation:

Staff recommends the Committee Receive and File the Community Health Centers Risk Management Plan 2026.

Approved for Legal sufficiency:

Signed by:
Bernabe Icaza
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____
Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Alyssa Tarter
0ABC457DD69B417...
____
Alyssa Tarter, MSN, RN, CPHRM, CPPS
Director of Corporate Risk Management
& Community Health Centers Risk
Manager

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

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Risk Management Plan 2026 for Community Health Centers			
Plan #:	2026	Effective Date:	1/1/2026
Business Unit:	Community Health Centers	Original Effective Date:	1/1/2026
Approval Group:	CHC Risk Policy and Procedure	Board Approval Date:	*pending*

PURPOSE

The Risk Management Plan is designed to support the mission and vision of The Health Care District of Palm Beach County's Community Health Centers, as it pertains to clinical risk and patient safety. It addresses visitor, third party, volunteer, and employee safety as well as potential business, operational, and property risks.

GUIDING PRINCIPLES

The Risk Management Plan is an overarching, conceptual framework that guides the development of a program for risk management and patient safety initiatives and activities. The plan is operationalized through a formal, written risk management and patient safety program. This document serves as a formal, written plan for the risk management and patient safety program.

The Patient Safety and Risk Management Program supports the Community Health Center's philosophy that patient safety and risk management are everyone's responsibility. Teamwork and participation among management, providers, and staff are essential for an efficient and effective patient safety and risk management program. All staff are key to successful implementation of the risk management program and are expected to be knowledgeable about and participate in risk management activities; to assist with the implementation of recommended improvements; and to identify risk events and opportunities for improvement. The program will be implemented through the coordination of multiple organizational functions and the activities of multiple staff members.

The Health Care District of Palm Beach County and the Community Health Centers support the establishment of a just culture that emphasizes implementing evidence-based best practices, learning from error 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 errors are reported and analyzed, mistakes are openly discussed, and suggestions for systemic improvements are welcomed. Individuals are still held accountable for compliance with patient safety and risk management practices. As such, if evaluation and investigation of an error or event reveal reckless behavior or willful violation of policies, disciplinary actions can be taken.

The Community Health Centers Risk Management Plan stimulates the development, review, and revision of the organization's practices and protocols in light of identified risks and chosen loss prevention and reduction strategies. Principles of the Plan provide the foundation for developing key policies and procedures for risk management activities, including the following:

- Claims management
- Complaint resolution
- Confidentiality and release of information
- Compliance efforts

- Safe and secure use of technology
- Event investigation, root-cause analysis, and follow-up
- Proactive analyses (e.g., failure mode and effects analysis, proactive risk assessments)
- Provider and staff education
- Systems for monitoring and tracking referrals (specialty care, hospital and or emergency department admissions) and diagnostic laboratory values and other tests
- Reporting and management of adverse events and near misses
- Trend analysis of events, near misses, and claims
- Implementing performance improvement strategies to mitigate risk

The success of the Community Health Centers Patient Safety and Risk Management Program requires top-level commitment and support. The governing board or designee authorizes the formal program and adoption of this Plan as noted by their signature.

The governing board and senior executives are committed to promoting the safety of all patients, visitors, employees, volunteers, and other individuals involved in operations of the organization. The Patient Safety and Risk Management Program is designed to reduce system-related errors and potentially unsafe conditions by implementing continuous improvement strategies to support an organizational culture of safety.

DEFINITIONS

- **Adverse event or incident:** An undesired outcome or occurrence, not expected within the normal course of care or treatment, disease process, condition of the patient, or delivery of services.
- **Enterprise risk management (ERM):** "Enterprise risk management in healthcare promotes a comprehensive framework for making risk management decisions which maximize value protection and creation by managing risk and uncertainty and their connections to total value." (ASHRM, 2021) ERM is further defined by RMIS (the risk management society) as a strategic business discipline that supports the achievement of an organization's objectives by addressing the full spectrum of its risks and managing the combined impact of those risks as an interrelated risk portfolio. ERM represents a significant evolution beyond previous approaches to risk management. ERM does the following:
    - Encompasses all areas of organizational exposure to risk (e.g., financial, operational, reporting, compliance, governance, strategic, reputational)
    - Prioritizes and manages those exposures as an interrelated risk portfolio rather than as individual "silos"
    - Evaluates the risk portfolio in the context of all significant internal and external environments, systems, circumstances, and stakeholders
    - Recognizes that individual risks across the organization are interrelated and can create a combined exposure that differs from the sum of the individual risks
    - Provides a structured process for the management of all risks, whether those risks are primarily quantitative or qualitative in nature
    - Views the effective management of risk as a competitive advantage
    - Seeks to embed risk management as a component in all critical decisions throughout the organization
- **Failure mode and effects analysis:** A proactive method for evaluating a process to identify where and how it might fail and for assessing the relative impact of different failures in order to identify the parts of the process that are most in need of improvement.
- **Hazards:** Situations with the potential to cause harm.

- **Loss control/loss reduction:** The minimization of the severity of losses through methods such as claims investigation and administration, early identification and management of events, and minimization of potential loss of reputation.
- **Loss prevention:** The minimization of the likelihood (probability) of a loss through proactive methods such as risk assessment and identification; staff and volunteer education, credentialing, and development; policy and procedure implementation, review, and revision; preventive maintenance; quality/performance review and improvement; root-cause analysis; and others.
- **Near miss:** An event or situation that could have resulted in an accident, injury, or illness but did not, either by chance or through timely intervention (e.g., a procedure almost performed on the wrong patient owing to a lapse in verification of patient identification but caught at the last minute by chance). Near misses are opportunities for learning and afford the chance to develop preventive strategies and actions. Near misses receive the same level of scrutiny as adverse events that result in actual injury.
- **Patient Safety Goals:** National Patient Safety Goals (NPSGs) for ambulatory care, established by the Joint Commission. The purpose of NPSGs is to improve patient safety by focusing on problems in healthcare safety and how to solve them. For 2026 goals, see Attachment 1.
- **Potentially compensable event (PCE):** An unusual occurrence or serious injury for which there is neither an active claim nor institution of formal legal action but that, in the organization's judgment, is reportable to the party (or parties) providing the medical malpractice insurance. Examples include delay or failure in diagnosing a patient's condition, an adverse reaction to treatment, significant complaints from a patient or family regarding care or treatment (actual or perceived), and an attorney request for medical records, among others.
- **Risks:** The probability that a specific adverse event will occur in a specific time period or as a result of a specific situation**.**
- **Risk analysis:** Determination of the causes, potential probability, and potential harm associated with an identified risk and alternatives for addressing the risk. Examples of risk analysis techniques include failure mode and effects analysis, systems analysis, root-cause analysis, and tracking and trending of adverse events and near misses.
- **Risk assessment:** Activities undertaken in order to identify potential risks and unsafe conditions inherent in the organization or within targeted systems or processes. By conducting a risk assessment, organizations capture feedback on issues that may affect quality of care, efficiency, or costs. Examples of tools utilized include risk matrices, structured surveys, quality measures, and review of patient complaints to identify issues.
- **Risk avoidance:** The **risk** assessment **technique** that entails eliminating hazards, activities, and exposures that place an organization's valuable assets (patients) at **risk. Examples include protective safeguards (through policy, training, or technology), the informed consent process, and compliance with regulations.**
- **Risk control:** Treatment of risk using methods aimed at eliminating or lowering the probability of an adverse event (e.g., loss prevention through a falls prevention program, procuring bariatric chairs [for waiting rooms and exam areas] to accommodate obese or overweight patients); eliminating, reducing, or minimizing harm to individuals; and minimizing the financial severity of losses when they occur (e.g., loss reduction through patient follow-up regarding abnormal lab results).
- **Risk financing:** Financing strategies including all the ways of generating funds to pay for losses that risk control techniques do not entirely prevent. These treatment techniques include risk retention and risk transfer. They involve analysis of the costs associated with quantifying risk and funding for it, such as through general liability insurance.
- **Risk identification:** The process used to identify situations, policies, or practices that could result in the risk of patient harm or financial loss. Sources of information include proactive risk assessments, closed claims data, adverse event reports, past accreditation or licensing surveys, medical records, clinical and risk management research, walk-through inspections, safety and quality improvement committee reports,

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insurance company claim reports, risk analysis methods such as failure mode and effects analysis and systems analysis, and informal communication with healthcare providers.

- **Risk management:** Clinical and administrative activities undertaken to identify, evaluate, prevent, and control the risk of injury to patients, staff, visitors, volunteers, and others and to reduce the risk of loss to the organization itself. Activities include the process of making and carrying out decisions that will prevent or minimize clinical, business, and operational risks.
- **Risk management information system (RMIS):** A computerized system used for data collection and processing, information analysis, and generation of statistical trend reports for the identification and monitoring of events, claims, finances, and more.
- **Risk retention:** Internally driven financing mechanisms (e.g., self-insured retentions) intended to pay for accidental and uninsurable losses.
- **Risk transfer:** Techniques involving the process of shifting the financial burden of losses to an external party or parties (e.g., insurance, contracts).
- **Root-cause analysis:** A process for identifying the basic or causal factor(s) that underlie the occurrence or possible occurrence of an adverse event. This problem-solving method is used for identifying the root causes of faults or problems. A factor is considered a root cause if its removal from the problem-fault-sequence prevents the final undesirable event from recurring; whereas a causal factor is one that affects an event's outcome, but is not a root cause.
- **Sentinel event:** Defined by the Joint Commission as an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse event.
- **Trigger methodology:** A method of measuring harm related to the occurrence of adverse events**.** The method utilizes a clearly defined list of patient events (also known as a "trigger tool") against which patient medical records are screened. Screening criteria are based on high-risk areas, or areas identified as "red flags" through event reporting or as a result of a severe adverse event (e.g., new diagnosis of cancer, use of more than five medications, high-risk pregnancy).
- **Unsafe or hazardous condition:** Any set of circumstances (exclusive of a patient's own disease process or condition) that significantly increases the likelihood of a serious adverse outcome for a patient or likelihood of a loss due to an accident or injury to a visitor, employee, volunteer, or other individual.

PROGRAM GOALS AND OBJECTIVES

The Patient Safety and Risk Management Program goals and objectives include the following:

- Continuously improve patient safety and minimize or prevent the occurrence of errors, events, and system breakdowns leading to harm of patients, staff, visitors, and others through proactive risk management and patient safety activities
- Minimize adverse effects of errors, events, and system breakdowns when they do occur
- Minimize losses to the organization overall by proactively identifying, analyzing, preventing, and controlling potential clinical, business, financial, and operational risks
- Protect human and intangible resources (e.g., reputation)
- Compliance and adherence to FTCA and other regulatory requirements
- Performance and completion of Quarterly Risk Assessments to evaluate health care areas/activities of highest risk within the health centers
- Review of ECRI's Top 10 Patient Safety Concerns for 2026 and evaluate applicable mitigation strategies.
- Review of The Joint Commission's 2026 Ambulatory Health Care National Patient Safety Goals and evaluate applicable mitigation strategies.

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SCOPE AND FUNCTIONS OF THE PROGRAM

The Community Health Centers Patient Safety and Risk Management Program interfaces with many operational departments and services throughout the health center, as well as HRSA.

Functional Interfaces

Functional interfaces with the patient safety and risk management program include areas such as credentialing and privileging, information technology, event reporting and investigation, performance assessment and improvement, infection control, and administration. All areas work together on risk reduction strategies and methods as defined in this plan.

Risk Management Program Functions

Risk management functional responsibilities include the following:

a) Developing systems for and overseeing the reporting of adverse events, near misses, and potentially unsafe conditions. Reporting responsibilities may include internal reporting as well as external reporting to regulatory, governmental, or voluntary agencies. This includes the development and implementation of event reporting policies and procedures.
b) Ensuring the collection and analysis of data to monitor the performance of processes that involve risk or that may result in serious adverse events, near misses, and potentially unsafe conditions; providing feedback to providers and staff; and using this data to facilitate systems improvements to reduce the probability of occurrence of future related events (e.g., preventive screening, diagnostic testing, medication use processes, perinatal care). Risk assessment tools include the use of failure mode and effects analysis, system analysis, root-cause analysis, and other tools.
c) Overseeing the organizational risk management information system (RMIS) for data collection and processing, information analysis, and generation of statistical trend reports for the identification and monitoring of adverse events, claims, finances, and effectiveness of the risk management program. This system may utilize and include, but is not limited to, attorney requests for medical records, x-rays, laboratory reports; event reports; medical record reviews; patient complaints; and results of failure mode and effects analysis of high-risk processes, as well as root-cause analyses of sentinel events.
d) Ensuring compliance with data collection and reporting requirements of governmental, regulatory, and accrediting agencies.
e) Facilitating and ensuring the implementation of patient safety initiatives such as improved tracking systems for preventive screenings and diagnostic tests, medication safety systems, and falls prevention programs.
f) Facilitating and ensuring provider and staff participation in educational programs on patient safety and risk management.
g) Facilitating a culture of safety in the organization that embodies an atmosphere of mutual trust in which all providers and staff members can talk freely about safety problems and potential solutions without fear of retribution. This ordinarily involves performing safety culture surveys and assessments.
h) Proactively advising the organization on strategies to reduce unsafe situations and improve the overall environmental safety of patients, visitors, and staff.
i) Preventing and minimizing the risk of liability to the health center, and protecting the financial, human, and other tangible and intangible assets of the health center.
j) Decreasing the likelihood of claims and lawsuits by developing a patient and family communication and education plan. This includes communicating and disclosing errors and events that occur in the course of patient care with a plan to manage any adverse effects or complications.

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k) Investigating and assisting in claim resolution to minimize financial exposure in coordination with the liability insurer and its representatives.
l) Reporting potentially compensable events (PCEs) to our legal/claims department.
m) Supporting quality assessment and improvement programs throughout the organization.
n) Implementing programs that fulfill regulatory, legal, and accreditation requirements.
o) Establishing an ongoing Patient Safety/Risk Management Committee composed of representatives from key clinical and administrative departments and services.
p) Monitoring the effectiveness and performance of risk management and patient safety actions. Performance monitoring data may include the following:

- Claims and claim trends
- Culture of safety surveys
- Event trending data
- Ongoing risk assessment information
- Patient relations
- Quality performance data
- Research data
- Workers' compensation

Enterprise Risk Management 8 Domains	
Domains	Definition
Operational	Relate to those risks resulting from inadequate or failed internal processes, people, or systems that affect business operations. Included are risks related to adverse event management, credentialing and staffing, documentation, chain of command, and deviation from practice
Clinical and Patient Safety	Include failure to follow the evidence-based practice, medication errors; hospital acquired conditions (HAC), serious safety events (SSE), and others.
Strategic	Risks associated with the focus and direction of the organization, such as brand, reputation, competition, failure to adapt to changing times, health reform, or customer priorities.
Financial	Decisions that affect the economic sustainability of the organization, access to capital, or external financial ratings through business relationships or the timing and recognition of revenue and expenses make up this domain.
Human Capital	Refers to the organization's workforce. Risks associated with employee selection, retention, turnover, staffing, absenteeism, on-the-job work-related injuries (workers' compensation), work schedules and fatigue, productivity, and indemnity.
Legal & Regulatory	Risk within this domain incorporates the failure to identify, manage, and monitor legal, regulatory, and statutory mandates on a local, state, and federal level. Such risks are generally associated with fraud and abuse, licensure, accreditation, product liability, management liability, Centers for Medicare and Medicaid Services (CMS) Conditions of Participation (CoPs) and Conditions for Coverage (CfC), as well as issues related to intellectual property.
Technology	The use of technology for clinical diagnosis and treatment, training and education, information storage and retrieval, and asset preservation.
Hazard	Related to natural exposure and business interruption. Specific risks can also include facility management, plant age, parking (lighting, location, and security), valuables, construction/renovation, earthquakes, windstorms, tornadoes, floods, fires.

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CHC Risk Management Traning Plan for all Service Areas:

Course Title	Topic Area	Delivery Method	Assigned To	Assigned Date	Due Date
2026 CHC Annual FTCA Regulatory Curriculum	Prenatal Care Medical Record Documentation Infection Control for Outpatient Clinics FTCA Understanding Malpractice Coverage	Online Module/ eLearning	Clinical Staff	2/2/2026	3/2/2026
2026 CHC Annual FTCA Regulatory Curriculum	Infection Control for Outpatient Clinics FTCA Understanding Malpractice Coverage	Online Module/ eLearning	Non-Clinical Staff	2/2/2026	3/2/2026
HIPAA/Privacy Compliance: It's the Law	HIPAA	Online Module/ eLearning	All Staff	4/1/2026	5/1/2026
Risk Management Education	General Risk Management	In-Person / eLearning	All Staff	8/31/2026	9/30/2026

ADMINISTRATIVE AND COMMITTEE STRUCTURE AND MECHANISMS FOR COORDINATION

The Patient Safety and Risk Management Program is administered through the risk manager or the risk manager's designee. The risk manager reports to the chief clinical officer. The risk manager interfaces with administration, staff, medical providers, and other professionals and has the authority to cross operational lines in order to meet the goals of the program. The risk manager (or alternate as designated) attends the HCD Quality Patient Safety and Compliance Committee Meeting. The committee meets quarterly and includes representatives from key clinical and support services. The composition of the Committee is designed to facilitate the sharing of risk management knowledge and practices across multiple disciplines; to optimize the use of key findings from risk management activities in making recommendations; and to reduce the overall likelihood of adverse events and improve patient safety. The committee's activities are an integral part of a patient safety and quality improvement and evaluation system.

Documentation of the designation of the risk manager is contained in the Patient Safety/Risk Management Plan. The risk manager is responsible for overseeing day-to-day monitoring of patient safety and risk management activities and for investigating actual or potential clinical, operational, or business claims or lawsuits arising out

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of the organization. The risk manager serves as the primary contact between the organization and other external parties on all matters relative to risk identification, prevention, and control, as well as risk retention and risk transfer. The risk manager oversees the reporting of events to external organizations, per regulations and contracts, and communicates analysis and feedback of reported risk management and patient safety information to the organization for action.

REPORTING REQUIREMENTS, MONITORING, AND CONTINUOUS IMPROVEMENT

The Patient Safety/Risk Management Committee reviews risk management activities regularly. The risk manager reports activities and outcomes (e.g., claims activity, risk and safety assessment results, event report summaries, and trends) regularly to leadership and the governing board. This report informs them of efforts made to identify and reduce risks, reports on the success of these activities, and communicates outstanding issues that need input or support for action or resolution. Data reporting may include event trends, frequency and severity data, relevant provider and staff education, and risk management/patient safety activities. In accordance with the organization's bylaws, recommendations from the Patient Safety/Risk Management Committee are submitted as needed to the board for approval. Performance improvement goals are developed to remain consistent with the stated risk management and patient safety goals and objectives (Attachment 1).

CONFIDENTIALITY

Any and all documents and records that are part of the patient safety and risk management process shall be privileged and confidential to the extent provided by state and federal law. Confidentiality protections may include attorney/client privilege, attorney work product, Patient Safety Organization, and peer review protections.

ATTACHMENT 1

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2026 Ambulatory Health Care National Patient Safety Goals

(Easy-To-Read)

Identify patients correctly

NPSG.01.01.01	Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Use medicines safely

NPSG.03.04.01	Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
NPSG.03.05.01	Take extra care with patients who take medicines to thin their blood.
NPSG.03.06.01	Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Prevent infection

NPSG.07.01.01	Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning.

Improve health outcomes for all

NPSG.16.01.01	Improving health outcomes for all is a quality and patient safety priority. For example, health care disparities in the patient population are identified and a written plan describes ways to improve health outcomes for all.

Prevent mistakes in surgery

UP.01.01.01	Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
UP.01.02.01	Mark the correct place on the patient's body where the surgery is to be done.
UP.01.03.01	Pause before the surgery to make sure that a mistake is not being made.

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RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	*The Joint Commission. (2026). Ambulatory Health Care National Patient Safety Goals. AHC NPG Report*
Dynamic Health/EBSCO link:	

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

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

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COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
February 25, 2026

1. Description: Executive Director Update

2. Summary:

- UDS Successful Submission

3. Substantive Analysis:

The Uniform Data System (UDS) is an annual Centers for Medicare & Medicaid Services reporting requirement for HRSA-funded health centers to monitor performance, patient demographics, clinical quality, and financial operations. It provides standardized, actionable data to evaluate the impact of services on underserved populations, improve care quality, and track health center compliance with legislative mandates. Over 32 million unique individuals receive care from a Community Health Center and submitting UDS every year helps compare quality of services of each health center in the same way. The following page includes our UDS 1 Pager that is a snapshot of our 2025 Calendar Year.

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:

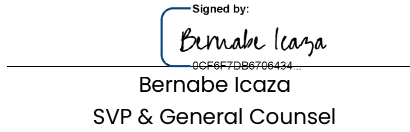
Jessica Cafarelli
VP & Chief Financial Officer

COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
February 25, 2026

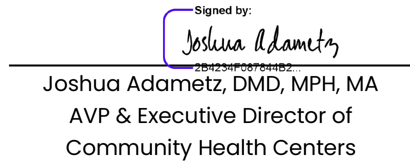
5. Recommendation:

Staff recommends the Committee Receive and File the Executive Director Update

Approved for Legal sufficiency:



Bernabe Icaza
SVP & General Counsel



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

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Health Care District OF PALM BEACH COUNTY

UDS REPORT SUMMARY 2025

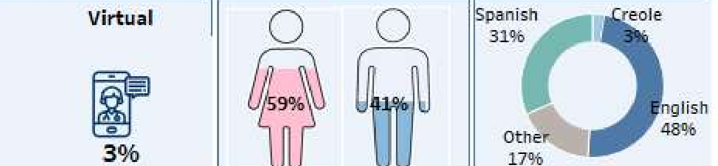
SERVING PALM BEACH COUNTY, FL

- 9 Primary Clinics
- 4 Dental Clinics
- 3 Mobile Clinics

274 Employees

17 MD/DO
14 APRNs/PAs
7 Dentists; 7 Hygienists
2 Psychiatrists
22 LCSW/LMHC/Psy.D
15 FM Residents

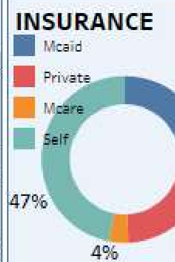
Unique Patients	Visits	Homeless	Migrant	Below FPL	Virtual
42K	173K	22%	5%	73%	3%



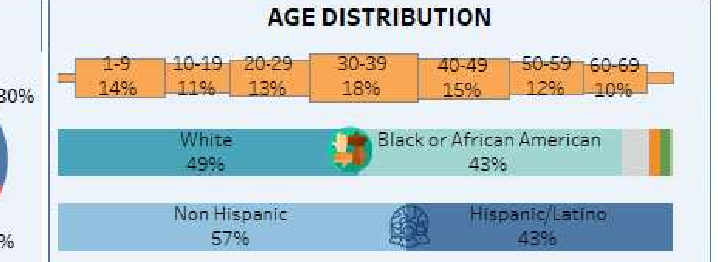
UNIQUE PATIENTS

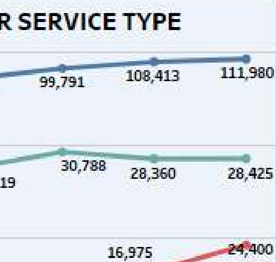
TOTAL PATIENT VISITS PER SERVICE TYPE

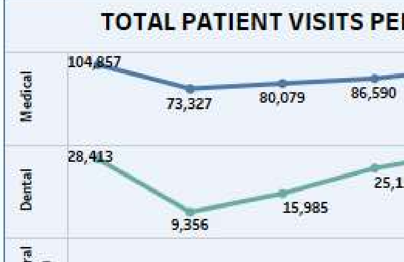
INSURANCE



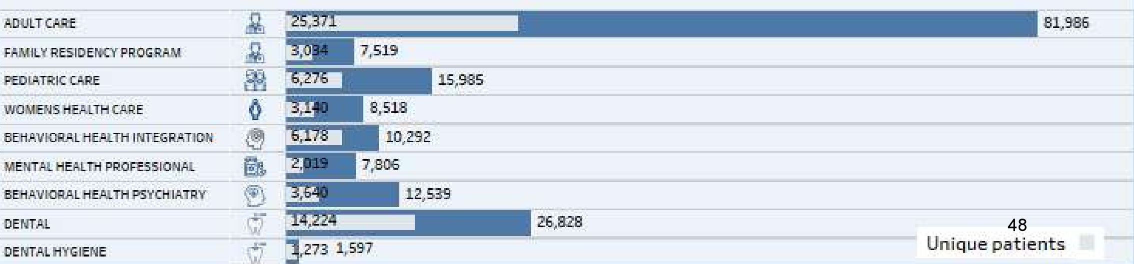
AGE DISTRIBUTION







VISITS BY TYPE OF SERVICE



QUALITY MEASURES PERFORMANCE

	Measure	Pt Universe	Performance	Goal
Heart Health	Coronary Artery Disease (CA..	5,283	87%	81%
	Hypertension	6,562	73%	80%
	Ischemic Vascular Disease (I..	997	83%	86%
	Tobacco use Screening and C..	20,330	94%	93%
Diabetes	Adult Weight Screening and ..	23,620	84%	90%
	Diabetes: (HbA1c > 9%)	4,289	26%	33%
Cancer Prevention	Breast Cancer Screening	4,128	59%	60%
	Cervical Cancer Screening	11,264	65%	65%
	Colorectal Cancer Screening	10,129	47%	82%
Childhood Measures	Childhood Immunization	506	54%	60%
	Dental Sealants	580	98%	75%
	Weight Screening and Couns..	5,075	85%	90%
Behavioral Health	Depression Remission	515	48%	14%
	Patients Screened for Depre..	24,456	92%	83%
HIV Prevention	HIV Screening	22,412	69%	32%

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COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS

February 25, 2026

1. Description: Nomination of Community Health Center Board Member Don Chester

2. Summary:

This agenda item recommends the appointment of Don Chester to the Community Health Center's Board of Directors.

3. Substantive Analysis:

The Community Health Center (CHC) Nominating Committee reviewed and considered the nomination of Mr. Don Chester to the CHC Board of Directors. The Committee voted unanimously to approve forwarding Mr. Chester's nomination to the CHC Board for appointment.

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:

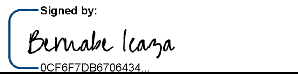
Jessica Cafarelli
VP & Chief Financial Officer

COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
February 25, 2026

5. Recommendation:

Staff recommends the Board Approve the Nomination of Community Health Center Board Member Don Chester.

Approved for Legal sufficiency:



Bernabe Icaza
SVP & General Counsel

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

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COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
January 28, 2026

1. **Description: Quality Report**

2. **Summary:**

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

- Quality Council Meeting Minutes – January 2026

3. **Substantive Analysis:**

PATIENT SAFETY & ADVERSE EVENTS
Patient safety and risk, including adverse events, peer review and chart review are brought to the board "under separate cover" on a quarterly basis.

QUALITY ASSURANCE & IMPROVEMENT

Colorectal cancer remains a significant public health concern in the United States, with approximately 154,000 new cases and more than 53,000 deaths annually. Screening is highly effective in reducing both incidence and mortality through early detection and removal of precancerous lesions. Nationally, about 61–62% of adults ages 45–75 are up to date with recommended screening. In Florida, screening rates are slightly lower at approximately 58–59%, and colorectal cancer continues to represent a substantial disease burden statewide.

At the Healthcare District of Palm Beach County Community Health Centers, improving colorectal cancer screening is a key quality priority. Our institutional target is 82%, reflecting an ambitious commitment to preventive care excellence. For the most recent measurement year, our overall screening rate was 47%, below both our internal goal and national benchmarks.

Importantly, performance variation within our system demonstrates opportunity. Several providers achieved screening rates exceeding 67%, indicating that higher performance is attainable with effective workflows and patient engagement strategies. To address this gap, we will initiate a Plan-Do-Study-Act (PDSA) cycle to evaluate the processes of high-performing providers and standardize best practices across all sites.

Through structured quality improvement efforts, enhanced outreach, and consistent

COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
January 28, 2026

follow-up processes, we are committed to closing the gap toward our 82% goal and improving cancer prevention outcomes for the communities we serve.

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:

Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

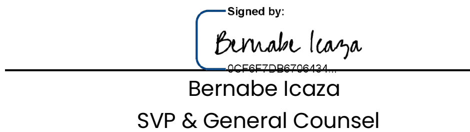
N/A
Committee Name

N/A
Date Approved

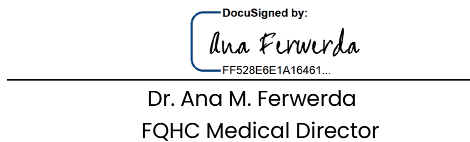
6. Recommendation:

Staff recommends the Board approve the updated Quality Report.

Approved for Legal sufficiency:



Bernabe Icaza
SVP & General Counsel



Dr. Ana M. Ferwerda
FQHC Medical Director

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

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Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

Quality Council Meeting Minutes
Date: February 11th, 2026
Time: 11 am-12:30 pm

Attendees: Steven Sadiku – AVP Corporate Quality & Accreditation; Dr. Josh Adametz – FQHC Executive Director; Angela Santos – Director of Service Lines; Alexa Goodwin – Director of Patient Experience & Creative Services; Laura Acosta – Patient Relations Coordinator; Lisa Hogans – Director of Nursing; Melanie Deoroop-Kangoo – Quality Manager; Ivonne Cohen –Business Intelligence Developer; Ingrid Barlett-Quality Manager;, Dr. Sandra Warren – Associate Medical Director; Jose Rodriguez- Director of Pharmacy, Angela Mitchell – Manager BH Support services

Excused: Alyssa Tarter – Director of Risk Management, Dr. Ana Ferwerda – FQHC Medical Director, Dr. Belma Andric – EVP & Chief Medical Officer; Dr. Courtney Phillips – VP of Behavioral Health; Dr. Valena Grbic – Medical Director, District Cares; Kimberly Brennan – Specialty Operations Director;

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

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

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volume of reported entries and clinic location. The Risk Report Summary and graphical data were reviewed with the Committee for December 2025. Reports included the risk severity, volume, and category/type for incidents and near misses entered in HCD's safety event reporting system. Risk mitigation strategies were also shared with the Committee.
(January 2025 Risk Report Summary presented with graphs.)

UTILIZATION

OPERATIONS

Productivity

Productivity January 2026					
Service Line	Target		Seen		% of Goal
	In Person	Tele	In Person	Tele	**Total**
Adult Care	4010		4542		88%
Pediatrics	1017		1060		96%
Primary Residents	658		793		83%
Women's Health	1126		1244		91%
Women's Health Centering	62		62		100%
Behavioral Health Integration	695		868		80%

<table>
<tr><td></td><td>
<table>
<tr><td>Behavioral Health - Psych</td><td>1127</td><td></td><td>1412</td><td></td><td>80%</td></tr>
<tr><td>Mental Health Professional/ Addiction</td><td>757</td><td></td><td>896</td><td></td><td>85%</td></tr>
<tr><td>Dental Health</td><td>2265</td><td></td><td>2332</td><td></td><td>97%</td></tr>
<tr><td>Dental Hygiene</td><td>735</td><td></td><td>744</td><td></td><td>99%</td></tr>
<tr><td>Dental MDI</td><td>76</td><td></td><td>208</td><td></td><td>37%</td></tr>
</table>
(Clinic productivity report with graphs was presented.)
</td><td></td><td></td><td></td></tr>
<tr><td></td><td><u>Walk-ins</u>
23% Medical
16% Dental
95% same-day walk-ins scheduled by front-line staff
5% same-day walk-ins scheduled by the CSC</td><td></td><td></td><td></td></tr>
<tr><td></td><td><u>Doximity Dialer Usage (Telemedicine) – January 2026</u>
Users
• 49 registered users (100% registration rate)
    ○ 26 active users (MD/DOs, 9 NP, PA, 8 Care Team</td><td></td><td></td><td></td></tr>
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<table>
<tr><td></td><td>Calls
940 total calls
140 voice calls
132 successful calls (94.3%) success rate
20 calls escalated to video
800 video calls
577 successful calls (72.1%) success rate
44 secure texts
(Report with breakdown by specialty and user)</td><td></td><td></td><td></td></tr>
<tr><td colspan="5">PATIENT RELATIONS</td></tr>
<tr><td>GRIEVANCES, COMPLAINTS & COMPLIMENTS</td><td><u>Patient Relations Dashboard – January 2026</u> For January 2026, there were a total of 6 Patient Relations Occurrences that occurred between 4 Centers. Of the 6 occurrences, there were 2 Grievances and 4 Complaints. The top 3 Categories were Physician Related, Care & Treatment, Respect Related. The top subcategory was Physician Related All Aspects of Care with
3 occurrences. There were two compliments receiv ed for January across 2 Centers for Clinical Support Staff and Nursing.</td><td></td><td></td><td></td></tr>
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	(Patient Relations Report & Patient Relations Dashboard with Graphs presented.)			
SURVEY RESULTS	**<u>Patient Satisfaction Survey – January 2026</u>** For January 2026 there were 386 Patient Satisfaction Surveys completed. Atlantis CHC continues to have the highest return rate with 61 completed surveys followed by Delray Dental with 41 completed surveys. Our Net Promoter Score (NPS) was 75 (out of 355 responses) compared to the Phreesia FQHC/CHC/RHC Network at 76. The top 5 and lowest 5 scored-questions were presented for each area. "Best Questions" for in person visits – January 2026: • Overall cleanliness of exam room and overall practice – 89% (remained the same) • Time taken to listen and answer your questions – 88% (increase of 2%) • Thing explained in a way you could understand – 87% (increase of 3%) • Professionalism of Our Staff – 87% (increase of 5%)			

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<tr>
<td></td>
<td>• Overall experience at today’s visit – 84% (increase of 2%)
“Worst Questions” for in person visits – January 2026
• Your ability to contact us after hours – 18% (increase of 2%)
• Being informed about any delays during this visit – 12% (increase of 2%)
• Appointment available within a reasonable amount of time – 12% (increase of 4%)
• Instructions given regarding medication/ follow-up care – 6% (new)
• Each member of my care team identified themselves and their role in my care – 6% (increase of 1%)

Of the surveys received for January 2026, 84% of patients were scheduled and 16% were walk-ins. Most patients preferred to be seen on Tuesday, Thursday and Saturday. 32% of patients perceived wait time to be between 6 to 15 minutes, 29% of responses were from patients that this was their first visit to the</td>
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	practice. 8% of patients contacted our on-call service after hours. 69% of patients rated their experience with their provider as excellent. 51% of calls did not require speaking with the doctor while 49% did. 94% of patients did not experience any technical difficulties while using telemedicine. For Dental services, 95% of patients rated the education they received on how to better care for their teeth and gums as excellent, very good, or good. 95% of patients rated their satisfaction with the results of their dental treatment as excellent, very good, or good. 96% of patients rated that staff explained the procedures to them in a clear and understandable way as excellent, very good, or good. 97% of patients rated staff sensitivity to their concerns as excellent, very good, or good. 83% of responses in January were promoters (increase of 4%), 11% of responses were neutrals (decrease of 4%) and 6% of			

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	responses were detractors (remained the same). **(Patient Satisfaction Survey PowerPoint presented.**			
After Hours	**<u>Afterhours Report – January 2026</u>** ***(Outbound Campaign PowerPoint presented.)*** In January 2026, a total of 208 after-hours calls were received, showing a 5% increase from December. The majority of calls were related to. Needs appointment (43 calls), Other 33, Clinical issues, Adult paged out 31, Appointment Rescheduled (31 calls), Cancelation 28, and prescription issues or requests (13). By location, the highest call volumes came from Mangonia Park (30%). West Palm Beach (20%), Delray Beach (17%), and the highest volume by Specialty was Top specialties: 1. Medical – 107 calls (51%) 2. Behavioral Health – 61 (29%) 3. Dental – 26 (12%) 9 calls were left unreturned in January, maintaining strong follow-up compliance. Overall, after-hours call volume remains stable with consistent response performance across clinics.	Provide breakdown of paged out separately for analysis	Ingrid Barlett	

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NEXT THIRD AVAILABLE	**Peds Primary** Atlantis – 2 days out West Palm – 3 days out **Adult Primary** Atlantis – 1 days out Belle Glade - 1 days out Boca – 1 days out West Palm – 24 days out BH Atlantis – 1 days out Delray – 6 days out Lewis Center – 1 days out Mangonia – 4 days out Dental Belle Glade – 35/3 (peds) Delray – 102 Atlantis – 40/31 (Peds) West Palm – 8/6 (peds) Women's Health Atlantis – 11 days out Belle Glade – 19 days out Delray – 5 days out Jupiter – 25 days out			

REFERRAL	**Referrals –** There were a total of 4,438 referral orders placed. This was a 2.2% decrease in volume from the previous month. The average turnaround time for referral processing was 4.90 days for routine with a goal of 5 days or less. The TAT for urgent referrals was 3.52 days with a goal of 2 days or less. The Atlantis Primary department has the highest referral volume placed with 22.3% of the total referral volume, followed by Delray Primary with 18.7% and West Palm Primary with 17.1% of the volume NP St Vil Dupuy is our highest producer of referrals with 8.7% of the total volume. Our most common payer is now Self pay with 35.6% of the volume. Followed by Humana with 16.8%, BCBS is our 3rd highest with 13.7% Our top referred to specialties this month are Radiology Orders with 29%, followed by Ophthalmology with 6% and Cardiology with 4%	Deep dive into urgent referrals and review workflow and provider data.	Steven Sadiku/ Melanie Deoroop-Kangoo	

BEHAVIORAL HEALTH	PHQ9 – January 2026 % of patients with PHQ9: 5,706/5,806 =90.33% Unique patients with positive PHQ9 478/7.57% (Report with graph presented.)			
DENTAL	**Limited Exams Walk-ins = 372** **January: Average Daily** -Atlantis 1 -Belle glade 2 -Delray 7 -West Palm Beach 11			
NEXT THIRD AVAILABLE	**Dental** **Belle Glade-** - Hygiene appointment (adult): 87 days - Hygiene appointment (child): 0 days - Treatment appointment: 32 days **Delray-** - Hygiene appointment (adult): 127 days - Treatment appointment: 30 days **Atlantis-** - Hygiene appointment (adult): 102 days - Hygiene appointment (child): 28 days - Treatment appointment: 24 days			

Health Care District
OF PALM BEACH COUNTY
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	West Palm Beach- - Hygiene appointment (adult): 53 days - Hygiene appointment (child): 19 days - Treatment appointment (adult): 48 days - Treatment appointment (child): 28 days			
NURSING	<u>Higher Level of Care</u> <u>JANUARY 2026:</u> 108 ER referrals / 105 patients were sent to the ER in January. This is 1% of the billable provider visits in the CHCs. The breakdown of referrals is: • WH – 51 (47%) (4% of the women's health) • Peds – 2 (<1% of the pediatric visits) • Adult – 52 (48%) (1% of the primary care visits. This combines urgent care and emergency medicine referrals) • Transport – 0 • Adult Crisis – 3 (5%) • Peds Crisis – 0 ADULT REFERRALS: highest producers this month (not including WH) were Althea, APRN WPB with 7 (13%) and Carline St Vil Dupuy Delray with 6 (12%).			

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<table>
<tr><td></td><td>PEDIATRIC REFERRALS: I will not report a highest producer for less than 5 referrals in a month since the volumes have decreased.

Top Diagnosis:
ADULT
• Hypertensive urgency, 4
• Chest pain, unspecified type 4
• Iron deficiency anemia due to chronic blood loss 2
• Cellulitis of RLE 2
PEDS
• Fever unknown origin
• Arthralgia of R elbow 1

The charts were reviewed for the 3 patients that received more than one referral for HLC in the month of January and all referrals were appropriate and none were escalated to the Medical Director for review.

The data on referral completion, compliance and no show before and after 30 days is being revised. Plan to report next month.</td><td></td><td></td><td></td></tr>
<tr><td>Peer Reviews</td><td><u>Behavioral Health</u></td><td></td><td></td><td></td></tr>
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	Behavioral Health Department Integrated – 2024 Peer Review Summary Summary: *104 charts were peer reviewed. 92 were evaluated as "within standard of care", 0 were evaluated as , " Provider Self-identified Remediation" and 12 "Provider Education Required", 0 were evaluated as "Inappropriate Care" 0 were not categorized* No cases were identified as requiring Self-Identified Remediation. Behavioral Health Department Specialty – 2024 Peer Review Summary Summary: *129 charts were peer reviewed. 97 were evaluated as "within standard of care", 0 were evaluated as , " Provider Self-identified Remediation" and 32 "Provider Education Required", 0 were evaluated as "Inappropriate Care" 0 were not categorized* No cases were identified as requiring Self-Identified Remediation.			

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	Behavioral Health Department Integrated – 2025 Peer Review Summary *Note: Only Q1 and Q2 were included in this report. In Q3, the department merged into a single unit.* Summary: *65 charts were peer reviewed. 48 were evaluated as "within standard of care", 0 were evaluated as , " Provider Self-identified Remediation" and 18 "Provider Education Required", 0 were evaluated as "Inappropriate Care" 0 were not categorized* No cases were identified as requiring Self-Identified Remediation. Behavioral Health Department Specialty – 2025 Peer Review Summary *Note: Only Q1 and Q2 were included in this report. In Q3, the department merged into a single unit.* Summary: *50 charts were peer reviewed. 38 were evaluated as "within standard of*			

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<tr>
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<td>care", 0 were evaluated as , " Provider Self-identified Remediation" and 17 "Provider Education Required", 0 were evaluated as "Inappropriate Care" 0 were not categorized

No cases were identified as requiring Self-Identified Remediation.

Behavioral Health Department – 2025 Peer Review Summary
In Q3 & Q4, the department merged into a single department

Summary: 79 charts were peer reviewed. 59 were evaluated as "within standard of care", 0 were evaluated as , " Provider Self-identified Remediation" and 20 "Provider Education Required", 0 were evaluated as "Inappropriate Care" 0 were not categorized

No cases were identified as requiring Self-Identified Remediation.

<u>Adults Peer Reviews Summary</u>
Quarter 2 2025:</td>
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<table>
<tr><td></td><td>A total of 95 charts were reviewed.
79 Charts were Per Standard of Care.
13 Charts were Provider Self-Remediation.
2 charts were Peer-Review Needed
1 chart Education Needed.
0 charts were found Inappropriate Care.
There were 5 aditional charts reviewed that were duplicates and a resident provider that completed the wrong template.

<u>Andres Quevedo New Provider Peer reviews</u>:
10 charts were reviewed.
8 charts were found per standard of care, and 2 charts were Provider self-Remediation.

<u>Shalom Chege New Provider Peer reviews</u>:
10 charts were reviewed.
10 charts were found Per Standard of Care.

<u>Elsy Navarro New Provider Peer reviews</u>:
11 charts were reviewed.
6 charts were found Per standard of Care.
5 charts were found Provider Self-remediation.</td><td></td><td></td><td></td></tr>
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Health Care District
OF PALM BEACH COUNTY
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Meeting Adjourned: 12:30pm

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COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
February 25, 2026

1. **Description: Operations Report – January 2026 and Calendar Year 2025**

2. **Summary:**

   This agenda item provides the Operations report for January 2026 and the 2025 calendar year summary including: Overall Clinic Productivity, Payer Mix, Demographics, Walk-In Dashboard and No-Show Dashboard

3. **Substantive Analysis:**

   In January, the Health Centers had a total of 12,501 patient visits which is a decrease of 2.5% from December 2025 and a 6% decrease from January 2025. 8,638 or 69% were unique patients 1,172 or 14% were new to the health centers. 32% of visits were from Adult Primary Care, down 2% from month prior and 18% were from Dental, no change from prior month. In January, Atlantis Health Center had the highest volume with 3,871 combined adult medical, pediatric, women's health, dental and psychiatric patient visits. In January, we saw a 8.4% decrease in patients who reported as homeless over prior month. We also saw a 1.6% decrease in patients who reported as agricultural workers from month prior.

   For the 2025 calendar year, the health centers had a total of 155,552 patient visits across all centers and service lines. 41,065, or 25% were unique patients and 15,759, or 10% were new to the centers. 59% of our patients were female, 41% male and the average age of a typical clinic patient is between 30-39 years old. The language distribution by health center shows that English is the primary spoken language for most clinics at 49%, followed by Spanish at 31%, then Creole at 17% for the year. 48% of patients reported as White or Caucasion, 42% as Black or African American and the remaining 10% were made up of Asian, American Indian, Native Hawaiian, More than 1 Race or Other. 56% of patients reported their ethnicity as non-Hispanic and 41% reported as Hispanic.

   The Health Center's Agrigultural population averaged 5% between all health centers. Of the total, 56% of patients reported that they were seasonal agricultural workers and 44% reported that they were migrant agricultural workers.

   The homeless breakdown averaged 21.9% across all health centers and totaled 8,982 unique patients. 39% of those patients reported as doubling up, 24% reported Other as their shelter status, 11% reported living in s shelter, 8% on the street, 8% in permanent

COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
February 25, 2026

supported hoursing, 7% in transitional housing, and 4% were unknown.

The Walk-In rate averaged 16% overall across Health Centers and all departments for the calendar year. The highest volume of walk ins was for the Primary Care Adult departments, followed by Dental, then Behavioral Health. The Clinic Service Center scheduled 7% of the same day walk-in appointments, and 93% were scheduled in clinic by a registration staff. On average, Mondays had the highest volume of walk-in patients, followed by Tuesday. 9AM and 1PM were the peak times of day that patient's walked-in to be seen at a clinic.

The no show rate for the calendar year between all health centers and service lines was 23%. The average no show rate by service line for the year was highest for Behavioral Health at 27%, followed by primary care at 23%, then both Women's Health and Dental at 22%. The no show rate for new patients was 16% for the year and 25% for established patients. 36% of total no shows already completed another encounter and 2% scheduled another an appointment for a future date. The time of day with the greatest amount of no shows for the year was 11AM and 3PM across health centers.

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:

Jessica Cafarelli
VP & Chief Financial Officer

COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
February 25, 2026

5. **Recommendation:**

Staff recommends the Board approve the Operations Report for January 2026 and the 2025 year end summary.

Approved for Legal sufficiency:

Signed by: Bernabe Icaza
0CE6E7DB6706434

Bernabe Icaza
SVP & General Counsel

Signed by: Kimberly Brennan
012F69C97CB24BB...

Kimberly Brennan
Director of Operations

Signed by: Joshua Adametz
2B4234E087844B2

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

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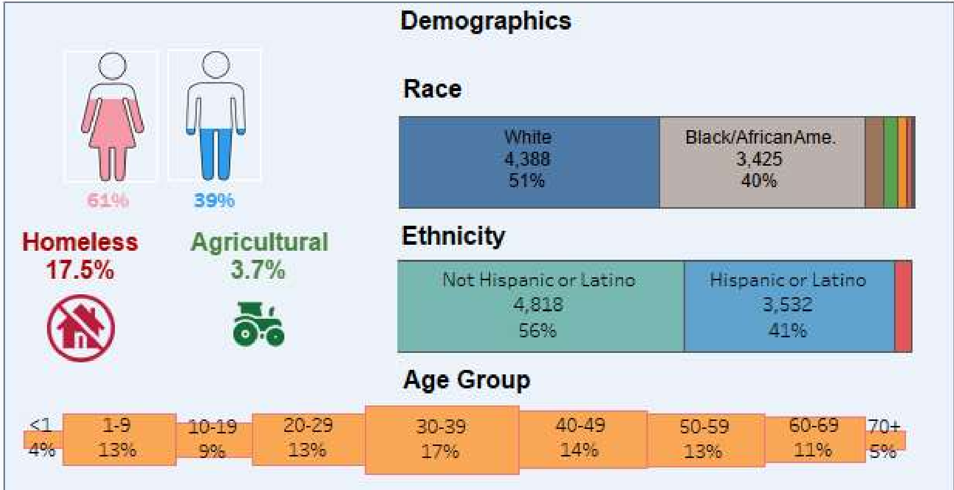
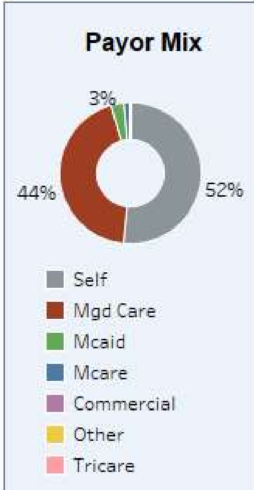
Health Care District
COMMUNITY HEALTH CENTERS

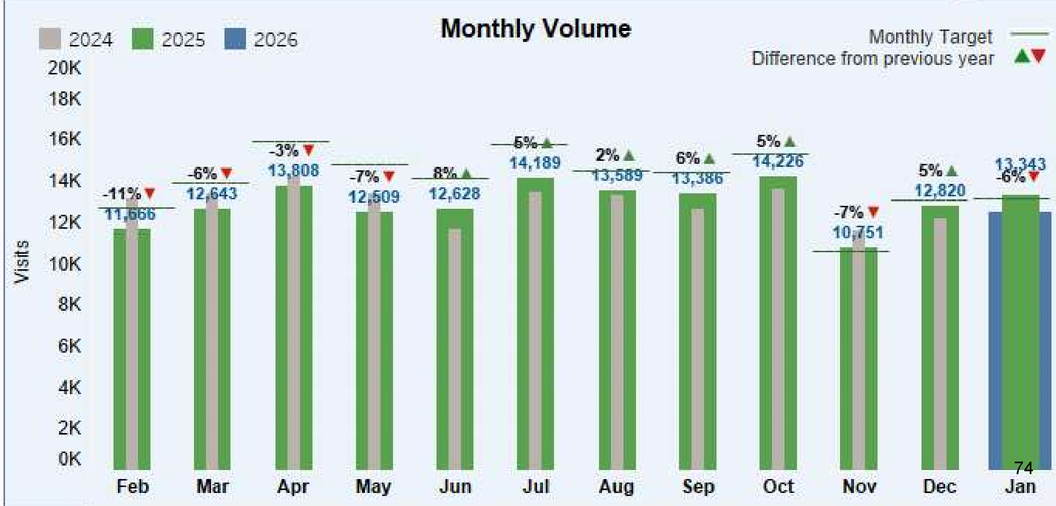
Monthly Productivity January 2026

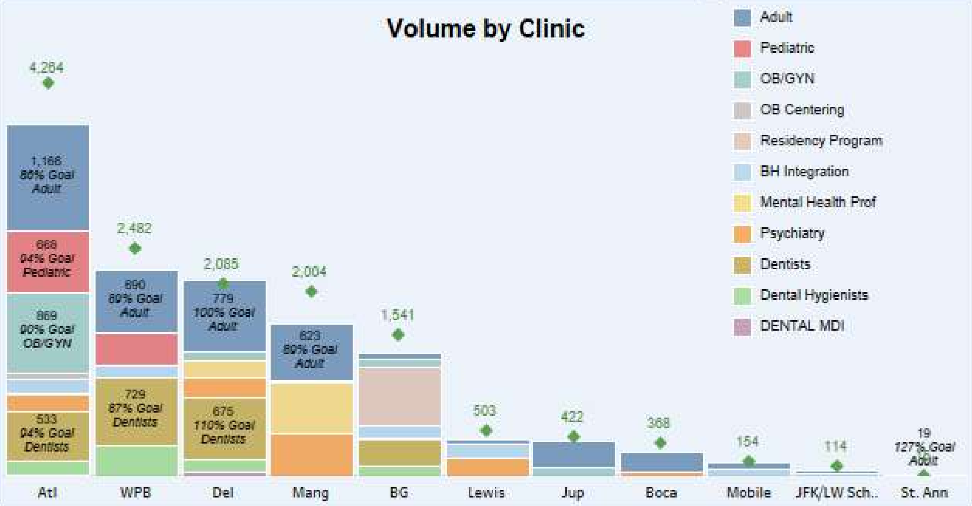
Unique Patients	Patient Visits	New Patients
8,636	12,501	1,171

Filters









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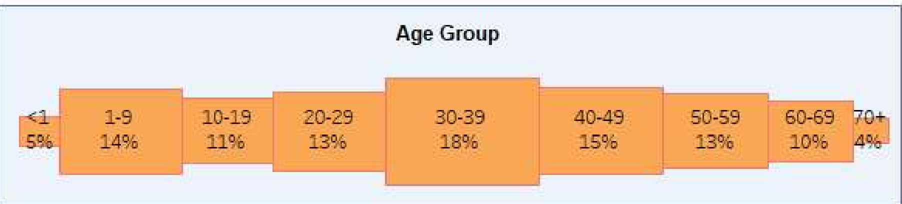
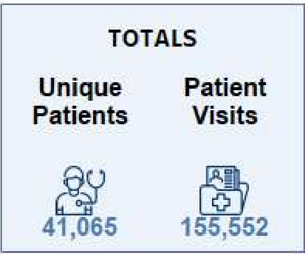
Health Care District
COMMUNITY HEALTH CENTERS

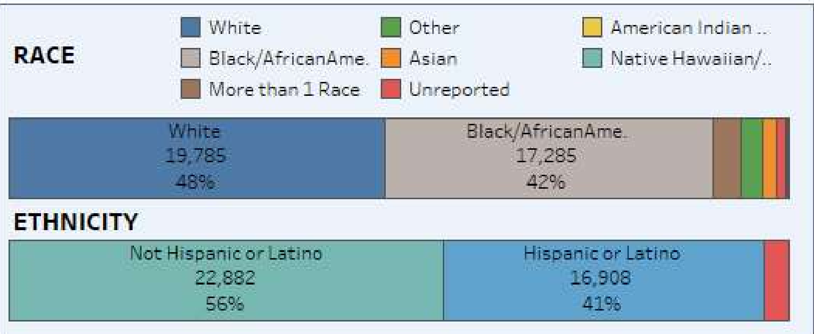
DEMOGRAPHICS DETAILS 1/1/2025 to 12/31/2025 ..

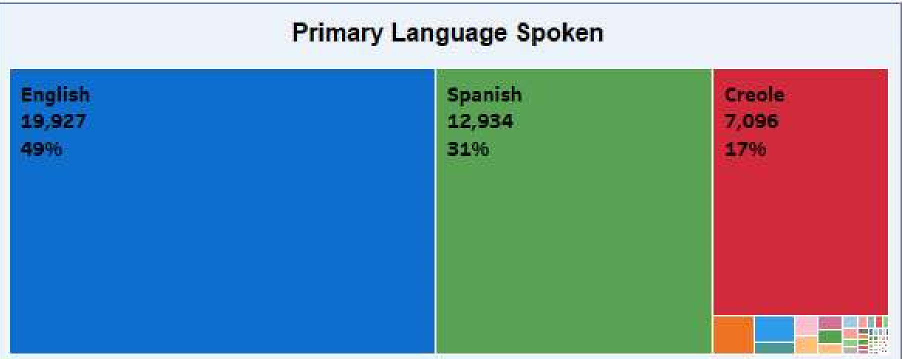
Filters

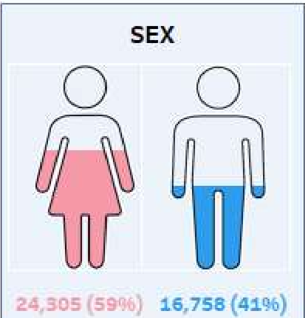
ATLANTIS BELLEGLADE BOCA CPS DELRAY JUPITER LAKE WORTH LANTANA LEWIS MANGONIA MOBILE ST ANN WEST PALM

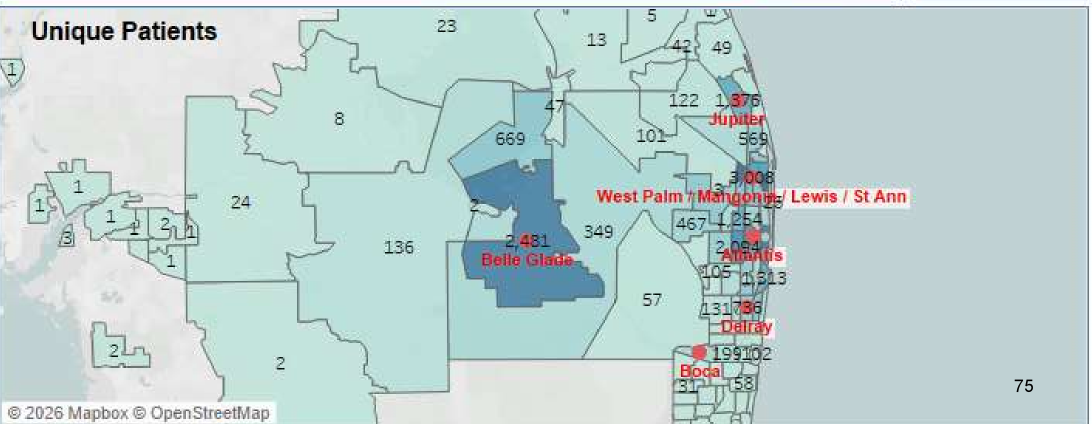


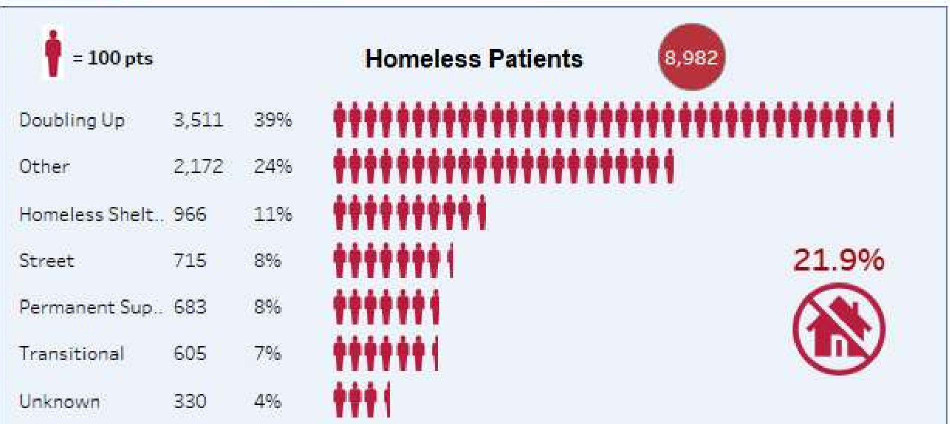












Homeless Patients		
Doubling Up	3,511	39%
Other	2,172	24%
Homeless Shelt..	966	11%
Street	715	8%
Permanent Sup..	683	8%
Transitional	605	7%
Unknown	330	4%

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Health Care District COMMUNITY HEALTH CENTERS

Same Date Appointments *between 1/1/2025 - 12/31/2025*

Scheduled Appt
Same Day

Filters

	Primary Care Adults	Primary Care Pediatrics	Pediatrics	Obstetrics and Gynecology	Behavioral Health	Dentistry
Same Day Rate	22%	17%	26%	4%	17%	16%
# Scheduled Appt	60,076	16,008	334	10,061	32,195	37,068
# Same Day	13,106	2,801	87	451	5,588	6,081

% Scheduled vs Same Day by Role Who Made the Apppointment

% of Total Same Appt Made by	Same Day
Call Center	7%
Others	93%

Same Date Appointments by WeekDay

 # Same Dt / Total Encounters per day

	Sunday	Monday	Tuesd..	Wedne..	Thursd..	Friday	Saturd..
Total	9%	18%	16%	16%	16%	16%	6%
Daily Average							
07:00 - 08:00	0	25	25	22	21	20	0
09:00 - 10:00	0	37	34	30	28	27	1
11:00 - 12:00	0	13	12	12	10	10	1
01:00 - 02:00	0	34	30	27	27	26	
03:00 - 04:00	0	12	10	9	8	9	0
Avg / Day	1	112	106	95	82	88	3

Same Date Appointment Rate by Clinic

Clinic	Rate	# Scheduled Appt	# Same Day
ATLANTIS	11%	31,595	3,507
ATLANTIS PE..	16%	8,611	1,407
BELLEGLADE	17%	15,884	2,698
BOCA	16%	3,530	548
DELRAY	18%	27,354	5,055
DELRAY PEDS	20%	258	52
JFK MIDDLE ..	35%	339	117
JUPITER	20%	5,952	1,171
LAKE WORTH	16%	1,622	257
LAKE WORT..	30%	681	206
LANTANA	18%	2,884	505
LEWIS	12%	5,238	606
MANGONIA	13%	19,701	2,611
MOB 1 WARR..	62%	289	179
MOB 3 HERO	24%	1,498	356
PORT CLIN D..	86%	58	50
PORT CLIN M..	68%	19	13
ST ANN	67%	618	411
WEST PALM	22%	24,472	5,262
WEST PALM ..	18%	5,139	910

Same Date Appointment Rate

3/1/2025 12:00:00 AM to 2/28/2..

	2025										2026	
Month	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Rate	17%	17%	18%	16%	15%	15%	15%	15%	15%	16%	16%	16%

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Health Care District OF PALM BEACH COUNTY

No Show Appointments Overall

Adult Care, Pediatric Care, Women's Health, Dental, BH Integration and BH Addiction (*including resource schedules, excluding nurses*)

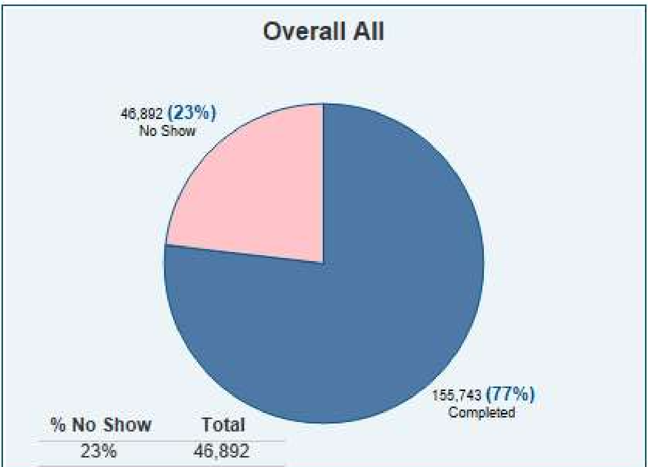
1/1/2025 - 12/31/2025

Filters

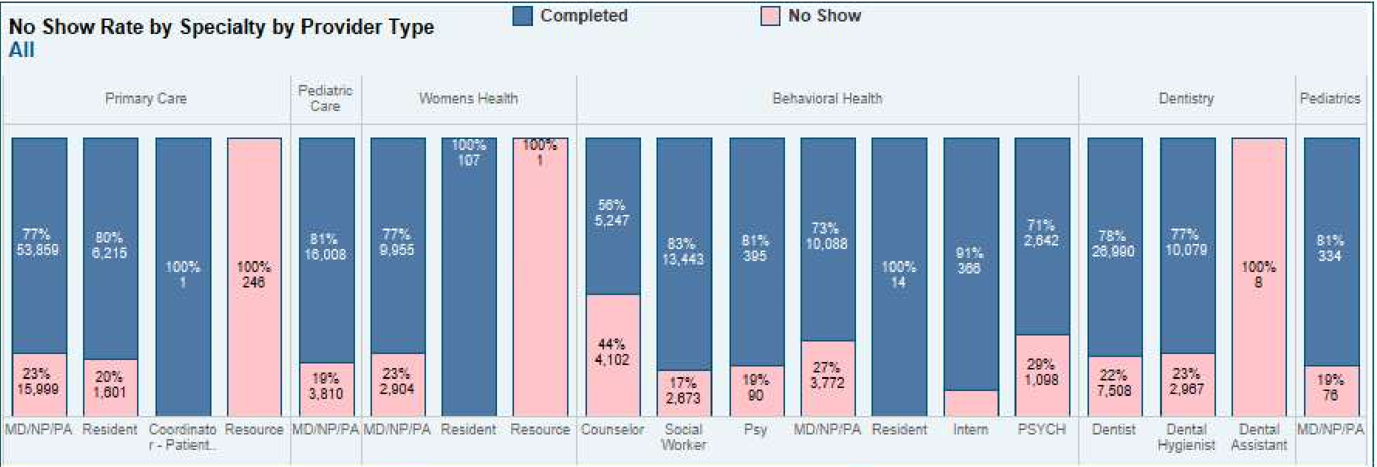
36% *of No Show* ***completed*** *an encounter later on*

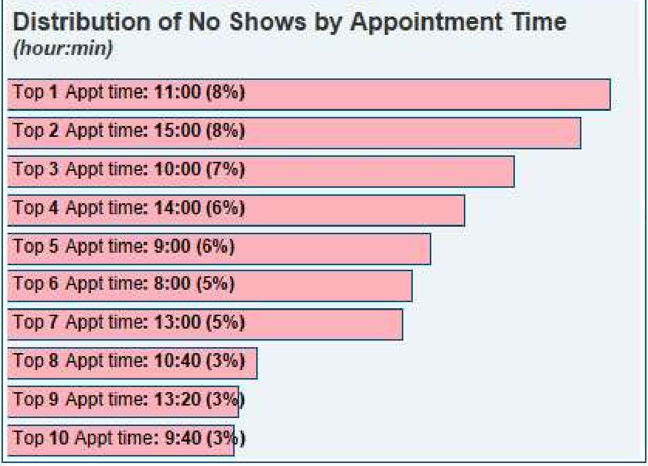
2% *of No Show* ***Scheduled*** *an appointment later on*

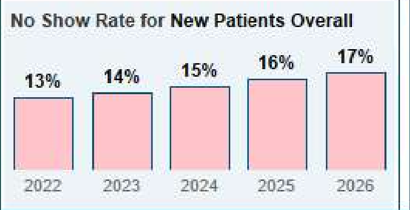
All

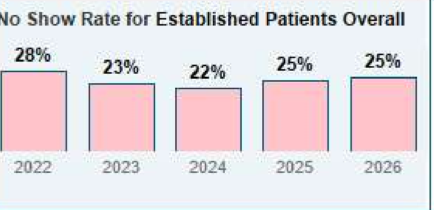


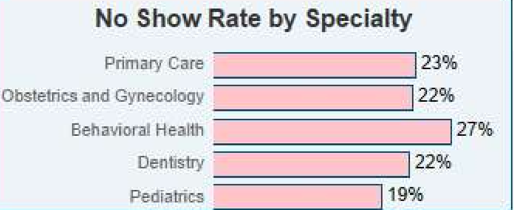
% No Show	Total
23%	46,892

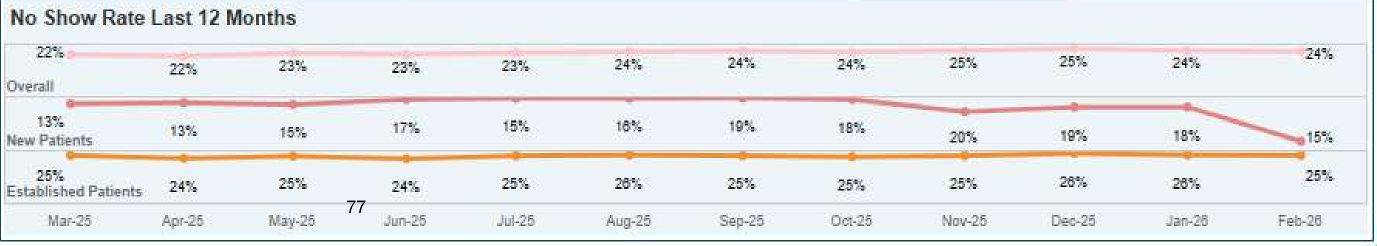












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COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
FEBRUARY 25, 2026

1. **Description: Annual Risk Management Report to the Community Health Centers ("CHC") Governance Board for Calendar Year 2025 (January 1 – December 31, 2025).**

2. **Summary:**

   This agenda item provides the Annual Risk Management Report for CY 2025 for the Community Health Centers.

3. **Substantive Analysis:**

   The 2025 Annual Risk Management Report demonstrates that the Community Health Centers maintained a stable overall risk profile, with full completion of required high-risk and quarterly assessments, high training compliance , no adverse events, and no claims filed, pending, or settled during the calendar year. Incident reporting increased slightly from 2024, with 98.5% categorized as no-harm events. These results indicate strong regulatory compliance and effective claims prevention practices. However, the very low number of reported near misses (5 total, or 1.1% of events) suggests underreporting and highlights an opportunity to strengthen proactive risk identification and reinforce a just culture reporting environment.

   Quarterly assessments identified important operational risk themes, particularly related to underutilization of the Good Catch/near-miss reporting system and increasing behavioral escalation events across certain clinic locations.

   The most significant finding emerged in Quarter 4 with the comprehensive workplace violence risk assessment, which identified increased behavioral escalations, recurring verbal aggression, and underreporting of behavioral near misses. While corrective actions are underway—including development of a standard operating procedure, formal policy creation, and expanded de-escalation training. Overall, CHC's risk management program is stable and compliant, but 2026 priorities should focus on strengthening near-miss reporting culture, formalizing workplace violence prevention infrastructure, and accelerating execution of corrective action plans to further enhance patient and staff safety.

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COMMUNITY HEALTH CENTERS BOARD OF DIRECTORS
FEBRUARY 25, 2026

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:

Jessica Cafarelli
VP & Chief Financial Officer

5. Recommendation:

Staff recommends the Committee Receive and File the Annual Risk Management Report to the Community Health Centers ("CHC") Governance Board for Calendar Year 2025 (January 1 – December 31, 2025).

Approved for Legal sufficiency:

Signed by:
Bernabe Icaza
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Bernabe Icaza
SVP & General Counsel

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

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

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Annual Risk Management Report to the Community Health Centers ("CHC") Governance Board for Calendar Year 2025 (January 1 – December 31, 2025)

Submitted by: Alyssa Tarter, CHC Risk Manager

Reviewed/Approved by: Regina All (SVP/Chief Clinical Officer)

Submitted to: CHC Board and recorded in minutes on: February 25, 2026

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

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Introduction

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

High-Risk and Quarterly Assessments

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

Quarter	**1 (January - March 2025)**
Background	• The purpose of this Risk Assessment is to evaluate specimen labeling practices and identify trends or gaps that could affect patient safety, diagnostic accuracy, or continuity of care. • Ensuring proper specimen labeling is essential to prevent delays in treatment, misdiagnosis, or unnecessary repeat testing. • Proactive monitoring supports HRSA's patient safety priorities and contributes to system-wide quality improvement.
Team	• Nursing Leadership • Risk Management • Quality
Assessment Process	• Review of Safety Event Reporting System for Q1 2025 to evaluate incident rates related to labeling. • Continue collaboration with clinic and nursing leadership to confirm awareness of current labeling procedures. • Continue training, re-education and review of workflows.
Results	• Lack of reported specimen labeling errors (No reported labeling errors in Q12025). • Potential Underreporting of Near Misses. • Need for Continued Staff Awareness and Reporting Reinforcement.
Action Plan	The Health Center will • Reinforce training and procedures on specimen labeling. • Encourage reporting of all labeling-related events, including near misses. • Monitor event submissions quarterly to detect potential trends or gaps.

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Quarter	**2 (April - June 2025)**
Background	• The purpose of this Risk Management Assessment is to evaluate staff understanding, utilization, and consistency of Good Catch / Near Miss event reporting across Community Health Centers. • Encouraging early identification and reporting of near misses supports a just culture, promotes proactive risk mitigation, and aligns with FTCA and HRSA patient safety expectations. • Strengthening Good Catch reporting allows the organization to identify system vulnerabilities before harm occurs and reinforces the principle of "see it, say it, fix it."
Team	• Nursing Leadership • Risk Management • Quality • Administration
Assessment Process	• Assessment conducted through RiskQual/HAS data review, trend analysis, and staff feedback.
Results	• Good Catch / Near Miss events are underreported compared to total event volume. • Inconsistent understanding of what qualifies as a Good Catch / Near Miss. • Opportunity to reinforce non-punitive reporting culture.
Action Plan	The Health Center will • Provide targeted education to Community Health Center staff on Good Catch / Near Miss reporting, including clear definitions, examples, and expectations for submission within the Safety Event Reporting System (RiskQual/HAS). • Reinforce just culture principles by emphasizing non-punitive reporting and the value of early identification of system vulnerabilities. • Monitor Good Catch / Near Miss submission trends on a regular basis and share feedback with leadership and staff to promote continued engagement and improvement.

Quarter	**3 (July - September 2025)**
Background	• The purpose of this Risk Management Assessment is to evaluate the identification, reporting, and management of disruptive patient behaviors across Community Health Centers. • Disruptive behaviors can pose safety risks to patients, staff, and visitors and may escalate if not addressed early. • This assessment supports a just culture approach by encouraging timely reporting of behavioral events and near misses, strengthening early intervention strategies, and reducing the likelihood of escalation to more serious incidents. • Proactive management aligns with patient safety principles and organizational risk reduction efforts.

Team	• Nursing Leadership • Security • Risk Management • Human Resources • Quality • Behavioral Health • Administration
Assessment Process	• This assessment was conducted through review and analysis of behavioral event reports and Good Catch / Near Miss submissions in RiskQual/HAS, trend evaluation of reported incidents, and assessment of current reporting practices related to disruptive patient behaviors across Community Health Centers.
Results	• Behavioral events related to disruptive patient behaviors continue to be reported across Community Health Centers, with variability in severity and staff response. • Opportunities exist to increase reporting of Good Catch / Near Miss events related to behavioral concerns that were de-escalated before causing harm. • Inconsistent recognition of early warning signs and near-miss behaviors may limit the organization's ability to proactively intervene and trend emerging risks.
Action Plan	The Health Center will • Increase staff awareness of the importance of reporting disruptive patient behaviors and associated Good Catch / Near Miss events as part of proactive risk management. • Strengthen early identification and de-escalation practices through improved reporting and trend analysis. • Achieve a Good Catch / Near Miss submission rate that is at least 5% of the total number of behavioral events submitted in the Safety Event Reporting System (RiskQual/HAS), based on 2024 behavioral event data.

Quarter	**4 (October – December 2025)**
Background	• Our Community Health Centers (CHCs) serve as essential access points for comprehensive healthcare and often act as safety-net providers for medically underserved populations. • Given their open-door approach, diverse patient demographics, and frequent interactions with individuals experiencing social, behavioral, or economic challenges, CHCs are at an increased risk for workplace violence compared to other outpatient settings.
Team	• Nursing Leadership • Security • Risk Management • Human Resources

	• Quality • Behavioral Health • Administration
Assessment Process	• To address this concern, a comprehensive workplace violence risk assessment Workplace Violence was conducted to identify environmental, operational, and behavioral risk factors across the CHCs. • The assessment included a review of incident reports, staff interviews, and analysis of workflow processes related to patient intake, behavioral health services, and high-stress areas such as registration, triage, and urgent care.
Results	• Increased frequency of patient behavioral escalation events in select clinic locations. • Recurring incidents involving verbal aggression toward staff. • Lack of consistent early-warning recognition and de-escalation response, resulting in delayed intervention during escalating situations. • Inadequate reporting of near-miss behavioral incidents, indicating under-utilization of the RiskQual reporting system in certain clinics. • Variation in staff training levels related to workplace violence prevention and de-escalation techniques across clinic locations. • Lack of Workplace Violence Policy and Procedure.
Action Plan	The Health Center will • Create a Standard Operating Procedure that addresses Managing Behavioral Incident in the Community Health Centers • Ensure staff receive De-escalation / CPI Training • Create a Workplace Violence Prevention Policy and Procedure • Educate staff on the newly implemented policies and procedures

Data Summary

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

Person responsible	Measure/Key Performance Indicator	Threshold /Goal	Q1	Q2	Q3	Q4	Annual Total
RM	# Completed annual high-risk assessments	4/yr	1	1	1	1	4
RM	# Completed quarterly assessments	Min 1/qtr	1	1	1	1	4
RM	% Open action plans	<75%	0%	0%	0%	75%	75%

Event Reporting

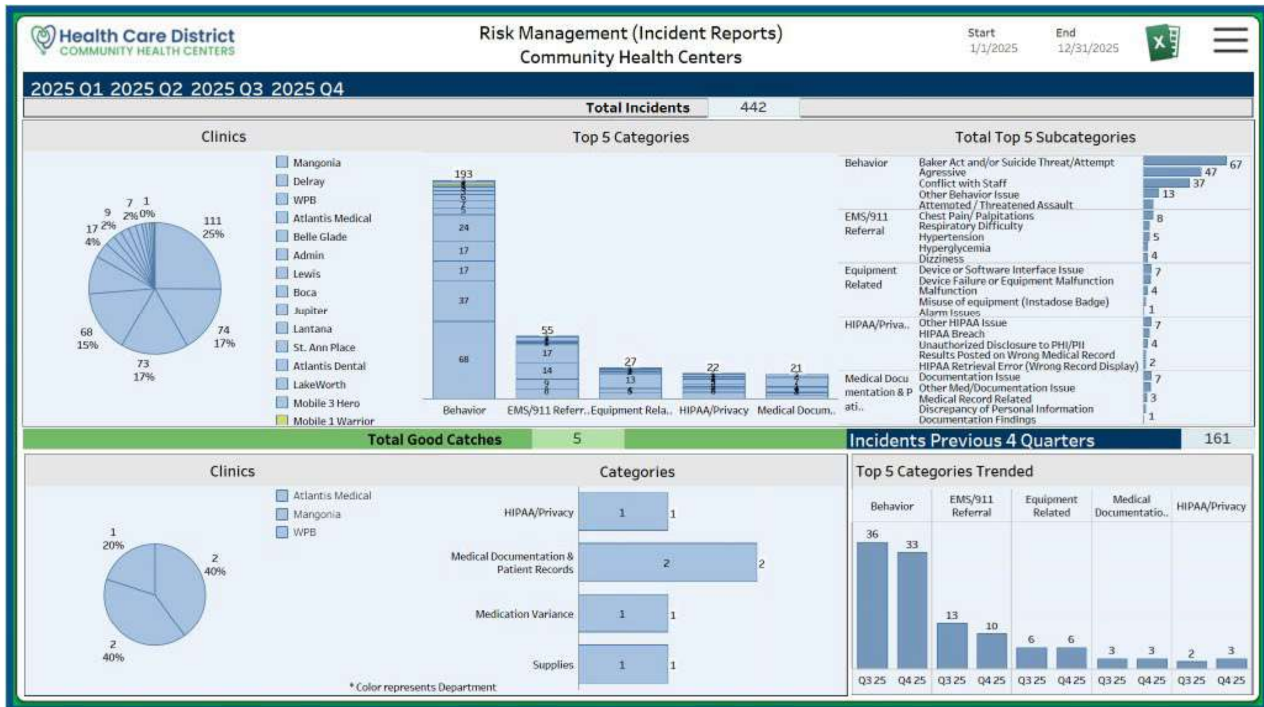
Event reporting is an essential component of the risk management program and is considered part of the performance and quality improvement process. Each provider, employee, or volunteer is responsible to report all adverse events, including sentinel events, incidents, and near misses at the time they are

discovered to his or her immediate supervisor and/or the risk manager. The risk manager, in conjunction with the manager of the service (as applicable), is responsible for conducting follow-up investigations. The risk manager's investigation consists of determining the cause of the incident, analyze the process, and make improvements.

Total Incident Reports Submitted HCD Enterprise-Wide (2021-2025)					
Calendar Year (CY)	2021	2022	2023	2024	2025
# of Incidents	3,144	3,492	3,120	2,530	2,753
Total Incident Reports submitted by CHC (2021-2025)					
Calendar Year (CY)	2021	2022	2023	2024	2025
# of Incidents	703	538	451	405	442

Analysis:
In 2025, the total risk events reported in the enterprise were 2,753. Note this included near-misses/good catches and actual incidents/events. Of these, CHC entered a total of 442 events and 5 near misses/good catches. This is an increasing trend in the event reporting system across the organization as ERM aims to ensure appropriate items are input in the system for risk reporting and analysis. The ERM Team continuously promotes a safety culture by ensuring a just and accountable culture that encourages and allows staff to report events in the system without fear of reporting or punitive action.

Of the 442 events reported by CHC: 436 (98.5%) were reported as no harm events, 2 (0.4%) were reported as minor events, and 5 (1.1%) were reported as near-miss events, which were caught prior to reaching the patient. There were no reported adverse events.



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Claims Management

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

- Manage both actual or potential losses and litigation situations
  - Includes reporting serious occurrences and potential claims, general and professional liability losses, automobile and property losses, and other types of damages.
- Investigate potential and actual claims
- Defend claims and lawsuits effectively, as expeditiously and cost-efficiently as possible.
  - In 2025, the Community Health Centers reported no potential or actual claims, no Claims were paid or settled in 2025.

New Claims	Total Number	0
Claims Pending	Total Number	0
Closed Claims	Total Number	0

Annual CHC Education/Training Compliance

During 2025, the CHC staff completed annual training covering key risk areas, including compliance, patient safety, data protection, and safeguarding. Overall training completion rates remained high across the CHC's, with most staff completing training modules within the required timeframes.

Training Title	% Completed
Prenatal Care in the Primary Care Setting	**98%**
Medical Record Documentation	**97%**
Infection Control and Outpatient Clinics	**99%**
HIPAA Privacy Compliance	**99%**
Risk Management Training	**98%**
Compliance, Privacy & Ethics Curriculum	**99%**
How to Report a Phish	**98%**
Conflict De-Escalation Techniques	
NHO Training – RiskQual Entry and Reporting Guide	**100%**
NHO – Just Culture	**100%**
NHO – Risk Management Training	**100%**

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Risk and Patient Safety Activities in 2025

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

Risk Activity Focus Area/Measure	**Summary Description of Assessment/Methodology/Indicators**
Process Improvement Initiative; Event Reporting	Our goal is to advance safety event reporting of near miss/unsafe conditions and good catches in HCD's Safety Event Reporting Systems (RiskQual) as Good Catches drive process improvement and improve the overall culture of safety across the organization. Risk will use utilize the scientific five-step method "DMAIC" (Define, Measure, Analyze, Improve, and Control) which is the problem-solving approach that drives Lean Six Sigma to enhance and improve HCD's Good Catch Program and reporting. Risk will educate HCD staff on event reporting – including when, how, why, and where as this is vital in a just culture to achieve an overall goal of "see it, say it, fix it." Overall goal is to enhance and promote HCD's Good Catch Program and improving data entry specific to near miss/unsafe conditions and good catch reporting in HCD's Safety Event Reporting Systems (RiskQual).
Health Care Risk Management Week 2024 (June 16-20, 2025)	HRM Week 2025 Theme: Risk Professionals – Stable, Strategic Solutions • ERM team celebrated National HRM Week to promote event reporting and improve patient safety
Quarterly Risk Assessments	Risk assessments should be performed on a quarterly basis to evaluate the health care areas/activities of highest risk within the health centers. Risk assessments are part of the continuous health care risk management program to help reduce the risk of adverse outcomes which could result in a potential compensatory event (PCE) or claims. The Health Centers can use the following information sources when conducting a risk assessment: • Assessment checklist • Event reports, investigations, and monitoring trends • Potentially compensable event (PCE) or claims • Walk-arounds in the health center • Patient complaints and grievances • High-risk departments/patients – obstetrics, laboratory, radiology, pediatrics, behavioral health, addiction/recovery
Timely annual RM goal and plan submission	The annual risk management goal and plan report is submitted timely to the board for comprehensive review and approval. The health center's goal is to have the report submitted during Q4 of the year (with additional finalization of any Q4 data completed no later than 10 business after the end of the CY).

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Report Submission

The 2025 Annual Risk Management Report to the CHC Governance Board is respectfully submitted on February 25, 2026, to demonstrate the ongoing risk management program to reduce the risk of adverse outcomes and provide safe, efficient, and effective care and services.