



AGENDA

KERN COUNTY HOSPITAL AUTHORITY COMMUNITY HEALTH CENTER BOARD OF DIRECTORS

**Community Health Center
Administrative Office
900 Truxtun Avenue, Suite 250
Bakersfield, California 93301**

Regular Meeting
Wednesday, March 25, 2026

11:30 A.M.

BOARD TO RECONVENE

Board Members: Avila, Behill, Kemp, Lopez, Martinez, Nichols, Sandoval, Smith, Williams
Roll Call:

CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: ALL ITEMS LISTED WITH A "CA" ARE CONSIDERED TO BE ROUTINE AND NON-CONTROVERSIAL BY KERN COUNTY HOSPITAL AUTHORITY COMMUNITY HEALTH CENTER STAFF. THE "CA" REPRESENTS THE CONSENT AGENDA. CONSENT ITEMS WILL BE CONSIDERED FIRST AND MAY BE APPROVED BY ONE MOTION IF NO MEMBER OF THE BOARD OR AUDIENCE WISHES TO COMMENT OR ASK QUESTIONS. IF COMMENT OR DISCUSSION IS DESIRED BY ANYONE, THE ITEM WILL BE REMOVED FROM THE CONSENT AGENDA AND WILL BE CONSIDERED IN LISTED SEQUENCE WITH AN OPPORTUNITY FOR ANY MEMBER OF THE PUBLIC TO ADDRESS THE BOARD CONCERNING THE ITEM BEFORE ACTION IS TAKEN.

STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

- 1) This portion of the meeting is reserved for persons to address the Board on any matter not on this agenda but under the jurisdiction of the Board. Board members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Board at a later meeting. In addition, the Board may take action to direct the staff to place a matter of business on a future agenda. SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THANK YOU!

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

- 2) On their own initiative, Board members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Government Code section 54954.2(a)(2)) –

ITEMS FOR CONSIDERATION

- CA
3) Minutes for the Kern County Hospital Authority Community Health Center Board of Directors regular meeting on February 28, 2026 –
APPROVE
- CA
4) Minutes for the Kern County Hospital Authority Community Health Center Board of Directors special meeting on March 18, 2026 –
APPROVE
- CA
5) Proposed resolution to adopt the agreements entered into by the Kern County Hospital Authority on behalf of the Kern County Hospital Authority Community Health Center –
APPROVE; ADOPT RESOLUTION
- CA
6) Proposed updated Kern County Hospital Authority Community Health Center Outpatient Sliding Fee Discount Schedule –
APPROVE
- CA
7) Proposed updated Health Resources and Services Administration Health Center Program Form 5A: Services Provided –
APPROVE
- CA
8) Proposed updated Kern County Hospital Authority Community Health Center Organizational Chart –
APPROVE
- 9) Report on the Kern County Hospital Authority Community Health Center Quality Summary for Calendar Year 2025 –
RECEIVE AND FILE
- 10) Report on the Kern County Hospital Authority Community Health Center Health Center Service Utilization Report for February 2026 –
RECEIVE AND FILE
- 11) Report on the Kern County Hospital Authority Community Health Center financials for January 2026 –
RECEIVE AND FILE
- 12) Kern County Hospital Authority Community Health Center Executive Director Report –
RECEIVE AND FILE

ADJOURN TO WEDNESDAY, APRIL 22, 2026 AT 11:30 A.M.

SUPPORTING DOCUMENTATION FOR AGENDA ITEMS

All agenda item supporting documentation is available for public review at Kern Medical Center in the Administration Department, 1700 Mount Vernon Avenue, Bakersfield, 93306 during regular business hours, 8:00 a.m. – 5:00 p.m., Monday through Friday, following the posting of the agenda. Any supporting documentation that relates to an agenda item for an open session of any regular meeting that is distributed after the agenda is posted and prior to the meeting will also be available for review at the same location.

AMERICANS WITH DISABILITIES ACT (Government Code Section 54953.2)

The Kern Medical Center Conference Room is accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the Kern County Hospital Authority Community Health Center Board of Directors may request assistance at Kern Medical Center in the Administration Department, 1700 Mount Vernon Avenue, Bakersfield, California, or by calling (661) 326-2102. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting material available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible.



SUMMARY OF PROCEEDINGS

KERN COUNTY HOSPITAL AUTHORITY COMMUNITY HEALTH CENTER BOARD OF DIRECTORS

**Community Health Center
Administrative Office
900 Truxtun Avenue, Suite 250
Bakersfield, California 93301**

Regular Meeting
Wednesday, February 25, 2026

11:30 A.M.

BOARD RECONVENED – Director Martinez convened the meeting of the Board at 11:31 A.M., and established a quorum was present.

Board Members: Avila, Behill, Kemp, Lopez, Martinez, Nichols, Sandoval, Smith, Williams
Roll Call: 5 Present; 4 Absent – Behill, Kemp, Nichols, Smith

NOTE: Director Nichols joined the meeting at 11:42 after roll-call and the vote on the consent agenda.

NOTE: The vote is displayed in bold below each item. For example, Smith-Behill denotes Director Smith made the motion and Director Behill seconded the motion.

CONSENT AGENDA: AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: AS INDICATED BELOW WITH A "CA" WAS REVIEWED, DISCUSSED, AND APPROVED AS ONE MOTION.

BOARD ACTION SHOWN IN CAPS

PUBLIC PRESENTATIONS

- 1) This portion of the meeting is reserved for persons to address the Board on any matter not on this agenda but under the jurisdiction of the Board. Board members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Board at a later meeting. In addition, the Board may take action to direct the staff to place a matter of business on a future agenda.
NO ONE HEARD

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

- 2) On their own initiative, Board members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Government Code section 54954.2(a)(2)) – **NO ONE HEARD**

CONSENT AGENDA

CA

- 3) Minutes for the Kern County Hospital Authority Community Health Center Board of Directors regular meeting on January 28, 2026 –
APPROVED
Williams-Avila: 5 Present; 4 Absent – Behill, Kemp, Nichols, Smith

CA

- 4) Proposed Updated Health Resources and Services Administration Health Center Program Form 5A: Services Provided –
APPROVED
Williams-Avila: 5 Present; 4 Absent – Behill, Kemp, Nichols, Smith

CA

- 5) Proposed approval of revised Kern County Hospital Authority Community Health Center policy LAL-FIN-16, Out of Pocket Employee Expenses –
APPROVED; AUTHORIZED CHAIRMAN TO SIGN
Williams-Avila: 5 Present; 4 Absent – Behill, Kemp, Nichols, Smith

- 6) Proposed approval of revised Kern County Hospital Authority Community Health Center policy LAL-OP-01, After Hours Nurse Triage –
EXECUTIVE DIRECTOR ANNOUNCED THAT THE AFTER-HOURS CALL LINE SERVICE, AMALGAMATED, THAT THE CLINICS HAVE BEEN USING FOR YEARS DECIDED TO NO LONGER PROVIDE AFTER-HOUR CALL SERVICES AS OF JANUARY 31, 2026. THE NOTICE WAS RECEIVED IN DECEMBER 2025, AND STAFF SCRAMBLED TO FIND ADEQUATE AND COST-EFFECTIVE SERVICES TO FILL THIS VOID. STAFF COULD NOT LOCATE A VENDOR THAT WOULD MEET THE NEEDS OF THIS PROCESS SO THE EXECUTIVE DIRECTOR DECIDED TO BRING THE SERVICE IN-HOUSE. POLICY LAL-OP-01, AFTER HOURS NURSE TRIAGE HAS BEEN REVISED TO REFLECT THE NEW PROCEDURE AND CREATES A REFERENCE AS TO HOW EMERGENCY AND AFTER-HOURS CALLS ARE HANDLED BY THE CLINIC. THE EXECUTIVE DIRECTOR INTRODUCED THE DIRECTOR OF PERFORMANCE IMPROVEMENT CARMELITA MAGNO TO MAKE THE PRESENTATION OUTLINING THE NEW NURSE TRIAGE WORKFLOW AND GAVE THE BOARD AN OPPORTUNITY FOR QUESTIONS AND SUGGESTIONS. SHE EXPLAINED THAT THE CLINICS WERE ABLE TO USE KEONA HEALTH'S EDUCATION PLATFORM THROUGH THE MOU WITH KERN MEDICAL. THIS EDUCATION CREATES CONSISTENCY OF KNOWLEDGE FOR THE CLINIC NURSE STAFF THAT FIELD THESE EMERGENCY CALLS DURING BUSINESS HOURS AND FOR THE KERN MEDICAL NURSE STAFF THAT PROVIDE THE AFTER-HOURS COVERAGE. THE CLINIC DID NOT HAVE THE RESOURCES TO FIELD THE AFTER-HOURS CALLS BUT KERN MEDICAL HAD THE RESOURCES AND IS ABLE TO PROVIDE SUCH SERVICE WITHIN THE CURRENT MOU. ALL NURSES ARE TRAINED USING THE KEONA HEALTH EDUCATION PLATFORM AND ARE FAMILIAR WITH THIS

UPDATED POLICY FOR THE PROCEDURE PROCESS AND THE USE OF THE CLINIC'S ABILITY CONTRACT AS AN ANSWERING SERVICE TO FACILITE THESE EMERGENT CALLS AS EFFICIENTLY AS POSSIBLE. SHE EXPLAINED THAT THIS SERVICE WILL ALLOW THE CHC TO CONTINUE TO PROVIDE EMERGENT AND AFTER-HOUR NURSE SUPPORT FOR PATIENTS. DIRECTOR WILLIAMS ASKED ABOUT THE GUIDELINES USED BY KEONA HEALTH. MS. MAGNO EXPLAINED THAT THEY USE THE SCHMITT-THOMPSON GUIDELINES THAT HAVE BEEN VETTED AND PROVEN TO IMPROVE PATIENT CARE. DIRECTOR MARTINEZ ASKED WHETHER THIS SERVICE ALLOWED THE CLINIC TO BE PROACTIVE WITH ITS CARE OF PATIENTS. MS. MAGNO STATED THAT YES BECAUSE THE PATIENTS WHO CONTACT THE CLINIC THROUGH THE ADVICE LINE GET THE SERVICES THEY NEED AS QUICKLY AS POSSIBLE. WHEN PATIENTS ARE IN THE EMERGENCY DEPARTMENT, THEY ARE ADVISED TO FOLLOW-UP WITH THEIR PRIMARY CARE PROVIDER AND IF THEY DO NOT HAVE A PRIMARY CARE PROVIDER, THE NURSE WILL ATTEMPT TO SCHEDULE THE PATIENT WITH A CHC PRIMARY CARE PROVIDER. THE DIRECTOR OF PERFORMANCE IMPROVEMENT FURTHER RESPONDED THAT IF THE PATIENT IS UNSURE OF WHAT TO DO, THE NURSE TRAIKE WILL HELP THE PATIENT DETERMINE IF THEY NEED TO BE TREATED IN THE EMERGENCY DEPARTMENT, URGENT CARE, OR THE NEXT AVAILABLE APPOINTMENT WITH THEIR PRIMARY CARE PHYSICIAN. THE NURSE CAN MAKE AN APPOINTMENT AT THAT TIME WITH THE PATIENT'S PRIMARY CARE PHYSICIAN IF DESIRED. EXECUTIVE DIRECTOR ALSO INTERJECTED THAT THE APPOINTMENTS ARE OFFERED BOTH IN PERSON AND BY TELEHEALTH TO MEET THE NEEDS OF THE PATIENT.

APPROVED; AUTHORIZED CHAIRMAN TO SIGN

Lopez-Sandoval: 6 Present; 3 Absent – Behill, Kemp, Smith

- 7) Report on the Kern County Hospital Authority Community Health Center Patient Experience for Calendar Year 2025 –
INTERIM MEDICAL DIRECTOR DR. GLENN GOLDIS MADE THE PRESENTATION REGARDING THE QUALITY SUMMARY REPORT FOR CALENDAR YEAR 2025 AND ASSOCIATED FOLLOW-UP ACTIONS. DR. GOLDIS EXPLAINED THAT THE DATA ARE COLLECTED TO MAKE SURE THAT THE PATIENTS WERE HAVING THEIR NEEDS MET FROM A MORE CUSTOMER SERVICE PERSPECTIVE. DR. GOLDIS SPECIFICALLY POINTED OUT THAT PHYSICIAN APPROVAL HAS RISEN FROM 75% APPROVAL TO 85%. DR. GOLDIS STATED THAT BEING MORE ATTENTIVE OVERALL WITH PATIENTS HAS HELPED WITH THE PATIENT'S PERSPECTIVE ON THE PHYSICIANS. HAVING MORE PROVIDERS OVERALL HAS ALSO IMPACTED THESE NUMBERS AS SHOWN MORE SIGNIFICANTLY WITH WOMEN'S HEALTH. DIRECTOR MARTINEZ ASKED WHAT THE DIFFERENCE IN THE NUMBERS BETWEEN THE WOMEN'S HEALTH CLINIC AT COLUMBUS AND STOCKDALE. EXECUTIVE DIRECTOR RESPONDED THAT THE NUMBERS REFLECT THE RECENT SHORTAGE OF PROVIDERS. WOMEN'S HEALTH PHYSICIANS ARE OFTEN PULLED FROM THE CLINICS TO BE SENT TO THE HOSPITAL AND AS STOCKDALE IS A SMALLER CLINIC AND SEES LESS PATIENTS OVERALL, THOSE PROVIDERS ARE OFTEN REQUESTED FIRST TO ATTEND TO A PATIENT AT THE HOSPITAL. NOW WITH FAMILY MEDICINE NURSE PRACTITIONERS CROSS-TRAINED IN WOMEN'S HEALTH SERVICES AND A NEW OB/GYN PHYSICIAN, THE DIFFERENCE BETWEEN THE APPROVAL RATINGS OF THE CLINICS IS LEVELING OUT. DIRECTOR MARTINEZ ASKED IF THERE IS A SAME DAY WAITING LIST FOR APPOINTMENT CANCELLATIONS. EXECUTIVE DIRECTOR RESPONDED THAT WHEN THERE IS A CANCELLATION, THE PATIENTS ARE OFFERED SAME DAY APPOINTMENTS FOR ANY AVAILABLE APPOINTMENT, ALTHOUGH MOST AVAILABILITY IS IN THE EVENINGS. WHEN THERE IS A CANCELLATION, THOSE TIME

SLOTS ARE HIGHLIGHTED ALLOWING STAFF TO OFFER THOSE APPOINTMENT TIMES. STAFF IS GENERALLY SUCCESSFUL IN RESCHEDULING SAME OR NEXT DAY, BUT WE ARE WORKING ON OPENING MORE APPOINTMENT AVAILABILITY. DIRECTOR NICHOLS COMPLIMENTED THE STAFF STATING THAT YEAR TO DATE IMPROVEMENT IS PROMISING. DIRECTOR AVILA THEN ASKED WHAT IS THE GREATEST OPPORTUNITY FOR IMPROVEMENT AT THE COLUMBUS LOCATION. EXECUTIVE DIRECTOR RESPONDED THAT INCREASING THE NUMBER OF OB/GYN PHYSICIANS AT THE COLUMBUS LOCATION WOULD BE THE GREATEST HELP IN EASING THE APPOINTMENT CONGESTION. THE BIGGEST CHALLENGE FOR THE CHC AND FOR THE UNITED STATES IN GENERAL, IS THAT THERE ARE NOT ENOUGH OB/GYNS TO MEET THE POPULATION NEED. AT OUR LOCATIONS, FAMILY PRACTICE PHYSICIANS ARE HELPING OUT WITH OB/GYN PATIENTS AND NURSE PRACTITIONERS ARE FILLING IN THE GAPS BUT SOMETIMES PATIENTS ONLY WANT TO SEE A PHYSICIAN, WHICH WE ALWAYS TRY TO ACCOMMODATE BUT THERE MAY BE A WAIT FOR THE APPOINTMENT.

RECEIVED AND FILED

Nichols-Avila: 6 Present; 3 Absent – Behill, Kemp, Smith

- 8) Report on the Kern County Hospital Authority Community Health Center Health Center Service Utilization for January 2026 –

PRACTICE ADMINISTRATOR ANNA CARRILLO PRESENTED THE UTILIZATION REPORT FOR JANUARY 2026. SHE REVIEWED THE DATA SHOWING HOW, WHEN, AND WHERE PATIENTS ARE ACCESSING SERVICES. DIRECTOR WILLIAMS ASKED FOR THE DEFINITION OF “UNIQUE” PATIENTS. KCHA CHIEF OPERATIONS OFFICER INTRODUCED HIMSELF AND RESPONDED THAT A UNIQUE PATIENT IS A TERM OF ART THAT ALLOWS THE INSTITUTION TO NOT ONLY TRACK HOW MANY APPOINTMENTS ARE COMPLETED BUT THE NUMBER OF ACTUAL PATIENTS THAT ARE SEEN DURING THESE APPOINTMENTS. HE GAVE THE ANALOGY THAT THE CLINIC MAY HAVE 100 COMPLETED VISITS BUT ONLY 89 UNIQUE PATIENTS BECAUSE 1 PATIENT HAD 3 APPOINTMENTS, 1 PATIENT HAD 2 APPOINTMENTS, AND ANOTHER HAD 6 APPOINTMENTS SO IT WOULD EXPLAIN WHY THE DATA OF THOSE TWO METRICS WOULD NOT MATCH. PRACTICE ADMINISTRATOR CONTINUED HER PRESENTATION STATING THAT “NO SHOW” VISITS HAD DROPPED BY ABOUT A 1000 BY THE END OF THE YEAR, WHICH CORRELATED TO ABOUT 1000 ADDITIONAL COMPLETED VISITS BY THE END OF THE YEAR SHOWING THAT THE CLINIC IS BEING SUCCESSFUL IN THEIR FOLLOW-UP ACTIONS BY CAPTURING NO SHOW PATIENTS AND GETTING THEM RESCHEDULED AND ACTUALLY SEEN.

RECEIVED AND FILED

Williams-Avila: 6 Present; 3 Absent – Behill, Kemp, Smith

- 9) Report on the Kern County Hospital Authority Community Health Center financials for December 2025 –

FINANCE ADMINISTRATOR ANDREW CANTU MADE THE PRESENTATION REGARDING THE FINANCIALS FOR DECEMBER 2025. FINANCE ADMINISTRATOR STATED THAT CASH COLLECTIONS WERE UP AND LABOR COSTS STAYED CONSTANT. MR. CANTU EXPLAINED THAT CASH IS ONLY RECOGNIZED WHEN IT IS POSTED AGAINST THE CLAIMS SO THERE IS OFTEN A DELAY IN CASH COLLECTION AND SERVICE COSTS. DIRECTOR MARTINEZ STATED THAT THERE SEEMS TO BE A MISMATCH BETWEEN CASH COLLECTED AND SERVICES WITHIN THE MONTH. FINANCE ADMINISTRATOR RESPONDED THAT A/R IS COLLECTING FOR SERVICES FROM 40 DAYS PRIOR SO THERE IS OFTEN A 10 TO 15 DAY DELAY AS TO WHEN CASH IS RECEIVED AND WHEN IT GETS

POSTED BUT OVERALL, THE ESTIMATES HAVE BEEN CORRECT. SOME AREAS THAT ARE BEING REVIEWED MORE CLOSELY ARE 1) THE NUMBER OF SELF-PAY PATIENTS WAS HIGHER THAN ANTICIPATED AND 20 BUILDING MATERIALS CAME IN OVER BUDGET WITHOUT A CURRENTLY KNOWN PROJECT. HE STATED THAT HE WOULD FOLLOW UP NEXT MONTH WITH HIS FINDINGS.

RECEIVED AND FILED

Avila-Lopez: 6 Present; 3 Absent – Behill, Kemp, Smith

- 10) Kern County Hospital Authority Community Health Center Executive Director Report – EXECUTIVE DIRECTOR BEGAN HER PRESENTATION EXPLAINING WHAT THE 5A FORM IS AND WHY IT HAS COME UP FOR APPROVAL SO MANY TIMES. SHE EXPLAINED THAT THE SERVICES THAT WERE DIRECTLY PROVIDED BY CHC STAFF WERE CONSIDERED COLUMN 1 SERVICES AS THEY ARE DIRECTLY PROVIDED AND PAID FOR BY THE CHC. COLUMN 2 SERVICES WERE SERVICES PROVIDED VIA CONTRACT AND PAID FOR BY THE CHC. SHE GAVE THE EXAMPLE OF THE CONTRACTED PRIMARY CARE PHYSICIAN DR. LEE AND THEN WENT ON TO EXPLAIN THAT COLUMN 3 WERE SERVICES THAT WERE REFERRED OUT AND NOT PAID BY THE CHC. HER MAIN EXAMPLE WAS THE INTERNAL MOU WITH KERN MEDICAL. THE REASON FOR THE INTERNAL MOU IS THAT THE CHC IS NOT EQUIPED TO HANDLE ALL NECESSARY CARE FOR THE PATIENTS AND IS SOLELY FOCUSED ON PRIMARY CARE. THE CHC IS COMMITTED TO GETTING PATIENTS THE EVERYDAY HEALTH CARE THEY NEED IN THE ENVIRONMENT THAT BEST SUITS THE PATIENT. EXECUTIVE DIRECTOR FURTHER EXPLAINED THAT AS CONTRACTS AND EMPLOYEES CHANGE, THE 5A FORM WILL NEED TO BE UPDATED TO REFLECT WHICH AND HOW THE SERVICES ARE BEING PROVIDED AT THE PRESENT TIME. SHE THEN ANNOUNCED THAT THE HRSA ON-SITE VISIT HAS BEEN SCHEDULED FOR MARCH 17-19 AND WILL BE CONDUCTED FROM KERN MEDICAL'S MAIN CAMPUS LOCATED AT 1700 MOUNT VERNON AVENUE. A SPECIAL MEETING OF THIS BOARD WILL BE HELD ON MARCH 18TH AT NOON AND LUNCH WILL BE PROVIDED. A MEETING INVITE WILL BE SENT AND A BOARD MEETING NOTICE WILL BE POSTED FOR THE PUBLIC. THE REGULAR SCHEDULED BOARD MEETING WILL BE HELD ON MARCH 25TH AT 11:30 AM AT THE 900 TRUXTUN AVENUE LOCATION. EXECUTIVE DIRECTOR EXPLAINED THE PROCESS OF THE VISIT AND SUMMARIZED HER MEETING WITH THE SURVEYORS. SHE RELAYED THAT STAFF HAD BEEN VERY DILIGENT ON PREPARING FOR THE VISIT AND THAT SHE WOULD LIKE TO THANK EACH BOARD MEMBER FOR THEIR DIRECTION AND SUPPORT. BOOK DRIVE.

RECEIVED AND FILED

Nichols-Williams: 6 Present; 3 Absent – Behill, Kemp, Smith

CA

- 11) Miscellaneous Correspondence as of February 20, 2026 –
RECEIVED AND FILED

Williams-Avila: 5 Present; 4 Absent – Behill, Kemp, Nichols, Smith

ADJOURNED TO WEDNESDAY, MARCH 25, 2026 AT 11:30 A.M.

Nichols

/s/ Marisol Urcid
Clerk of the Board of Directors

/s/ Elsa Martinez
Chairman, Board of Directors
Kern County Hospital Authority Community Health Center



SUMMARY OF PROCEEDINGS

KERN COUNTY HOSPITAL AUTHORITY COMMUNITY HEALTH CENTER BOARD OF DIRECTORS

**Kern Medical Center
1700 Mount Vernon Avenue, Room 1202
Bakersfield, California 93306**

Special Meeting
Wednesday, March 18, 2026

11:30 A.M.

BOARD RECONVENED – Director Martinez convened the meeting of the Board at 11:36 A.M., and established a quorum was present.

Board Members: Avila, Behill, Kemp, Lopez, Martinez, Nichols, Sandoval, Smith, Williams
Roll Call: 7 Present; 2 Absent – Avila, Kemp

NOTE: The vote is displayed in bold below each item. For example, Smith-Behill denotes Director Smith made the motion and Director Behill seconded the motion.

CONSENT AGENDA: AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: AS INDICATED BELOW WITH A "CA" WAS REVIEWED, DISCUSSED, AND APPROVED AS ONE MOTION.

BOARD ACTION SHOWN IN CAPS

PUBLIC PRESENTATIONS

- 1) This portion of the meeting is reserved for persons to address the Board on any matter not on this agenda but under the jurisdiction of the Board. Board members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Board at a later meeting. In addition, the Board may take action to direct the staff to place a matter of business on a future agenda.
NO ONE HEARD

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

- 2) On their own initiative, Board members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Government Code section 54954.2(a)(2)) – **NO ONE HEARD**

CONSENT AGENDA

CA

- 3) Health Resources Services Administration Operational Site Visit –
RECEIVED AND FILED
Nichols-Smith: 7 Present; 2 Absent – Avila, Kemp

ADJOURNED TO WEDNESDAY, MARCH 25, 2026 AT 11:30 A.M.
Williams

/s/ Marisol Urcid
Clerk of the Board of Directors

/s/ Elsa Martinez
Chairman, Board of Directors
Kern County Hospital Authority Community Health Center

**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

March 25, 2026

Subject: Proposed resolution to adopt the agreements entered into by the Kern County Hospital Authority on behalf of the Kern County Hospital Authority Community Health Center

Recommended Action: Approve; Adopt Resolution

Summary:

The health center must provide the required primary health services listed in section 330(b)(1) of the PHS Act. These health services must be provided through one or more service delivery method(s): directly, or through written contracts and/or cooperative arrangements (which may include formal referrals).

The health center's co-applicant Kern County Hospital Authority has entered into written contracts on behalf of the health center with third parties to provide these required health services. By adopting the written contracts that the Kern County Hospital Authority entered into on behalf of the health center, the Board of Directors will demonstrate compliance with the requirement that the health center provide all required and applicable additional health services directly or through written contracts and/or cooperative agreements.

Therefore, it is recommended that your Board demonstrates its primary goal of providing health services through the written contracts entered into by the Kern County Hospital Authority by adopting the attached Resolution.

**BEFORE THE BOARD OF DIRECTORS
OF THE KERN COUNTY HOSPITAL AUTHORITY
COMMUNITY HEALTH CENTER**

In the matter of:

Resolution No. 2026-____

**ADOPTING THE AGREEMENTS
ENTERED INTO BY THE KERN COUNTY
HOSPITAL AUTHORITY ON BEHALF OF
THE KERN COUNTY HOSPITAL AUTHORITY
COMMUNITY HEALTH CENTER**

I, MARISOL URCID, Clerk of the Board of Directors for the Kern County Hospital Authority Community Health Center, hereby certify that the following Resolution, on motion of Director _____, seconded by Director _____, was duly and regularly adopted by the Board of Directors of the Kern County Hospital Authority Community Health Center at an official meeting thereof on the 25th day of March, 2026, by the following vote, and that a copy of the Resolution has been delivered to the Chairman of the Board of Directors.

AYES:

NOES:

ABSENT:

MARISOL URCID
Clerk of the Board of Directors
Kern County Hospital Authority
Community Health Center

Marisol Urcid

RESOLUTION

Section 1. WHEREAS:

(a) The conduct of Kern County Hospital Authority Community Health Center is subject to the provisions of the section 330 of the Public Health Services (PHS) Act (42 U.S.C. 254b) (“section 330”), as amended; and

(b) The health center must provide the required primary health services listed in section 330(b)(1) of the PHS Act; and

(c) All required and applicable additional health services must be provided through one or more service delivery method(s): directly, or through written contracts and/or cooperative arrangements (which may include formal referrals); and

(d) The health center's co-applicant Kern County Hospital Authority has entered into written contracts on behalf of the health center with third parties; and

(e) By adopting the written contracts that the Kern County Hospital Authority entered into on behalf of the health center, the Board of Directors will demonstrate compliance with the requirement that the health center provide all required and applicable additional health services directly or through written contracts and/or cooperative agreements.

Section 2. NOW, THEREFORE, IT IS HEREBY RESOLVED by the Board of Directors of the Kern County Hospital Authority Community Health Center, as follows:

1. This Board finds the facts recited herein are true, and further finds that this Board has jurisdiction to consider, approve, and adopt the subject of this Resolution.

2. This Board hereby adopts the listed third-party contracts entered into by the Kern County Hospital Authority on behalf of the health center as set forth in Exhibit "A," attached hereto and incorporated herein by this reference.

3. The Clerk of the Board of Directors shall provide copies of this Resolution to the following:

Members, Board of Directors, Community Health Center
Members, Board of Governors, Kern County Hospital Authority
Community Health Center
Executive Director, Community Health Center
Medical Director, Community Health Center
Kern Medical Center
Legal Services Department

EXHIBIT A

Third-Party Agreements assumed by the Kern County Hospital Authority Community Health Center

- **LocumTenens –**
 - Agreement 20177PA, effective May 22, 2017 and all approved amendments
- **Keona Health –**
 - Agreement 07626, effective February 3, 2026 and all approved amendments
- **Ability Answering Service –**
 - Agreement 070-2019, effective October 11, 2019 and all approved amendments



**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

March 25, 2026

Subject: Proposed updated Kern County Hospital Authority Community Health Center Outpatient Sliding Fee Discount Schedule

Recommended Action: Approve

Summary:

The Kern Medical Outpatient Health (KMOH) Sliding Fee Discount Program determines patient eligibility based on household income and family size measured against current federal poverty guidelines. The Health Resources and Services Administration updates these federal poverty guidelines each January, therefore, KMOH's Sliding Fee Discount Schedule (SFDS) must be revised annually to remain current. Accordingly, KMOH submits the attached SFDS for approval, updated to reflect the 2026 Federal Poverty Guidelines.

Therefore, it is recommended that your Board approve the proposed Sliding Fee Discount Schedule.

Sliding Fee Discount Program
 Sliding Fee Discount Schedule (SFDS)
 Based on 2026 Federal Poverty Guidelines (FPG)

Annual Income Threshold									
	Sliding Scale A		Sliding Scale B		Sliding Scale C		Sliding Scale D		Sliding Scale E
	At or below 100%		101% - 133%		134%-166%		167%-200%		Above 200%
Family Size (Persons in family/household)	From	To	From	To	From	To	From	To	Greater than 200% of FPL
1	\$0	\$15,960	\$15,961	\$21,227	\$21,228	\$26,494	\$26,495	\$31,920	> \$31,920
2	\$0	\$21,640	\$21,641	\$28,781	\$28,782	\$35,922	\$35,923	\$43,280	> \$43,280
3	\$0	\$27,320	\$27,321	\$36,336	\$36,337	\$45,351	\$45,352	\$54,640	> \$54,640
4	\$0	\$33,000	\$33,001	\$43,890	\$43,891	\$54,780	\$54,781	\$66,000	> \$66,000
5	\$0	\$38,680	\$38,681	\$51,444	\$51,445	\$64,209	\$64,210	\$77,360	> \$77,360
6	\$0	\$44,360	\$44,361	\$58,999	\$59,000	\$73,638	\$73,639	\$88,720	> \$88,720
7	\$0	\$50,040	\$50,041	\$66,553	\$66,554	\$83,066	\$83,067	\$100,080	> \$100,080
8	\$0	\$55,720	\$55,721	\$74,108	\$74,109	\$92,495	\$92,496	\$111,440	> \$111,440
Primary Care Visit	\$0		\$20		\$30		\$40		Full Charges
Behavioral Health Visit	\$0		\$20		\$30		\$40		Full Charges
Preventive Dental	\$0		\$20		\$30		\$40		Full Charges
For families/households with more than 8 persons, add \$5,680 for each additional person.									

Revised 03.17.2026

**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

March 25, 2026

Subject: Proposed updated Health Resources and Services Administration Health Center Program Form 5A: Services Provided

Recommended Action: Approve

Summary:

Pursuant to Section 330 of the Public Health Services (PHS) Act, the Community Health Center (CHC) must provide the required primary health services listed in Section 330(b)(1) and 330(h) of the PHS Act. CHC may provide additional (supplemental) health services that are appropriate to meet the health needs of the population served by the health center, subject to review and approval by the Health Resources and Services Administration (HRSA).

All required and applicable additional health services must be provided through one or more service delivery method(s): directly, or through written contracts and/or cooperative arrangements.

The attached Form 5A: Services updates which delivery service (direct or formal written agreement) will provide access to all services included in CHC's scope of project. The only change from the previous 5A form is that after-hour and emergency phone coverage will no longer be fulfilled by a contracted vendor, but will be provided by CHC staff. The 5A form will be submitted to HRSA as part of the application process.



Form 5A: Services Provided

OMB No.: 0915-0285. Expiration Date: 4/30/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5A: SERVICES PROVIDED (REQUIRED SERVICES)	FOR HRSA USE ONLY	
	LAL Number	Application Tracking Number

This form will pre-populate for competing continuation applicants. For more information, refer to the [Service Descriptors for Form 5A: Services Provided](#) and the [Column Descriptors for Form 5A: Services Provided](#).

Service Type	Service Delivery Methods		
	Direct (Health Center pays)	Formal Written Contract/ Agreement (Health Center pays)	Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	X	X	
Diagnostic Laboratory	X		X
Diagnostic Radiology			X
Screenings	X		X
Coverage for Emergencies During and After Hours	X	(Removed)	X
Voluntary Family Planning	X	X	X
Immunizations	X	X	
Well Child Services	X		
Gynecological Care	X	X	
Obstetrical Care			
• Prenatal Care	X	X	
• Intrapartum Care (Labor & Delivery)			X
• Postpartum Care	X	X	
Preventive Dental	X		
Pharmaceutical Services	X	X	X
HCH Required Substance Use Disorder Services			
Case Management	X		
Eligibility Assistance	X		
Health Education	X	X	
Outreach	X		
Transportation	X		
Translation	X		X

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5A: SERVICES PROVIDED (ADDITIONAL SERVICES)		FOR HRSA USE ONLY	
		LAL Number	Application Tracking Number
Service Type	Service Delivery Methods		
	Direct (Health Center pays)	Formal Written Contract/ Agreement (Health Center pays)	Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services			
Behavioral Health Services			
• Mental Health Services	X		
• Substance Use Disorder Services			X
Optometry			
Recuperative Care Program Services			X
Environmental Health Services			
Occupational Therapy			
Physical Therapy			
Speech-Language Pathology/Therapy			
Nutrition		X	
Complementary and Alternative Medicine			
Additional Enabling/Supportive Services			

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until 4/30/2026. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Instructions

On [Form 5A Service Descriptors](#) (PDF), you will find descriptions of the required and additional services and [Form 5A Column Descriptors](#) (PDF) provides descriptions of the three service delivery methods used by health centers.

You must propose to make General Primary Medical Care available directly (Column I) and/or through a formal written contractual agreement in which the health center pays for the service (Column II) to comply with eligibility requirement 3.

This form will pre-populate from your current scope of project and cannot be modified through this application. For this form to accurately pre-populate, when you complete the SF-424 in Grants.gov, select **Continuation** for box 2 and provide your grant number for box 4. **Failure to correctly**

complete the SF-424 may result in delayed HRSA Electronic Handbooks (EHBs) application access.

Changes in services require prior approval through a Change in Scope request submitted in EHBs. If the pre-populated data do not reflect recently approved changes, click the **Refresh from Scope** button in EHBs to display the latest scope of project. Refer to the [Scope of Project](#) documents and resources for details about defining and changing your scope.



**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

March 25, 2026

Subject: Proposed updated Kern County Hospital Authority Community Health Center Organizational Chart

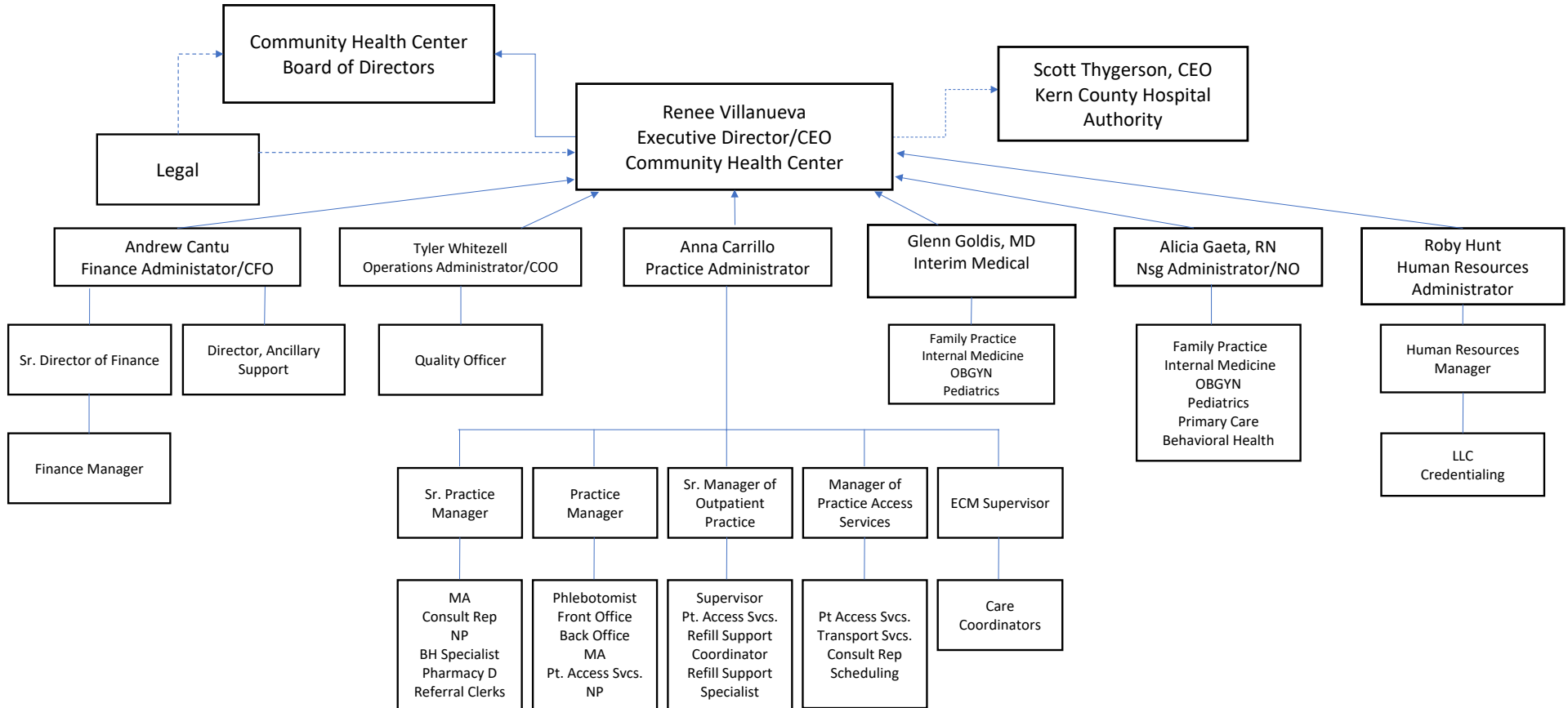
Recommended Action: Approve

Summary:

Your Board approved a revised Organizational Chart at your August 27, 2025 regular meeting. The Organization Chart has been updated to reflect the correct reporting relationships between the Executive Director and your Board, the Executive Director and Key Management Staff, and the Finance Administrator.

Therefore, it is recommended that your Board approve the updated Organizational Chart.

ORGANIZATIONAL CHART



COMMUNITY HEALTH CENTER KEY MANAGEMENT STAFF

Position	FTE	Position	FTE
Executive Director	1	Practice Manager	1
Finance Administrator	0.5	Medical Director	1
Finance Director	0.75	Nursing Administrator	1
Dir Physician Enterprise	1	HR Administrator	1
Operations Administrator	0.5	Board Coordinator	0.5
Quality Officer	0.75	Human Resources Mgr	1
Legal	1.5		

 Elsa Martinez
 Chairman, Board of Directors

 Renee Villanueva
 Executive Director/CEO

March 25, 2026

March 25, 2026



**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

March 25, 2026

Subject: Report on the Kern County Hospital Authority Community Health Center Quality Summary for Calendar Year 2025

Recommended Action: Receive and File

Summary:

The Interim Chief Medical Officer for the Community Health Center will provide your board with the comprehensive Quality Update on Patient Safety for the calendar year 2025.



Quality

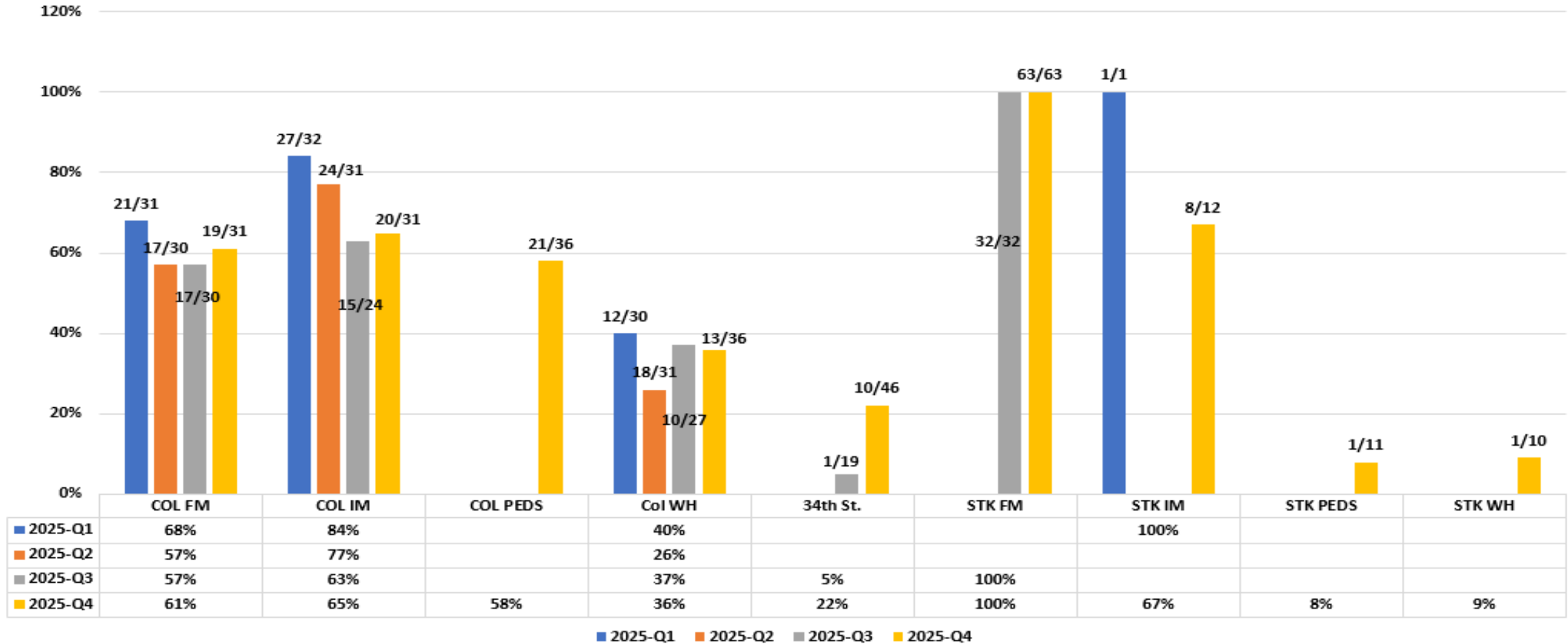
Patient Safety

Calendar Year 2025

Community Health Center Board of Directors

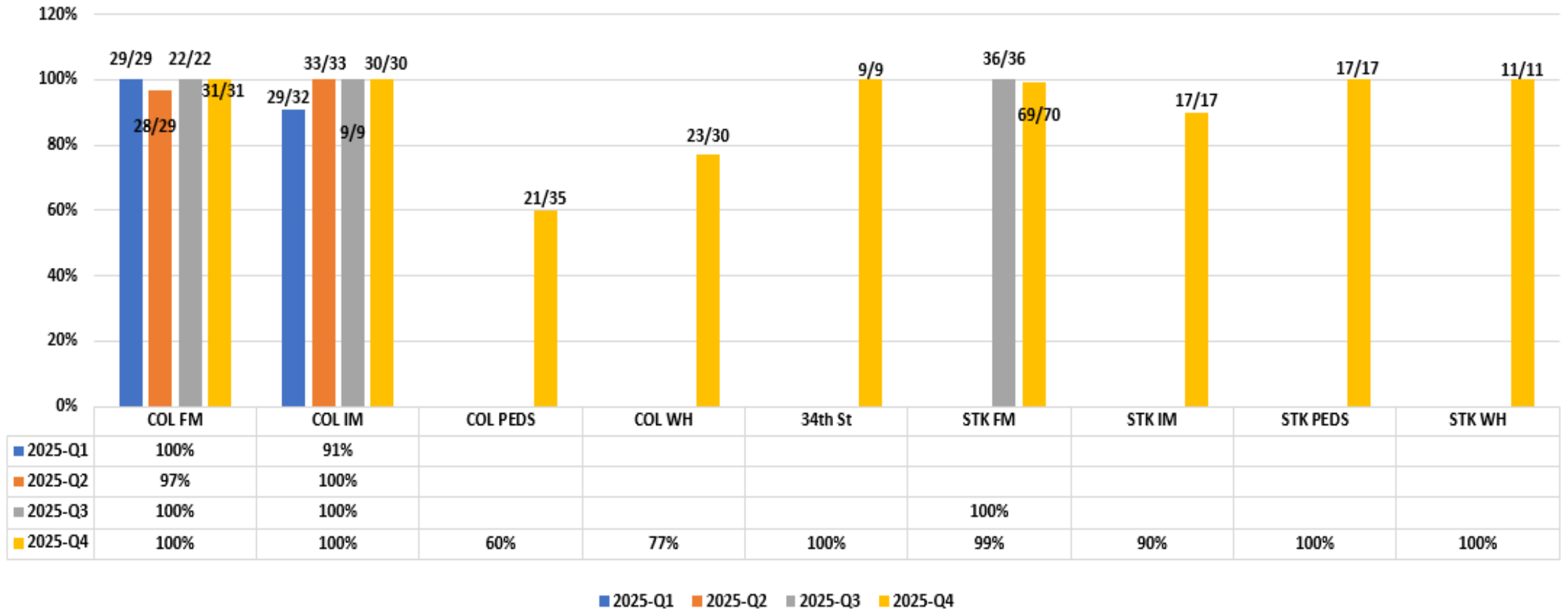
CY 2025 Medication Reconciliation Audits

Compliance by Clinics

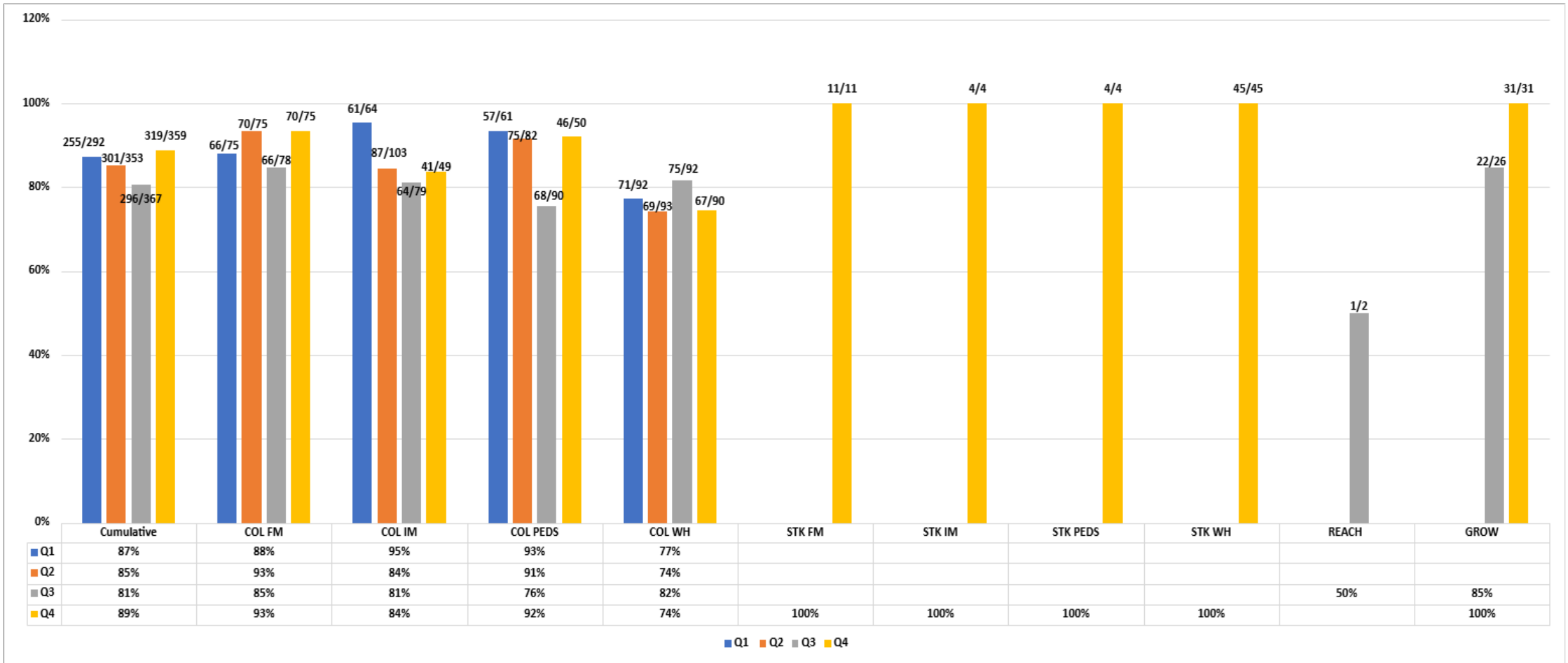


CY 2025 Protected Health Information (PHI) Audits

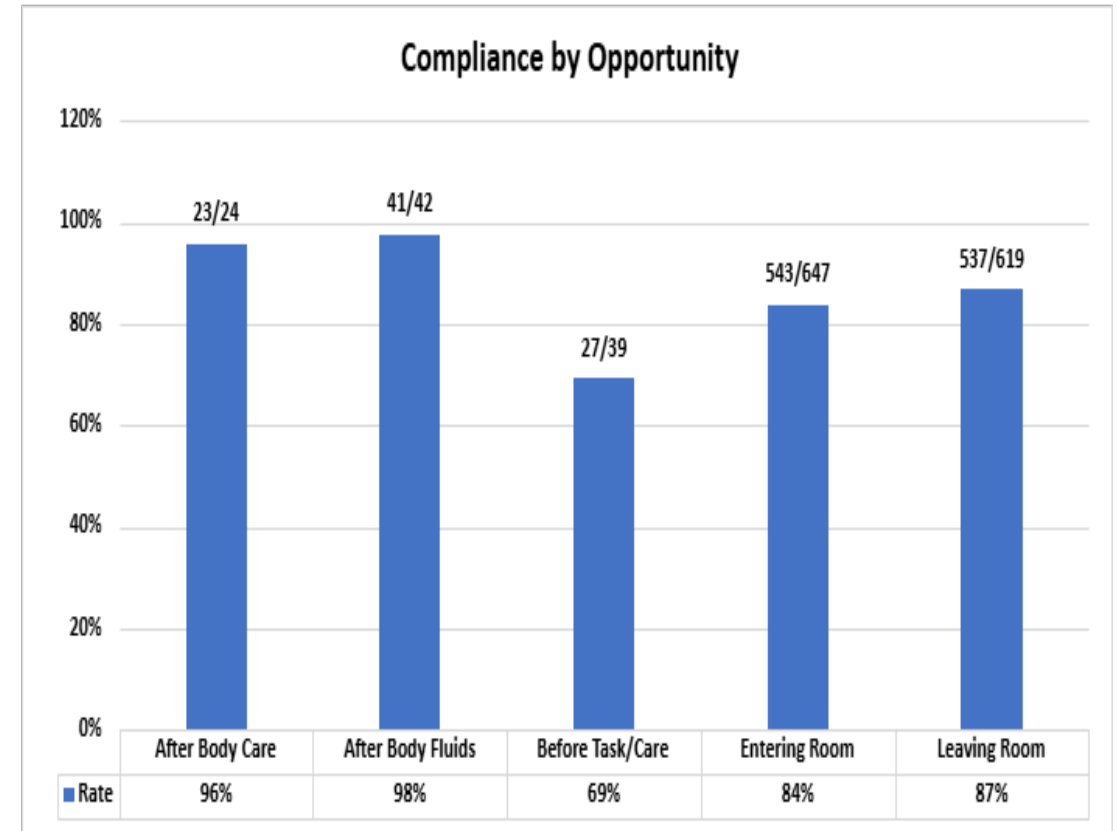
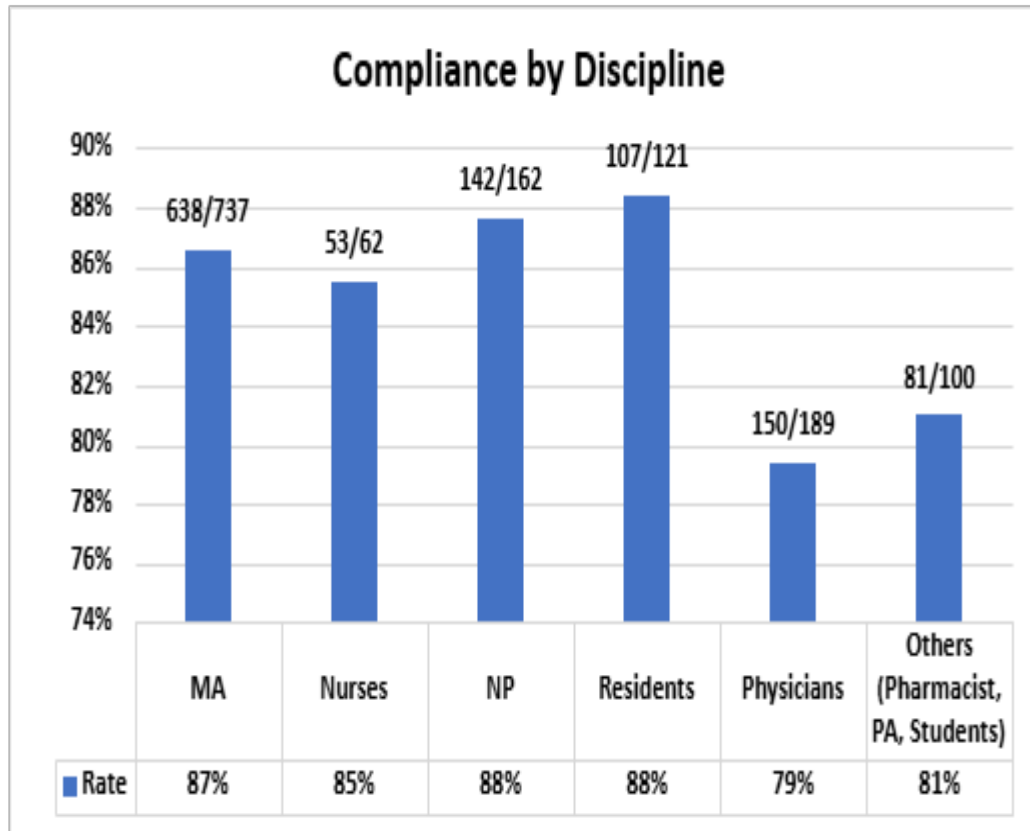
PHI Compliance by Clinics



CY 2025 Hand Hygiene Compliance

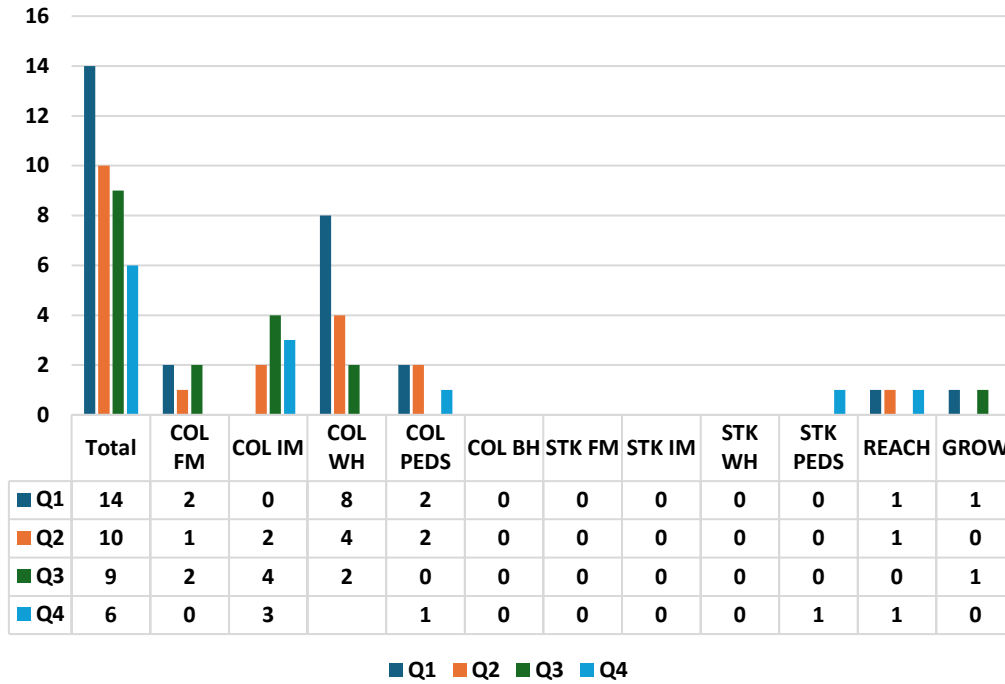


CY 2025 Hand Hygiene Compliance

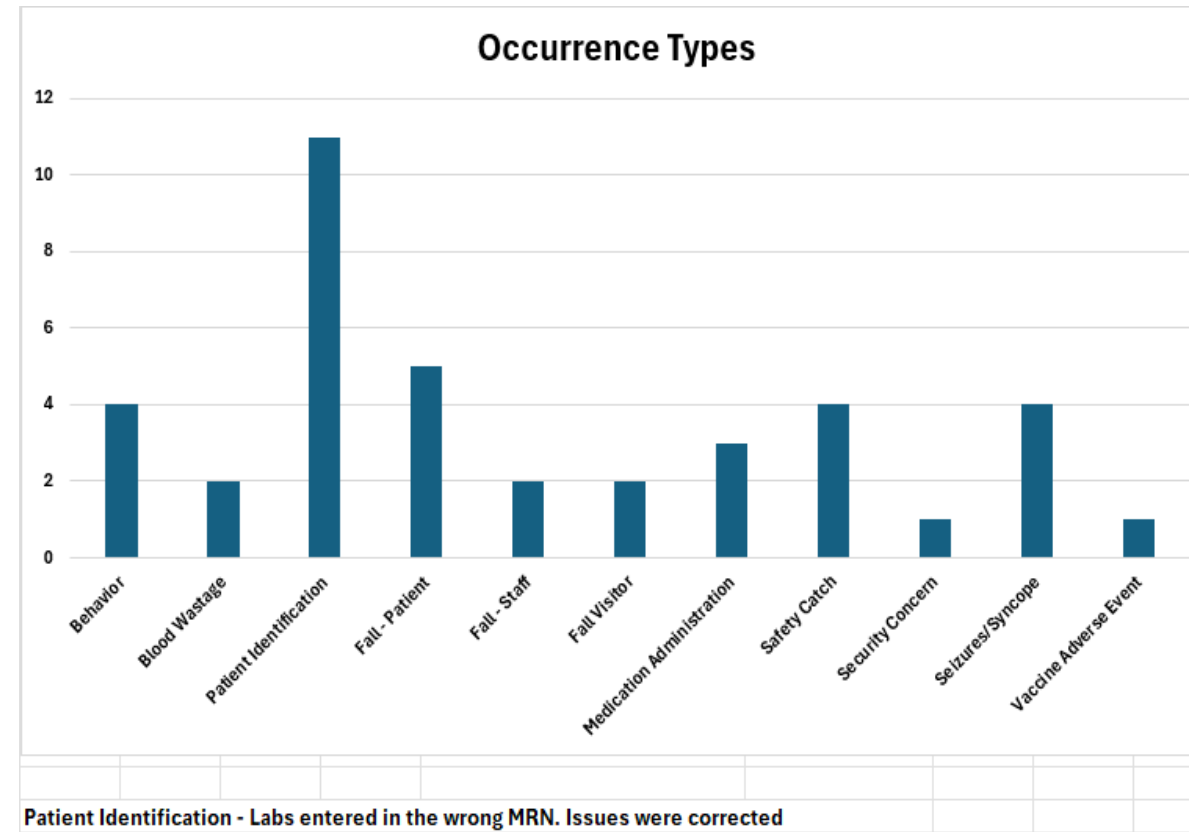


CY 2025 Occurrence Reports

Occurrence Report by Clinics



Occurrence Types



Action Plans

- Increase patient safety audit volume for low performing clinics
- Conduct an analysis of medication reconciliation compliance per Provider
 - Medical Director to assign A-Team to low performing Providers
 - A – Team to provide additional training/resources on completing medication reconciliation

Questions ?

**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

March 25, 2026

Subject: Report on the Kern County Hospital Authority Community Health Center Health Center Service Utilization Report for February 2026

Recommended Action: Receive and File

Summary:

The Health Resources and Services Administration (HRSA) Health Center Program Compliance Manual (Program) outlines certain roles and responsibilities that must reside with the Community Health Center Board (CHC Board). One of these responsibilities includes oversight for service utilization.

The Community Health Center produces data-based reports on: patient service utilization, trends and patterns in the patient population and overall health center performance, as necessary to inform and support internal decision-making and oversight by key management staff and governing board.

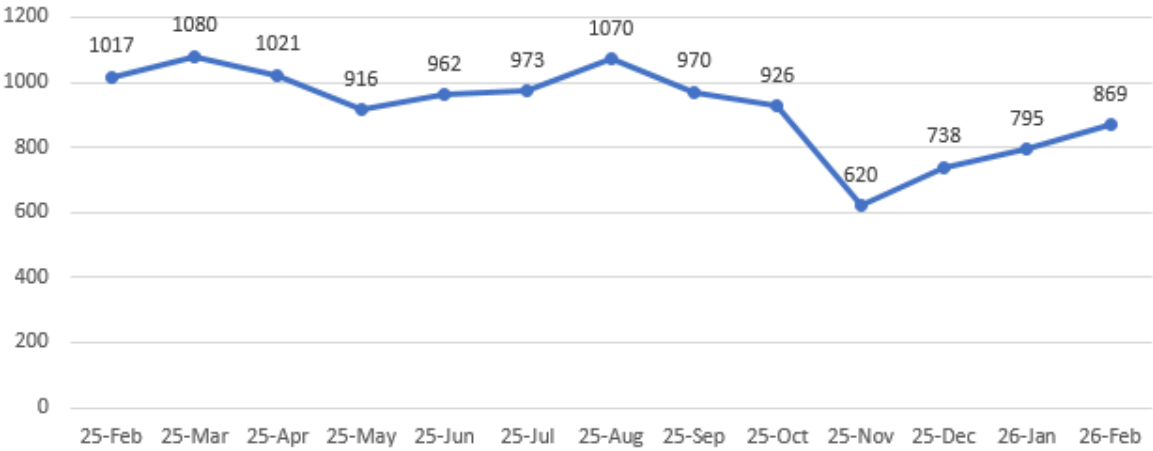
This presentation will be delivered on a monthly basis, as it contains critical information necessary for the CHC Board to effectively monitor progress and ensure alignment with its long-term strategic planning goals. In addition to the monthly data, quarterly, the report will include utilization summaries to highlight the trends and patterns to provide a broader perspective on performance over time and how effective changes/additions are to improving patient utilization.



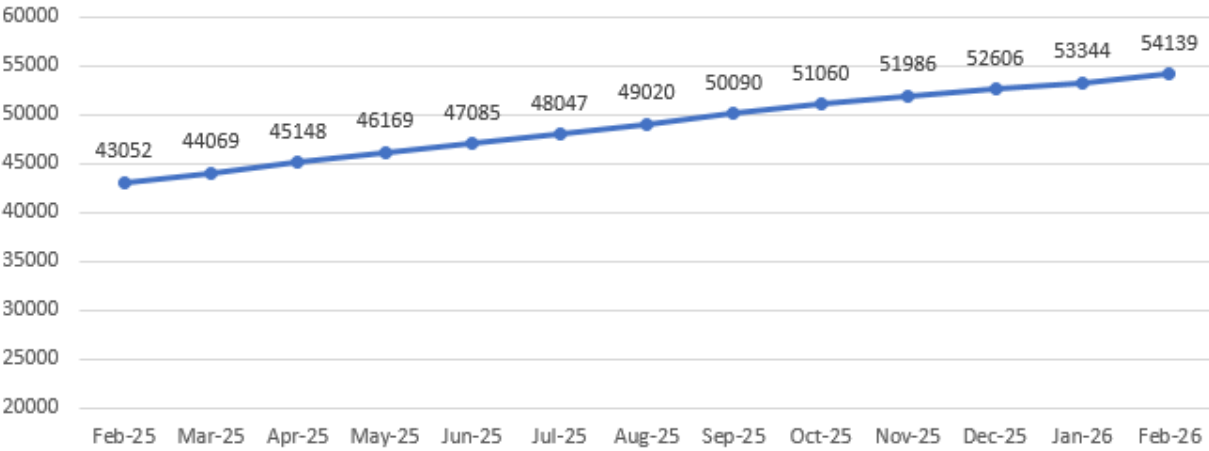
**Kern County Hospital Authority
Community Health Center
Board of Directors – February 2026
Health Center Service Utilization**

New Patient Data February 2026

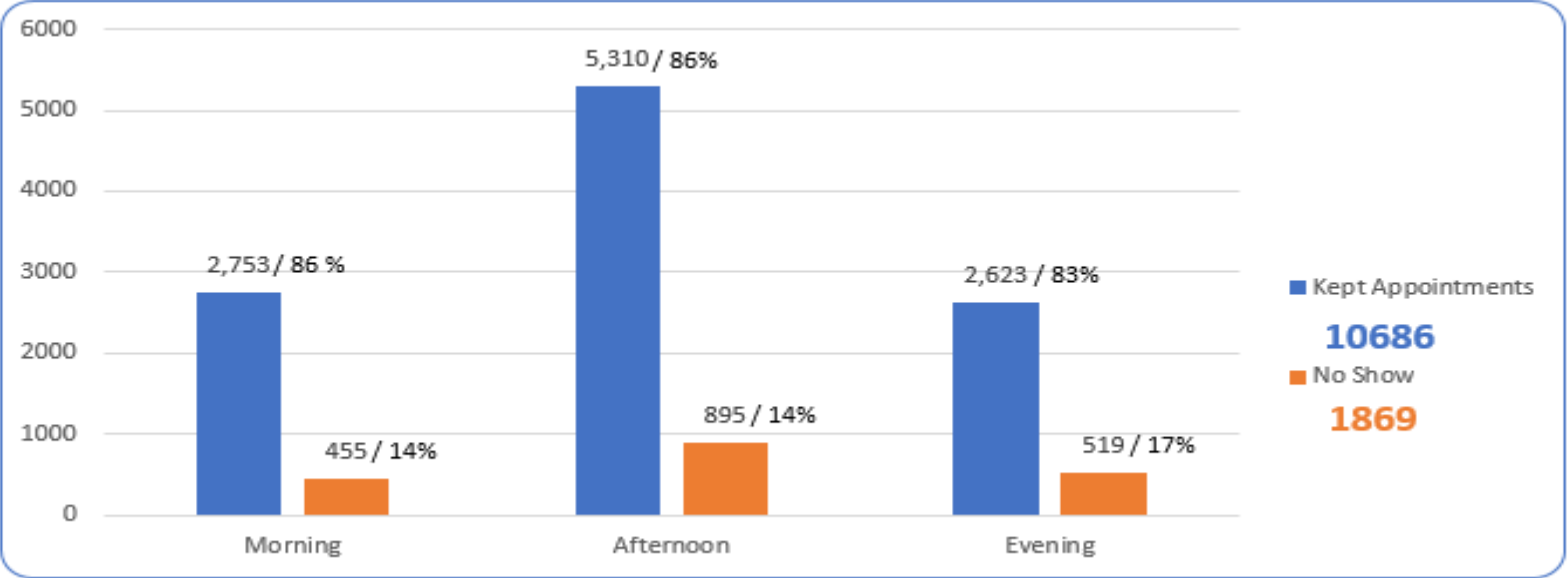
New Health Center Patients by Month



Total Count of Health Center Patients

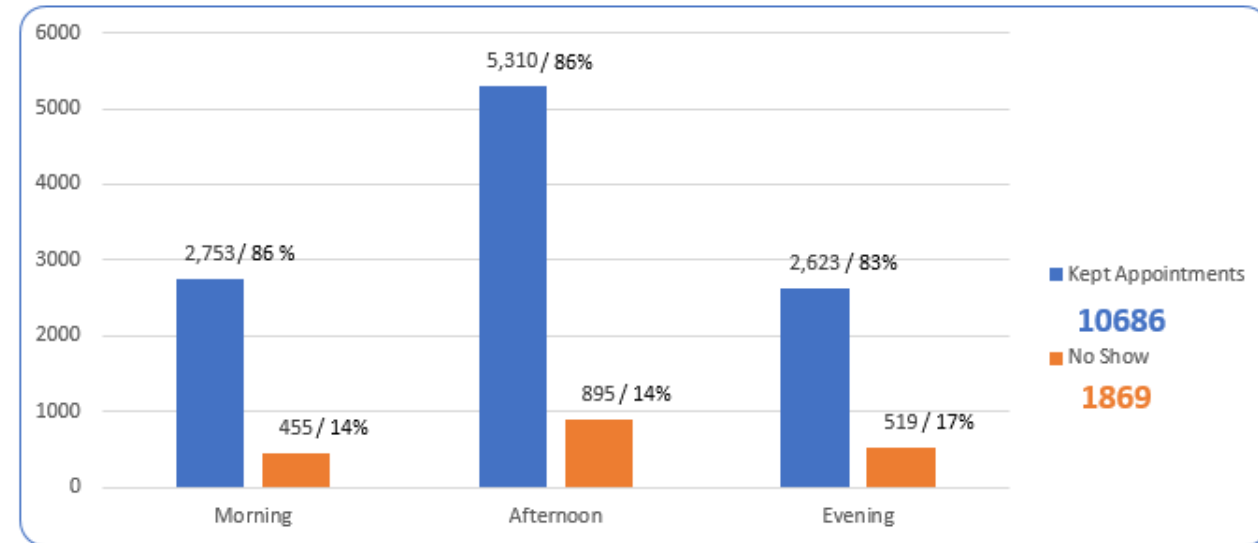
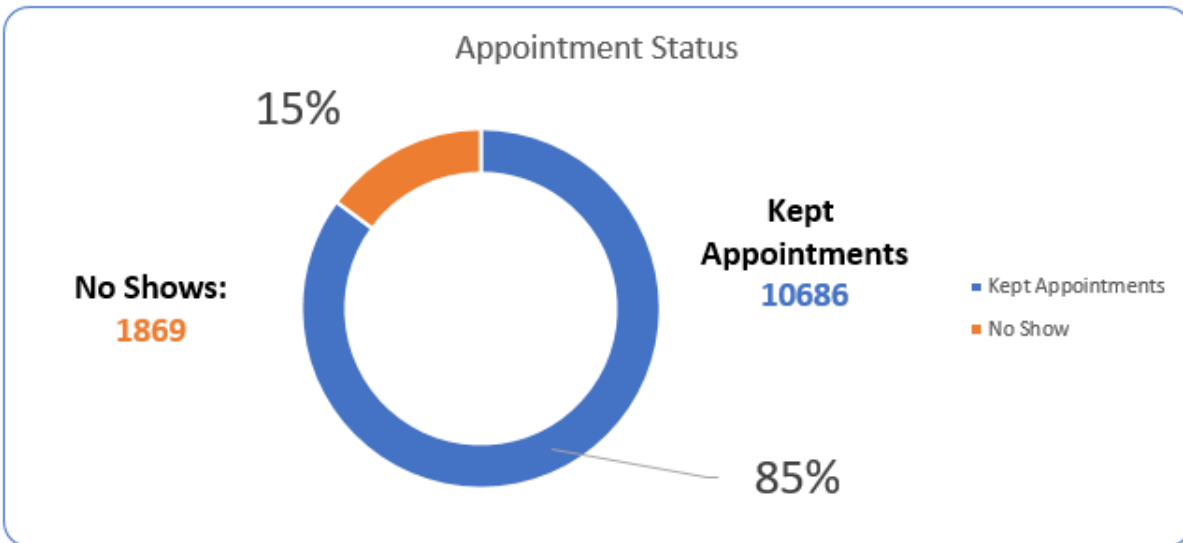


Visits - February 2026



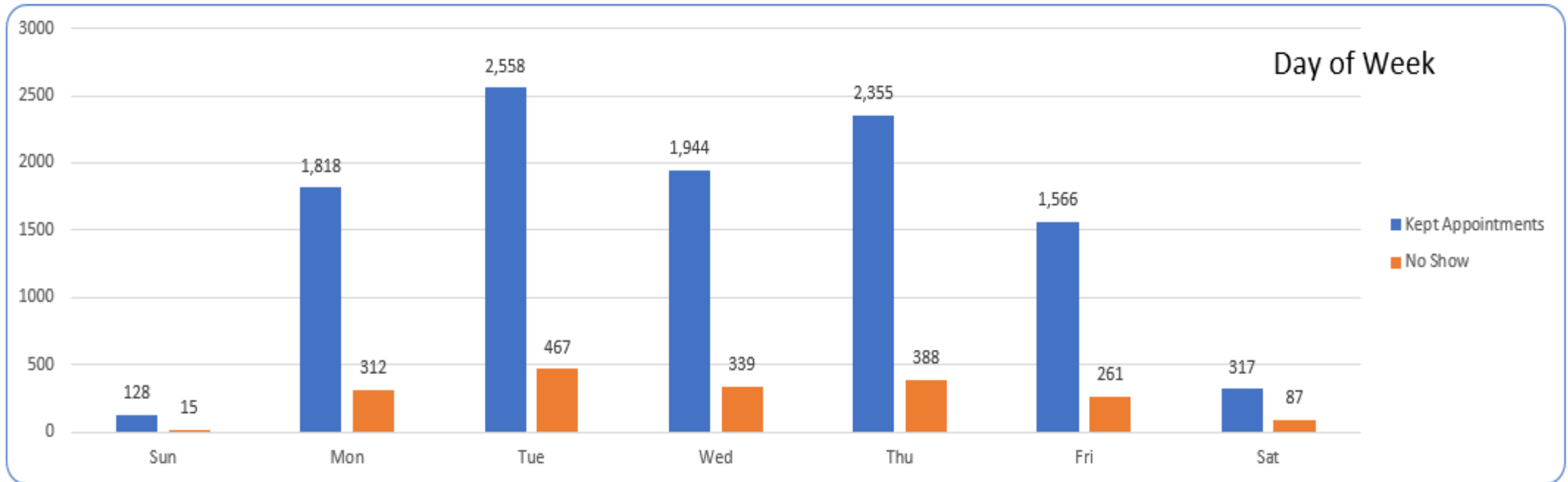
Morning: 8am-12pm
Afternoon: 12pm -5pm
Evening: 5pm-8pm

Kept Versus No Shows February 2026

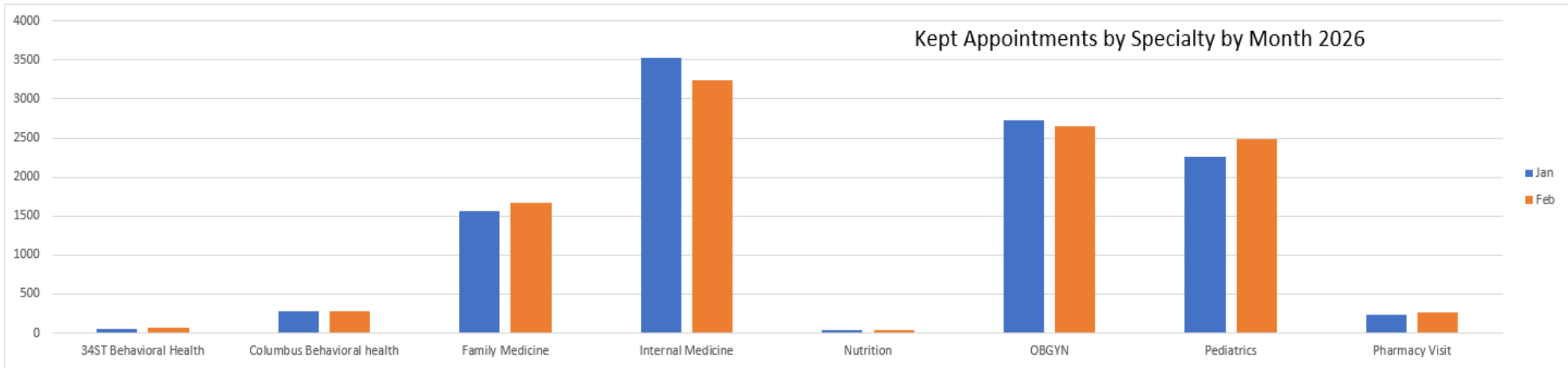


Morning: 8am-12pm
Afternoon: 12pm -5pm
Evening: 5pm-8pm

Appointments by Day of Week February 2026



Visits by Month and Service Line



No Shows by Month and Location February 2026

Count of No Shows			
Row Labels	Jan	Feb	Grand Total
34ST Behavioral Health	25	24	49
34ST GROW	86	88	174
34ST REACH	84	53	137
COL BH	57	44	101
COL FM	323	288	611
COL IM	533	494	1027
COL NUT	16	15	31
COL PEDS	382	224	606
COL PHARM CO	73	77	150
COL WH	375	343	718
STK FM	30	24	54
STK IM	26	36	62
STK PEDS	75	49	124
STK WH	12	24	36
COL NST	99	86	185
Grand Total	2196	1869	4065

Visits by Month and Location February 2026

Count of Kept Appointments			
Row Labels	Jan	Feb	Grand Total
34ST Behavioral Health	52	63	115
34ST GROW	425	362	787
34ST REACH	350	312	662
COL BH	281	287	568
COL FM	1366	1493	2859
COL IM	2629	2376	5005
COL NUT	40	40	80
COL PEDS	1715	1936	3651
COL PHARM CO	241	262	503
COL WH	2164	2092	4256
STK FM	203	175	378
STK IM	126	186	312
STK PEDS	536	542	1078
STK WH	163	174	337
COL NST	402	386	788
Grand Total	10693	10686	21379

Visits by Zip Code February 2026

Row Labels	Count of Zip
+ Bakersfield Zip Codes	19047
+ Greater Kern County	2262
+ Other California	70
Grand Total	21379

Top 10 Zip Codes		
Zip Code	Count of Zip	Percent
93307	4160	19%
93306	3531	17%
93305	3249	15%
93304	1829	9%
93308	1602	7%
93309	1323	6%
93313	986	5%
93311	813	4%
93312	574	3%
93301	543	3%

Zip Codes Included in Application:

93301, 93304, 93305, 93306, 93307, 93308,
93309, 93311, 93312, 93313, 93241

Health Center Data CY 2026

Ethnicity

- Unknown - **0**
- Puerto Rican - **15**
- Unreported/Chose Not to Disclose Ethnicity - **166**
- Mexican – **7243**
- Not Hispanic, Latino/A, Or Spanish Origin – **3,553**
- Another Hispanic, Latino/A, Or Spanish Origin – **1,869**

Race

- Other Single Race – **620**
- Unknown -**0**
- Black/African American – **929**
- White – **11,042**
- Unreported/Chose Not to Disclose Race - **248**
- Two Or More Races – **7**

Insurance Status

- No Coverage – **93**
- Has Coverage – **12,753**

Questions

Thank you



**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

March 25, 2026

Subject: Report on Kern County Hospital Authority Community Health Center financials for January 2026

Recommended Action: Receive and File

Summary:

The Kern County Hospital Authority Community Health Center (KCHA CHC) clinics provided 10,693 patient visits during the month of January, which was 463 more than the budgeted amount of 10,230 for the month. KCHA CHC recognized \$1.35 million of net patient revenue from these visits.

The following items have budget variances for the month of January 2026:

Total Revenues:

Net Patient Revenue:

KCHA CHC recognized \$1.35 million of net patient revenue for the month, \$117,000 more than the \$1.23 million budgeted for January. Year-to-date, net patient revenue totaled \$8.77 million, \$285,000 more than the budgeted amount of \$8.48 million. Budgeted net patient revenue is based on the approximate number of total clinic visits expected and the per visit reimbursement rate.

Indigent Revenue:

Total revenues include \$745,000 in contributions from Medi-Cal supplemental programs, \$161,000 less than the \$905,000 budgeted for January. Year-to-date, indigent revenues totaled \$4.84 million, \$1.39 million less than the \$6.22 million budgeted for the year.

Other Income:

The Health Resources Services Administration (HRSA) requires that the organization submit a breakeven budget. As such, the Kern County Hospital Authority makes monthly contributions to cover expected expenses associated with the organization's first year of operation as an FQHC Look-Alike (LAL) clinic system.

Operating and Other Expenses:

Salaries and Benefits:

Salaries and benefits expenses total \$3.67 million for the month of January, \$88,000 less than the budget of \$3.76 million. Year-to-date, salaries and benefits expenses totaled \$24.62 million, \$1.22 million less than the \$25.83 million budgeted. Staffing includes directly employed physicians, nurse practitioners, medical residents, and behavioral health providers.

Medical Fees:

Medical fees expense totaled \$467,000 for the month of January, \$37,000 less than the budget of \$504,000. Year-to-date, medical fees expense totaled \$3.8 million, \$283,000 more than the \$3.5 million budgeted. Medical fees expense is comprised of contracted physician fees.

Other Professional Fees:

Other professional fees expense totaled \$59,000 for the month, \$4,000 more than the budget of \$55,000 for January. Year-to-date, other professional fees expense totaled \$472,000, \$91,000 more than the \$381,000 budgeted. Other professional fees expense is comprised of legal expenses and other various consulting fees.

Supplies Expense:

Supplies expense totaled \$128,000 for the month, \$16,000 less than the \$144,000 budgeted for January. Year-to-date, supplies expense totaled \$912,000, \$77,000 less than the \$989,000 budgeted. Pharmaceuticals and various medical supplies account for a significant amount of total supply costs.

Purchased Services:

Purchased services expenses totaled \$95,000 for the month of January, \$16,000 less than the \$111,000 budgeted for the month. Year-to-date, purchased services expenses totaled \$624,000, \$143,000 less than the \$767,000 budgeted. Purchased services costs are comprised of items such as computer maintenance fees, various purchased medical services, and laundry and linen services.

Other Expenses:

Other expenses totaled \$281,000 for the month of January, \$27,000 more than the \$254,000 budgeted for the month. Year-to-date, other expenses totaled \$2.05 million, \$303,000 more than the \$1.75 million budgeted. Other expenses include recruiting fees, repairs and maintenance, rent, interest, and utilities.

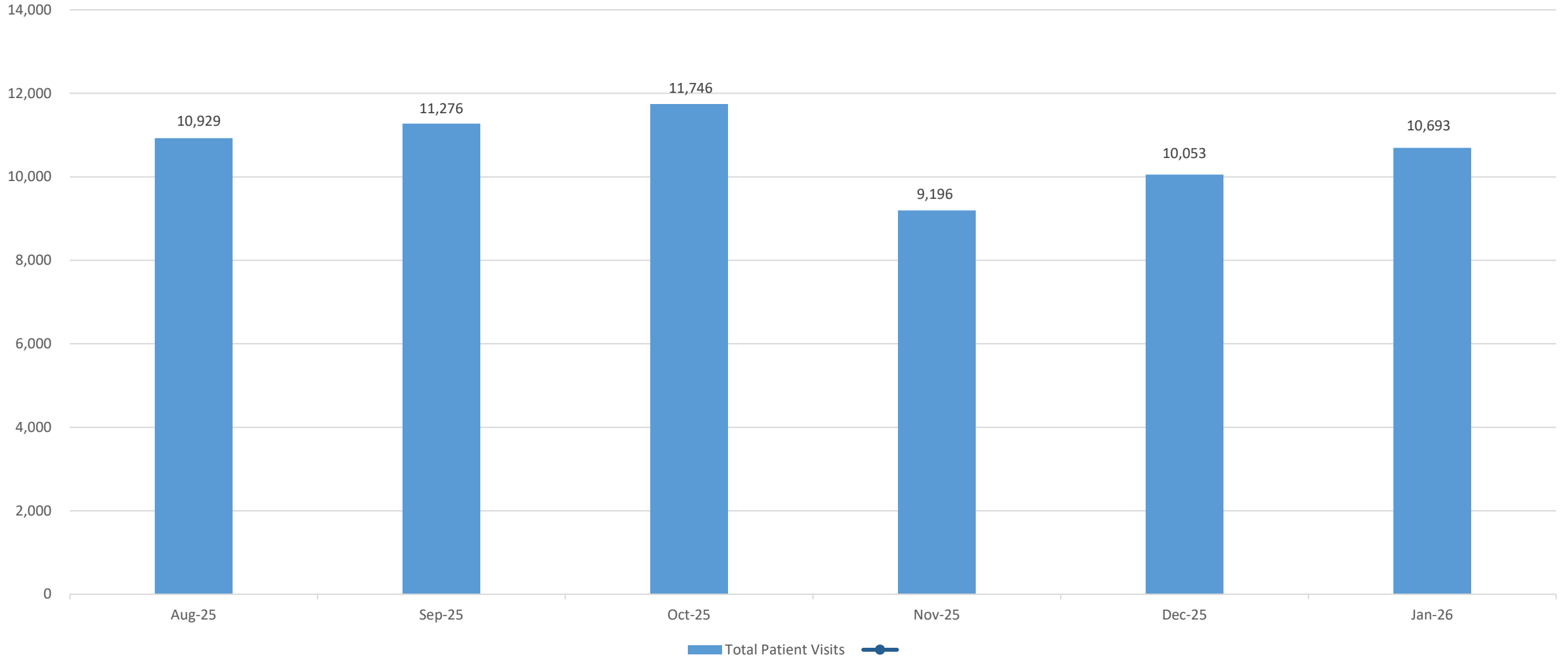
Overhead Expenses:

A percentage of overhead expenses from Kern Medical services and support departments such as housekeeping, engineering, and information systems has been allocated to the CHC clinics and is included in total operating expense.

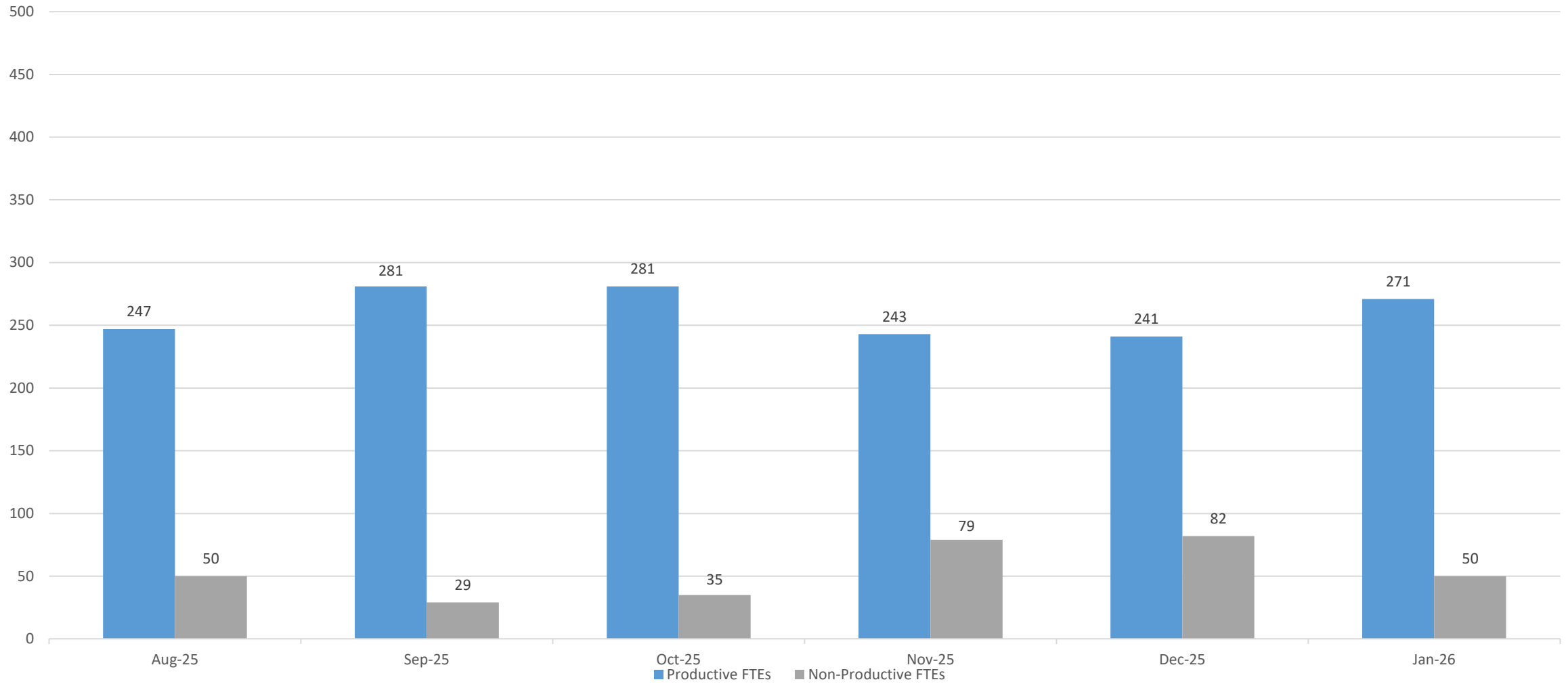


**Kern County Hospital Authority
Community Health Center
Finance Report – March 2026**

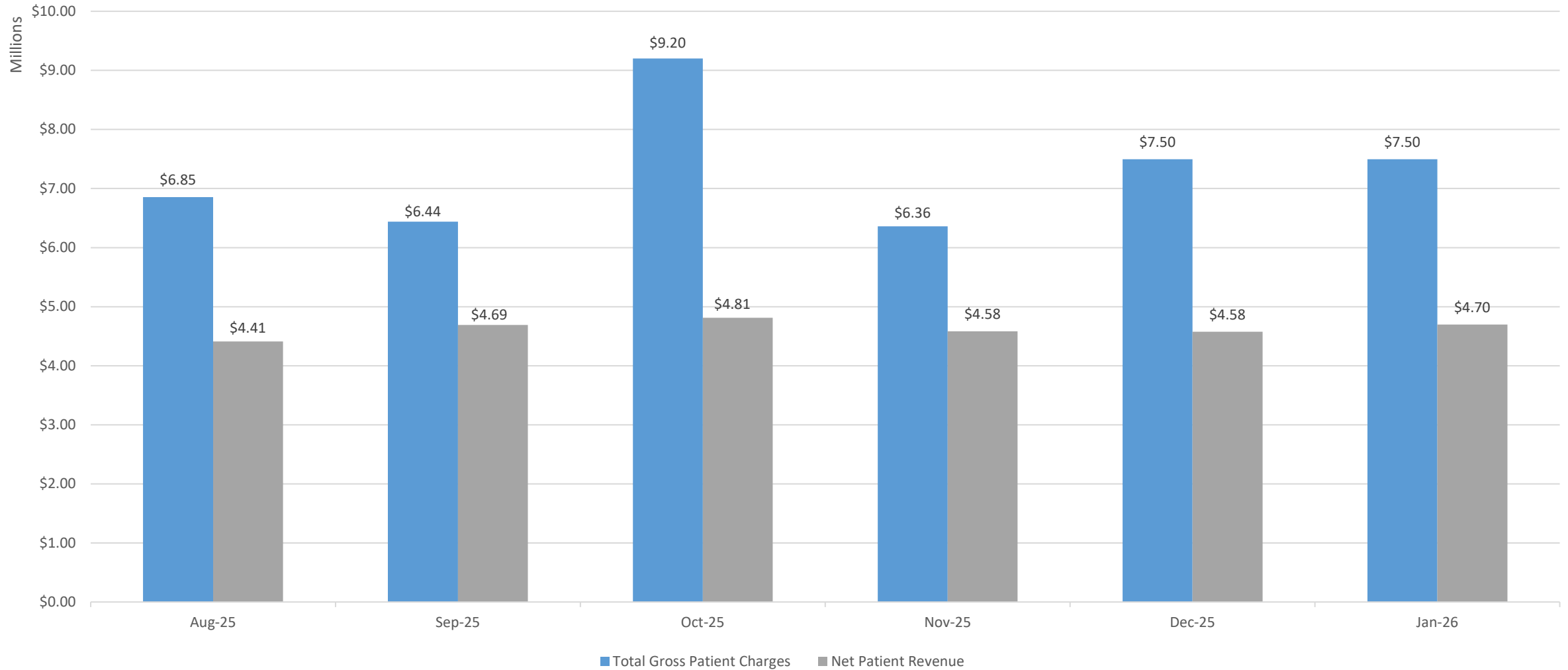
CHC Patient Clinic Visits



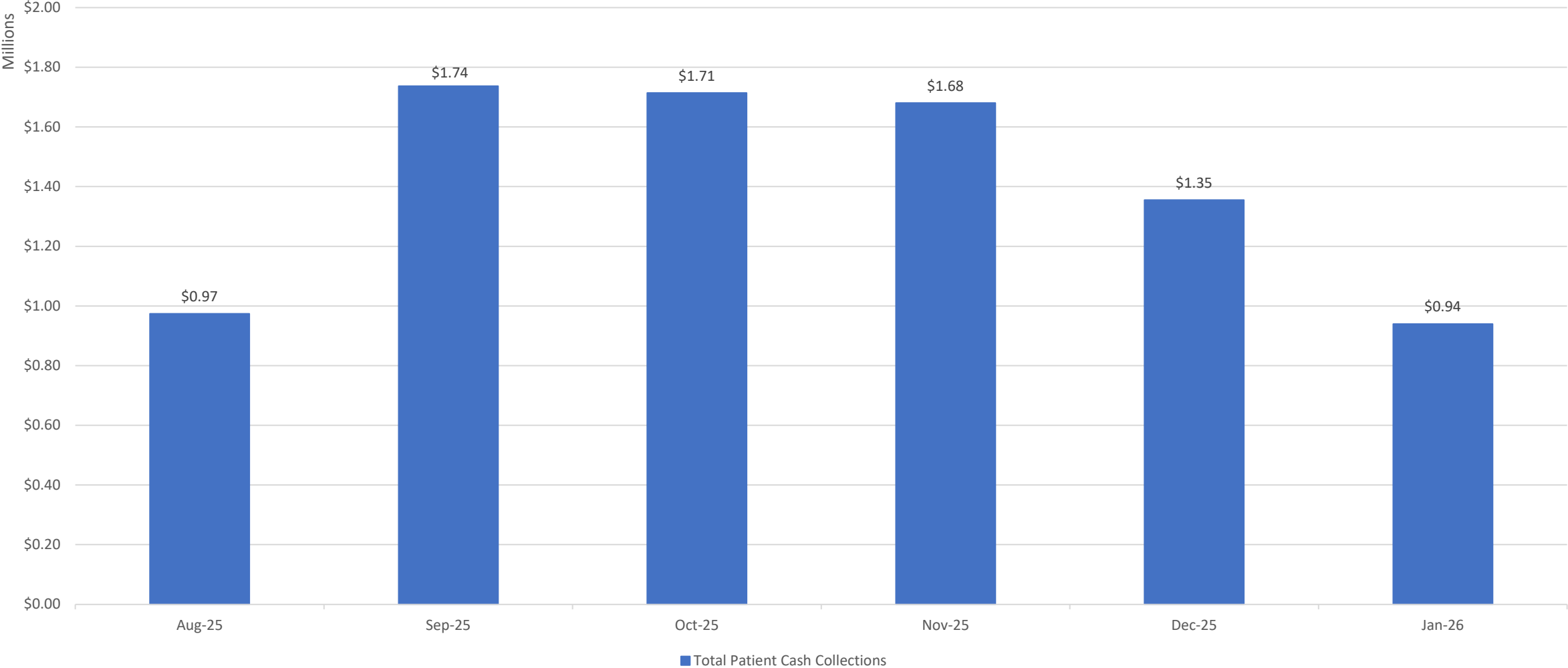
Labor Metrics



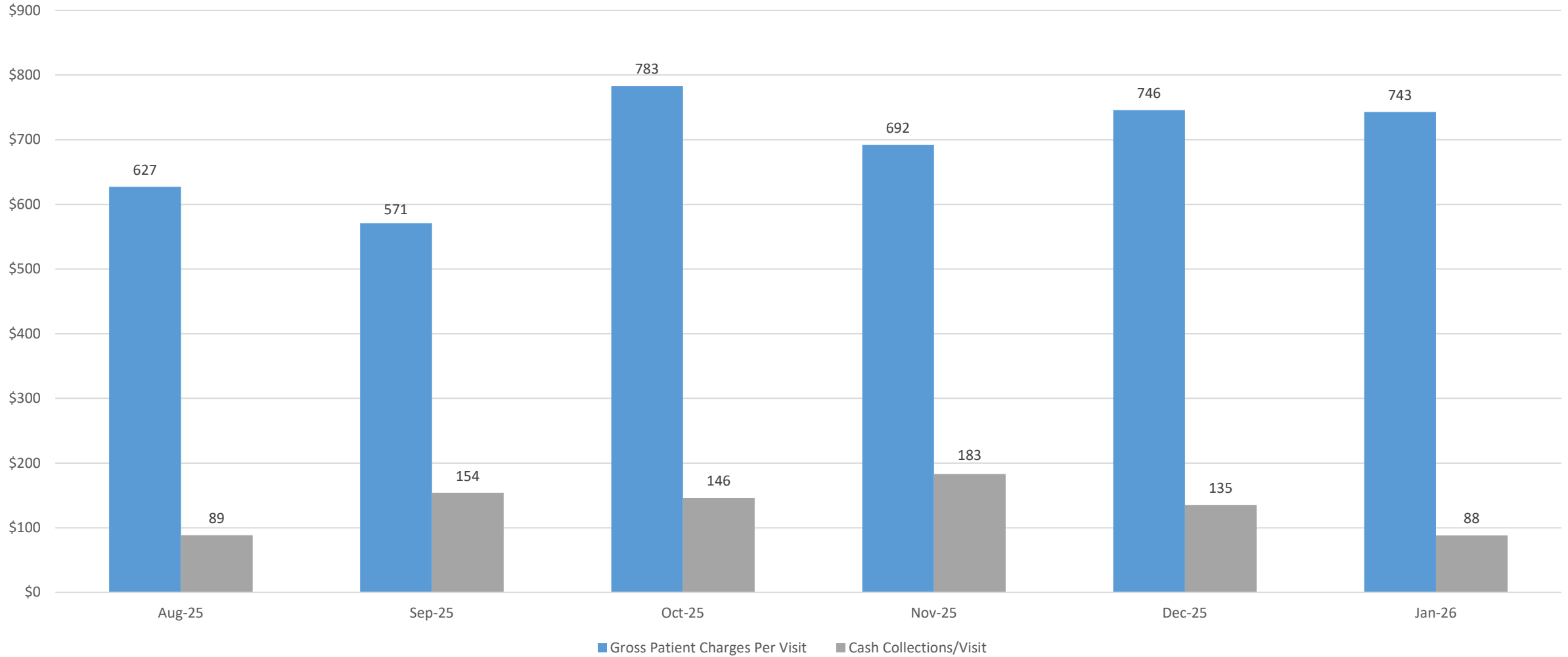
CHC Revenue



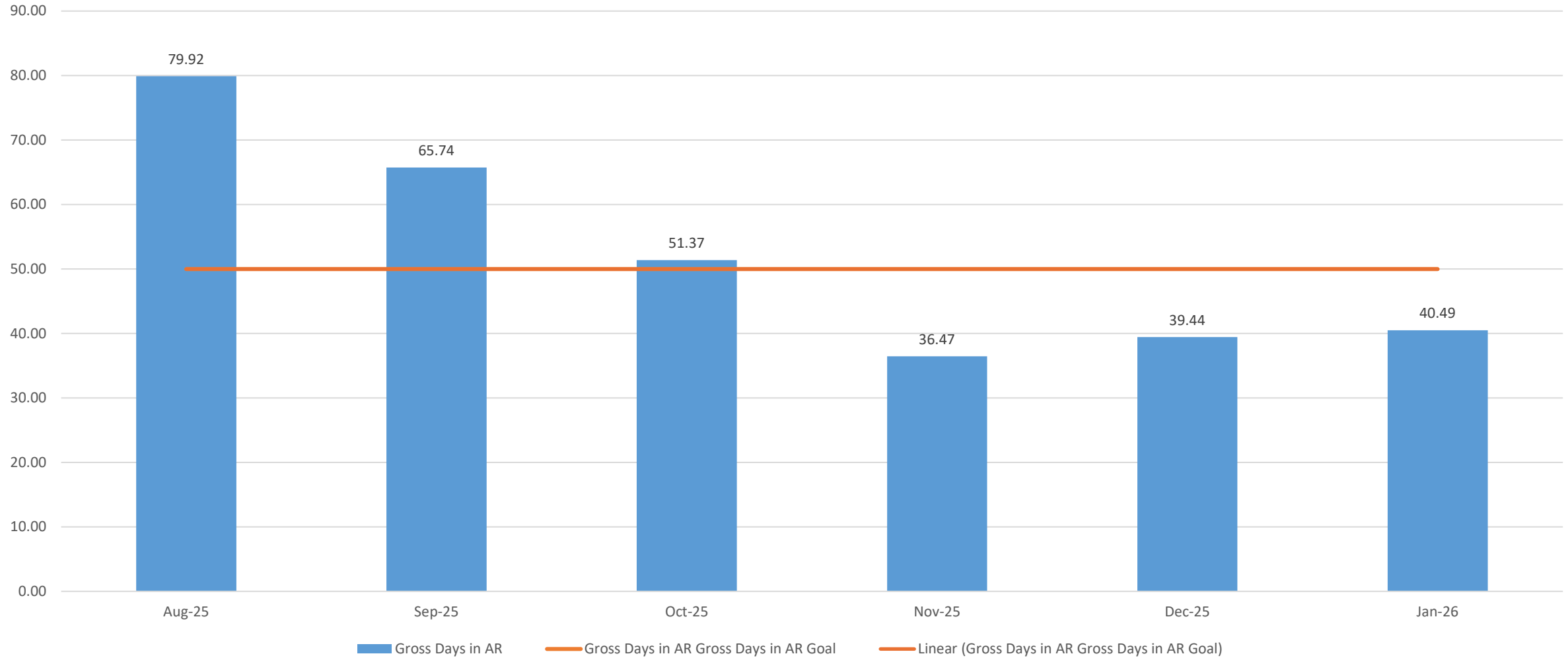
Patient Cash Collections



Gross Patient Charges Per Visit and Cash Collections Per Visit



Gross Days in A/R



KERN MEDICAL OUTPATIENT HEALTH
TRENDED INCOME STATEMENT
NOVEMBER 2025 - JANUARY 2026

	November Actual	December Actual	January Actual	January Budget	January Variance	January Variance %
Operating Revenues:						
Gross Patient Revenue						
Outpatient						
OP Self-Pay	\$59,111	\$74,736	\$71,398	\$36,645	\$34,753	94.8%
OP Self-Pay Professional Fees	41,073	30,012	55,857	32,560	23,297	71.6%
OP Commercial Fee-for-Service (FFS)	13,760	18,267	16,106	21,273	(5,167)	(24.3%)
OP Commercial Fee-for-Service (FFS) Professional Fees	15,801	16,895	17,415	23,347	(5,932)	(25.4%)
OP Commercial Managed Care (HMO/PPO)	338,100	390,164	366,955	330,788	36,167	10.9%
OP Commercial Managed Care (HMO) Professional Fees	287,279	320,343	398,072	405,855	(7,783)	(1.9%)
OP Workers' Compensation Fee-for-Service (FFS)	6,659	9,333	3,722	1,771	1,951	110.2%
OP Workers' Compensation Fee-for-Service (FFS) Professional Fees	19,440	11,177	15,335	11,901	3,434	28.9%
OP Medicare Fee-for-Service (FFS)	179,758	254,014	302,737	233,093	69,644	29.9%
OP Medicare Fee-for-Service (FFS) Professional Fees	214,751	267,423	323,706	272,444	51,262	18.8%
OP Medicare Managed Care (HMO)	12,542	14,651	33,557	15,751	17,806	113.0%
OP Medicare Managed Care (HMO) Professional Fees	14,491	14,240	26,231	16,918	9,313	55.0%
OP Medi-Cal Fee-for-Service (FFS)	125,746	152,942	147,672	160,018	(12,346)	(7.7%)
OP Medi-Cal Fee-for-Service (FFS) Professional Fees	80,818	82,117	91,001	121,261	(30,260)	(25.0%)
OP Medi-Cal Managed Care (HMO)	2,683,374	3,354,044	3,349,780	2,838,595	511,185	18.0%
OP Medi-Cal Managed Care (HMO) Professional Fees	1,653,111	1,933,250	2,303,357	2,017,980	285,377	14.1%
OP Other Government Fee-for-Service (FFS)	349,532	304,975	231,359	359,049	(127,690)	(35.6%)
OP Other Government Fee-for-Service (FFS) Professional Fees	264,005	247,945	192,982	371,834	(178,852)	(48.1%)
Total Outpatient	6,359,351	7,496,531	7,947,242	7,271,083	676,159	9.3%
Total Gross Patient Revenue	6,359,351	7,496,531	7,947,242	7,271,083	676,159	9.3%
Patient Revenue Deductions	(5,278,261)	(6,222,121)	(6,596,211)	(6,037,093)	(559,118)	9.3%
Net Patient Revenue	1,081,090	1,274,410	1,351,031	1,233,990	117,041	9.5%
Total Indigent	616,510	670,005	744,586	905,146	(160,560)	(17.7%)
Other Income	2,885,522	2,633,223	2,604,113	2,687,655	(83,542)	(3.1%)
Total Operating Revenues	\$ 4,583,121	\$ 4,577,638	\$ 4,699,730	\$ 4,826,791	\$ (127,061)	(2.6%)

KERN MEDICAL OUTPATIENT HEALTH
 TRENDED INCOME STATEMENT
 NOVEMBER 2025 - JANUARY 2026

	November Actual	December Actual	January Actual	January Budget	January Variance	January Variance %
Operating Expenses:						
Salaries	\$ 2,803,805	\$ 2,823,024	\$ 2,881,193	\$ 2,502,614	\$378,579	15.1%
Benefits	758,826	785,412	788,243	1,255,261	(467,018)	(37.2%)
Total Salaries and Benefits	<u>3,562,631</u>	<u>3,608,436</u>	<u>3,669,436</u>	<u>3,757,874</u>	<u>(88,438)</u>	<u>(2.4%)</u>
Physicians	474,736	393,965	453,114	495,180	(42,066)	(8.5%)
Therapists	14,855	14,867	13,884	8,644	5,241	60.6%
Total Medical Fees	<u>489,591</u>	<u>408,832</u>	<u>466,998</u>	<u>503,824</u>	<u>(36,826)</u>	<u>(7.3%)</u>
Consulting	15,984	15,773	27,435	16,660	10,774	64.7%
Legal	4,746	13,212	22,147	1,925	20,223	1050.7%
Other contracted services	8,282	45,100	9,388	36,800	(27,411)	(74.5%)
Total Other Professional Fees	<u>29,012</u>	<u>74,085</u>	<u>58,970</u>	<u>55,385</u>	<u>3,585</u>	<u>6.5%</u>
Computer software	33,993	36,132	36,419	39,420	(3,001)	(7.6%)
Food	4,371	4,248	4,775	5,637	(862)	(15.3%)
Office Supplies	3,837	8,119	8,821	10,417	(1,596)	(15.3%)
Minor Equipment	1,547	8,891	9,044	5,502	3,543	64.4%
Non-Medical Supplies	25,189	26,135	36,501	29,730	6,771	22.8%
Pharmaceuticals	23,080	36,522	29,066	49,156	(20,090)	(40.9%)
Surgery Supplies-General	1,897	651	3,806	4,079	(273)	(6.7%)
Total Supplies	<u>93,913</u>	<u>120,698</u>	<u>128,433</u>	<u>143,942</u>	<u>(15,508)</u>	<u>(10.8%)</u>
Conferences-Travel-Residents	-	-	-	3,678	(3,678)	(100.0%)
Licenses - Residents	65	834	1,714	2,415	(701)	(29.0%)
Laundry and Linen	2,116	2,033	1,688	2,976	(1,289)	(43.3%)
Medical Services	382	324	506	268	238	88.8%
Purchase Services	71,596	69,286	61,922	77,607	(15,686)	(20.2%)
Security	6,120	6,451	6,308	7,256	(949)	(13.1%)
Support & maintenance-IT Software	13,604	17,247	23,048	17,392	5,656	32.5%
Total Purchased Services	<u>93,883</u>	<u>96,174</u>	<u>95,185</u>	<u>111,593</u>	<u>(16,408)</u>	<u>(14.7%)</u>
Advertising	26	24	67	782	(715)	(91.5%)
Catering	329	487	276	3,336	(3,059)	(91.7%)
Insurance	5,552	5,636	6,111	2,234	3,877	173.5%
Licenses Permits and Taxes	3,199	4,801	4,509	2,356	2,154	91.4%
Repairs and Maintenance	15,798	9,901	1,736	7,447	(5,711)	(76.7%)
Utilities	9,190	21,191	20,136	5,501	14,635	266.1%
Dues and subscriptions	3,088	5,291	5,088	2,587	2,501	96.7%
Outside and online training	17,552	2,864	13,261	3,373	9,888	293.2%
Residents precept-rotations	24,090	4,886	5,243	1,620	3,623	223.6%
Recruiting	20,560	50	8,375	2,434	5,941	244.1%
Bank fees	2,053	2,830	320	1,005	(685)	(68.2%)
Equipment Rental	4,161	2,959	7,090	987	6,103	618.5%
Rent	153,370	153,370	153,370	176,678	(23,307)	(13.2%)
Interest Expense	55,123	55,123	55,123	43,833	11,290	25.8%
Total Other Expenses	<u>314,091</u>	<u>269,413</u>	<u>280,706</u>	<u>254,172</u>	<u>26,534</u>	<u>10.4%</u>
Total Operating Expenses	<u>4,583,121</u>	<u>4,577,638</u>	<u>4,699,730</u>	<u>4,826,791</u>	<u>(127,061)</u>	<u>(2.6%)</u>
Net Income (Loss)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

**KERN MEDICAL OUTPATIENT HEALTH
INCOME STATEMENT
FISCAL YEAR-TO-DATE
JULY 2025 - JANUARY 2026**

	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance	Year-to-Date Variance %
Operating Revenues:				
Gross Patient Revenue				
Outpatient				
OP Self-Pay	\$376,529	\$251,924	\$124,605	49.5%
OP Self-Pay Professional Fees	272,875	223,842	49,033	21.9%
OP Commercial Fee-for-Service (FFS)	142,596	146,248	(3,652)	(2.5%)
OP Commercial Fee-for-Service (FFS) Professional Fees	136,870	160,507	(23,637)	(14.7%)
OP Commercial Managed Care (HMO/PPO)	2,514,014	2,274,089	239,925	10.6%
OP Commercial Managed Care (HMO) Professional Fees	2,578,040	2,790,152	(212,112)	(7.6%)
OP Workers' Compensation Fee-for-Service (FFS)	43,322	12,177	31,145	255.8%
OP Workers' Compensation Fee-for-Service (FFS) Professional Fees	104,217	81,815	22,402	27.4%
OP Medicare Fee-for-Service (FFS)	1,710,066	1,602,458	107,607	6.7%
OP Medicare Fee-for-Service (FFS) Professional Fees	1,960,243	1,872,984	87,259	4.7%
OP Medicare Managed Care (HMO)	125,641	108,287	17,353	16.0%
OP Medicare Managed Care (HMO) Professional Fees	127,654	116,310	11,344	9.8%
OP Medi-Cal Fee-for-Service (FFS)	1,003,365	1,100,085	(96,720)	(8.8%)
OP Medi-Cal Fee-for-Service (FFS) Professional Fees	684,716	833,639	(148,924)	(17.9%)
OP Medi-Cal Managed Care (HMO)	20,926,941	19,514,650	1,412,291	7.2%
OP Medi-Cal Managed Care (HMO) Professional Fees	14,079,572	13,873,126	206,445	1.5%
OP Other Government Fee-for-Service (FFS)	2,471,334	2,468,376	2,958	0.1%
OP Other Government Fee-for-Service (FFS) Professional Fees	2,320,866	2,556,264	(235,398)	(9.2%)
Total Outpatient	<u>51,578,859</u>	<u>49,986,935</u>	<u>1,591,924</u>	<u>22.9%</u>
Total Gross Patient Revenue	<u>51,578,859</u>	<u>49,986,935</u>	<u>1,591,924</u>	<u>3.2%</u>
Patient Revenue Deductions	<u>(42,810,453)</u>	<u>(41,503,565)</u>	<u>(1,306,888)</u>	<u>3.1%</u>
Net Patient Revenue	<u>8,768,407</u>	<u>8,483,370</u>	<u>285,037</u>	<u>3.4%</u>
Total Indigent	4,836,837	6,222,648	(1,385,811)	(22.3%)
Other Income	18,814,726	18,476,951	337,774	1.8%
Total Operating Revenues	<u>\$ 32,419,969</u>	<u>\$ 33,182,969</u>	<u>\$ (763,000)</u>	<u>(2.3%)</u>

KERN MEDICAL OUTPATIENT HEALTH
INCOME STATEMENT
FISCAL YEAR-TO-DATE
JULY 2025 - JANUARY 2026

	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance	Year-to-Date Variance %
Operating Expenses:				
Salaries	\$ 18,723,970	\$ 17,204,861	\$ 1,519,108	8.8%
Benefits	5,891,483	8,629,614	(2,738,131)	(31.7%)
Total Salaries and Benefits	<u>24,615,453</u>	<u>25,834,475</u>	<u>(1,219,023)</u>	<u>(4.7%)</u>
Physicians	\$ 3,667,961	3,404,244	263,717	7.7%
Therapists	78,363	59,424	18,939	31.9%
Total Medical Fees	<u>3,746,324</u>	<u>3,463,668</u>	<u>282,656</u>	<u>8.2%</u>
Consulting	142,290	114,536	27,754	24.2%
Legal	51,970	13,231	38,738	292.8%
Other contracted services	277,472	252,991	24,482	9.7%
Total Other Professional Fees	<u>471,732</u>	<u>380,758</u>	<u>90,974</u>	<u>171.5%</u>
Computer software	249,429	271,006	(21,577)	(8.0%)
Food	32,241	38,752	(6,511)	(16.8%)
Office Supplies	52,505	71,616	(19,111)	(26.7%)
Minor Equipment	58,373	37,823	20,551	54.3%
Non-Medical Supplies	207,438	204,386	3,052	1.5%
Pharmaceuticals	299,009	337,937	(38,928)	(11.5%)
Surgery Supplies-General	13,199	28,045	(14,846)	(52.9%)
Total Supplies	<u>912,193</u>	<u>989,564</u>	<u>(77,371)</u>	<u>(7.8%)</u>
Conferences-Travel-Residents	3,559	25,284	(21,726)	(85.9%)
Licenses - Residents	12,109	16,604	(4,495)	(27.1%)
Laundry and Linen	16,668	20,462	(3,794)	(18.5%)
Medical Services	2,802	1,843	959	52.1%
Purchase Services	428,899	533,531	(104,632)	(19.6%)
Security	43,971	49,886	(5,915)	(11.9%)
Support & maintenance-IT Software	115,959	119,567	(3,607)	9.4%
Total Purchased Services	<u>623,967</u>	<u>767,177</u>	<u>(143,210)</u>	<u>(18.7%)</u>
Advertising	6,882	5,378	1,504	28.0%
Catering	18,458	22,358	(3,900)	(17.4%)
Insurance	42,598	21,098	21,500	101.9%
Licenses Permits and Taxes	37,796	10,458	27,338	261.4%
Repairs and Maintenance	122,737	50,885	71,852	141.2%
Utilities	113,591	37,829	75,762	200.3%
Dues and subscriptions	34,947	17,899	17,048	95.2%
Outside and online training	58,694	23,340	35,354	151.5%
Residents precept-rotations	54,498	11,210	43,288	386.1%
Recruiting	57,368	16,843	40,525	240.6%
Bank fees	15,078	6,666	8,412	126.2%
Equipmet Rental	28,201	7,403	20,798	281.0%
Rent	1,073,590	1,214,615	(141,026)	(11.6%)
Interest Expense	385,863	301,345	84,518	28.0%
Total Other Expenses	<u>2,050,300</u>	<u>1,747,326</u>	<u>302,974</u>	<u>17.3%</u>
Total Operating Expenses	<u>32,419,969</u>	<u>33,182,969</u>	<u>(763,000)</u>	<u>(2.3%)</u>
Net Income (Loss)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>0.0%</u>

Questions

Thank you



**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

March 25, 2026

Subject: Kern County Hospital Authority Community Health Center Executive Director Report

Recommended Action: Receive and File

Summary:

The Executive Director of the Kern County Hospital Authority Community Health Center will provide your Board with a clinic-wide update.