



Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

COMMUNITY HEALTH CENTER BOARD OF DIRECTORS

MEETING AGENDA

August 27, 2025

**4801 S. Congress Ave
Lake Worth Beach, FL 33461**

Remote Participation Link:

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

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

1. Call to Order – Joseph Gibbons, Chair

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

2. Agenda Approval

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

3. Awards, Introductions and Presentations

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

- A. **MOTION TO APPROVE:**
Board Meeting Minutes of July 23, 2025 [Pages 1-6]



7. Consent Agenda

MOTION TO APPROVE: Consent Agenda Items

A. ADMINISTRATION

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

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

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

Attendance Tracking [Page 7]

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

HRSA Digest (Dr. Joshua Adametz) [Pages 8-14]

7A-4 **MOTION TO APPROVE:**

Sliding Fee Discount Program Policy
(Dr. Joshua Adametz) [Pages 15-23]

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

Waiver of Fees Policy
(Dr. Joshua Adametz) [Pages 24-28]

B. FINANCE

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

District Clinic Holdings, Inc. June 2025 Financial Report
(Jessica Cafarelli) [Pages 29-47]

8. Regular Agenda

A. ADMINISTRATION

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

Change in Scope - Mobile Unit Update
(Dr. Joshua Adametz) [Pages 48-49]



Health Care District
OF PALM BEACH COUNTY
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8. Regular Agenda (Continued)

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

Change in Scope - Ultra Sound Services
(Dr. Joshua Adametz) [Pages 50-51]

B. EXECUTIVE

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

Executive Director Update (Dr. Joshua Adametz)
[Pages 52-58]

C. CREDENTIALING

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

Licensed Independent Practitioner Credentialing and Privileging
(Dr. Ana Ferwerda) [Pages 59-60]

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

Delineation of Privileges (Dr. Ana Ferwerda) [Pages 61-80]

D. QUALITY

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

Quality Report (Dr. Ana Ferwerda) [Pages 81-105]

E. OPERATIONS

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

Operations Report (Nancy Gonzalez) [Pages 106-108]

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

10. Board Member Comments



Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

11. Establishment of Upcoming Meetings

September 24, 2025 at 12:30 p.m.

October 22, 2025 at 12:30 p.m.

November 19, 2025 at 12:30 p.m.

December 17, 2025 at 12:30 p.m.

12. Motion to Adjourn Public Meeting



District Clinic Holdings, Inc.; d.b.a. Health Care District Community Health Center
Board of Directors Meeting
1515 N. Flagler Drive, Suite 101, WPB, FL 33401
Summary Minutes
07/23/2025

Present: Joseph Gibbons-Chair; Bill Johnson – Vice Chair (ZOOM); Albert Borroto (ZOOM); Boris Seymore (ZOOM); Nicholas Campbell (ZOOM).

Absent: Michael Smith – Treasurer; Melissa Tascone; Juia Bullard; Alcolya St. Juste.

Staff: Dr. Joshua Adamez; Jessica Cafarelli; Bernabe Icaza; Dr. Belma Andric; Heather Bokor; Regina Ali; Geoff Washburn; Dr. Ana Ferwerda; Angela Santos; Steven Sadiku; Alexa Goodwin.

Minutes Transcribed By: Adriana Padron

The meeting is scheduled for 12:30pm.
Meeting Began at 12:31pm.

AGENDA ITEM	DISCUSSION	ACTION
<p>1. Call to Order</p> <p>1A. Roll Call</p> <p>1B. Affirmation of Mission</p>	<p>Joseph Gibbons called the meeting to order.</p> <p>Roll call was taken and a quorum was established.</p> <p>Mr. Gibbons read the affirmation of mission into the record.</p>	<p>The meeting was called to order at 12:31 p.m.</p>
<p>2. Agenda Approval</p> <p>2A. Additions/Deletions/ Substitutions</p> <p>2B: Motion to Approve Agenda Items</p>	<p>Substitutions: Operations Dashboard Page #75 was updated.</p>	<p>VOTE TAKEN: Mr. Bill Johnson made a motion to approve the agenda as presented. Mr. Albert Borroto duly seconded the motion. A vote was called and the motion passed unanimously.</p>



<p>3. Awards, Introductions & Presentations</p>	<p>Steven Sadiku Presented a Performance Metrics UDS Presentation</p>	<p>No Action necessary.</p>
<p>4. Disclosure of Voting Conflict</p>	<p>None.</p>	<p>No action necessary.</p>
<p>5. Public Comment</p>	<p>None.</p>	<p>No action necessary.</p>
<p>6. Meeting Minutes A. MOTION TO APPROVE: Board Meeting Minutes of June 25, 2025</p>	<p>There were no changes or comments to the Board Meeting Minutes dated June 25, 2025.</p>	<p>VOTE TAKEN: Mr. Bill Johnson made a motion to approve the Board Meeting Minutes of June 25, 2025. Mr. Albert Borotto duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>7. Consent Agenda – Motion to Approve Consent Agenda Items</p>		<p>VOTE TAKEN: Mr. Bill Johnson made a motion to approve the Consent Agenda. Mr. Albert Borroto duly seconded the motion. A vote was called, & the motion passed unanimously.</p>
<p>A. ADMINISTRATION 7A-1. RECEIVE & FILE: Internet Posting of District Public Meeting</p>	<p>The July 2025 meeting notice was posted.</p>	<p>No action necessary.</p>
<p>7A-2. RECEIVE & FILE: Attendance Tracking</p>	<p>Attendance tracking was updated.</p>	<p>No action necessary.</p>
<p>7A-3. RECEIVE & FILE: HRSA Digest</p>	<p>Per the request of the Clinic Board, the latest HRSA Digest was provided.</p>	<p>No action necessary.</p>



<p>7A-4. RECEIVE & FILE: Annual Risk Management Plan 2025</p>	<p>The Annual Risk Management Plan 2025</p>	<p>No action necessary.</p>
<p>B. FINANCE 7B-1. MOTION TO APPROVE: District Clinic Holdings, Inc. June 2025 Financial Report</p>	<p>District Clinic Holdings, Inc. June 2025 Financial Report</p>	<p>No action necessary.</p>
<p>8. REGULAR AGENDA</p>		
<p>A. ADMINISTRATION</p>	<p>None.</p>	<p>Received & Filed. No action necessary.</p>
<p>8A-1 MOTION TO APPROVE: Nomination of New Community Health Center Board Member</p>	<p>Nomination of New Community Health Center Board Member Marni Rogalsky.</p>	<p>VOTE TAKEN: Mr. Bill Johnson made a motion to approve the Nomination of the New Community Health Center Member Marni Rogalsky. Mr. Albert Borotto duly seconded the motion.</p>
<p>8A-2 RECEIVE AND FILE: Risk Management Dashboard Second Quarter 2025</p>	<p>Risk Management Dashboard Second Quarter 2025</p>	<p>VOTE TAKEN: Mr. Bill Johnson made a motion to approve the Risk Management Dashboard Second Quarter 2025. Mr. Albert Borroto duly seconded the motion.</p>
<p>B. EXECUTIVE 8B-1 RECEIVE AND FILE: Executive Director Update</p>	<p>Dr. Joshua Adamez updated the board that the Board Self Evaluations and Executive Director Evaluations are due. A survey link will be emailed to the board after today's meeting. The surveys needs to be completed by the next Board meeting scheduled for August 27th. The results of the survey will be shared at the September 24th meeting. Google Reviews</p>	<p>VOTE TAKEN: Mr. Bill Johnson made a motion to approve the Board Self Evaluations and Executive Director Evaluations. Mr. Albert Borroto duly seconded the motion.</p>



<p>C. CREDENTIALING</p> <p>8C-1 MOTION TO APPROVE: Licensed Independent Practitioner Credentialing and Privileging</p>	<p>Dr. Ana Ferwerda presented the licensed Independent Practitioners Credentialing and Privileging</p>	<p>VOTE TAKEN: Mr. Bill Johnson made a motion to approve the Licensed Independent Practitioner Credentialing. Mr. Albert Borroto duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>D. QUALITY</p> <p>8D-1 MOTION TO APPROVE: Quality Reports</p>	<p>This agenda item presents the updated Quality Improvement & Quality Updates:</p> <ul style="list-style-type: none"> • Quality Council Meeting Minutes –June 2025 • UDS Report – YTD <p>Dr. Ferwerda presented the above topics and reviewed the UDS Report Dashboard.</p>	<p>VOTE TAKEN: Mr. Bill Johnson made a motion to approve the Quality Reports as presented. Mr. Nicholas Campbell duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>E. OPERATIONS</p> <p>8E-1 MOTION TO APPROVE: Operations Report</p>	<p>Angela Santos presented the Operations report which provides the Health Center Productivity report for June 2025.</p>	<p>VOTE TAKEN: Mr. Bill Johnson made a motion to approve the Operations report for June 2025. Mr. Albert Borroto duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>8E-2 MOTION TO APPROVE: Patient Relations Dashboard Report</p>	<p>Alexa Goodwin presented the Quarterly Patient Relations Dashboard Q2 2025</p>	<p>VOTE TAKEN: Mr. Bill Johnson made a motion to approve the Patient Relations Dashboard for Q2 2025. Mr. Albert Borroto duly seconded the motion. A vote was called, and the motion passed unanimously.</p>



<p>9. Executive Director of FQHC Services Comments</p>	<p>Dr. Joshua Adametz confirmed that the FTCA has been renewed for Year 2026. The Board was updated that the next meeting scheduled for August 27 will be held in Atlantis.</p>	<p>No action necessary.</p>
<p>10: Board Member Comments</p>	<p>None.</p>	<p>No action necessary.</p>
<p>11. Establishment of Upcoming Meetings</p>	<p>August 27, 2025 (Atlantis) 12:30 p.m. Board of Directors</p> <p>September 24, 2025 (HCD Board Room) 12:30 p.m. Board of Directors</p> <p>October 22, 2025 (HCD Board Room) 12:30 p.m. Board of Directors</p> <p>November 19, 2025 (HCD Board Room) 12:30 p.m. Board of Directors</p> <p>December 17, 2025 (HCD Board Room) 12:30 p.m. Board of Directors</p>	<p>No action necessary.</p>
<p>12. Motion to Adjourn</p>	<p>Mr. Joseph Gibbons motioned to adjourn the public meeting at 1:07pm.</p>	<p>VOTE TAKEN: Mr. Bill Gibbons made a motion to adjourn the public meeting. Mr. Albert Borroto duly seconded the motion. A vote was called, and the motion passed unanimously.</p>



Minutes Reviewed by: _____ **Signature** _____ **Date**



Community Health Center Board of Directors Attendance Tracking 2025

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

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

**COMMUNITY HEALTH CENTERS
BOARD OF DIRECTORS
August 27, 2025**

1. Description: HRSA Digest

2. Summary:

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

3. Substantive Analysis:

This HRSA Digest highlights the following:

• **FY 2026 SAC NOFOs:**

- The Service Area Competition Notice of Funding Opportunity for health centers with March 2026 –June 2026 performance start dates were released.
- The HCD received a one-year extension and will be among the first cohort of health centers with a 4-year performance period.

• **FY 2026 BPR NCC:**

- The FY 2026 Budget Period Progress Report application deadlines were released for health centers with January 2026 – June 2026 budget period start dates.
- The HCD will be required to respond to a Request for Information (RFI) in lieu of a BPR for the FY 2025 budget period.

• **BPHC Program Updates Recap**

- The period for public comment regarding the HHS’s reinterpretation of the “Federal Public Benefit” used in the PRWORA Act ends on August 13, 2025.
- The remaining balance of FY 2025 for Health Center Program continuation awards were released.



**COMMUNITY HEALTH CENTERS
BOARD OF DIRECTORS
August 27, 2025**

4. Fiscal Analysis & Economic Impact Statement:

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

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

Signed by:


 CA6A21D658181-Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

N/A

 Date Approved

6. Recommendation:

Staff recommends the Board Receive and File the HRSA Digest.

Approved for Legal sufficiency:

Signed by:


 0CF6F7DB67064B1-Bernabe Icaza
 SVP & General Counsel

Signed by:


 2B4785D7614A2-Joshua Adametz, DMD, MPH, MA
 AVP & Executive Director of Community Health Centers



FY 2026 SAC NOFOs and BPR NCC Instructions Released, BPHC Program Updates Recap

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

Date Wed 7/30/2025 11:28 AM

To Krysten Kinsey <kkinsey@hcdpbc.org>

Caution: This email came from an EXTERNAL SOURCE. Do not click on links or open attachments unless you are sure you recognize the sender and you know the contents are safe.



Primary Health Care Digest

July 30, 2025



Fiscal Year 2026 SAC NOFOs Released

HRSA released the fiscal year (FY) 2026 Service Area Competition (SAC) Notice of Funding Opportunity (NOFO) for services areas with a March 1, 2026 (HRSA-26-002), April 1, 2026 (HRSA-26-004), May 1, 2026 (HRSA-26-005), and June 1, 2026 (HRSA-26-006) period of performance start date. With each SAC funding opportunity, organizations compete for funding to provide comprehensive primary health care in service areas currently served by the Health Center Program.

- Find details for each of the announced service areas on the [Service Area Announcement Table](#).
- Access the NOFOs in Grants.gov ([HRSA-26-002](#), [HRSA-26-004](#), [HRSA-26-005](#), and [HRSA-26-006](#)).

The table below lists application deadlines for all FY 2026 SAC NOFOs. All rounds of SAC applications are open in Grants.gov. Please note when your SAC application will open in HRSA's Electronic Handbooks (EHBs).

Health Center Program award recipients with January 1, 2026, or February 1, 2026, period of performance start dates will receive one-year extensions to their current three-year periods of performance. HRSA will provide these health centers additional instructions regarding submission of required information.

Technical assistance (TA) materials are available on the [SAC TA webpage](#).

Start Date (in 2026)	NOFO #	Grants.gov Application Open Date	HRSA EHBs Application Open Date	Grants.gov Deadline (11:59 p.m. ET)	HRSA EHBs Deadline (5:00 p.m. ET)
March 1	HRSA-26-002	July 22, 2025	July 24, 2025	September 22, 2025	October 22, 2025

April 1	HRSA-26-004	July 24, 2025	July 30, 2025	September 29, 2025	October 29, 2025
May 1	HRSA-26-005	July 24, 2025	August 11, 2025	October 10, 2025	November 10, 2025
June 1	HRSA-26-006	July 24, 2025	September 10, 2025	November 10, 2025	December 10, 2025

If you have questions, SAC Technical Assistance Team using the [BPHC Contact Form](#) (*Funding>Application for NOFOs>Service Area Competition*).

FY 2026 BPR NCC Released for 2026 Budget Period Starts

HRSA released the [FY 2026 Budget Period Progress Report \(BPR\) Non-Competing Continuation \(NCC\) instructions](#) for Health Center Program award recipients with a January 1, 2026 (5-H80-26-001), February 1, 2026 (5-H80-26-002), March 1, 2026 (5-H80-26-003), April 1, 2026 (5-H80-26-004), May 1, 2026 (5-H80-26-005) and June 1, 2026 (5-H80-26-006) budget period start date.

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

The table below lists application deadlines for all FY 2026 BPR NCCs. TA materials are available on the [BPR TA webpage](#).

NCC Tracking Number	Budget Period Start Date	HRSA EHBs Access	HRSA EHBS Deadline (5 p.m. ET)
5-H80-26-001	January 1, 2026	July 28, 2025	September 26, 2025
5-H80-26-002	February 1, 2026	July 28, 2025	October 17, 2025
5-H80-26-003	March 1, 2026	July 28, 2025	November 7, 2025
5-H80-26-004	April 1, 2026	July 28, 2025	November 28, 2025
5-H80-26-005	May 1, 2026	July 28, 2025	December 19, 2025
5-H80-26-006	June 1, 2026	July 28, 2025	January 9, 2026

If you have questions, reach out to the BPR Response Team using the [BPHC Contact Form](#) (*Funding>Non-Competing Continuation (NCC) Progress Reports (e.g., BPR)>Budget Period Progress Report (BPR)*)

What's New

BPHC Program Updates Recap

See the [slides from the recent BPHC Program Updates \(PDF\)](#). Thank you for your patience as we navigated technical challenges due to the change in webcast platform. Here are other highlights from the webcast:

- On July 14, HHS posted a Federal Register Notice announcing an updated interpretation of the term “Federal public benefit” as used in the existing **Personal Responsibility and Work Opportunity Reconciliation Act** (PRWORA). The [Federal Register Notice](#) is open for public comment until 11:59 p.m. Eastern Time (ET) on August 13, 2025.
- HRSA released the remaining **balance of FY 2025 funds** for Health Center Program (H80) continuation awards.
 - HRSA included Early Childhood Development (ECD), Primary Care HIV Prevention (PCHP), Behavioral Health Service Expansion (BHSE), FY 2022/2023 Accelerating Cancer Screening (AxCS) and School-Based Service Sites/Expansion (SBSS/SBSE) in the balance of funds award.
 - HRSA will include FY 2025 Expanded Hours and FY 2024 AxCS awards into Health Center Program H80 base funding next year.
- **Contacting BPHC:** 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, September 25**.

FY 2026 Look-Alike Renewal Designation Update

The FY 2026 Health Center Program Look-Alike (LAL) Renewal Designation (RD) application is in development. Beginning in FY 2026, LALs will transition from a 3-year to a 4-year period of designation.

This change will reduce the administrative burden for LALs while maintaining HRSA’s commitment to ensuring continued compliance with Health Center Program requirements.

Key Transition Details:

- LALs with a December 31, 2025, period of designation end date will receive a one-year extension and will instead submit an LAL Annual Certification.
- All other LALs with a period of designation end date in FY 2026 will transition to a 4-year period of designation following submission and approval of their LAL RD application.

HRSA will post instructions and supporting materials to the [LAL RD TA webpage](#). We will notify LALs of the submission deadline via HRSA EHBs.

Revised FY 2025 HRSA General Terms and Conditions

HRSA issued updated [FY 2025 HRSA General Terms and Conditions](#), which apply to all active awards.

Upcoming Events

Register for UDS Reporting Office Hour

BPHC is hosting a Uniform Data System (UDS) office hour where health centers will learn how to navigate and use the latest UDS data reports and explore how these tools and reports can be used to assist with program management and quality improvement. Whether you’re new to UDS or looking to refine your expertise, this session will provide practical strategies to optimize UDS data assets to support reporting practices.

Wednesday, August 13
 2:00 – 3:00 p.m. ET
[Register for the session](#)

This office hour will cover the following reports that are available in HRSA EHBs and HRSA Data Warehouse:

- UDS Summary Report

- UDS Health Center Trend Report
 - UDS Health Center Performance Comparison Report
 - UDS State and National Rollup Reports
 - HRSA Website Reports
-

Clinical Implications of Medetomidine Mixed with Opioids Webinar

The Centers for Disease Control and Prevention's (CDC) Division of Overdose Prevention is hosting a webinar on the clinical and public health implications of medetomidine-involved opioid overdose and withdrawal. This is an emerging public health problem; Clinicians and public health agencies need to be aware of how shifts in the drug supply over time, such as the addition of adulterants like medetomidine, might change patient signs, symptoms, and management during opioid overdose or withdrawal. Continuing education (CME and CNE) is available.

Thursday, August 7
11:00 a.m. – Noon ET
[Join the session](#)

Advancing Patient Centered Health Care Virtual Symposium

BPHC, in partnership with The Joint Commission (TJC), a HRSA-funded National Training and Technical Assistance Program, will host a virtual, half-day Advancing Patient Centered Health Care Symposium (APCHC). Participants will have the opportunity to hear from health centers about best practices and lessons learned from peers and experts in the fields of chronic disease management, behavioral health, and cancer prevention.

Thursday, August 21
11:00 a.m. – 3:30 p.m. ET
[Register for APCHC](#)

Newly Available Resources

2025 UDS Manual

The [2025 Uniform Data System \(UDS\) Manual \(PDF\)](#) is available. It provides detailed reporting instructions and example data tables that support calendar year (CY) 2025 UDS reporting. All HRSA-supported health centers must submit a full, aggregated 2025 UDS report within HRSA's Electronic Handbooks (EHBs) by February 15, 2026.

Key UDS measurement changes are also outlined in the [2025 UDS Program Assistance Letter \(PDF\)](#), now available on the [UDS Training and Technical Assistance webpage](#). Submit any inquiries related to UDS reporting updates via the [BPHC Contact Form](#) (*Uniform Data System > UDS Reporting*).

Updated Unmet Need Scores

HRSA recently relaunched the [Unmet Needs Score \(UNS\) map tool](#). We use the UNS to understand service area needs for primary and preventive health care services. You can find details about the calculation methodology and data sources in the [UNS User Guide](#) and [UNS Data Sources](#). You can use the UNS map tool to explore proposed health center service areas and to assist in your strategic planning efforts. If your organization is applying for [Health Center Program Look-alike initial designation](#), you must provide the UNS for your service area.

Publication

Study Examines Impact of Community Health Center Losses on County-Level Mortality

A recent study analyzing HRSA Health Center Program data found that the loss of a health center site was associated with increases in mortality. Read the [published article](#).

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5600 Fishers Lane | Rockville, MD 20857

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





**COMMUNITY HEALTH CENTERS
BOARD OF DIRECTORS
August 27, 2025**

1. Description: Sliding Fee Discount Program Policy

2. Summary:

This agenda item provides an update to the Sliding Fee Discount Program Policy and includes an updated corresponding Sliding Fee Scale Reference Guide.

3. Substantive Analysis:

The Sliding Fee Discount Program Policy is being updated to include pharmacy services, an update to the definition of family size, allow for self-attestation for homelessness and self-attestation of income as recommended by HRSA, and an increase in the medical sliding fee scale of \$10.00 dollars for each FPL %range to align with the dental sliding fee scale for nominal or discount fees as required and recommended under HRSA guidelines.

The Sliding Fee Discount Program Policy is enclosed, and the highlighted sections are additions to the policy.

The Sliding Fee Scale Reference Guide is enclosed with edits.

4. Fiscal Analysis & Economic Impact Statement:

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

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

Signed by:


 CA6A21FF2E0441 Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

 N/A
 Committee Name

 N/A
 Date Approved



**COMMUNITY HEALTH CENTERS
BOARD OF DIRECTORS
August 27, 2025**

6. Recommendation:

Staff recommends the Board approve the Sliding Fee Discount Program Policy with the attached updated sliding fee scale for primary care and pharmacy services.

Approved for Legal sufficiency:

Signed by:

0CF6F7DB6708124
Bernabe Icaza
SVP & General Counsel

Signed by:

2B4234F08784452
Joshua Adametz, DMD, MPH, MA
AVP & Executive Director
of Community Health Centers



Sliding Fee Discount Program Policy

Policy #:	501-13	Effective Date:	
Business Unit:	Revenue Cycle/Community Health Center/Pharmacy	Original Effective Date:	2/4/2022
Approval Group:	Revenue Cycle	Board Approval Date:	

PURPOSE

To ensure that no patient shall be denied service due to an individual’s inability to pay.

The Sliding Fee Discount Program is designed to provide a schedule of discounts to patients with no or limited means to pay for medicines and health care services provided by the Health Care District of Palm Beach County (“District”), through District Clinic Holdings, Inc. d/b/a Health Care District Community Health Center (“CHC”). All patients are entitled to financial assistance counseling to identify possible solutions and options for patients who do not have the ability to pay in full.

SCOPE

This policy applies to the Health Care District (“District”) of Palm Beach County Health Care District Community Health Centers (“CHC”), including Pharmacy, Finance, and Revenue Cycle stakeholders.

DEFINITIONS

Family - A group of individuals who are living together in the same household and are considered a **single economic unit sharing income and all expenses**. This includes:

- A householder and all persons living in the same household who are related to the householder by **birth, marriage, or legal adoption**.
- **Unrelated individuals** who are cohabiting and **share income and all expenses** as part of a single economic unit (e.g., domestic partners, unmarried couples).
- An **unborn child may be counted as a family member** when determining family size if there is medical documentation of an existing pregnancy and the pregnant individual is part of the household.



Economic Unit—An economic unit refers to all individuals living together who share income and expenses. It includes persons who rely on each other financially and combine resources to meet common living needs, such as housing, food, utilities, and transportation.

Economic units may consist of:

- Individuals related by birth, marriage, or legal adoption
- Unrelated individuals (e.g., domestic partners, cohabiting adults) who share financial responsibility
- Children or dependents under the care of any household member

Individuals living together but maintaining separate finances are considered **separate economic units and not part of the same household**.

Income - Income includes salary wages, gratuities, self-employment income, cash assistance or support, unemployment compensation, workers' compensation, Social Security, Supplemental Security income, disability benefits, public assistance, military or veterans' benefits, survivor benefits, pension or retirement income, annuities, savings account or other earned interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and any other miscellaneous monies received. Non-cash benefits (e.g., SNAP, WIC, housing subsidies, utility assistance, Medicaid, or CHIP) are excluded.

Homeless - a person is considered homeless if they lack a fixed, regular, and adequate nighttime residence. This includes individuals who:

- a. Live in places not meant for human habitation (e.g., streets, cars, parks, abandoned buildings)
- b. Reside in emergency shelters or transitional housing programs
- c. Are temporarily staying with others (i.e., "doubled up") due to loss of housing, economic hardship, or similar reason
- d. Stay in motels or hotels paid for by charitable organizations or government programs due to lack of housing
- e. Are exiting institutions (e.g., jail, hospital, treatment facility) without a stable housing plan
- f. Are fleeing domestic violence and have no safe, stable housing alternative
- g. Children and veterans who are at risk of being or becoming homeless
- h. Self-identify as homeless and meet any of the above conditions



Self-Attestation - Self-attestation is the process by which a patient formally declares and signs a statement verifying their housing status, including homelessness, income, and household size, when documentation is not reasonably available.

POLICY

It is the policy of the Health Care District Community Health Center ("CHC") to have a Sliding Fee Discount Program ("SFDP") in accordance with section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)) and related guidance issued by The Health Resources and Services Administration (HRSA) through the Health Center Program Compliance Manual, Chapter 9, which outlines the "sliding fee discount program" requirements for Federally Qualified Health Centers ("FQHC")/Community Health Centers ("CHC").

The sliding fee discount program (SFDP) shall apply to all HCDCHC services including: Primary Care (Adult, Pediatrics), Women's Health, Behavioral Health, Dental, Pharmacy (340B outpatient drugs), and inclusive of laboratory services, within the HRSA-approved scope of project as well as services provided via formal referral arrangements which shall apply uniformly to all patients to make available discount services to those in need.

The HCDCHC shall not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. All patients will be assessed for sliding fee discount eligibility unless the patient has declined or refused to provide such information.

The HCDCHC maintains a standard sliding scale fee schedule and separate operating procedures for qualifying patient discounts for services provided, which include:

1. The sliding fee discount schedule (SFDS) will be used to calculate the applicable discount and determine eligibility and is updated annually based on the current Federal Poverty Guidelines ("FPG") at <http://aspe.hhs.gov/poverty>.
2. Sliding fee scale discounts are available to patients with all incomes at or below 200% of the FPG. Discounts are determined based on household income and family size as defined in this policy.
 - a. Individuals and families with annual incomes at or below 100 percent of the FPG will be charged a nominal charge. The nominal charge shall not be a



barrier to accessing care and shall be based on the patient’s ability to pay. The nominal fees are nominal and do not reflect the full cost of services rendered.

- b. Individuals and families with annual incomes ranging from 101 percent to 150 percent of the FPG, 151 percent to 175 percent of the FPG, and 176 percent to 200 percent of the FPG shall receive a discount.
- c. No sliding fee discount will be provided to individuals and families with annual incomes above 200 percent of the Federal Poverty Guidelines.

FPL %	100% or Below	100% to 150%	150% to 175%	175% to 200%	Over 200%
Sliding Fee	Nominal Fee	Discount	Discount	Discount	No Discount

- 3. It is the policy of CHC to ensure that the patient's ability to pay is considered when charging a nominal fee.
- 4. It is the policy of CHC to serve patients experiencing homelessness or economic hardship and permit the use of self-attestation of income when patients are unable to provide standard documentation of income due to circumstances such as homelessness, irregular employment, or crisis situations. Acceptable situations for Self-Attestation:
 - a. The patient is experiencing homelessness or housing instability
 - b. The patient earns income through non-traditional or cash-based work
 - c. The patient is temporarily unemployed or unable to access documentation
 - d. The patient is fleeing domestic violence or is in a crisis situation.
- 5. Patients eligible for the sliding fee discounts and with insurance/third-party coverage will be charged the lesser of their liability or what they would be charged as an uninsured sliding fee patient.
- 6. The effective period for approved discounts is twelve (12) months, from the date of approval. All patients will be reassessed annually for SFS eligibility based on income and family size.

The CHC shall inform all patients of the availability of the SFDP through various methods, such as posting signage in the waiting area at all clinic sites, in printed material, and published on the Health Care District of Palm Beach County website to include a statement that will be translated into the appropriate language (s)/dialect and literacy levels appropriate for the patient population. CHC shall clearly explain the eligibility criteria, documentation requirements, and application process to help patients understand and access the program.



Designated staff periodically conduct patient surveys with patients who were charged a nominal or discount fee, which allows patients to provide feedback about the Sliding Fee Scale Discount Program.

The Board of Directors will review the Sliding Fee Discount Program Policy at least once every three (3) years to assess if the current sliding fee discount program is effectively addressing patient needs, that it does not create a barrier to care, and that the sliding fee scale is aligned with updated Federal Poverty Guidelines (“FPG”). The evaluation method may include, through the use of tools, data analysis on patient utilization within the sliding fee schedules, patient satisfaction surveys, focus groups, and similar methods to ensure that the sliding fee patients of all classes are accessing services, to ensure the SFDP is effectively reducing financial barriers to care for patients based on income levels. Corrective action will be taken to implement changes as needed.

The HCDSFS (Sliding Fee Scale) Reference Guide correlates with this policy as part of this policy for reference. This guide is updated each year.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	Waiver of Fee, Sliding Fee Scale Procedure
Related Forms	Sliding Fee Scale Application, Sliding Fee Scale Reference Guide
Reference(s)	Section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b), HRSA Health Center Program Compliance Manual, Chapter 9, Sliding Fee Discount Program Bureau of Primary Health Care
Dynamic Health/EBSCO link:	



APPROVALS	
Final approver	Darcy Davis
Final approval date	(Enter Approval Date)

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

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2025 CHC Sliding Fee Scale Reference Guide

2025 Federal Poverty Guidelines (FPG)					
Poverty Level	Dollars Per Year - Annual Income				
	Below: <100%	>100% to 150%	>150% to 175%	>175% to 200%	Over: > 200%
Family Size	A	B	C	D	E
1	15,650.00	15,650.00 - 23,475.00	23,475.00 - 27,387.50	27,387.50 - 31,300.00	31,300.00
2	21,150.00	21,150.00 - 31,725.00	31,726.00 - 37,012.50	37,012.50 - 42,300.00	42,300.00
3	26,650.00	26,650.00 - 39,975.00	39,976.00 - 46,637.50	46,637.50 - 53,300.00	53,300.00
4	32,150.00	32,150.00 - 48,225.00	48,226.00 - 56,262.50	56,262.50 - 64,300.00	64,300.00
5	37,650.00	37,650.00 - 56,475.00	56,476.00 - 65,887.50	65,887.50 - 75,300.00	75,300.00
6	43,150.00	43,150.00 - 64,725.00	64,726.00 - 75,512.50	75,513.50 - 86,300.00	86,300.00
7	48,650.00	48,650.00 - 72,975.00	72,976.00 - 85,137.50	85,137.50 - 97,300.00	97,300.00
8	54,150.00	54,150.00 - 81,225.00	81,226.00 - 94,762.50	94,762.50 - 108,300.00	108,300.00
For family units with more than 8 members, add \$5,500 for each additional member. Example: Family of 9 FPG = \$54,150 + \$5,500 = \$59,650					
Sliding Fee Scale					
Services: Primary Care (Adult/Pediatrics), Women's Health, Behavioral Health, Dental					
Service Type:	100% or below Fee: Cost for Service	101% to 150% Fee: Cost for Service	151% to 175% Fee: Cost for Service	176% to 200% Fee: Cost for Service	Over 200% Self Pay/ No Discount
Primary Care Adult & Pediatric	\$20.00 \$30.00	\$40.00 \$50.00	\$60.00 \$70.00	\$80.00 \$90.00	Self Pay/No Discount
Women's Health	\$20.00 \$30.00	\$40.00 \$50.00	\$60.00 \$70.00	\$80.00 \$90.00	Self Pay/No Discount
Mental Health	\$20.00 \$30.00	\$40.00 \$50.00	\$60.00 \$70.00	\$80.00 \$90.00	Self Pay/No Discount
Dental	\$30.00	\$50.00	\$70.00	\$90.00	Self Pay/No Discount
Pharmacy Services					
Pharmacy Medications	\$5.00 Fee is charged for each medication, and includes the dispensing fee.	\$7.00 Fee is charged for each medication, and includes the dispensing fee.	\$9.00 Fee is charged for each medication, and includes the dispensing fee.	\$11.00 Fee is charged for each medication, and includes the dispensing fee.	Drug Cost + Dispensing Fee
<p>All service fees apply separately to each individual service. If you have multiple services on the same day, each service will have its own fee.</p> <p>Lab Services are covered by the Sliding Fee Scale Fee</p> <p>The Sliding Fee Scale is updated each calendar year.</p>					



**COMMUNITY HEALTH CENTERS
BOARD OF DIRECTORS
August 27, 2025**

1. Description: Waiver of Fees Policy

2. Summary:

This agenda item provides the Waiver of Fees Policy for the Community Health Centers, and now includes pharmacy services.

3. Substantive Analysis:

The Waiver of Fees policy is designed to waive the Sliding Fee Scale Discount or out-of-pocket cost assigned to patients for medicines and health care services, provided by the Health Care District

4. Fiscal Analysis & Economic Impact Statement:

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

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

Signed by:


 CA6A21FF2E094631 Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

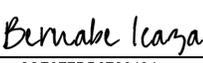
_____ N/A
 Committee Name

_____ N/A
 Date Approved

6. Recommendation:

Staff recommends the Board approve the updated Waiver of Fees Policy.

Approved for Legal sufficiency:

Signed by:


 0CF6F7DB6706434 Bernabe Icaza
 SVP & General Counsel

Signed by:


 2B4234F08784452 Joshua Adametz, DMD, MPH, MA
 AVP & Executive Director
 of Community Health Centers



Waiver of Fees Policy

Policy #:	522-19	Effective Date:	
Business Unit:	Community Health Centers	Original Effective Date:	11/27/2019
Approval Group:	HCD Revenue Cycle	Board Approval Date:	

PURPOSE

This policy provides guidance regarding the waiver of potential fees. It applies to all patients, regardless of payment source, with an unforeseen special circumstance that limits their ability to pay for services. In those identified cases, the patient may have fees waived or reduced, as needed and based on individual circumstances, so that the patient is not denied service based on their inability to pay.

The Waiver of Fees is designed to waive the Sliding Fee Scale Discount or out-of-pocket cost assigned to patients **for medicines** and health care services provided by the Health Care District of Palm Beach County (“District”), through District Clinic Holdings, Inc. d/b/a Health Care District Community Health Center (“CHC”). All patients are entitled to financial assistance counseling to identify possible solutions and options for patients who do not have the ability to pay in full.

SCOPE

This policy applies to the Health Care District (“District”) of Palm Beach County Health Care District Community Health Centers (“CHC”), including Pharmacy, Finance, and Revenue Cycle stakeholders.

DEFINITIONS

1. **Hardship** – A personal hardship is a difficult or unpleasant situation that prevents a patient from being able to afford the cost of needed healthcare services and access to care. Hardships can be caused by many things, including financial difficulties, loss, or crisis.



POLICY

It is the policy of the Health Care District Community Health Center (“CHC”) to identify specific circumstances for patients in which the health center will waive or reduce fees or payments required due to any patient’s inability to pay. This policy applies to the following services: Primary Care (Pediatrics, Adult), Women’s Health, Behavioral Health, Dental, and Pharmacy (340B). The CHC may waive or reduce fees or payments on a case-by-case basis under certain limited circumstances to ensure that no patient will be denied such services due to the individual’s inability to pay for such services after consideration of the patient’s financial need, so long as:

- The waiver is not offered as part of any advertisement or solicitation;
- Waivers are not routinely made and are only offered on a case-by-case basis based on financial need;
- This applies to areas such as the sliding fee schedule discounts, coinsurance, or deductible amounts;
- The waiver is applied uniformly to all patients, regardless of payment source, who experience extenuating circumstances, qualified hardship, coupled with an inability to pay and qualify based on their Waiver of Fees Application.

The CHC maintains a waiver of fee standard operating procedure (“SOP”).

1. Eligibility Criteria:
 - a. The income level will be based on FPL guidelines, household size, and required documentation.
 - b. Requests for a waiver of fees may be initiated by clinical staff, administrative staff, the pharmacy, or the patient. Any individual identifying a potential financial hardship that prevents a patient from accessing necessary care may recommend a fee waiver. Patients may also directly request a waiver at the time of service, during registration, or through outreach or case management teams.
2. Waived or Reduced Fees
 - a. CHC may consider waiving or reducing fees when a patient expresses sudden hardship due in part to the following circumstances:



- Homelessness, the lack of a fixed, regular, and adequate nighttime residence. This includes individuals who:
 - Live in places not meant for human habitation (e.g., streets, cars, parks, abandoned buildings)
 - Reside in emergency shelters or transitional housing programs
 - Are temporarily staying with others (i.e., “doubled up”) due to loss of housing, economic hardship, or similar reason
 - Stay in motels or hotels paid for by charitable organizations or government programs due to lack of housing
 - Are exiting institutions (e.g., jail, hospital, treatment facility) without a stable housing plan
 - Are fleeing domestic violence and have no safe, stable housing alternative
 - Children and veterans who are at risk of being or becoming homeless
 - Self-identify as homeless and meet any of the above conditions
- Displacement due to natural or human-caused disaster (fire, hurricane, flood, tornado, or other);
- Medical diagnosis or emergency requiring significant out-of-pocket costs for medical care that the patient is unable to pay;
- Other explained extenuating circumstances, which may include but are not limited to:
 - Unexpected increase in necessary expenses due to caring for an ill, disabled, or aging family member;
 - Loss of residence due to eviction/foreclosure;
 - Utility shut-off notices;
 - Domestic violence.

3. Waiver Application

- a. Patients will be required to complete a waiver of fees application and provide proof, where appropriate and applicable, of the claimed circumstance for which a waiver request is submitted.
- b. The patient’s ability to pay will be considered for each request.
- c. The decision to waive fees will be applied and made available consistently to all qualified patients.
- d. The CHC shall not discriminate based on an individual’s race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.
- e. Waiver of Fee applications are reviewed by the designated team or



supervisor, in consultation with administrative leadership as needed. Approval is based on documented financial hardship and circumstances, as outlined in this WOF policy. All waiver decisions will be documented in the patient’s record, including the reason for the waiver and the approving authority.

4. Waiver Status Timeframe

- a. The waiver of fees may be granted for a period of three (3) to twelve (12) months, depending upon the severity of the financial and other hardships, such as homelessness.

EXCEPTIONS

This policy does not apply to patients who are experiencing routine financial hardships.

RELATED DOCUMENTS	
Related Policy Document(s)	501-13 Sliding Fee Scale Discount Policy,
Related Forms	522-19A Waiver of Fee Procedure, 522-19C Waiver of Fee Application
Reference(s)	Health Resources & Services Administration (HRSA) Health Center Program Compliance Manual - Chapter 16: Billing and Collections Bureau of Primary Health Care
Dynamic Health/EBSCO link:	

APPROVALS	
Final approver	Darcy Davis
Final approval date	(Enter Approval Date)

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

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**COMMUNITY HEALTH CENTERS
BOARD OF DIRECTORS
August 27, 2025**

1. Description: District Clinic Holdings, Inc. Financial Report June 2025

2. Summary:

The June 2025 financial statements for the District Clinic Holdings, Inc. are presented for Board review.

3. Substantive Analysis:

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

4. Fiscal Analysis & Economic Impact Statement:

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

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

Signed by:

 CA6A21FF2E09481
 Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved



**COMMUNITY HEALTH CENTERS
BOARD OF DIRECTORS
August 27, 2025**

6. Recommendation:

Staff recommends the Board approve the June 2025 District Clinic Holdings, Inc. financial statements.

Approved for Legal sufficiency:

Signed by:

Bernabe Icaza

0CF6F7DB6706434... Bernabe Icaza

SVP & General Counsel

Signed by:

Jessica Cafarelli

CA6A21FF2E09481J Jessica Cafarelli

VP & Chief Financial Officer

Signed by:

Joshua Adametz

J284P54F087E14877 Joshua Adametz, DMD, MPH, MA

AVP & Executive Director of Community Health Centers



MEMO

To: Board of Directors
From: Jessica Cafarelli
VP, Chief Financial Officer
Date: August 27, 2025

Subject: Management Discussion and Analysis as of June 2025 C.L. Brumback Primary Care Clinic Financial Statements.

The June financial statements represent the financial performance through the ninth month of the 2025 fiscal year for the C.L. Brumback Primary Care Clinics. On the Comparative Statement of Net Position, total assets decreased \$1.1M. Due from Other Governments decreased \$1.6M primarily as a result of Low Income Pool (LIP) payments received for the year and tried up to actual receipts. Cash increased \$504k from normal business operations.

On the Statement of Revenues and Expenses, net patient revenue YTD was unfavorable to budget by (\$1.2M) or (11.4%) primarily due to unanticipated increases in charity care and bad debt classification as well as LIP shortfall. Gross patient revenue YTD was favorable to budget by \$3.4M. Total YTD revenues were unfavorable to budget by (\$3.0M) or (16.2%). YTD grant revenue is unfavorable by (\$1.9M) due to grant accrual timing as well as unanticipated reduction in funding. Several grants that were budgeted were not awarded; this accounts for approximately \$1.2M of the unfavorable variance. At this time, staff does not anticipate additional grants being awarded and recognized this fiscal year. To offset this variance, staff identified opportunities to reduce expenses to remain within budget. Operational expenses before depreciation were favorable to budget by \$6.6M due to timing differences in expenses and staffing. Positive variances YTD in salaries, wages, and benefits were \$5.5M. YTD net margin was a loss of (\$20.2M) compared to the budgeted loss of (\$25.8M) resulting in a favorable variance of \$5.5M or (21.5%). YTD, the District has transferred in \$21.3M to fund clinic operations.

Net patient revenue YTD for the Medical clinics was unfavorable to budget by (\$640k). The Medical clinics YTD gross patient revenue was favorable to budget by \$1.3M. The Medical clinics total YTD revenue was unfavorable to budget by (\$2.4M) due primarily to a decrease in grant revenue. Grant revenue recognition had a negative impact on overall revenue of (\$1.9M). Total operating expenses of \$19.2M were favorable to budget of \$23.6M by \$4.4M or 18.8%. The positive variance is mostly due to salaries, wages, and benefits of \$3.4M, and medical supplies of \$490k. Timing differences in expenses and staffing are driving these favorable YTD variances. YTD net margin was a loss of (\$14.4M) compared to the budgeted loss of (\$17.7M) resulting in a favorable variance of \$3.2M or (18.4%).

Net patient revenue YTD for the Dental clinics was unfavorable to budget by (\$603k). The Dental clinics total YTD gross patient revenue was unfavorable to budget by (\$515k). Total YTD operating expenses of \$4.3M were favorable to budget by \$382k, with timing differences in staffing primarily accounting for this favorable variance. Total YTD net margin was favorable to budget by \$99k or (3.8%).



Net patient revenue YTD for the Behavioral Health clinics was favorable to budget by \$50k. The Behavioral Health clinics total YTD gross patient revenue was favorable to budget by \$2.6M. Total YTD operating expenses of \$3.1M were favorable to budget by \$1.8M, with timing differences in staffing primarily accounting for this favorable variance. Total YTD net margin was favorable to budget by \$2.2M or (40.5%).

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

	June 30, 2025	May 31, 2025	Increase (Decrease)
Assets			
Cash and Cash Equivalents	\$ 2,243,164	\$ 1,738,667	\$ 504,496
Accounts Receivable, net	2,819,741	2,702,615	117,126
Due From Other Governments	1,451,494	3,008,080	(1,556,586)
Other Current Assets	411,593	441,796	(30,203)
Net Investment in Capital Assets	5,288,283	5,359,552	(71,269)
Right Of Use Assets	8,212,573	8,306,236	(93,664)
Total Assets	\$ 20,426,847	\$ 21,556,947	\$ (1,130,100)
Liabilities			
Accounts Payable	473,742	412,669	61,073
Deferred Revenue-	5,002	5,835	(833)
Accrued Interest	34,084	34,357	(272)
Other Current Liabilities	3,530,895	3,171,756	359,139
Lease Liability	7,790,840	7,870,466	(79,626)
Non-Current Liabilities	1,262,198	1,287,318	(25,120)
Total Liabilities	13,096,760	12,782,401	314,360
Deferred Inflows of Resources			
Deferred Inflows	\$ 66,853	\$ 66,853	\$ 0
Net Position			
Net Investment in Capital Assets	5,288,283	5,359,552	(71,269)
Unrestricted	1,974,951	3,348,141	(1,373,190)
Total Net Position	7,263,234	8,707,694	(1,444,460)
Total Liabilities, Deferred Inflows of Resources and Net Position	\$ 20,426,847	\$ 21,556,947	\$ (1,130,100)

Note: Amounts may not foot due to rounding.

	Oct-24	Nov-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Year to Date
Gross Patient Revenue	\$ 3,463,909	\$ 2,991,655	\$ 2,812,330	\$ 2,524,048	\$ 3,822,944	\$ 3,684,741	\$ 3,318,653	\$ 3,138,982	\$ 28,794,301
Contractual Allowance	1,230,872	846,040	894,111	891,075	920,787	1,626,691	1,275,048	1,214,829	9,654,899
Charity Care	1,196,335	1,035,483	924,346	865,301	1,309,874	1,246,642	1,110,164	1,080,597	9,867,253
Bad Debt	704,322	429,668	488,188	523,591	471,481	629,771	439,594	497,254	4,748,900
Total Contractuals and Bad Debt	3,131,528	2,311,191	2,306,645	2,279,967	2,702,142	3,503,103	2,824,806	2,792,680	24,271,052
Other Patient Revenue	561,333	561,333	645,491	585,578	582,372	530,338	570,165	200,515	4,798,457
Net Patient Service Revenue	893,713	1,241,797	1,151,175	829,659	1,703,174	711,976	1,064,012	546,818	9,321,706
Collection %	25.80%	41.51%	40.93%	32.87%	44.55%	19.32%	32.06%	17.42%	32.37%
Non-Operating Revenues									
Grants	514,544	740,790	603,899	633,632	696,247	755,771	799,624	686,200	5,803,357
Other Revenue	25,544	5,756	1,088	52,092	34,374	1,480	1,321	908	156,132
Total Other Revenues	\$ 540,088	\$ 746,545	\$ 604,987	\$ 685,724	\$ 730,621	\$ 757,252	\$ 800,945	\$ 687,107	\$ 5,959,489
Total Non-Operating Revenues	\$ 1,433,801	\$ 1,988,342	\$ 1,756,162	\$ 1,515,383	\$ 2,433,795	\$ 1,469,227	\$ 1,864,957	\$ 1,233,925	\$ 15,281,195
Direct Operating Expenses:									
Salaries and Wages	1,777,415	1,748,215	1,759,915	1,761,205	1,996,481	1,897,695	2,323,248	1,830,212	17,002,888
Benefits	432,027	639,602	585,302	485,230	490,607	488,708	663,105	487,675	4,564,812
Purchased Services	12,929	22,360	30,717	39,569	48,496	41,537	18,370	27,382	287,403
Medical Supplies	68,475	49,343	80,343	72,325	92,799	77,773	57,451	108,494	662,615
Other Supplies	6,167	19,844	22,170	19,138	57,625	28,898	19,889	39,754	234,917
Medical Services	103,925	95,313	64,076	69,030	26,073	34,091	37,522	6,186	526,366
Drugs	61,289	67,731	60,760	65,626	77,434	98,839	67,669	56,459	610,993
Repairs and Maintenance	52,025	41,102	33,724	44,679	38,410	93,964	15,541	87,739	468,462
Lease and Rental	180,498	143,397	61,812	50,818	146,865	122,214	99,247	66,619	1,043,825
Utilities	3,195	11,841	13,205	12,645	14,046	10,564	10,350	12,293	101,133
Other Expense	44,142	98,523	80,439	85,523	106,960	67,614	90,287	80,542	707,267
Interest Expense	16,511	55,677	35,698	35,740	34,896	34,051	34,357	34,084	316,445
Principal Expenditure	1,606	50,497	-	(576)	-	(51,527)	-	-	-
Insurance	6,635	6,635	6,635	6,635	6,635	6,635	5,927	5,927	58,303
Total Operating Expenses	2,766,839	3,050,082	2,807,592	2,747,587	3,137,328	2,951,056	3,442,962	2,843,368	26,585,429
Net Performance before Depreciation & Overhead Allocations	\$ (1,333,038)	\$ (1,061,740)	\$ (1,082,453)	\$ (1,232,204)	\$ (703,532)	\$ (1,481,828)	\$ (1,578,005)	\$ (1,609,443)	\$ (11,304,233)
Depreciation	87,165	166,932	126,926	114,805	161,872	163,335	163,230	164,933	1,264,282
<i>Overhead Allocations:</i>									
OH Risk Management	12,674	10,468	10,570	10,084	8,910	7,687	4,873	7,547	83,182

	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Year to Date
OH Revenue Cycle	76,173	58,628	87,253	47,507	97,622	77,137	71,533	54,732	60,912	631,497
OH Internal Audit	3,844	3,009	2,478	2,016	1,900	2,061	2,017	1,209	2,017	20,551
Home Office Facilities	28,469	21,511	16,029	22,161	37,737	23,388	22,650	20,528	8,819	201,292
OH Administration	19,054	16,540	14,636	6,306	15,732	17,030	26,166	8,739	16,024	140,227
OH Human Resources	122,937	105,519	102,453	103,551	122,808	109,119	109,810	99,341	84,661	960,199
Legal	55,244	32,069	26,771	27,544	25,895	28,635	27,958	23,915	32,078	280,109
Records	4,254	3,444	4,660	4,784	3,988	4,236	4,126	2,846	4,053	36,391
OH Compliance	14,592	15,279	14,663	14,870	13,967	15,055	16,145	12,098	16,730	133,399
IT Operations	22,627	43,480	52,077	53,115	49,156	44,499	49,253	41,006	100,519	455,732
IT Security	17,676	28,314	3,226	12,874	18,694	16,302	16,146	12,286	15,620	141,138
OH Finance	48,235	38,992	47,994	42,960	40,847	49,635	44,966	30,131	47,194	390,954
Corporate Communications	16,284	14,653	14,656	14,302	13,614	15,438	17,361	9,548	17,186	133,042
OH Information Technology	24,675	20,492	20,150	20,119	18,936	20,927	21,396	8,393	18,017	173,105
IT Applications	264,361	84,357	194,313	253,644	178,935	149,146	63,217	238,357	144,970	1,571,300
IT Service Center	56,523	38,529	44,993	34,566	35,479	44,753	29,316	33,947	31,796	349,902
Corporate Quality	22,066	19,497	21,756	21,542	21,718	23,073	27,545	19,285	35,724	212,206
OH Security Services	61,071	62,445	55,853	50,226	66,682	54,508	32,188	38,535	73,295	494,803
OH Supply Chain	22,217	24,128	22,354	10,315	7,180	20,441	19,230	12,174	17,536	155,575
HIM Department	12,735	11,992	12,324	11,979	12,747	13,590	12,034	5,610	9,187	102,198
OH Coding	24,741	23,865	24,168	22,450	21,656	23,763	23,006	14,188	23,301	201,138
OH Reimbursement	953	185	530	459	463	501	2,587	1,432	2,461	9,571
OH Clinical Labor Pool	13,086	12,292	13,260	11,682	10,264	13,287	10,195	9,856	11,177	105,099
District Nursing Admin	29,065	29,316	32,018	31,377	29,556	36,112	35,562	21,509	42,467	286,982
District Operations Admin	24,854	16,298	21,158	21,336	20,491	23,029	21,059	24,109	-	172,334
OH Mail Room	3,566	3,087	3,269	3,651	4,187	4,114	4,001	3,061	4,047	32,983
OH Patient Experience	-	-	1,817	1,670	1,673	1,817	1,769	1,154	1,769	11,669
OH External Affairs	4,618	7,899	4,927	5,375	3,742	6,058	5,547	3,712	4,354	46,232
OH Strategic Initiatives and Projects	-	-	39,695	15,770	16,345	12,061	10,565	6,595	10,861	111,892
Total Overhead Allocations	1,006,594	746,288	910,051	878,520	902,098	858,625	735,035	763,169	844,322	7,644,702
Total Expenses	3,860,598	3,963,302	3,844,570	3,832,218	3,764,490	4,157,825	3,849,426	4,369,361	3,852,623	35,494,412
Net Margin	\$ (2,426,797)	\$ (1,974,960)	\$ (2,258,967)	\$ (2,076,056)	\$ (2,249,107)	\$ (1,724,029)	\$ (2,380,199)	\$ (2,504,404)	\$ (2,618,699)	\$ (20,213,217)
Capital Contributions.	-	-	-	9,221	28,085	94,980	6,326	102,205	-	240,817
General Fund Support/Transfer In	-	-	\$7,331,296	-	-	\$6,323,178	-	-	\$7,679,475	\$21,333,950

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

For The Ninth Month Ended June 30, 2025

	Chronic Administration	Belle Glade Medical Clinic	Dolray Medical Clinic	Lantana Medical Clinic	Mangoon Park Medical Clinic	West Palm Beach Medical Clinic	Julier Medical Clinic	Lake Worth Medical Clinic	Lewis Center Medical Clinic	West Boca Medical Clinic	St Ann Place Medical Clinic	Mobile Warrior	Mobile Van Scout	Mobile Van Hero	Atlantis Medical Clinic	Port Medical Clinic	Total
Gross Patient Revenue	\$ (1,970)	\$ 1,720,558	\$ 1,770,686	\$ 1,665,943	\$ 2,156,852	\$ 3,226,284	\$ 1,020,121	\$ 1,108,803	\$ 179,113	\$ 583,727	\$ 47,985	\$ 205,511	\$ -	\$ 261,776	\$ 2,544,988	\$ -	\$ 16,490,378
Contractual Allowance	(2,353)	651,267	545,846	440,041	1,067,392	913,185	313,636	294,272	84,953	253,763	15,176	39,890	2	131,595	543,677	(8,639)	5,282,702
Charity Care	308	491,525	530,971	635,462	354,942	1,064,054	440,726	436,859	37,276	228,291	9,266	109,528	-	92,041	1,000,640	(1,051)	5,399,841
Bad Debt	(869)	255,858	275,300	699,608	709,246	599,776	91,848	266,352	17,338	15,442	8,567	20,398	40	22,814	(32,854)	6,328	2,553,384
Total Contractual Allowances and Bad Debt	(2,914)	1,396,651	1,382,117	1,745,111	2,131,580	2,907,015	826,210	991,463	139,570	495,496	33,008	176,016	42	216,450	1,221,464	(2,362)	13,234,957
Other Patient Revenue	-	331,461	296,961	433,936	142,780	685,246	153,081	190,425	47,324	181,013	11,507	27,438	-	25,697	638,598	-	3,165,567
Net Patient Revenue	944	653,368	715,530	354,768	1,68,053	1,404,615	346,992	301,745	86,867	269,243	26,484	56,932	(42)	71,023	1,962,133	2,382	6,421,007
Collection %	(47.92%)	37.87%	40.41%	21.30%	7.79%	43.54%	34.01%	27.23%	48.50%	46.12%	55.19%	27.70%	-	27.13%	77.10%	-	38.94%
Grants	845,810	477,076	391,886	274,046	393,908	485,936	200,084	192,121	16,173	108,676	18,749	58,748	-	95,978	682,457	-	4,211,627
Other Revenue	149,901	4,621	-	-	-	-	-	-	-	-	-	-	-	-	-	-	154,522
Total Other Revenues	995,711	481,698	391,886	274,046	393,908	485,936	200,084	192,121	16,173	108,676	18,749	58,748	-	95,978	682,457	-	4,366,149
Total Revenues	\$ 996,655	\$ 1,135,066	\$ 1,107,936	\$ 628,814	\$ 531,961	\$ 1,890,550	\$ 547,076	\$ 493,865	\$ 103,039	\$ 377,919	\$ 45,233	\$ 115,680	\$ (42)	\$ 167,001	\$ 2,644,580	\$ 2,382	\$ 10,787,156
Direct Operational Expenses:																	
Salaries and Wages	2,643,832	1,418,508	1,079,679	641,428	528,236	1,454,877	600,617	477,992	31,240	346,157	21,760	173,023	-	278,390	2,076,521	-	11,721,317
Benefits	769,956	388,018	347,374	180,629	185,138	346,086	137,876	153,146	-	75,981	2,067	58,025	-	76,638	547,382	-	3,286,308
Purchased Services	129,199	20,407	21,156	7,369	7,113	21,491	9,948	21,090	2,646	17,193	-	-	-	-	6,686	-	264,239
Medical Supplies	43	35,013	67,417	22,184	58,389	81,415	22,678	25,506	4,726	23,501	3,178	1,462	984	169	35,714	-	382,400
Other Supplies	4,907	11,428	10,994	2,373	11,589	6,049	3,596	3,342	1,251	2,768	230	4,701	1,325	5,182	105,646	-	175,381
Medical Services	-	687,590	93,953	27,848	37,278	71,961	51,926	107,326	4,504	18,093	2,303	4,701	-	43,022	43,022	-	526,386
Drugs	-	46,530	98,821	166,753	181,885	147,863	1,292	5,229	222	10,388	8	66	-	171	15,465	-	610,993
Repairs and Maintenance	358,677	7,511	6,127	2,328	13,030	3,123	2,800	4,350	1,199	2,800	1,255	5,523	240	7,466	15,662	-	450,124
Lease and Rental	-	69,637	64,783	74,207	65,000	124,679	160	92,115	140	60,457	80	80	40	70	252,895	-	804,344
Utilities	-	17,417	13,749	17,555	5,627	17,755	8,755	6,167	1,332	5,042	1,125	5,042	-	18,850	18,850	-	80,793
Other Expense	65,245	56,513	52,885	63,479	71,461	19,444	19,444	29,484	12,103	14,475	5,049	3,823	66	11,795	64,180	-	517,046
Interest Expense	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Insurance	-	3,242	3,420	5,254	348	6,747	1,626	2,766	74	1,267	-	9,928	-	9,928	2,451	-	56,977
Total Operating Expenses	3,971,859	2,142,973	1,912,858	1,178,872	1,117,865	2,339,218	867,243	939,149	59,437	604,641	37,046	256,650	12,582	389,768	3,337,111	-	19,167,273
Net Performance before Depreciation & Overhead Allocations	(2,975,204)	(1,007,907)	(805,462)	(550,058)	(585,904)	(448,668)	(320,167)	(445,284)	43,603	(226,722)	8,187	(140,969)	(12,624)	(222,766)	(692,531)	2,382	(6,380,116)
Depreciation	3,907	72,175	29,248	5,721	18,101	18,420	1,587	1,693	750	7,456	750	750	9,375	750	132,101	-	302,786
Overhead Allocations:																	
OH Risk Management	56,024	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	56,024
OH Revenue Cycle	315,749	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	315,749
OH Internal Audit	13,840	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13,840
Home Office Facilities	162,684	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	162,684
OH Administration	94,445	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	94,445
OH Human Resources	625,505	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	625,505
Legal	188,659	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	188,659
Records	24,510	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	24,510
OH Compliance	89,847	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	89,847
IT Operations	306,945	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	306,945
IT Security	95,060	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	95,060
OH Finance	263,314	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	263,314
Corporate Communications	89,607	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	89,607
OH Information Technology	116,590	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	116,590
IT Applications	999,561	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	999,561
IT Service Center	235,666	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	235,666
Corporate Quality	142,926	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	142,926
OH Security Services	349,788	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	349,788
OH Supply Chain	104,784	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	104,784
HIM Department	68,830	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	68,830
OH Coding	135,473	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	135,473
OH Reimbursement	6,446	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6,446
OH Clinical Labor Pool	70,787	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	70,787
District Nursing Admin	193,288	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	193,288
District Operations Admin	116,070	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	116,070
OH Mail Room	22,216	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	22,216
OH Patient Experience	7,860	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7,860
OH External Affairs	31,136	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	31,136
OH Strategic Initiatives and Projects	75,361	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	75,361
Total Overhead Allocations	5,002,971	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,002,971
Total Expenses	8,985,310	2,215,148	2,065,400	1,184,594	1,193,977	2,357,638	950,237	1,047,760	60,187	677,559	37,796	257,400	21,957	390,518	3,782,342	-	25,227,822
Net Margin	\$ (7,988,654)	\$ (1,080,085)	\$ (958,004)	\$ (555,779)	\$ (662,016)	\$ (467,068)	\$ (403,161)	\$ (553,895)	\$ 42,853	\$ (298,640)	\$ 7,487	\$ (441,719)	\$ (21,989)	\$ (223,518)	\$ (1,137,763)	\$ 2,382	\$ (14,440,666)
Capital Contributions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	69,657
Transfer In/(Out)	\$ 14,371,009	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ 14,371,009

Primary Care Medical Statement of Revenues and Expenses
For The Ninth Month Ended June 30, 2025

	Current Month				Fiscal Year To Date					
	Actual	Budget	Variance	%	Prior Year	Variance	%	Prior Year	Variance	%
	21,415	34,544	13,129	38.0%	23,865	2,450	10.3%	291,521	55,855	19.2%
	-	-	-	-	15,287	15,287	-	-	125,496	125,496
	24,061	14,978	(9,083)	(60.6%)	19,443	(4,618)	(23.8%)	134,876	(8,050)	(6.0%)
	51,814	40,782	(11,032)	(27.1%)	27,060	(24,754)	(91.5%)	17,250	17,250	4.7%
	11,811	15,779	3,968	25.1%	16,406	4,595	28.0%	133,700	28,916	21.6%
	6,187	9,065	2,878	31.7%	10,118	3,931	38.9%	81,585	25,337	26.9%
	15,694	19,639	3,945	20.1%	21,331	5,637	26.4%	167,254	31,781	19.0%
	1,657	1,769	112	6.3%	2,136	479	22.4%	16,867	10,421	61.8%
	7,528	8,355	827	9.9%	9,614	2,086	21.7%	62,419	(8,368)	(13.4%)
	28,602	28,165	(437)	(1.6%)	14,718	(13,884)	(94.3%)	186,438	(6,850)	(3.7%)
	-	9,709	9,709	-	7,120	7,120	-	74,100	(41,970)	(56.6%)
	2,726	3,385	659	19.5%	2,444	(282)	(11.5%)	30,300	8,084	26.7%
	1,192	3,889	2,697	69.3%	-	(1,192)	-	-	(7,860)	-
	2,932	2,595	(337)	(13.0%)	-	(2,932)	-	(31,136)	(31,136)	-
	7,315	12,556	5,241	41.7%	-	(7,315)	-	-	(75,361)	-
	575,491	710,430	134,939	19.0%	676,972	101,481	15.0%	5,743,077	740,106	12.9%
	2,577,494	3,407,404	829,910	24.4%	3,308,578	731,084	22.1%	26,740,341	3,512,519	12.2%
	\$ (1,775,494)	\$ (2,060,088)	\$ 284,594	(13.8%)	\$ (1,930,393)	\$ 154,899	(8.0%)	\$ (16,322,538)	\$ 1,884,872	(11.5%)
	-	10,478	(10,478)	-	6,432	(6,432)	-	541,412	(471,755)	(87.1%)
	\$ 5,430,089	\$ 2,333,333	\$ 3,096,756	132.7%	\$ 2,306,395	\$ (3,123,694)	(135.4%)	\$ 15,781,126	\$ 1,410,117	8.9%

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

	Dental Clinic Administration	Belle Glade Dental Clinic	Delray Dental Clinic	Lantana Dental Clinic	West Palm Beach Dental Clinic	Atlantis Dental Clinic	Port Dental Clinic	Total
Gross Patient Revenue	-	\$ 1,386,541	\$ 2,208,714	\$ 880,367	\$ 2,891,948	\$ 1,022,872	\$ 25,320	\$ 8,415,763
Contractual Allowance	-	622,130	628,492	385,183	1,010,455	148,018	25	2,805,303
Charity Care	-	483,555	1,027,236	377,706	1,348,384	383,454	25,320	3,595,665
Bad Debt	-	211,079	364,260	293,908	11,629	11,629	301	1,099,475
Total Contractual Allowances and Bad Debt	-	1,286,763	2,019,988	991,188	2,652,758	544,101	25,646	7,500,443
Other Patient Revenue	-	290,028	340,874	156,902	502,083	207,782	287	1,497,955
Net Patient Revenue	-	409,805	529,600	46,081	741,274	686,554	(99)	2,413,274
Collection %	-	29.56%	23.96%	5.23%	25.05%	67.12%	(0.15%)	28.66%
Grants	19,817	124,452	234,287	97,428	351,683	146,214	-	973,882
Other Revenue	1,610	-	-	-	-	-	-	1,610
Total Other Revenues	21,427	124,452	234,287	97,428	351,683	146,214	-	975,492
Total Revenues	\$ 21,427	\$ 534,257	\$ 763,887	\$ 1,431,509	\$ 1,092,957	\$ 822,768	\$ (99)	\$ 3,386,766
<i>Direct Operational Expenses:</i>								
Salaries and Wages	68,081	354,620	631,997	241,945	986,862	418,126	-	2,713,631
Benefits	18,562	104,955	147,784	80,622	261,920	122,468	-	736,309
Purchased Services	-	7,937	9,246	3,500	996	1,485	-	23,164
Medical Supplies	-	45,600	67,542	25,141	118,127	23,805	-	280,216
Other Supplies	-	11,412	21,505	583	19,754	6,292	-	59,537
Repairs and Maintenance	-	3,861	5,013	1,866	13,415	5,183	-	33,338
Lease and Rental	-	28,605	35,730	29,394	107,522	38,230	-	239,481
Utilities	-	7,180	7,310	975	1,755	3,119	-	20,339
Other Expense	8,626	15,322	26,236	44,012	53,970	13,510	-	163,881
Interest Expense	-	-	-	-	-	-	-	49,461
Insurance	-	1,325	-	-	-	22,191	-	1,325
Total Operating Expenses	95,469	586,817	975,632	432,038	1,576,320	654,405	-	4,314,682
Net Performance before Depreciation & Overhead Allocations	(74,042)	(46,560)	(211,745)	(288,529)	(483,364)	178,362	(99)	(925,916)
Depreciation	-	10,016	23,712	5,243	25,743	47,235	-	111,949
Overhead Allocations:								
OH Risk Management	13,977	-	-	-	-	-	-	13,977
OH Revenue Cycle	252,599	-	-	-	-	-	-	252,599
OH Internal Audit	3,453	-	-	-	-	-	-	3,453
Home Office Facilities	19,304	-	-	-	-	-	-	19,304
OH Administration	23,563	-	-	-	-	-	-	23,563
OH Human Resources	168,586	-	-	-	-	-	-	168,586
Legal	47,068	-	-	-	-	-	-	47,068
Records	6,115	-	-	-	-	-	-	6,115
OH Compliance	22,416	-	-	-	-	-	-	22,416
IT Operations	76,578	-	-	-	-	-	-	76,578
IT Security	23,715	-	-	-	-	-	-	23,715
OH Finance	65,684	-	-	-	-	-	-	65,684
Corporate Communications	22,365	-	-	-	-	-	-	22,365
OH Information Technology	29,066	-	-	-	-	-	-	29,066
IT Applications	279,743	-	-	-	-	-	-	279,743
IT Service Center	58,795	-	-	-	-	-	-	58,795
Corporate Quality	35,058	-	-	-	-	-	-	35,058
OH Security Services	48,338	-	-	-	-	-	-	48,338
OH Supply Chain	26,141	-	-	-	-	-	-	26,141
HIM Department	17,174	-	-	-	-	-	-	17,174
OH Coding	33,797	-	-	-	-	-	-	33,797
OH Reimbursement	1,609	-	-	-	-	-	-	1,609
OH Clinical Labor Pool	17,660	-	-	-	-	-	-	17,660
District Nursing Admin	48,222	-	-	-	-	-	-	48,222
District Operations Admin	28,958	-	-	-	-	-	-	28,958
OH Mail Room	5,542	-	-	-	-	-	-	5,542
OH Patient Experience	1,960	-	-	-	-	-	-	1,960
OH External Affairs	7,769	-	-	-	-	-	-	7,769
OH Strategic Initiatives and Projects	18,801	-	-	-	-	-	-	18,801
Total Overhead Allocations	1,404,676	-	-	-	-	-	-	1,404,676
Total Expenses	1,500,145	590,854	1,046,273	437,280	1,602,063	747,466	-	5,926,081
Net Margin	\$ (1,478,718)	\$ (66,577)	\$ (284,386)	\$ (283,771)	\$ (509,107)	\$ 85,302	\$ (99)	\$ (2,537,295)
Capital Contributions	171,160	-	-	-	-	-	-	171,160
Transfer In/(Out)	\$ 3,520,056	-	41	-	-	-	-	\$ 3,520,056

Primary Care Dental Statement of Revenues and Expenses
For The Ninth Month Ended June 30, 2025

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	Current Month			Fiscal Year To Date			
	Actual	Budget	Variance	%	Prior Year	Variance	%
6,003	3,737	(2,266)	(60.6%)	3,859	(2,144)	(55.6%)	
7,160	5,636	(1,524)	(27.0%)	13,530	6,370	47.1%	(33.2%)
2,947	3,937	990	25.1%	3,256	309	9.5%	59.9%
1,544	2,262	718	31.7%	2,008	464	23.1%	1.5%
3,915	4,900	985	20.1%	4,234	319	7.5%	8.1%
414	441	27	6.1%	424	10	2.4%	(1.8%)
1,878	2,084	206	9.9%	1,908	30	1.6%	52.0%
7,136	7,027	(109)	(1.6%)	2,921	(4,215)	(144.3%)	(42.6%)
-	2,422	2,422		1,413	1,413		(30.3%)
680	844	164	19.4%	485	(195)	(40.2%)	(96.9%)
297	970	673	69.4%	(297)	(297)		7.9%
732	647	(85)	(13.1%)	(732)	(732)		-
1,825	3,133	1,308	41.7%	(1,825)	(1,825)		-
158,192	214,288	56,076	26.2%	153,540	(4,652)	(3.0%)	-
674,765	753,408	78,643	10.4%	671,611	(3,154)	(0.5%)	(1.0%)
\$ (411,396)	\$ (323,441)	\$ (87,955)	27.2%	\$ (273,346)	\$ (138,050)	50.5%	10.4%
-	20,662	(20,662)	-	42,880	(42,880)	-	(37.5%)
\$ 1,205,273	\$ 500,000	\$ 705,273	141.1%	\$ 2,203,060	\$ 997,787	45.3%	2.3%

	Actual	Budget	Variance	%	Prior Year	Variance	%
Corporate Quality	35,658	33,633	(2,025)	(6.0%)	26,789	(8,869)	(33.2%)
OH Security Services	48,338	50,724	2,386	4.7%	120,655	72,317	59.9%
OH Supply Chain	26,141	35,433	9,292	26.2%	26,536	395	1.5%
HIM Department	17,174	20,358	3,184	15.6%	18,690	1,516	8.1%
OH Coding	33,797	44,100	10,303	23.4%	33,197	(600)	(1.8%)
OH Reimbursement	1,609	3,969	2,360	59.5%	3,349	1,740	52.0%
OH Clinical Labor Pool	17,660	18,756	1,096	5.8%	12,388	(5,272)	(42.6%)
District Nursing Admin	48,222	63,243	15,021	23.8%	37,004	(11,218)	(30.3%)
District Operations Admin	28,958	21,798	(7,160)	(32.8%)	14,707	(14,251)	(96.9%)
OH Mail Room	5,542	7,596	2,054	27.0%	6,015	473	7.9%
OH Patient Experience	1,960	8,730	6,770	77.5%	-	(1,960)	-
OH External Affairs	7,769	5,823	(1,946)	(33.4%)	-	(7,769)	-
OH Strategic Initiatives and Projects	18,801	28,197	9,396	33.3%	-	(18,801)	-
Total Overhead Allocations-	1,404,676	1,928,412	523,736	27.2%	1,315,999	(88,677)	(6.7%)
Total Expenses	5,926,061	6,790,835	864,774	12.7%	5,869,798	(66,263)	(1.0%)
Net Margin	\$ (2,537,295)	\$ (2,636,698)	\$ 99,402	(3.8%)	\$ (2,298,187)	\$ (239,108)	10.4%
Capital Contributions,	171,160	185,958	(14,798)	(8.0%)	273,969	(102,809)	(37.5%)
Transfer In/(Out)	\$ 3,520,056	\$ 4,500,000	\$ (979,944)	(21.8%)	\$ 3,603,316	\$ 85,260	2.3%

	Current Month			Fiscal Year To Date			
	Actual	Budget	Variance	%	Prior Year	Variance	%
	\$ 490,531	\$ 146,099	\$ 344,432	235.8%	\$ 256,637	\$ 233,893	91.1%
202,474	53,458	149,016	149,016	278.8%	91,366	111,107	121.6%
122,098	19,548	102,551	102,551	524.6%	71,464	50,634	70.9%
122,065	26,064	96,001	96,001	368.3%	73,942	48,123	65.1%
446,637	99,069	347,567	347,567	350.8%	236,772	209,865	88.6%
15,196	1,622	13,574	13,574	836.9%	2,471	12,725	515.0%
59,090	48,651	10,439	10,439	21.5%	22,336	36,754	164.6%
12,05%	33.30%		8.70%				
109,467	50,000	59,467	59,467	118.9%	-	109,467	-
\$ 168,557	\$ 98,651	\$ 69,906	70.9%	\$ 22,336	\$ 146,221	\$ 146,221	654.6%
416,695	386,467	(30,228)	(7.8%)	14,874	(401,821)	(401,821)	(2,701.5%)
72,366	117,848	45,481	38.6%	3,443	(68,823)	(68,823)	(2,001.8%)
-	62	62	-	-	-	-	-
-	2,603	2,603	-	-	-	-	-
-	6,836	6,836	-	-	-	-	-
-	4,754	4,754	-	-	-	-	-
664	1,537	873	56.8%	-	(664)	(664)	-
489,726	520,107	30,381	5.8%	18,318	(471,408)	(471,408)	(2,573.5%)
\$ (321,169)	\$ (421,456)	\$ 100,287	(25.8%)	\$ 4,018	\$ (325,187)	\$ (325,187)	(8,095.3%)
1,196	2,217	1,021	46.1%	-	(1,196)	(1,196)	-
6,091	8,983	2,892	32.2%	-	(6,091)	(6,091)	-
320	590	270	45.8%	-	(320)	(320)	-
846	2,246	1,400	62.3%	-	(846)	(846)	-
2,539	2,398	(141)	(5.9%)	-	(2,539)	(2,539)	-
14,646	22,545	7,899	35.0%	-	(14,646)	(14,646)	-
5,083	6,780	1,697	25.0%	-	(5,083)	(5,083)	-
642	817	175	21.4%	-	(642)	(642)	-
2,651	2,748	97	3.5%	-	(2,651)	(2,651)	-
15,927	11,348	(4,579)	(40.4%)	-	(15,927)	(15,927)	-
2,475	3,940	1,465	37.2%	-	(2,475)	(2,475)	-
7,478	7,555	77	1.0%	-	(7,478)	(7,478)	-
2,723	3,297	574	17.4%	-	(2,723)	(2,723)	-
2,855	4,486	1,631	36.4%	-	(2,855)	(2,855)	-
-	24,333	24,333	-	-	-	-	-
5,038	8,126	3,088	38.0%	-	(5,038)	(5,038)	-
5,660	3,524	(2,136)	(60.6%)	-	(5,660)	(5,660)	-
14,321	11,272	(3,049)	(27.0%)	-	(14,321)	(14,321)	-
2,778	3,712	934	25.2%	-	(2,778)	(2,778)	-
1,456	2,132	676	31.7%	-	(1,456)	(1,456)	-
3,692	4,620	928	20.1%	-	(3,692)	(3,692)	-
390	416	26	6.3%	-	(390)	(390)	-
1,771	1,966	195	9.9%	-	(1,771)	(1,771)	-
6,729	6,626	(103)	(1.6%)	-	(6,729)	(6,729)	-
-	2,284	2,284	-	-	-	-	-

	Actual	Budget	Variance	%	Prior Year	Variance	%
Gross Patient Revenue	\$ 3,888,160	\$ 1,314,887	\$ 2,573,274	195.7%	\$ 1,480,420	\$ 2,407,741	162.6%
Contractual Allowance	1,566,893	481,118	1,085,775	225.7%	568,058	998,835	175.8%
Charity Care	872,747	175,928	696,820	396.1%	351,264	521,483	148.5%
Bad Debt	1,096,030	234,579	861,451	367.2%	382,122	713,908	186.8%
Total Contractuals and Bad Debt	3,535,671	891,625	2,644,046	296.5%	1,301,445	2,234,226	171.7%
Other Patient Revenue	134,936	14,594	120,342	824.6%	19,113	115,823	606.0%
Net Patient Service Revenue	487,425	437,855	49,570	11.3%	198,088	289,337	146.1%
Collection %	12.54%	33.30%		13.38%			
Grants	617,848	450,000	167,848	37.3%	-	617,848	-
Total Revenues	\$ 1,105,273	\$ 887,855	\$ 217,418	24.5%	\$ 198,088	\$ 907,185	458.0%
Direct Operating Expenses:							
Salaries and Wages	2,516,940	3,692,109	1,175,169	31.8%	14,874	(2,502,066)	(16,821.7%)
Benefits	560,194	1,104,153	543,959	49.3%	3,443	(556,751)	(16,170.5%)
Purchased Services	-	557	557	-	-	-	-
Medical Supplies	-	23,427	23,427	-	-	-	-
Other Supplies	-	61,523	61,523	-	-	-	-
Drugs	-	42,786	42,786	-	-	-	-
Other Expense	26,340	13,833	(12,507)	(90.4%)	-	(26,340)	-
Total Operating Expenses	3,103,474	4,938,388	1,834,914	37.2%	18,318	(3,085,156)	(16,842.2%)
Net Performance before Depreciation & Overhead Allocations	\$ (1,998,201)	\$ (4,050,532)	\$ 2,052,332	(50.7%)	\$ 179,771	\$ (2,177,971)	(1,211.5%)
Overhead Allocations:							
OH Risk Management	13,181	19,953	6,772	33.9%	-	(13,181)	-
OH Revenue Cycle	63,149	80,847	17,698	21.9%	-	(63,149)	-
OH Internal Audit	3,258	5,310	2,052	38.6%	-	(3,258)	-
Home Office Facilities	19,304	20,214	910	4.5%	-	(19,304)	-
OH Administration	22,219	21,582	(637)	(3.0%)	-	(22,219)	-
OH Human Resources	166,108	202,905	36,797	18.1%	-	(166,108)	-
Legal	44,382	61,020	16,638	27.3%	-	(44,382)	-
Records	5,766	7,353	1,587	21.6%	-	(5,766)	-
OH Compliance	21,136	24,732	3,596	14.5%	-	(21,136)	-
IT Operations	72,209	102,132	29,923	29.3%	-	(72,209)	-
IT Security	22,363	35,460	13,097	36.9%	-	(22,363)	-
OH Finance	61,946	67,995	6,049	8.9%	-	(61,946)	-
Corporate Communications	21,080	29,673	8,593	29.0%	-	(21,080)	-
OH Information Technology	27,429	40,374	12,945	32.1%	-	(27,429)	-
IT Applications	291,996	218,997	(72,999)	(33.3%)	-	(291,996)	-
IT Service Center	55,441	73,134	17,693	24.2%	-	(55,441)	-
Corporate Quality	33,622	31,716	(1,906)	(6.0%)	-	(33,622)	-
OH Security Services	96,677	101,448	4,771	4.7%	-	(96,677)	-
OH Supply Chain	24,650	33,408	8,758	26.2%	-	(24,650)	-
HIM Department	16,194	19,188	2,994	15.6%	-	(16,194)	-
OH Coding	31,868	41,580	9,712	23.4%	-	(31,868)	-
OH Reimbursement	1,516	3,744	2,228	59.5%	-	(1,516)	-
OH Clinical Labor Pool	16,652	17,694	1,042	5.9%	-	(16,652)	-
District Nursing Admin	45,472	59,634	14,162	23.7%	-	(45,472)	-
District Operations Admin	27,306	20,556	(6,750)	(32.8%)	-	(27,306)	-



District Clinic Holdings, Inc.

Clinic Visits - Adults and Pediatrics	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
	West Palm Beach	1,551	1,218	1,329	1,460	1,293	1,290	1,358	1,341	1,267	-	-	-	12,107	14,295	(15.3%)
Delray & Women's Health Care	1,056	897	902	1,039	883	770	930	832	678	7,987	7,012	7,228	7,987	7,012	13.9%	7,228
Belle Glade & Women's Health Care	783	760	802	895	774	876	868	843	764	7,375	7,308	7,308	7,375	7,308	0.9%	7,575
Jupiter & Women's Health Care	597	500	441	538	580	511	600	549	517	4,833	4,789	4,789	4,833	4,789	0.9%	4,810
West Boca & Women's Health Care	677	589	590	276	262	260	290	305	274	2,408	2,989	2,989	2,408	2,989	(19.4%)	3,183
Mangonia Park	1,730	1,432	1,548	1,391	438	610	608	638	617	5,612	7,020	7,020	5,612	7,020	(20.1%)	6,696
Lake Worth & Women's Health Care (closed Feb 2025)	1,268	1,013	1,066	1,108	361	-	-	-	-	6,539	6,550	6,550	6,539	6,550	(0.2%)	16,797
Atlantis & Women's Health Care (opened Feb 2025)	-	-	-	3	1,153	2,433	2,859	2,464	2,625	4,816	5,173	5,173	4,816	5,173	(6.9%)	10,248
Lewis Center	40	57	76	76	62	71	88	45	61	576	576	576	11,517	15,525	(100.0%)	-
St Ann Place	68	54	13	56	44	53	39	33	16	376	376	376	376	376	208.2%	132
Clb Mob 1 Warrior (Mobile Van)	10	-	-	-	-	-	-	-	-	10	-	-	10	-	100.0%	48
Clb Mob 2 Scout	-	-	-	-	-	-	-	-	-	-	-	-	-	11	(100.0%)	-
Clb Mob 3 Hero	84	83	84	86	84	67	75	71	77	711	711	711	711	312	127.9%	258
Portable Medical	96	66	72	121	71	49	73	38	498	586	498	498	586	498	17.7%	568
Total Clinic Visits	8,246	6,904	7,178	7,729	6,583	6,990	7,768	7,159	6,896	-	-	-	65,463	71,855	(8.9%)	72,313
Dental Visits	1053	957	1091	1210	1,097	1,167	1,056	1,245	1,101	-	-	-	9,977	10,506	(5.0%)	9,730
West Palm Beach Dental	734	654	870	936	840	858	930	636	880	7,338	5,823	5,823	7,338	5,823	26.0%	6,542
Delray Dental	515	411	454	481	431	535	550	506	505	4,388	4,483	4,483	4,388	4,483	(2.1%)	4,356
Belle Glade Dental	661	545	269	759	204	-	-	-	-	2,438	3,342	3,342	2,438	3,342	(27.0%)	7,971
Lantana Dental	-	-	-	-	221	655	814	791	726	3,207	4,873	4,873	3,207	4,873	(34.2%)	-
Atlantis Dental	-	16	8	11	8	9	9	-	8	135	135	135	60	135	(55.6%)	111
Portable Dental	2,963	2,583	2,692	3,397	2,801	3,224	3,350	3,178	3,220	-	-	-	27,408	29,162	(6.0%)	28,710
Total Dental Visits	11,209	9,487	9,870	11,126	9,384	10,214	11,118	10,337	10,116	-	-	-	92,861	101,017	(8.1%)	101,023
Behavioral Health Visits**	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Palm Beach BH	369	343	426	482	541	569	717	599	535	120	316	316	4,581	2,808	(63.1%)	4,188
Delray BH	3	1	2	10	9	-	-	-	25	-	-	-	25	-	100.0%	2,024
Lantana BH	-	-	-	1	12	50	374	486	510	1,433	-	-	1,433	-	100.0%	-
Atlantis BH	-	-	-	-	-	-	-	-	-	34	49	45	49	45	8.9%	66
Belle Glade BH	2	-	-	-	-	-	-	13	34	9,058	12,560	12,560	9,058	12,560	(27.9%)	7,567
Mangonia Park BH	979	922	1,029	1,028	915	972	1,118	992	1,103	2,736	-	-	2,736	-	100.0%	-
Lewis Center BH	250	246	281	248	287	293	422	343	366	-	-	-	24	-	100.0%	1,297
Lake Worth BH	4	11	8	1	-	-	-	-	-	29	117	803	117	803	(85.4%)	714
St Ann Place BH	-	-	-	-	-	-	-	18	14	37	-	-	37	-	100.0%	267
West Boca BH	3	1	-	1	-	-	-	-	-	-	-	-	-	-	0.0%	-
Jupiter BH	-	-	-	-	1	-	-	-	-	-	-	-	-	-	100.0%	-
Mob 1 Warrior BH	1	-	-	-	-	-	9	10	-	21	-	-	21	-	100.0%	-
Mob 3 Hero BH	-	-	-	-	-	1	61	45	69	176	-	-	176	-	100.0%	-
Mobile Van BH	-	2	-	-	-	-	15	19	36	-	-	-	36	-	100.0%	-
Total Behavioral Health Visits	1,611	1,526	1,746	1,771	1,765	1,885	2,891	2,634	2,780	-	-	-	18,609	17,532	6.1%	18,349
GRAND TOTAL	12,820	11,013	11,616	12,897	11,149	12,099	14,009	12,971	12,896	-	-	-	111,470	118,549	-	119,372

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

**COMMUNITY HEALTH CENTERS
BOARD OF DIRECTORS
August 27, 2025**

1. Description: Change In Scope – Form 5B: Mobile Unit Update

2. Summary:

We respectfully request the authorization to submit a Change in Scope (CIS) to update Form 5B by listing the mobile unit, Warrior, as a single service site with 40 total weekly hours, and removing the two additional service locations associated with the mobile unit that are listed as separate sites.

The locations to be removed from the scope are:

- **John F. Kennedy Middle School**– Currently listed as 16 hours/week
- **Lake Worth Community High School**– Currently listed as 24 hours/week

Warrior will continue to serve these locations as scheduled. However, they will no longer be listed as separate service sites on Form 5B to align with HRSA requirements. The address for Warrior will be updated to the Healey Center’s address in which it is parked.

3. Substantive Analysis:

Per HRSA guidance, mobile unit sites must be listed individually on Form 5B using the address where the unit is parked. Health Centers are not required to list each location the mobile unit visits. The Form 5B entry should reflect the weekly planned or budgeted hours for the mobile site.

This update ensures our scope of project accurately reflects current operations, eliminates duplication, and aligns our HRSA-approved sites with compliance requirements. No reduction in planned weekly hours is proposed.



**COMMUNITY HEALTH CENTERS
BOARD OF DIRECTORS
August 27, 2025**

4. Fiscal Analysis & Economic Impact Statement:

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

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

Signed by:

Jessica Cafarelli

CA6A21FF2E094F1
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 request for a Change in Scope to report the mobile unit, Warrior, as single service site with total weekly hours and remove the two additional service locations from Form 5B.

Approved for Legal sufficiency:

Signed by:

Bernabe Icaza

0CF6F7DB6706484
Bernabe Icaza

SVP & General Counsel

Signed by:

Joshua Adametz

2B4231F08794483
Joshua Adametz, DMD, MPH, MA

AVP & Executive Director of Community Health Centers



**COMMUNITY HEALTH CENTERS
BOARD OF DIRECTORS
August 27, 2025**

1. Description: Change In Scope – Form 5A, Column I – Ultrasound Services

2. Summary:

We respectfully request the authorization to submit a Change in Scope (CIS) request to add Ultrasound Services (Diagnostic Radiology) as a Column I directly provided service on Form 5A. Diagnostic radiology is a required service type per HRSA scope of project guidelines.

Services will be provided at the Atlantis site for Obstetrics and Gynecology care and will be performed at bedside by encounter providers. All necessary equipment has been secured, and implementation will begin upon approval. Current Column III ultrasound referral arrangements will remain in place.

3. Substantive Analysis:

This addition will improve access to timely obstetrics and gynecology diagnostic radiology services and will support continuity of care for Women’s Health patients. Ultrasounds will be performed bedside during patient encounters.

4. Fiscal Analysis & Economic Impact Statement:

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

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

Signed by:

 CA6A21F7259483
 Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

N/A

 Date Approved



**COMMUNITY HEALTH CENTERS
BOARD OF DIRECTORS
August 27, 2025**

6. Recommendation:

Staff recommend the Board approve the submission of a Change in Scope request to add Ultrasound Services as a Column I service for the Atlantis site.

Approved for Legal sufficiency:

Signed by:


UCF6F7DB6706434...
Bernabe Icaza
SVP & General Counsel

Signed by:


2B4234E987844B2...
Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of Community
Health Centers



**COMMUNITY HEALTH CENTERS
BOARD OF DIRECTORS
August 27, 2025**

1. Description: Executive Director Informational Update

2. Summary:

- 2025 Community Health Quality Recognition Badges

3. Substantive Analysis:

The following pages will show the recent badges received from HRSA showcasing our quality based on our 2025 UDS submission which includes data from the 2024 calendar year.

4. Fiscal Analysis & Economic Impact Statement:

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

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

Signed by:


 CABA21FF2E92484
 Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

 N/A
 Committee Name

 N/A
 Date Approved



**COMMUNITY HEALTH CENTERS
BOARD OF DIRECTORS
August 27, 2025**

6. Recommendation:

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

Approved for Legal sufficiency:

Signed by:


0CF6F7DB6706684
Bernabe Icaza
SVP & General Counsel

Signed by:


2B42345087844E3
Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of Community
Health Centers

CHQR Badge Awards Overview

- Community Health Quality Recognition (CHQR) Badges are **national distinctions** awarded to health centers who achieved excellence in the following areas:
 - Access
 - Clinical Quality
 - Health Outcomes
 - Health Information Technology
- CHQR badge awards are presented annually by HRSA based on UDS performance and national benchmark achievements.

2025 CHQR Badge Awards

Recognizing Excellence in Our Community
Health Centers

7 Years of Gold!



The Health Care District continues our legacy as the **top 10%** **nationally** in clinical quality performance.

Our 2025 Community Health Quality Recognition (CHQR) Badges



Recognition Impact

- Demonstrates our commitment to delivering high-quality care to the communities we serve.
- Positions the Health Care District as a leader in best overall clinical quality performance.
- Reflects the collaborative efforts among our leadership, support staff, and clinical teams.
- Reinforces our eligibility and competitiveness in ongoing HRSA funding opportunities.



**COMMUNITY HEALTH CENTERS
BOARD OF DIRECTORS
August 27, 2025**

1. Description: Licensed Independent Practitioner Credentialing and Privileging

2. Summary:

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

3. Substantive Analysis:

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

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

Last Name	First Name	Degree	Specialty	Credentialing
McKenzie	Michele	APRN	Nurse Practitioner	Initial Credentialing

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

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

Michele McKenzie, APRN joined the Atlantis Clinic in 2025 as Women’s Health Nurse Practitioner. She attended Keiser University and is certified as Women’s Health Care Nurse Practitioner by the National Certification Corporation.



**COMMUNITY HEALTH CENTERS
BOARD OF DIRECTORS
August 27, 2025**

4. Fiscal Analysis & Economic Impact Statement:

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

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

Signed by:


CA6A21FF2E9431
 Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

 N/A
 Committee Name

 N/A
 Date Approved

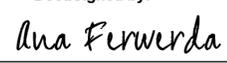
6. Recommendation:

Staff recommends the Board approve the Initial Credentialing and privileging of Michele McKenzie, APRN, Women’s Health Nurse Practitioner.

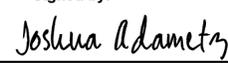
Approved for Legal sufficiency:

Signed by:


0CF6F7DB6706434
 Bernabe Icaza
 SVP & General Counsel

DocuSigned by:


FF528E6E1A46461
 Dr. Ana Ferwerda
 FQHC Medical Director

Signed by:


7B4234E097844B7
 Joshua Adametz, DMD, MPH, MA
 AVP & Executive Director of Community Health Centers



**COMMUNITY HEALTH CENTERS
BOARD OF DIRECTORS
August 27, 2025**

1. Description: Geriatric Medicine Delineation of Privileges, Obstetrics and Gynecology Delineation of Privileges, Behavioral Health and Psychiatry Delineation of Privileges.

2. Summary:

The agenda item represents the Geriatric Medicine Delineation of Privileges recommended for Geriatric Medicine Providers by the FQHC Medical Director.

3. Substantive Analysis:

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

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

The C.L. Brumback Community Health Centers utilized internal Credentialing staff and the FQHC medical Director to support the credentialing and privileging process.

4. Fiscal Analysis & Economic Impact Statement:

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

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

Signed by:


 CA6A21FF2E0485 Jessica Cafarelli
 VP & Chief Financial Officer



**COMMUNITY HEALTH CENTERS
BOARD OF DIRECTORS
August 27, 2025**

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved

6. Recommendation:

Staff recommends the Board approve Geriatric Medicine Delineation of Privileges.

Staff recommends the Board approve Obstetrics and Gynecology Medicine Delineation of Privileges.

Staff recommends the Board approve Behaviorral Health and Psychiatry Delineation of Privileges.

Approved for Legal sufficiency:

Signed by:

0CF6F7DB6706474
Bernabe Icaza
SVP & General Counsel

DocuSigned by:

FF528E6E119561
Ana Ferwerda
FQHC Medical Director

Signed by:

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



*Application for Clinical Privileges MD, DO
Specialty: Geriatric Medicine*

DELINEATION OF PRIVILEGES

Initial Appointment Reappointment

Practitioner Name:	
Specialty:	

Clinic Privileges Eligibility Criteria:

1. Current active licensure to practice as a physician in the State of Florida
2. Completed additional education/training as follows: Successful completion of ACGME or AOA accredited residency program in Internal Medicine and Board Certified or Board Eligible by the American Board of Internal Medicine or American Osteopathic Board of Internal Medicine

General Privileges - Core I Privileges

Internal Medicine Core I privileges includes the evaluation and management of patients and the performance of medical procedures to correct or treat various medical conditions, illnesses and injuries. Privileges in Core I include those procedures and cognitive skills involving medical problems that are normally taught in residency programs. Physicians requesting privileges in this Core I will have documented experience, demonstrated ability and current competence in Internal Medicine.

- Take, evaluate, and record medical histories
- Perform physical exams based on age and history
- Collect specimens for pathologic exams, including Pap smears
- Pelvic examination
- Differential diagnosis
- Analyze and interpret data, formulate problem list, and establish plans for clinical problems
- Order appropriate lab, x-rays and other diagnostic tests
- Order appropriate medications
- Order consultation for other specialty services
- Order nutritional consult
- Order social services consult
- Patient education and instruction

Requested by: _____
(Applicant Signature)

Approved by: _____
(Medical Director Signature)



*Application for Clinical Privileges MD, DO
Specialty: Geriatric Medicine*

Core II Privileges

Privileges in this Core may be granted to physicians who have acquired added experience and/or training, and who have special skills and knowledge in the specific areas. A representative but, of necessity, not complete list of Internal Medicine Core II Privileges is stated below. It is assumed that other procedures and problems of similar complexity and risk will fall within the identified Internal Medicine Core II Privileges.

Requested	Approved	
_____	_____	EKG
_____	_____	X-Ray interpretation
_____	_____	Incision and Drainage of Superficial Abscess
_____	_____	Laceration repair
_____	_____	Nail resection
_____	_____	Trigger Point injection
_____	_____	Lesion destruction/removal
_____	_____	Joint aspiration
_____	_____	Tendon and bursa injection
_____	_____	Wound Care /Debridement
_____	_____	Foreign body removal (skin, cornea, ear, vagina, pharynx, nose)
_____	_____	Biopsy/Excision (Excisional/Incisional, Punch, Shave)
_____	_____	Substance use disorder (SUD) treatment and management

Applicant Attestation:

I attest by signature that I have requested privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the C.L. Community Health Centers to the extent services are available to be performed. I further agree to provide documentary evidence of clinical experience and performance of the past two (2) years if requested.

Applicant Printed Name

Specialty

Applicant Signature

Date



*Application for Clinical Privileges MD, DO
Specialty: Geriatric Medicine*

Medical Director:

The C.L. Brumback Community Health Centers' Medical Director accepts the above applicant's attestation and asserts that he/she meets the minimum criteria for the privileges requested.

Medical Director

Medical Director Signature

Date



Application for Clinical Privileges MD, DO
Specialty: Obstetrics and Gynecology

DELINEATION OF PRIVILEGES

Initial Appointment Reappointment

Practitioner Name:	
Specialty:	

Clinic Privileges Eligibility Criteria:

1. Current active licensure to practice as a physician in the State of Florida
2. Completed additional education/training as follows: Successful completion of ACGME or AOA accredited residency program in Obstetrics and Gynecology and Board Certified or Board Eligible by the American Board of Obstetrics and Gynecology

General Privileges - Core I Privileges

Obstetrics and Gynecology Core I Privileges includes the evaluation and management of patients and the performance of medical procedures to correct or treat various medical conditions, illnesses, and injuries. Privileges in Core I include those procedures and cognitive skills involving medical problems that normally are taught in residency programs. Physicians requesting privileges in this Core I will have documented experience, demonstrated ability, and current competence Obstetrics and Gynecology.

- Take, evaluate, and record medical histories
- Perform physical exams to evaluate medical problems
- Collect specimens for pathologic exams, including Pap smears
- Pelvic examination
- Prenatal and Postnatal Care
- Differential diagnosis
- Analyze and interpret data, formulate problem list, and establish plans for clinical problems
- Order appropriate lab, x-rays and other diagnostic tests
- Order appropriate medications
- Order consultation for other specialty services
- Order nutritional consult
- Order social services consult
- Patient education and instruction

Requested by: _____
(Applicant Signature)

Approved by: _____
(Women's Health Director Signature)



*Application for Clinical Privileges MD, DO
Specialty: Obstetrics and Gynecology*

Core II Privileges

Privileges in this Core may be granted to physicians who have acquired added experience and/or training, and who have special skills and knowledge in the specific areas. A representative but, of necessity, not complete list of Obstetrics and Gynecology Core II Privileges is stated below. It is assumed that other procedures and problems of similar complexity and risk will fall within the identified Obstetrics and Gynecology Core II Privileges.

Requested	Approved	
_____	_____	Insertion and removal of intrauterine device
_____	_____	Insertion and removal of implantable contraception
_____	_____	Laceration repair
_____	_____	Colposcopy
_____	_____	Colposcopy during pregnancy
_____	_____	Biopsy of skin, vulva, or vagina
_____	_____	Lesion destruction/removal
_____	_____	Fetal heart rate monitoring
_____	_____	Fetal heart rate monitoring multifetal pregnancy
_____	_____	Wound Care /Debridement /D & I
_____	_____	Foreign body removal (skin, vagina)
_____	_____	Loop Electrosurgical Excision Procedure
_____	_____	Ultrasound

Applicant Attestation:

I attest by signature that I have requested privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the C.L. Brumback Primary Care Clinics to the extent services are available to be performed. I further agree to provide documentary evidence of clinical experience and performance of the past two (2) years if requested.

Applicant Printed Name

Specialty

Applicant Signature

Date

Women’s Health Director:

The C.L. Brumback Primary Care Clinics’ Women’s Health Director accepts the above applicant’s attestation and asserts that he/she meets the minimum criteria for the privileges requested.

Ana Ferwerda, MD

Women’s Health Director

Women’s Health Director Signature

Date



DELINEATION OF PRIVILEGES

Initial Appointment Reappointment

Practitioner Name:	
Specialty:	

Scope of Document:

This document outlines the clinical privileges available to MDs, DOs, PMHNPs and Psychiatric PAs providing psychiatric care in behavioral health ambulatory in the state of Florida.

Core I Privileges – General Psychiatric Practice Definition:

Core I privileges encompass standard psychiatric care activities performed independently (for PMHNPs) or under supervision, for psychiatric physician assistants, based on professional training and licensure.

A. Qualifications:

For MD or DO:

- Valid and unrestricted Florida MD or DO license
- Board Certification or Board Eligibility in Psychiatry by ABPN or AOBNP preferred but not required and will be reviewed by the credentialing committee
- Current DEA registration
- Completion of ACGME or AOA accredited residency program in Psychiatry and Board Certified or Board Eligible by the American Board of Psychiatry and Neurology
- Documented competency in privileges requested through training and experience
- Compliance with Florida Statutes Chapter 395 and related DOH/Board of Medicine rules

For PMHNPs:

- Unrestricted Florida RN and APRN licenses
- National board certification as PMHNP-BC (ANCC) or National board certification in NAAPCA
- Graduate degree with a psychiatric/mental health specialty
- Active DEA registration for controlled substances (Schedules II–V)
- Written collaborative agreement/protocol with a licensed Florida physician (required in FL) at HCD.

For Psychiatric PAs:

- Unrestricted Florida PA license



*Application for Clinical Privileges MD, DO, APRN, PA, PMHNP
Specialty: Psychiatry*

- Graduation from ARC-PA-accredited PA program
- Documented psychiatric training or experience
- Active DEA registration (Schedules II-V)
- Written supervisory agreement/protocol with a licensed Florida physician per F.S. 458/459 at HCD

B. Core I Clinical Privileges Include:

1. Psychiatric Evaluation and Diagnosis

- Conduct comprehensive psychiatric histories, mental status exams, and differential diagnosis (adult)
- Utilize DSM-5-TR criteria to develop diagnoses (adult)
- Be able to diagnose and manage acute and subacute evaluation, mental status examination and diagnosis of children while bridging/covering to privileged child specialist

2. General Medical Assessment and Management

- Consultation and liaison with other physicians in other fields regarding psychiatric disorders interacting with physical disorders.
- Triage, assessment and basic referral knowledge regarding common medical conditions (urgent and emergent), as well as medical differential diagnosis/comorbidities when it comes to psychiatric evaluation.
- Bridging medical care when appropriate and when in the patient's best interest from a clinical judgement perspective.

3. Medication Management

- Initiate and adjust psychotropic medications (adult)
- Prescribe controlled substances per DEA licensure and FL law (adult)
- Monitor for side effects and treatment response
- Be able to manage medications (controlled and non-controlled) for children while bridging/covering to privileged child specialist

4. Treatment Planning and documentation

- Develop and document psychiatric treatment plans
- Provide medication education, psychoeducation, and brief counseling
- Working knowledge of major psychotherapeutic modalities and ability to perform psychotherapy within appointments as well as refer to evidence-based psychotherapy
- Maintain timely, accurate clinical documentation

5. Ordering and Interpreting Diagnostic Tests

- Labs, EKGs, and imaging related to medication safety and diagnosis
- Use of psychological tests, rating scales and outcome measures



*Application for Clinical Privileges MD, DO, APRN, PA, PMHNP
Specialty: Psychiatry*

6. **Behavioral Health Crisis Management (all ages)**
 - o Evaluate and stabilize patients presenting with acute psychiatric symptoms
 - o Coordinate higher levels of care when needed
 - o Initiate documentation for involuntary examination if recommended based on suicide/homicide risk assessment
7. **Psychotherapeutic Interventions (all ages)**
 - o Deliver or refer to individual, family, couples, and group therapy properly
 - o Utilize evidence-based approaches (CBT, DBT, EMDR, ACT, etc.) per training based on the patient’s diagnosis and treatment plan
 - o Maintaining appropriate therapeutic boundaries
 - o Skilled at working with varying levels of motivation regarding the patient and knowing when to employ Motivational interviewing to engage the patient and or family in care.
 - o Deliver short-term therapy and triage for walk-in or same-day access patients
 - o Deliver warm hand off care in primary care settings to patients for behavioral health integration.
 - o Recognize when referral to higher level of care is indicated
 - o Skilled at giving patient education and instruction around behavioral health diagnosis, treatment and interventions.
8. **Care Coordination & Documentation**
 - o Communicate with PCPs, therapists, and case managers
 - o Maintain accurate, timely EHR documentation
 - o Competent as a mandated reporter and when to utilize in regard to physical abuse, emotional and sexual abuse of adults and minors.
 - o Coordination with the court system (i.e. drug court, mental health court, DCF, etc.) when HIPAA compliant releases obtained to provide diagnostic assessments, treatment recommendations and treatment plans
 - o Assess and coordinate social determinants of health care.
9. **Telepsychiatry**
 - o Deliver psychiatric care via HIPAA-compliant telehealth platforms
 - o Must follow Florida telehealth laws

Core II Privileges – Advanced/Specialized Psychiatric Practice Definition:

Core II privileges require additional training, supervision, or institutional approval, and reflect specialized psychiatric procedures, therapies, or patient populations.

A. Requirements:

- Additional formal training (CME, CE, certification, preceptorship)
- Supervising or collaborating physician support (as required by law)



Application for Clinical Privileges MD, DO, APRN, PA, PMHNP
Specialty: Psychiatry

- Documentation of competence via logs or case reviews
- Facility-level approval by department chief or behavioral health director

B. Criteria for Core II:

- Meets Core I criteria
- Documented specialized training (CME, fellowship, supervision)
- Performance of procedures/services within the past 2 years
- If applicable, proof of malpractice insurance coverage for specific services

C. Core II Privileges Include:

- Esketamine (Spravato) Administration
 - *REMS training, experience in administration and monitoring or internal HCD training/supervision that will allow privileging*
- Ketamine (off-label) Treatment
 - *Training in administration, vitals monitoring, and sedation safety or internal HCD training/supervision that will allow privileging*
- Medication Treatment for Opioid Use Disorder (MOUD)
 - *Training in addiction psychiatry and MAT (buprenorphine waiver training, naltrexone, etc.) or 8 hour DEA required buprenorphine course for MD/DO or 16 hour buprenorphine course DEA required for APRN/PAs.*
- Forensic Evaluation
 - *Experience and or training in managing patients in forensic settings with forensic evaluations*
- Child & Adolescent Psychiatry
 - *Documented pediatric experience or training in child psychopharmacology or internal HCD training/supervision that will allow privileging to have access to all core privileges for all ages as listed in core I privileges (not just adult as specified in core I)*
- Neuromodulation (ECT or TMS)
 - *Internal training at HCD on criteria for referral. Administration training by experience and/or training by company over machine if applicable (i.e. neurostar). HCD SOP training on operational/clinical workflow for administration.*



Application for Clinical Privileges MD, DO, APRN, PA, PMHNP
Specialty: Psychiatry

Requested	Approved	Denied	
_____	_____	_____	Esketamine (Spravato) Administration
_____	_____	_____	Ketamine (off-label) Treatment
_____	_____	_____	Medication Treatment for Opioid Use Disorder
_____	_____	_____	Forensic Evaluation
_____	_____	_____	Child & Adolescent Psychiatry
_____	_____	_____	Neuromodulation (ECT or TMS)

Requested by: _____
(Applicant Signature)

Approved by: _____
(Medical Director Signature)

Maintenance of Privileges:

Requirement

- Florida licensure
- National certification (ANCC or NCCPA, AANP)
- DEA registration
- Continuing education (psych-specific)
- Performance reviews or peer evaluation

Frequency

- Continuous
- Every 5–10 years per board
- Every 3 years
- Per national and state of Florida board requirements, regulatory requirements and HCD policy, procedure, SOP
- Per HCD policy, procedure and SOP



Application for Clinical Privileges MD, DO, APRN, PA, PMHNP
Specialty: Psychiatry

Credentialing & Approval Process

1. Application with all licenses, certifications, and collaborative/supervisory agreements
2. Review by Behavioral Health Director or Medical Director (if BH director is not available)
3. Credentialing Committee review
4. Approval by Community Health Center Board of Directors

Applicant Attestation:

I attest by signature that I have requested privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the Health Care District Community Health Centers to the extent services are available to be performed. I further agree to provide documentary evidence of clinical experience and performance of the past two (2) years if requested.

Applicant Printed Name

Specialty

Applicant Signature

Date

Medical Director:

The Health Care District Community Health Centers' Behavioral Health Director accepts the above applicant's attestation and asserts that he/she meets the minimum criteria for the privileges requested.

Medical Director

Medical Director Signature

Date



DELINEATION OF PRIVILEGES

Initial Appointment Reappointment

Practitioner Name:	
Specialty:	

Scope of Document

Defines the Core I (Standard Scope) and Core II (Advanced or Specialized Scope) privileges for Florida-licensed behavioral health providers in ambulatory behavioral health settings.

Core I Privileges – General Outpatient Mental Health Practice Definition:

Core I privileges encompass essential clinical services that these providers are legally permitted to perform within the scope of their licensure, training, and competence, without requiring additional credentialing beyond initial approval.

A. Eligibility Criteria (for all roles)

Provider Type	Licensure
Psychologist	Licensed Psychologist – Florida Board of Psychology
LMHC	Licensed Mental Health Counselor – Florida Board of Clinical Social Work, MFT & MH Counseling
LCSW	Licensed Clinical Social Worker – same Board
LMFT	Licensed Marriage & Family Therapist – same Board

All providers must:

- Hold an **active, unrestricted Florida license**
- Complete background check and credentialing process

B. Core I Privileges Include:

1. **Comprehensive Clinical Assessment**
 - o Conduct biopsychosocial, mental status, and diagnostic assessments
 - o Use DSM-5-TR to establish diagnoses
2. **Behavioral Health Evaluation and Diagnosis (all ages)**



- Conduct comprehensive behavioral health histories, biopsychosocial assessments, mental status exams, and differential diagnosis within diagnostic assessments
 - Differential Diagnosis of patients with medical conditions presenting with behavioral health conditions and their effects on each other.
 - Utilize DSM-5-TR criteria to develop diagnoses
 - Use of psychological tests, rating scales and outcome measures
- 3. Psychotherapeutic Interventions (all ages)**
- Deliver individual, family, couples, and group therapy
 - Utilize evidence-based approaches (CBT, DBT, EMDR, ACT, etc.) per training based on the patient’s diagnosis and treatment plan
 - Maintaining appropriate therapeutic boundaries
 - Skilled at working with varying levels of motivation regarding the patient and knowing when to employ Motivational interviewing to engage the patient and or family in care.
 - Deliver short-term therapy and triage for walk-in or same-day access patients
 - Deliver warm hand off care in primary care settings to patients for behavioral health integration.
 - Recognize when referral to higher level of care is indicated
 - Skilled at giving patient education and instruction around behavioral health diagnosis, treatment and interventions.
- 4. Behavioral Health Crisis Management (all ages)**
- Evaluate and stabilize patients presenting with acute psychiatric symptoms
 - Coordinate higher levels of care when needed
 - Initiate documentation for involuntary examination if recommended based on suicide/homicide risk assessment
- 5. Care Coordination & Documentation**
- Communicate with PCPs, therapists, and case managers
 - Maintain accurate, timely EHR documentation
 - Competent as a mandated reporter and when to utilize in regard to physical abuse, emotional and sexual abuse of adults and minors.
 - Coordination with the court system (i.e. drug court, mental health court, DCF, etc.) when HIPAA compliant releases obtained to provide diagnostic assessments, treatment recommendations and treatment plans
 - Assess and coordinate social determinants of health care.
- 6. Treatment Planning and documentation**
- Develop and document behavioral health, multidisciplinary treatment plans



- o Provide medication education, psychoeducation, and psychotherapy
- o Working knowledge of major psychotherapeutic modalities and ability to perform psychotherapy within appointments as well as refer to evidence-based psychotherapy
- o Knowledge of when medication management or neuromodulation or medical services are needed and the ability to refer to these levels of care/coordinate.
- o Maintain timely, accurate clinical documentation

7. Tele Behavioral Health Services

- o Deliver psychiatric care via HIPAA-compliant telehealth platforms
- o Must follow Florida telehealth laws

Core II Privileges Definition:

Core II privileges are optional, advanced services that require additional training, certification, experience, or facility-specific approval.

A. General Requirements for Core II Privileges

- Documentation of specialized training, certification, or supervised experience
- Supervisor or medical director sign-off
- Peer review or case sample (as required by facility)
- Compliance with professional scope of practice and state law

B. Core II Privileges Include:

- Specialized Trauma Focused Therapy
- Neuropsychological Testing
 - o *Must be psychologist*
 - o *Modality: All batteries, adult and child*
- Supervision of Interns or Associates
 - o *Must hold supervision certification per Board and internal HCD training/supervision that will allow privileging*
- Forensic Evaluation
 - o *Experience and or training in managing patients in forensic settings with forensic evaluations*

Requested	Approved	Denied
_____	_____	_____
_____	_____	_____

Specialized Trauma Focused Therapy
Neuropsychological Testing



Application for Clinical Privileges
Specialty: Behavioral Health

_____ Supervision of Interns or Associates
_____ Forensic Evaluation

Requested by: _____
(Applicant Signature)

Approved by: _____
(Behavioral Health Director Signature)

Maintenance of Privileges:

Requirement

Florida license (active, unrestricted)
Clinical practice hours (minimum annually)
Continuing Education (CE/CME)
Peer reviews or quality reviews

Frequency

Continuous
Per organization policy
30 hours every 2 years (state requirement)
Per facility policy

Approval Process

1. Submit **application and credentials**
2. Provide **proof of license, training, CE, and Core II documentation**
3. Review by **Behavioral Health Director or Medical Director in BH director absence**
4. Approval by **Credentialing Committee** and **Executive Committee**



Application for Clinical Privileges
Specialty: Behavioral Health

Applicant Attestation:

I attest by signature that I have requested privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the Health Care District Community Health Centers to the extent services are available to be performed. I further agree to provide documentary evidence of clinical experience and performance of the past two (2) years if requested.

Applicant Printed Name

Specialty

Applicant Signature

Date

Behavioral Health Director:

The Health Care District Community Health Centers' Behavioral Health Director accepts the above applicant's attestation and asserts that he/she meets the minimum criteria for the privileges requested.

Behavioral Health Director

Behavioral Health Director
Signature

Date



*Application for Clinical Privileges APRN
Specialty: Obstetrics and Gynecology*

DELINEATION OF PRIVILEGES

Initial Appointment Reappointment

Practitioner Name:	
Specialty:	

Clinic Privileges Eligibility Criteria:

1. Current active licensure to practice as a nurse practitioner in the State of Florida
2. Completed additional education/training as follows: Advanced Practice Registered Nurse by the Florida State Board of Nursing and current certification by the American Nurses Credentialing Center (ANCC), American Academy of Nurse Practitioners (AANP), or an equivalent body as required by licensure

General Privileges - Core I Privileges

Privileges for Nurse Practitioners identified below are performed within the context of a collaborative management plan with physician credentialed at C.L. Brumback Primary Care Clinics that designate the scope of collaboration necessary to manage the care of patients. Privileges in Core I include those procedures and cognitive skills involving medical problems that are normally taught in Nurse Practitioner training programs. A practitioner requesting privileges in this Core I will have documented experience, demonstrated ability and current competence in Obstetrics and Gynecology.

- Take, evaluate, and record medical histories
- Perform physical exams to evaluate medical problems
- Collect specimens for pathologic exams, including Pap smears
- Pelvic examination
- Prenatal and Postnatal Care
- Differential diagnosis
- Analyze and interpret data, formulate problem list, and establish plans for clinical problems
- Order appropriate lab, x-rays and other diagnostic tests
- Order appropriate medications
- Order consultation for other specialty services
- Order nutritional consult
- Order social services consult
- Patient education and instruction

Requested by: _____
(Applicant Signature)

Approved by: _____
(Women's Health Director Signature)



*Application for Clinical Privileges APRN
Specialty: Obstetrics and Gynecology*

Core II Privileges

Privileges in this Core may be granted to physicians who have acquired added experience and/or training, and who have special skills and knowledge in the specific areas. A representative but, of necessity, not complete list of Obstetrics and Gynecology Core II Privileges is stated below. It is assumed that other procedures and problems of similar complexity and risk will fall within the identified Obstetrics and Gynecology Core II Privileges.

Requested	Approved	
_____	_____	Insertion and removal of intrauterine device
_____	_____	Insertion and removal of implantable contraception
_____	_____	Laceration repair
_____	_____	Colposcopy
_____	_____	Colposcopy during pregnancy
_____	_____	Biopsy of skin, vulva, or vagina
_____	_____	Lesion destruction/removal
_____	_____	Fetal heart rate monitoring
_____	_____	Fetal heart rate monitoring multifetal pregnancy
_____	_____	Wound Care /Debridement /D & I
_____	_____	Foreign body removal (skin, vagina)
_____	_____	Loop electrosurgical excision procedure
_____	_____	Ultrasound

Applicant Attestation:

I attest by signature that I have requested privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the C.L. Brumback Community Health Centers to the extent services are available to be performed. I further agree to provide documentary evidence of clinical experience and performance of the past two (2) years if requested.

Applicant Printed Name	Specialty
Applicant Signature	Date

Women’s Health Director:

The C.L. Brumback Community Health Centers’ Women’s Health Director accepts the above applicant’s attestation and asserts that he/she meets the minimum criteria for the privileges requested.

Ana Ferwerda, MD		
Women’s Health Director	Women’s Health Director Signature	Date

**COMMUNITY HEALTH CENTERS
BOARD OF DIRECTORS
August 27, 2025**

1. Description: Quality Report

2. Summary:

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

- Quality Council Meeting Minutes – August 2025
- UDS Report – YTD

3. Substantive Analysis:

PATIENT SAFETY & ADVERSE EVENTS

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

QUALITY ASSURANCE & IMPROVEMENT

The Healthcare District’s Mobile Medical Unit “Hero” continues to serve as a critical lifeline for individuals experiencing homelessness across our county. By bringing essential health services directly to underserved populations in their own environments, Hero eliminates many of the systemic barriers that prevent these individuals from accessing care.

Currently, our mobile team visits a wide variety of locations on a recurring basis, including Wayside House, Melissa’s Place, and the Homeless Resource Center in Lake Worth. These sites serve as trusted spaces for individuals facing homelessness, and our presence there helps build strong, consistent relationships between patients and healthcare providers. This trust is foundational to improving both health outcomes and engagement in care over time.

The services provided on Hero are comprehensive and centered on primary care. This includes general medical evaluations, management of chronic conditions such as hypertension and diabetes, preventive screenings, vaccinations, acute care for illness or minor injuries, and referrals to community-based specialists when necessary. In addition, we offer integrated mental health services, including behavioral health screenings, brief interventions, and linkage to ongoing psychiatric care. This holistic



**COMMUNITY HEALTH CENTERS
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approach acknowledges the deep connection between physical and mental health, especially within the homeless population, where untreated mental illness and substance use are prevalent.

By eliminating the need for transportation and providing care in familiar environments, Hero dramatically increases access to services. This is especially important for people experiencing homelessness, who often delay or avoid care until health issues become urgent. Through regular site visits, we are able to intervene earlier, manage chronic conditions more effectively, and reduce unnecessary emergency room visits and hospital admissions.

In addition to improving individual health outcomes, the Mobile Medical Unit model supports the broader goals of the Healthcare District by promoting health equity, reducing strain on emergency services, and lowering overall healthcare costs. It also aligns with our strategic priority of meeting people where they are and ensuring that all members of our community regardless of housing status have access to high quality care.

4. Fiscal Analysis & Economic Impact Statement:

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

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

Signed by:

 CA6A21FF2E04481
 Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

 N/A
 Committee Name

 N/A
 Date Approved



**COMMUNITY HEALTH CENTERS
BOARD OF DIRECTORS
August 27, 2025**

6. Recommendation:

Staff recommends the Board approve the updated Quality Report.

Approved for Legal sufficiency:

Signed by:
Bernabe Icaza
0CF6F7DB670643B
Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Ana Ferwerda
FF528E6E1A16461
Dr. Ana M. Ferwerda
FQHC Medical Director

Signed by:
Joshua Adametz
250315007A42
Dr. Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of
FQHC Services



Health Care District OF PALM BEACH COUNTY WE CARE FOR ALL

Quality Council Meeting Minutes

Date: August 13, 2025

Time: 11 am – 1:30 pm

Attendees: Steven Sadiku – AVP Corporate Quality & Regulatory; Dr. Sandra Warren – Associate Medical Director; Angela Santos – Director of Ops; Dr. Josh Adamez – FQHC Executive Director; Nancy Gonzalez – Director of Clinic Operations; Sakiya Henderson – Dental Clinical Manager; Joe-Ann Reynolds – Patient Experience Coordinator, Manager; Alexa Goodwin – Patient Relations Manager; Maria Chamberlin – Assistant Director of Nursing, ; Lisa Hogans – Director of Nursing; Dr. Ana Ferwerda – FQHC Medical Director; Dr. Courtney Phillips – VP of Behavioral Health; Melanie Deeroop-Kangoo – Quality Manager; Ivonne Cohen – Business Intelligence Developer; Dr. Valena Grbic – Medical Director, District Cares; Ingrid Barlett – Quality Manager; Joel Rosales – Director of Trauma Agency & Regulatory; Krysten Kinsey – Manager, Regulatory & Accreditation; Angela Swenson – Director, Financial Assistance District Cares; Hina Patel – Manager, Patient Outreach & Communications; Bianca Badolati – Executive Assistant

Excused: Jessica Ramirez – Manager Patient Access Services, Shauniel Brown – Senior Risk, Regina All- SVP, Chief Nursing Officer; Dr. Belma Andric – SVP & Chief Medical Officer;

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

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



	<p>types: total reported events, incidents, and good catches. Trends were also presented by volume of reported entries and clinic location. The Risk Report Summary and graphical data were reviewed with the Committee for June 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. (July 2025 Risk Report Summary presented with graphs.)</p>			
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UTILIZATION						
OPERATIONS	Productivity					
	Productivity July 2025					
	Service Line	Target		Seen		% of Goal
	In Person	Tele	In Person	Tele	Total	
Adult Care	5139		4505		88%	
Pediatrics	1860		1618		87%	
Primary Residents	840		648		78%	
Women's Health	936		883		94%	
Behavioral Health Integration	1392		1182		85%	
	Complete No-Show analysis					Ingrid

	<p>Calls</p> <ul style="list-style-type: none"> ○ 24 active users (7MD/DOs, 5 NP, PA, 12 Care Team ● 813 total calls <ul style="list-style-type: none"> ○ 215 voice calls <ul style="list-style-type: none"> ▪ 200 successful calls (93%) success rate ▪ 8 calls escalated to video ○ 598 video calls <ul style="list-style-type: none"> ▪ 439 successful calls (73.4%) success rate ○ 9 secure texts <p>(Report with breakdown by speciality and user)</p>			
PATIENT RELATIONS				
<p>GRIEVANCES, COMPLAINTS & COMPLIMENTS</p>	<p>Patient Relations Dashboard – July 2025 For July 2025, there were a total of 16 Patient Relations Occurrences that occurred between 7 Centers and Administration. All 16 occurrences were considered as Complaints. The top 4 Categories were Nursing Related, Care & Treatment, Respect Related, and Communication. The top subcategories were Response Time, Bad Attitude, Refusal of Treatment and Poor Communication. There</p>			

	<p>was also a total of 10 compliments received across 4 Centers and Administration. All 10 compliments were patient generated compliments.</p> <p><i>(Patient Relations Report & Patient Relations Dashboard with Graphs presented.)</i></p>			
<p>SURVEY RESULTS</p>	<p><u>Patient Satisfaction Survey – July 2025</u> For July 2025 there were 493 Patient Satisfaction Surveys completed. Atlantis Primary had the highest return rate with 79 completed surveys followed by West Palm Beach Primary with 56 completed surveys.</p> <p>Our Net Promoter Score (NPS) was 69 (out of 449 responses) compared to the Phreesia FQHC/CHC/RHC Network at 66.</p> <p>The top 5 and lowest 5 scored-questions were presented for each area.</p> <p>“Best Questions” for in person visits – July 2025:</p> <ul style="list-style-type: none"> • Overall, how would you rate your most recent experience using telemedicine – 100% (new) • How satisfied were you with your provider’s thoroughness while using telemedicine – 92% 			



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	<ul style="list-style-type: none">• Things explained in a way you could understand – 90% (new)• Overall cleanliness of exam room and overall practice – 90% (decrease of 4%)• How likely are you to choose telemedicine for your next appointment – 88% (decrease of 12%)• How likely are you to recommend using telemedicine to a family member or friend – 88% (new) <p>“Worst Questions” for in person visits – July 2025:</p> <ul style="list-style-type: none">• Your ability to contact us after hours – 17% (increase of 2%)• Being informed about any delays during this visit – 14% (decrease of 3%)• Each member of my care team identified themselves and their role in my care – 13% (increase of 4%)• Appointment available within a reasonable amount of time – 10% (increase of 1%)• Professionalism of Our Staff – 9% (new) <p>Of the surveys received for July, 31% of patients perceived wait time to be between 6 to 15 minutes, 27% of responses were from patients that this was their first visit to the practice. 83% of patients were scheduled and 17% were walk-ins.</p>		
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	<p>65% of surveys completed were by females and most patients preferred to be seen on Monday, Tuesday, and Friday. 97% of patients did not experience any technical difficulties while using telemedicine.</p> <p>For Dental, 70% of patients felt educated on how to better care for your teeth and gums, 74% were satisfied with results of dental treatment, 71% felt staff explained the procedures in a clear and understandable way and 72% felt staff who provided dental care were sensitive to my concerns.</p> <p>83% of responses in July were promoters (increase of 1%), 10% of responses were neutrals (increase of 1%) and 8% of responses were detractors (decrease of 1%).</p> <p>Top promoters, detractors, and patient comments presented by center and service line. (Patient Satisfaction Survey PowerPoint presented.)</p>		
<p>After Hours</p>	<p>Afterhours Report – July 2025 (Outbound Campaign PowerPoint presented.) In July 2025, the Clinic Service Center received 243 after-hours calls. This was a 3% increase from the previous month (236).</p>		



	<p>We continue to see our top 3 highest volume in AHCs for Appt requests with 33% of the volume. Followed by provider paged out with 20% of the volume and reschedule requests with 16%.</p> <p>Our Atlantis Location is our highest volume health center with 36% of the call volume. Followed by WPB with 24% and Delray with 21%</p> <p>AH Paged Outcalls – 49 after-hours calls required a provider to be paged out. 48 of those calls had telephone encounters created in their Epic chart. 14 had the “after Hours” listed as the reason for encounter 1 patient telephone encounters were missed</p>		
<p>NEXT THIRD AVAILABLE</p>	<p><u>Peds Primary</u> Atlantis – 2 days out West Palm – 3 days out</p> <p><u>Adult Primary</u> Atlantis – 1 days out Belle Glade – 1 days out Boca – 1 days out</p>		



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	<p>West Palm – 24 days out</p> <p><u>BH</u></p> <p>Atlantis – 1 days out Delray – 6 days out Lewis Center – 1 days out Mangonia – 4 days out</p> <p><u>Dental</u></p> <p>Belle Glade – 35/3 (peds) Delray – 102 Atlantis – 40/31 (Peds) West Palm – 8/6 (peds)</p> <p><u>Women's Health</u></p> <p>Atlantis – 11 days out Belle Glade – 19 days out Delray – 5 days out Jupiter – 25 days out</p>		
<p>REFERRAL/ CALL CENTER</p>	<p>Referrals – There were a total of 6,939 referral orders placed. This was a 8% decrease in volume from the previous month. The average turnaround time for referral processing was 5 days for routine with a goal of 5 days or less. The TAT for urgent referrals was 3 days with a goal of 2 days or less.</p> <p>The Atlantis location has the highest referral volume placed with 25% of the total referral</p>	<p>Add ophthalmology referral trends to the dashboard.</p>	<p>Jessica Ramirez</p>

	<p>volume, followed by WPB with 16% and Delray with 15% of the volume</p> <p>Lisa Fidler remains our highest producers of referrals with 8% of the total volume. Followed by Carline with 7% and Dr Noukelak with 6%</p> <p>Our most common payer remains the HCD Voucher with 27% of the referral volume followed by Self pay (no coverage) with 15% and Humana with 10%. Very similar to last month</p> <p>Our top referred to specialties this month are Radiology Orders with 17%, followed by Ophthalmology with 7% and GI with 5%</p> <p><u>Call Center –</u></p> <p>The call center received 15,217 calls. This was an 11% increase from the previous month.</p> <p>The abandonment rate for May was 6% with a goal of 10% or less.</p> <p>The service level was 70% answered within 3 minutes with a goal of 80% or higher.</p>		
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	Average hold time was 1m 29s with a goal of 3 min or less		
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QUALITY

QUALITY			
MEDICAL	<p>Breast Cancer Screening – July 2025 Yearly goal 60% We saw 3153 unique patients due for breast cancer screening. Satisfied screenings – 1822 (58%) Unsatisfied Screenings – 1331 (42%) Not Met with order – 908 (26%) Not Met (Patient Missed) – 549 (16%). It stayed the same compared to June 2025.</p> <p>The clinics with the highest percentage of screening were Belle Glade with 71%, Atlantis with 66%, and Boca 64%.</p> <p>The clinics with the lowest percentage of patients who completed breast cancer screening were West Palm Beach (51%), Delray (54%) and Jupiter (60%). All of them increased compared to the previous month.</p> <p>The larger number of patients where the screening was not addressed were Atlantis and Delray clinics. Accounting for 64% of missed patients.</p>		



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	<p>From July, 2024 to July, 2025: Dr. Alfonso Ramiro Puentes increased from 62% to 74% Dr. Fernique Jean-Jacques increased from 53% to 65% (Report with graph presented).</p>			
	<p>Cervical Cancer Screening - July 2025 Yearly goal 65% We saw 8050 unique patients with screening due. Cervical cancer screening was completed in 5099 (63%) of the patients and in 2952 (37%) patients the screening was not addressed. Atlantis, Boca, and Belle Glade Clinics achieved at or above the goal of 65%. The clinics with the lowest percentage of cervical cancer screening were West Palm Beach 59% and Delray 60%. The graph on the right shows the distribution by percentage of met, not met and missing orders to address the screening by provider.</p> <p>From July, 2024 to July, 2025: Dr. Gloria Florez increased from 59% to 71% Dr. Noukelak increased from 33% to 49%</p>			

	<p>The lowest left graph shows the number of missed patients by clinic in descending order. The larger number of patients where the screening was not addressed were Atlantis, West Palm Beach, and Delray clinics accounting for 58%. (Report with graph presented.)</p>			
	<p>Colorectal Cancer Screening – July 2025 Yearly goal 82%</p> <p>We saw 7613 unique patients due for colorectal cancer screening. 3037 (40%) of the patients had the screening satisfied in 2025, 303 (4%) had the screening satisfied in the past 12 months and 4274 (56%) of the patients did not have the screening satisfied.</p> <p>The highest percentage of screening completed was at the Boca Clinic with 60%. The largest number of patients that needed colorectal cancer screening were at the Delray, Atlantis and West Palm Beach for 62% of the patients. They individually achieved 45%, 40% and 40% of colorectal cancer screening completion.</p>			



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	<p>The largest number of patients with missing orders to address the screening were at Atlantis, Mangonia, Belle Glade with 54%. The last graph shows the met, unmet and missed patients by provider percentages.</p> <p>From July, 2024 to July, 2025: Provider Minh Lai Lam increased from 48% to 61% Provider Tamara Langley improved from 42% to 53% By type of screening test, the majority of patients are screen with Cologuard, followed by FIT test and last with colonoscopy.</p> <p>(Report with graph presented).</p>			
	<p>Controlled Diabetes based on A1c less than 9% - July, 2025 Yearly goal 67%</p> <p>We saw 3214 unique patients with a diagnosis of diabetes. 73% were controlled and 27% uncontrolled with an A1c equal or greater than 9%.</p> <p>By clinic, Jupiter (79%), Delray (75%) and Atlantis 74% are the clinics with highest number of patients with controlled diabetes. All the larger clinics achieved the goal of 67%. The larger number of</p>			



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	<p>patients with diabetes are in West Palm Beach, Atlantis and Delray Clinics.</p> <p>From July, 2024 to July, 2025: Dr. Sandra Warren improved the metric from 77% to 79% (Report with graph presented).</p>			
	<p>HIV Screening – July 2025 Yearly goal 32%</p> <p>We saw 15825 unique patients with screening due. Satisfied: 11042 (70%) Not satisfied: 4783 (30%).</p> <p>All the clinics reached above goal except Delray peds with 13 patients. Belle Glade and West Palm Beach have the highest percentage of HIV screening completion with 77% and 66%.</p> <p>The largest percentage of patients for which the screening was not addressed were from Atlantis and Jupiter clinics accounting for 56% of the missed patients.</p> <p>The last graph shows the met, unmet and missed patients by provider percentages.</p> <p>From July, 2024 to July, 2025:</p>			



	<p>Dr. Noukelak improved the metric from 56% to 88%</p> <p>Dr. Daniel Perez improved the metric from 68% to 81%</p> <p>Ketely Philistin improved the metric from 58 to 65%</p> <p>Carline St. Vil improved the metric from 60% to 65%</p> <p>(Report with graph presented.)</p>			
	<p>Controlling High Blood Pressure – July 2025</p> <p>Yearly goal 80%</p> <p>We saw 5406 patients with hypertension. 3973 (73%) of patients had blood pressure controlled and 1433 (27%) blood pressure uncontrolled. From all the clinics, Boca reached 86%, West Palm Beach 77%.</p> <p>The last graph shows percentages of screening percentages of met, unmet and missed patients by provider.</p> <p>Provider Fernique Jean Jacques has the highest number of patients with controlled HTN at 84% followed by Dr. Germaine Noukelak at 82%</p> <p>(Report with graph presented.)</p>			
<p>BEHAVIORAL HEALTH</p>	<p>PHQ9 – July 2025</p> <p>% of patients with PHQ9: 5,414/6,319 =85.68%</p> <p>Unique patients with positive PHQ9 496/7.85%</p>			



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	<p><u>SBIRT- July 2025</u> 1,761 unique patients/23,506 = 7.49% The goal is 5% (Report with graph presented.)</p>			
<p>WOMEN'S HEALTH</p>	<p><u>Early Entry into Prenatal Care July 2025</u> Early Entry into care into the First Trimester is 42% Total population of 608 prenatal patients</p> <p><u>Low Birth Weight July 2025</u> Babies born with a birth weight below normal (under 2,500 grams) 7% --<1500 grams: 0% --1500—2499 grams: 9% --> 2500 grams: 85% Total deliveries/birth weight: 118</p>			
<p>DENTAL</p>	<p><u>Dental Sealants</u> YTD 2025: deferred</p> <p><u>Limited Exams Walk-ins = 316</u> June : Average Daily -Atlantis 1 -Belle glade 3 -Delray 7</p>			



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	-West Palm Beach II			
<p>NEXT THIRD AVAILABLE</p>	<p>Dental</p> <p>Belle Glade-</p> <ul style="list-style-type: none"> - Hygiene appointment (adult): 98 days - Hygiene appointment (child): 3 days - Treatment appointment: 98 days <p>Delray-</p> <ul style="list-style-type: none"> - Hygiene appointment (adult): 150 days - Treatment appointment: 38 days <p>Atlantis-</p> <ul style="list-style-type: none"> - Hygiene appointment (adult): 152 days - Hygiene appointment (child): 48 days - Treatment appointment: 27 days <p>West Palm Beach-</p> <ul style="list-style-type: none"> - Hygiene appointment (adult): 70 days - Hygiene appointment (child): 10 days - Treatment appointment (adult): 55 days - Treatment appointment (child): 99 days 			
<p>NURSING</p>	<p><u>Higher Level of Care</u></p>			

	<p>88 ER referrals / 85 patients were sent to the ER in July. This is 1% of the billable provider visits in the CHCs.</p> <p>The breakdown of referrals is:</p> <ul style="list-style-type: none"> • WH – 24 (27%) (3% of the women’s health visits) • Peds – 11 (12%) (1% of the pediatric visits) (lower total number for July) • Adult – 51 (59%) (this combines urgent care and emergency medicine referrals) • Transport – 0 • Adult Crisis – 2 (2%) • Peds Crisis – 0 <p>ADULT REFERRALS: highest producer this month is Lisa Fidler, APRN Atlantis Walk In 5 (6%) (3rd month in a row) and Althea Wilmot, APRN WPB Walk In 5 (6%)</p> <p>PEDIATRIC REFERRALS: highest producer this month was Dr. Clarke in WPB with 10 referrals (91%)– Note *Dr. Hernandez in same clinic had 0 referrals and the Atlantis providers combined had 1.</p> <p>Top Diagnosis: ADULT</p> <ul style="list-style-type: none"> • Shortness of Breath 3 (6%) • Chest Pain, Unspecified Type 3 (6%) 		
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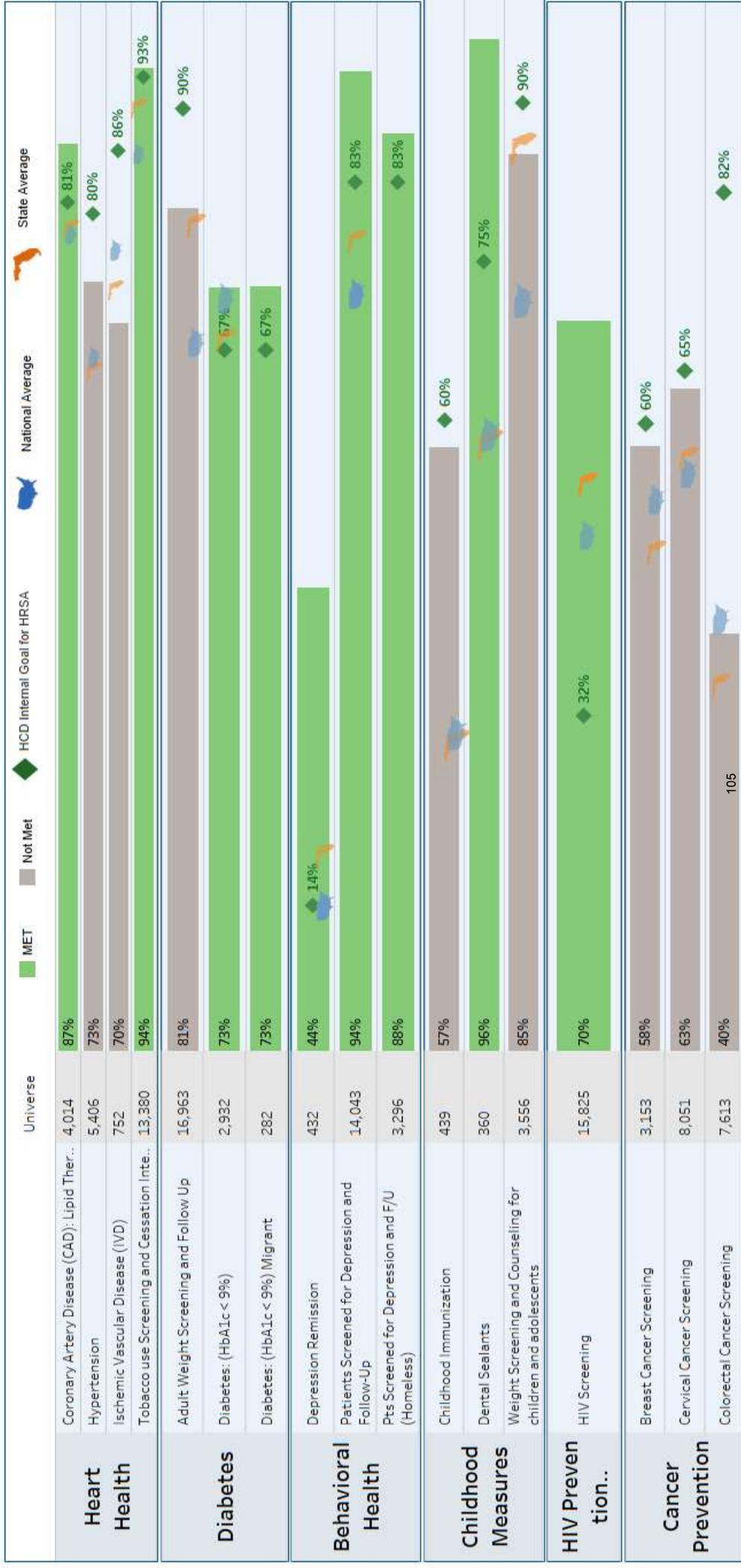
	<p>PEDS</p> <ul style="list-style-type: none"> No top 3 this month. All referrals had 1 diagnosis total. <p>The charts were reviewed for the 3 patients that received more than one referral for HLC in the month of July and all referrals were appropriate and none were escalated to the Medical Director for review.</p>			
<p>Peer Reviews</p>	<p>Adult Q4-2024 88 charts were peer reviewed. 68 were evaluated as "within standard of care", 13 were evaluated as "Provider Self-Remediation", 0 "Peer-Provider Review needed, 3 "Provider Education Required", 0 charts were evaluated as "Inappropriate care.</p> <p>Dentist Q1-2025 45 charts were peer reviewed. 43 were evaluated as "within standard of care", 2 were evaluated as "Provider Self-identified Remediation" and 0 were evaluated as "Provider Education Required", 0 were evaluated as "Inappropriate Care"</p>			

QUALITY METRICS	
UDS YTD 2025	
Of the 17 UDS Measures: 8 exceeded the HRSA Goal, 9 were short of the HRSA Goal (Clinic Score/ HRSA Goal)	
Medical UDS Report	Adult Weight screening and follow-up: (81% / 90%)
	Breast Cancer Screening: (58%/60%)
	Cervical Cancer Screening: (63% / 65%)
	Childhood Immunization: (57% / 60%)
	Colorectal Cancer Screening: (40% / 82%)
	Coronary Artery Disease CAD: (87% / 81%)
	Dental Sealants: (96% / 75%)
	Depression Remission: (44% / 14%)
	Diabetes: (73% / 67%)
	Diabetes (Migrant): (73% / 67%)
	HIV Screening: (70% / 32%)
	Hypertension: (73% / 80%)
	Ischemic Vascular Disease (IVD): (70% / 86%)
	Depression screening: (94%/ 83%)
	Depression screening (Homeless): (88% / 83%)
Tobacco use screening & cessation: (94% / 93%)	
Weight Screening & Counseling for children/teens (85% / 90%)	
Meeting Adjourned: 1:20pm	

UDS PROVIDER LEVEL QUALITY MEASURES 2025

NATIONAL QUALITY LEADER METRICS

Filters 
Load Date
8/11/2025





**COMMUNITY HEALTH CENTERS
BOARD OF DIRECTORS
August 27, 2025**

1. Description: Operations Report – July 2025

2. Summary:

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

3. Substantive Analysis:

In July, the Health Centers had a total of 14,081 patient visits across all centers. This is an increase of 11% over June and up 5% from July of 2024. There were of 9,470 unique patients of which 1,487, or 16% were new patients to the health centers. 34% of patients were from adult medical, 24% from Dental and 11% from Pediatrics, with no more than 1-2% variation from prior month. In July, Atlantis Health Center had the highest volume of patient visits with 3,378 medical and 719 dental visits followed by the West Palm Beach Health Center with 1,623 medical and 1,164 dental visits and then the Delray Health Center with 1,406 medical and 1,031 dental visits.

4. Fiscal Analysis & Economic Impact Statement:

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

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

Signed by:


CAG21FF2E09481
 Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

 N/A
 Committee Name

 N/A
 Date Approved



**COMMUNITY HEALTH CENTERS
BOARD OF DIRECTORS
August 27, 2025**

6. Recommendation:

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

Signed by:

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Bernabe Icaza
SVP & General Counsel

DocuSigned by:

6F31AD3F82334FE5
Angela Santos
Director of Specialty Operations

Signed by:

2B434F08784492
Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of Community
Health Centers

Patients 9,470
Visits 14,081
New Patients 1,487

Monthly Productivity July 2025

Demographics

