KernMedical
Outpatient Health

ORDEN DEL DÍA

AUTORIDAD HOSPITALARIA DEL CONDADO DE KERN
CENTRO DE SALUD COMUNITARIO
JUNTA DE DIRECTORES

Community Health Center
Oficina Administrativa
900 Truxtun Avenue, Suite 250
Bakersfield, California 93301

Reunión Regular
22 de julio de 2026

11:30 A.M.

LA JUNTA SE RECONVOCARÁ

Miembros de la Junta: Avila, Behill, Kemp, Lopez, Martinez, Nichols, Sandoval, Smith, Williams
Pase de lista:

ORDEN DEL DÍA DE CONSENTIMIENTO/OPORTUNIDAD PARA COMENTARIOS DEL PÚBLICO: TODOS LOS PUNTOS MARCADOS CON "CA" O "C" SON CONSIDERADOS RUTINARIOS Y NO CONTROVERTIDOS POR EL PERSONAL DE LA AUTORIDAD HOSPITALARIA DEL CONDADO DE KERN. LAS SIGLAS "CA" O "C" INDICAN QUE EL PUNTO PERTENECE A LA ORDEN DEL DÍA DE CONSENTIMIENTO. LOS PUNTOS DE CONSENTIMIENTO SE TRATARÁN EN PRIMER LUGAR Y PODRÁN APROBARSE MEDIANTE UNA ÚNICA MOCIÓN SI NINGÚN MIEMBRO DE LA JUNTA O DEL PÚBLICO DESEA HACER COMENTARIOS O PREGUNTAS. SI ALGUIEN DESEA HACER COMENTARIOS O DEBATIR SOBRE ALGÚN PUNTO, ESTE SE RETIRARÁ DE LA ORDEN DEL DÍA DE CONSENTIMIENTO Y SE TRATARÁ SEGÚN EL ORDEN ESTABLECIDO, BRINDANDO AL PÚBLICO LA OPORTUNIDAD DE DIRIGIRSE A LA JUNTA RESPECTO A DICHO PUNTO ANTES DE QUE SE TOME UNA DECISIÓN.

RECOMENDACIÓN DEL PERSONAL EN MAYÚSCULAS

PRESENTACIONES PÚBLICAS

1) Esta parte de la reunión está reservada para que las personas se dirijan a la Junta sobre cualquier asunto que no figure en el orden del día, pero esté bajo la jurisdicción de la Junta. Los miembros de la Junta podrán responder brevemente a las declaraciones o preguntas planteadas. Asimismo, pueden formular preguntas para aclarar dudas, solicitar información objetiva al personal o pedir al personal que informe a la Junta en una reunión posterior. Además, la Junta puede ordenar al personal que incluya un asunto específico en el orden del día de una futura reunión. EL TIEMPO DE INTERVENCIÓN SE LIMITA A DOS MINUTOS. POR FAVOR, INDIQUE Y DELETREE SU NOMBRE ANTES DE COMENZAR SU PRESENTACIÓN. ¡GRACIAS!

ANUNCIOS O INFORMES DE MIEMBROS DE LA JUNTA

2) Por iniciativa propia, los miembros de la Junta pueden realizar anuncios o presentar informes sobre sus actividades. Pueden formular preguntas de aclaración, remitir asuntos al personal o tomar medidas para que el personal incluya un tema en el orden del día de una futura reunión (Sección 54954.2(a)(2) del Código de Gobierno) –

PUNTOS A CONSIDERAR

CA
3) Acta de la reunión ordinaria de la Junta Directiva del Centro de Salud Comunitario de la Autoridad Hospitalaria del Condado de Kern, celebrada el 24 de junio de 2026 –
APROBAR

CA
4) Resolución propuesta para adoptar una nueva política que aborda la interrupción de servicios telefónicos o de internet durante las reuniones de la Junta Directiva –
APROBAR; ADOPTAR RESOLUCIÓN

CA
5) Propuesta de elección de puestos directivos de la Junta Directiva del Centro de Salud Comunitario de la Autoridad Hospitalaria del Condado de Kern –
ELEGIR A LOS DIRECTIVOS

6) Propuesta de resolución para adoptar una nueva política sobre la interrupción de los servicios telefónicos o de Internet durante las reuniones de la Junta de Gobernadores –
APROBAR; ADOPTAR LA RESOLUCIÓN

7) Informe sobre la actualización de la calidad de los Centros de Salud Comunitaria de la Autoridad Hospitalaria del Condado de Kern correspondiente al segundo trimestre –
RECIBIR Y ARCHIVAR

8) Informe sobre la utilización de los servicios de los Centros de Salud Comunitarios de la Autoridad Hospitalaria del Condado de Kern correspondiente a junio de 2026 –
RECIBIR Y ARCHIVAR

9) Informe del Director Financiero del Centro de Salud Comunitario de la Autoridad Hospitalaria del Condado de Kern –
RECIBIR Y ARCHIVAR

10) Informe de la Directora Ejecutiva del Centro de Salud Comunitario de la Autoridad Hospitalaria del Condado de Kern –
ARCHIVO RECIBIR Y

PASAR A SESIÓN CERRADA

SESIÓN CERRADA

11) EVALUACIÓN DE DESEMPEÑO DE EMPLEADO PÚBLICO – Cargo: Directora Ejecutiva del Centro de Salud Comunitario (Sección 54957 del Código de Gobierno) –

RECONVOCACIÓN TRAS SESIÓN CERRADA

INFORME SOBRE LAS ACCIONES TOMADAS EN SESIÓN CERRADA

APLAZAMIENTO HASTA EL MIÉRCOLES 26 DE AGOSTO DE 2026 A LAS 11:30 A. M.

DOCUMENTACIÓN DE APOYO PARA LOS PUNTOS DEL ORDEN DEL DÍA

Toda la documentación de apoyo de los puntos del orden del día está disponible para revisión pública en el Kern Medical Center, en el Departamento de Administración, 1700 Mount Vernon Avenue, Bakersfield, 93306 durante el horario laboral habitual, de 8:00 a.m. a 5:00 p.m., de lunes a viernes, tras la publicación del orden del día. Cualquier documentación de apoyo relacionada con un punto del orden del día para una sesión abierta de cualquier reunión ordinaria que se distribuya después de la publicación del orden del día y antes de la reunión también estará disponible para su revisión en el mismo lugar.

LEY DE ESTADOUNIDENSES CON DISCAPACIDADES
(Código de Gobierno Sección 54953.2)

La sala de conferencias del Centro Médico Kern es accesible para personas con discapacidad. Las personas con discapacidad que necesiten asistencia especial para asistir o participar en una reunión de la Junta de Gobernadores de la Autoridad Hospitalaria del Condado de Kern pueden solicitar asistencia en el Centro Médico Kern, en el Departamento de Administración, 1700 Mount Vernon Avenue, Bakersfield, California, o llamando al (661) 326-2102. Se hará todo lo posible por acomodar razonablemente a las personas con discapacidad poniendo a disposición el material de las reuniones en formatos alternativos. Las solicitudes de asistencia deben hacerse cinco (5) días laborables antes de la reunión siempre que sea posible.

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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, June 24, 2025

11:30 A.M.

BOARD RECONVENED – Director Martinez convened the meeting of the Board at 11:33 A.M., and established a quorum was present.

Board Members: Avila, Behill, Kemp, Lopez, Martinez, Nichols, Sandoval, Smith, Williams
Roll Call: 6 Present; 3 Absent – Behill, Kemp, Sandoval

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**

CA
3) Proposed reappointment of Director Gary Williams, OD to the Kern County Hospital Authority Community Health Center Board of Directors, term to expire June 30, 2029 –
MADE APPOINTMENT
Smith – Nichols: 6 Ayes; 3 Absent – Behill, Kemp, Sandoval

CA
4) Minutes for the Kern County Hospital Authority Community Health Center Board of Directors regular meeting on May 27, 2026 –
APPROVED
Smith – Nichols: 6 Ayes; 3 Absent – Behill, Kemp, Sandoval

CA
5) Proposed updated Community Health Center Key Management Staff and Organizational Chart – APPROVED
Smith – Nichols: 6 Ayes; 3 Absent – Behill, Kemp, Sandoval

6) Report on the Kern County Hospital Authority Community Health Center Patient Safety Quarter 1 –

DIRECTOR OF PERFORMANCE IMPROVEMENT CARMELITA MAGNO MADE THE PRESENTATION REGARDING PATIENT SAFETY FOR QUARTER 1. DIRECTOR OF PERFORMANCE IMPROVEMENT POINTED OUT THAT MEDICATION RECONCILIATION COMPLIANCE BY MEDICAL ASSISTANTS IS TRENDING UP IN QUARTER 1, BUT THERE IS STILL ROOM TO IMPROVE MEDICATION RECONCILLATION BY THE PROVIDERS. QUALITY STAFF IS WORKING WITH THE A-TEAM ON EDUCATION TO ROLL OUT TO THE PROVIDERS AND ARE ALSO DOING A DETAILED REVIEW OF THE DATA TO SEE IF THE ISSUE IS WIDESPREAD OR LIMITED TO JUST A FEW OUTLIERS. DIRECTOR MARTINEZ ASKED WHY PEDIATRICS HAD A ZERO FOR RECONCILLAITON. MS. MAGNO STATED THAT THIS IS ALSO SOMETHING THAT THEY ARE CURRENTLY INVESTIGATING BASED ON THIS DATA AND WILL HAVE AN EXPLANATION FOR NEXT MONTH'S REVIEW. SHE REASONS THAT THIS IS DUE TO A CLERICAL ISSUE AS THE PROVIDER NEEDS TO CHECK A PARTICULAR BOX FOR THE REPORT TO CAPTURE THE DATA, SO EVEN IF THE PROVIDER HAS ENTERED THE DATA, IF THE BOX IS NOT CHECKED, THE DATA DOES NOT APPEAR ON THE REPORT. HOPEFULLY THIS IS THE ISSUE AND CAN BE EASILY RESOLVED. PROTECTED HEALTH INFORMATION HANDLING IS ALSO HOLDING STEADY. STAFF WILL BE FOCUSING ON COLUMBUS PEDIATRICS ON REEDUCATION OF CHECKING BOTH THE NAME AND THE DATE OF BIRTH OF THE PATIENT BEFORE HANDING OVER ANY PAPERWORK. HAND HYGIENCE COMPLIANCE HAS SIGNIFICANTLY IMPROVED AND HAVE A INDEPTH REVIEW OF THE DATA, THE DATA SHOWED THAT RESIDENTS CONSTITUTE A SIGNIFICANT PART OF THE NON-COMPLIANCE. CURRENTLY PROVIDING REAL TIME EDUCATION WITH INCOMING RESIDENTS AND STAFF TO IMPROVE COMPLIANCE WITH THIS METRIC. DIRECTOR WILLIAMS ASKED IF DOCTORS ARE NOT WASHING THEIR HANDS BEFORE PUTTING ON GLOVES. DIRECTOR OF

PERFORMANCE IMPROVEMENT RESPONDED THAT A PROVIDER MUST WASH THEIR HANDS OR USE DISINFECTANT GEL BEFORE PUTTING ON GLOVES AND AFTER REMOVING GLOVES AND EXITING THE ROOM. DIRECTOR NICHOLS ASKED HOW IS HAND HYGENE TRACKED. DIRECTOR OF PERFORMANCE IMPROVEMENT RESPONDED THAT THERE ARE CERTIFIED INFECTION CONTROL AUDITORS DOING LIVE AUDITS. DIRECTOR OF PERFORMANCE IMPROVEMENT STATED THAT OCCURRENCE REPORTS WERE DOWN FOR THE MONTH. DIRECTOR AVILA ASKED HOW ARE THE OCCURRENCE REPORTS ARE SUBMITTED. DIRECTOR OF PERFORMANCE IMPROVEMENT RESPONDED THAT STAFF CAN ACCESS MIDAS, WHICH IS THE PLATFORM USED TO MONITOR AND TRACK OCCURRENCE REPORTS. DIRECTOR MARTINEZ ASKED WHAT IS CONSIDERED AN OCCURRENCE THAT WOULD NEED TO BE REPORTED. DIRECTOR OF PERFORMANCE IMPROVEMENT RESPONDED THAT AN OCCURRENCE COULD BE ANY KIND OF INCIDENT NCLUDING A PATIENT/VISITOR FALL, A DISGRUNTLED PATIENT, OR A SECURITY ISSUE REGARDING A PATIENT/VISITOR.
RECEIVED AND FILED
Williams – Avila: 6 Ayes; 3 Absent – Behill, Kemp, Sandoval

7) Report on the Kern County Hospital Authority Community Health Center Health Center Service Utilization for May 2026 –
NURSING ADMINISTRATOR ALICIA GAETA MADE THE PRESENTATION REGARDING UTILIZATION FOR THE MONTH OF MAY 2026. MS. GAETA POINTED OUT THE DIP IN NEW PATIENT NUMBERS WHICH STAFF BELIEVE IS DUE TO END OF THE YEAR GRADUATIONS AND SUMMER VACATIONS. NO SHOWS ARE SLIGHTLY ELAVATED, MOST LIKELY DUE TO SIMILAR END OF THE SCHOOL YEAR ACTIVITIES AND A LACK OF CHILD CARE. NURSING ADMINISTRATOR POINTED OUT THAT TUESDAY IS STILL THE MOST POPULAR APPOINTMENT DAY AND THE MOST POPULAR APPOINTMENT TIME FRAME IS FROM 8AM TO 12PM. DIRECTOR OF PERFORMANCE IMPROVEMENT ADDED THAT STAFF IS CURRENTLY BRAINSTORMING ON WAYS TO INCREASE AWARENESS AND INTEREST FOR WEEKEND VISITS. DIRECTOR MARTINEZ ASKED WHAT ARE THE REASONS GIVEN FOR NO SHOWS. DIRECTOR OF PERFORMANCE IMPROVEMENT FURTHER ADDED THAT HISTORICALLY THE MONTH OF MAY HAD HIGHER NO SHOWS WHICH IS COMMON FOR THE SUMMER MONTHS. DIRECTOR OF PERFORMANCE IMPROVEMENT CONTINUED THAT MANY PATIENTS GO ON VACATION AND ALSO BECAUSE OF ALL THE GRADUATION CELEBRATIONS. EXECUTIVE DIRECTOR ADDED THAT TRANSPORTATION AND CHILD CARE ARE ALSO REASONS FOR PATIENTS MISSING THEIR APPOINTMENTS. DIRECTOR OF PERFORMANCE IMPROVEMENT MENTIONED THAT STAFF CALL ALL PATIENTS WHO DIDN'T SHOW UP TO THEIR APPOINTMENT AND OFFER ALTERNATIVE APPOINTMENT DATES/TIMES, A TELEHEALTH APPOINTMENT, AND DATES AND LOCATIONS OF MOBILE CLINIC APPOINTMENTS. DIRECTOR AVILA ASKED IF THERE IS A WAY TO SEE IF PATIENTS WHO DIDN'T SHOW UP TO THEIR APPOINTMENT EVENTUALLY MAKE UP THEIR MISSED APPOINTMENT. EXECUTIVE DIRECTOR RESPONDED THAT THEY ARE CURRENTLY WORKING ON A SYSTEM TO TRACK THAT DATA, AS IT IS CURRENTLY DIFFICULT TO TRACK IN THE SYSTEM. DIRECTOR WILLIAMS ASKED IF THERE WAS A WAY TO TRACK PATIENTS WHO CONSISTENTLY MISS THEIR APPOINTMENTS AND IF THERE WAS A LIMIT AS TO HOW MANY APPOINTMENTS THEY CAN MISS. DIRECTOR OF PERFORMANCE IMPROVEMENT RESPONDED THAT STAFF EDUCATES PATIENTS ABOUT THE IMPORTANCE OF KEEPING THEIR APPOINTMENTS. KERN MEDICAL HOSPITAL AUTHORITY CHIEF EXECUTIVE OFFICER SCOTT THYGERSON RESPONDED THAT BECAUSE OF THE MEDI-CAID (MEDI-CAL) AND MEDI-CARE RESTRICTIONS, THE CLINICS MAY NOT REPRIMAND PATIENTS FOR MISSING THEIR APPOINTMENTS.

DIRECTOR SMITH ASKED WHAT IS THE NATIONAL STANDARD FOR NO-SHOW APPOINTMENTS. KERN MEDICAL HOSPITAL AUTHORITY CHIEF EXECUTIVE OFFICE RESPONDED THAT THERE IS NO NATIONAL STANDARD BUT VALLEY CHILDRENS IS USUALLY BETWEEN 25-28% FOR NO SHOWS.
RECEIVED AND FILED
Nichols – Smith: 6 Ayes; 3 Absent – Behill, Kemp, Sandoval

8) Report on the Kern County Hospital Authority Community Health Center financials for April 2026 –
FINANCE ADMINISTRATOR ANDREW CANTU MADE THE PRESENTATION. HE REPORTED THAT THE NUMBER OF FULL-TIME EMPLOYEES (FTEs) HAS BEEN CONSISTANT. THE GROSS DAYS IN ACCOUNTS RECEIVABLE IS AT TARGET BUT THIS WILL CHANGE IN NEXT MONTH'S REPORT BECAUSE FINANCE IS HOLDING CLAIMS DUE TO THE RATE SETTING PROCESS. FINANCE ADMINISTRATOR STATED THAT THE CURRENT BUDGET IS ON TARGET AND PURCHASES ARE ALSO RIGHT ON BUDGET. DIRECTOR MARTINEZ ASKED IF THE NUMBER OF FTEs HAS BEEN THE SAME, WHY DID THE SALARIES INCREASE. FINANCE ADMINISTRATOR RESPONDED THAT PAY RAISES WENT INTO EFFECT IN APRIL. DIRECTOR MARTINEZ ASKED IF THERE HAS BEEN AN UPDATE ABOUT THE RATES. FINANCE ADMINISTRATOR RESPONDED THAT THERE HAS BEEN NO UPDATE BUT EVERYTHING HAS BEEN SUBMITTED TO THE CONSULTANTS, WHO HAVE SINCE ASKED FOR MORE INFORMATION WHICH HAS BEEN SUBMITTED. DIRECTOR MARTINEZ ASKED IF THE RATE WILL BE RETROACTIVE TO MARCH 1. FINANCE ADMINISTRATOR STATED YES, WHICH WAS WHY THE CURRENT CLAIMS ARE BEING HELD.
RECEIVED AND FILED
Avila – Williams: 6 Ayes; 3 Absent – Behill, Kemp, Sandoval

9) Kern County Hospital Authority Community Health Center Executive Director Report –
EXECUTIVE DIRECTOR RENEE VILLANUEVA MADE PRESENTATION. EXECUTIVE DIRECTOR ANNOUNCED THAT ON JULY 1 THE CLINICS WILL RECEIVE NEW INTERNAL MEDICINE AND OB/GYN RESIDENTS AND THAT ON JULY 1, 2027, WE WILL WELCOME THE NEW FAMILY PRACTICE RESIDENTS, SO STAFF IS WORKING ON CREATING SPACE FOR THE INCOMING FAMILY MEDICINE RESIDENTS AND FACULTY. DIRECTOR MARTINEZ APPLAUDED THE EFFORT IN REESTABLISHING THE FAMILY MEDICINE RESIDENCY AS PRIMARY CARE PROVIDERS ARE DESPARATELY NEEDED IN THE COUNTY. EXECUTIVE DIRECTOR ALSO ANNOUNCED THAT ABOUT 25-30 PHYSICIANS WILL PARTICIPATE IN AN AI PILOT PROGRAM THAT WILL RECORD THE PATIENT VISITS FOR TRANSCRIBING PURPOSES ONLY. SHE ADDED THAT THE USE OF AI IS JUST TO FACILITATE MORE COMPLETE AND EFFICIENT CHARTING, WHICH SHOULD IMPROVE THE COMPLETION OF REFERRALS AND HELP WITH MAKING THE VISITS MORE PERSONABLE AS THE PROVIDER WILL BE ABLE TO FOCUS ON THE PATIENT AND NOT DOCUMENTATION. EXECUTIVE DIRECTOR ALSO ANNOUNCED THAT WIPFLI IS STILL WORKING ON THE RATE SETTING AND THAT TODAY IS DIRECTOR WILLIAM'S BIRTHDAY.
RECEIVED AND FILED
Williams – Smith: 6 Ayes; 3 Absent – Behill, Kemp, Sandoval

CA
10) Miscellaneous Correspondence as of June 17, 2026 –
RECEIVED AND FILED
Smith – Nichols: 6 Ayes; 3 Absent – Behill, Kemp, Sandoval

ADJOURNED TO WEDNESDAY, JULY 22, 2026 AT 11:30 A.M.
Avila

/s/ Marisol Urcid
Clerk of the Board of Directors

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

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BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

July 22, 2026

Subject: Proposed approval of Community Health Center Patient Empanelment Policy and Procedure

Recommended Action: Approve

Summary:

The CHC Board has oversight responsibilities for reviewing and approving the policies and procedures for the CHC. The following proposed policy and procedure, which focus on Operations, is required to be approved and enacted to show compliance as a FQHC Look-Alike.

Policy	Policy #
Patient Empanelment Policy	LAL-OP-06

Therefore, it is recommended that your Board approve the proposed policy and procedure.

Kern County Hospital Authority Community Health Center

Department: Ambulatory Care Services				
Policy No. LAL-OP-06	Effective Date July 2026	Review Date: January 2028	Page 1 of 3	KernMedical Outpatient Health
Title: Patient Empanelment				

I. PURPOSE:

The purpose of this policy is to establish a standardized, equitable, and sustainable process for empaneling patients to primary care providers (PCPs) and care teams across Kern Medical Outpatient Health (KMOH) clinics. Empanelment ensures continuity of care, supports value-based care performance, improves access, and promotes population health management.

II. DEFINITIONS:

A. Active Patient – A patient who has had a visit within the last 24 months, unless otherwise defined by payor or program requirements.
B. Attributed Patient - A patient formally assigned to a PCP panel through insurance attribution, documented visit history, or clinic-based assignment.
C. Empanelment - The process of assigning each patient to a responsible PCP who leads a care team accountable for the patient's health outcomes.
D. Panel Size - The count of active patients assigned to a PCP.
E. Primary Care Provider (PCP) – A Physician, Nurse Practitioner or Physician Assistant responsible for the care of a patient.

III. POLICY STATEMENT:

It is the policy of KMOH to maintain a proactive, equitable, and data-driven empanelment system that:

A. Ensures every patient has a designated PCP;
B. Promotes manageable, right-sized PCP panels; and
C. Improves continuity, access, and coordination of patient care.

IV. EQUIPMENT: N/A

V. PROCEDURE:

A. Responsibilities
   1. Clinic Leadership
      a. Oversee empanelment operations
      b. Ensure panel sizes remain within approved thresholds
   2. PCPs
      a. Accept responsibility for empaneled patients
   3. Scheduling/Front Desk
      a. Confirm PCP assignment at each visit
      b. Assist patients with PCP changes when requested
   4. Data Analytics/Quality
      a. Produce monthly empanelment reports

B. Empanelment Criteria
   Patients will be assigned to PCP panel through one or more of the following criteria
   1. Patient Choice – Preferred whenever expressed
   2. First Cut: Exclusive PCP

a. Identify patients who have seen only one PCP for all their visits in the past 24 months and assign those patients to that PCP.

3. Second Cut: Predominant PCP
   a. Identify patients who have received care from multiple PCPs but predominantly been seen by one PCP more frequently than others in the past 24 months. Assign these patients to that PCP
4. Third Cut: Tie - Breaker
   a. For patients who have been seen by multiple PCPS an equal number of times, assign the patient the PCP who conducted the most recent visit.
5. Fourth Cut: Manual assignment
   a. Patients who do not meet any of the above criteria will be assigned to PCPs with open panels who are able to appropriately address the patient's health care needs.

C. Empanelment of Assigned but Unseen patients

KMOH is responsible for conducting outreach to patients who have been assigned to KMOH but have not yet been seen by a PCP.

1. The Scheduling team will contact patients listed as new members by the Managed Care Health Plan as updates to the new member roster are received.
2. Patients who remain unreachable after five unsuccessful attempts, including phone calls and mailed correspondence, will be returned to the health plan for continued outreach, coordination, or potential reassignment.

D. Panel Size Target

1. MD 2000 - 2,500 (Optimized team-based care: up to ~2,500) active patients
2. NP/PA 1800 - 2,000 (Optimized team-based care: up to ~2000) active patients

E. PCP Reassignment Rules

A patient may be reassigned when:

1. The patient requests a new PCP
2. A PCP leaves the organization or reduces clinical capacity
3. Panel balancing is required to maintain equitable workloads

Reassignment must:

1. Prioritize continuity of care
2. Avoid disruption in care
3. Communication of patient reassignment will be provided in writing, either through KMOH or directly by the Managed Care Health Plan.

F. Opening and Closure of PCP Panels

1. Upon employment, KMOH notifies the Managed Health Care Plan that the PCP is available for empanelment. Once the PCP's credentialing with the health plan is completed, the Managed Health Care Plan notifies KMOH that the PCP is eligible for empanelment.
2. All PCPs are added to the Electronic Health Record (EHR) once they have been credentialed by Staff. Ambulatory Staff will be notified when the PCP is authorized to begin delivering patient care.
3. A PCP's panel may be closed upon recommendation of the Community Health Center (CHC) Quality Committee for any of the following reasons:
   a. The PCP has reached the maximum patient assignment capacity
   b. The PCP is no longer with the organization or is on extended leave of absence
   c. The complexity of the PCP's assigned patient population (including factors such as age, chronic conditions, or behavioral health needs) necessitates a reduced panel size
4. New patient appointment slots are determined based on PCP schedules
   a. PCP schedules are structured in four-hour blocks with no more than two new patients scheduled within each four-hour block time.

b. PCP scheduling templates may vary depending on assigned work hours (i.e. 8-hour, 10-hour, or 12-hour shifts).

G. Reports
1. Empanelment reports are generated monthly by the CHC Analytics Team to ensure accuracy and maintain panel size integrity.
2. Empanelment reports will be presented quarterly to the CHC Quality Committee and annually to the CHC Board.

VI. SPECIAL CONSIDERATIONS: N/A

VII. EDUCATION:

Kern Medical Outpatient Health Staff will receive education pertaining to this policy, as appropriate, at the time of general orientation and/or unit-specific orientation and as changes occur in legislation, quality, or regulatory requirements. Staff's knowledge, skills, and abilities will be validated during unit-specific orientation.

OWNERSHIP (Committee/Department/Team)	Ambulatory Care Team
ORIGINAL	JUL 2026
REVIEWED, NO REVISIONS	
REVISED	
APPROVED BY BOARD OF DIRECTORS	JUL 2026
DISTRIBUTION	Ambulatory Care Team
REQUIRES REVIEW	JAN 2028

KernMedical
Outpatient Health

BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

July 22, 2026

Subject: Proposed election of officers to the Kern County Hospital Authority Community Health Center Board of Directors

Requested Action: Elect Officers

Summary:

The Kern County Hospital Authority Community Health Center's Bylaws for Governance provide that officers shall be elected by your Board at the first meeting of each fiscal year. Directors Martinez and Smith have agreed to serve a second term as Chair and Vice-Chair, respectively; Director Behill has agreed to serve a second term as Secretary/Treasurer. A member of your Board may hold an office for any number of terms, whether or not consecutive.

Therefore, it is recommended that your Board elect Elsa Martinez, Chair, Denise Smith, Vice-Chair, and Cynthia Behill, Secretary/Treasurer to the Kern County Hospital Authority Community Health Center Board of Directors, terms to expire June 30, 2027.

KernMedical
Outpatient Health

BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

July 22, 2026

Subject: Proposed resolution adopting a new policy addressing a disruption of telephonic or internet services during meetings of the Board of Directors

Recommended Action: Approve; Adopt Resolution

Summary:

On October 3, 2025, Governor Newsom signed Senate Bill 707 (SB 707, Durazo) amending the Ralph M. Brown Act to update teleconferencing and accessibility requirements, including provisions related to remote participation in public meetings, effective July 1, 2026. These requirements include expanded access to remote participation, equitable public comment opportunities, and formal procedures for addressing technical disruptions during meetings.

Government Code section 54953.4 requires your Board to adopt at a noticed public meeting in open session, and not on the consent calendar, a policy addressing disruption of telephonic or internet service during meetings conducted with remote participation. The required policy must address procedures for recessing and reconvening a meeting in the event of a disruption and the efforts the legislative body will make to attempt to restore service.

In the event of a disruption preventing members of the public from observing or participating in the meeting through a two-way telephonic or audiovisual platform, your Board must recess the open session for at least one hour and make a good faith effort to restore service, and may not reconvene open session until at least one hour has passed or service has been restored, whichever occurs first. If telephonic or internet service has not been restored upon reconvening, your Board must make findings by roll call vote that good faith efforts to restore service have been made and that the public interest in continuing the meeting outweighs the public interest in remote public access.

Adoption of a technology disruption policy is required to ensure compliance with state law and to promote transparency and continuity of public meetings. The proposed policy addressing disruption of telephonic or internet service during meetings of your Board has been prepared in accordance with Government Code section 54953.4 and is attached to the proposed resolution as Exhibit “A.”

Therefore, it is recommended that your Board adopt the attached resolution and policy entitled “Disruption of Telephonic or Internet Service During Board of d by Counsel, a copy of which shall be kept on file in the Office of the Clerk of the Board of Directors. Directors Meetings,” in the form presented, with such minor modifications as may be required or approve.

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

In the matter of: Resolution No. 2026-___

ADOPTING A NEW POLICY ADDRESSING A DISRUPTION OF TELEPHONIC OR INTERNET SERVICES DURING MEETINGS OF THE BOARD OF DIRECTORS

I, MARISOL URCID, Clerk of the Board 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 22nd day of July, 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 Ralph M. Brown Act (Gov. Code, § 54950 et seq.) (the "Brown Act") establishes requirements for open and public meetings of local legislative bodies; and

(b) On October 3, 2025, Governor Newsom signed Senate Bill 707 (SB 707, Durazo) amending the Brown Act to update teleconferencing and accessibility requirements, including provisions related to remote participation in public meetings; and

(c) Government Code section 54953.4 requires eligible legislative bodies to adopt at a noticed public meeting in open session, and not on the consent calendar, a policy addressing disruption of telephonic or internet service during meetings conducted with remote participation; and

(d) The required policy must address procedures for recessing and reconvening a meeting in the event of a disruption and the efforts the legislative body will make to attempt to restore service; and

(e) Government Code 54953.4 requires that, in the event of a disruption preventing members of the public from observing or participating in the meeting through a two-way telephonic or audiovisual platform, the legislative body shall recess the open session for at least one hour and make a good faith effort to restore service, and may not reconvene open session until at least one hour has passed or service has been restored, whichever occurs first; and

(f) Further, if telephonic or internet service has not been restored upon reconvening, the legislative body must make findings by roll call vote that good faith efforts to restore service have been made and that the public interest in continuing the meeting outweighs the public interest in remote public access; and

(g) Adoption of a technology disruption policy is required to ensure compliance with state law and to promote transparency and continuity of public meetings; and

(h) The proposed policy addressing disruption of telephonic or internet service during meetings of the Board of Directors has been prepared in accordance with Government Code section 54953.4 and is attached hereto as Exhibit "A."

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 policy entitled "Disruption of Telephonic or Internet Service During Board of Directors Meetings," in the form presented, with such minor modifications as may be required or approved by Counsel, a copy of which shall be kept on file in the Office of the Clerk of the Board of Directors.

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

Members, Board of Directors
Legal Services Department
Information Services Department

EXHIBIT “A”

POLICY NAME: Disruption of Telephonic or Internet Service During Board of Directors Meetings

Effective Date: July 1, 2026 **Review Date: July 1, 2028**

I. BACKGROUND

Senate Bill 707 (2025) amended the Ralph M. Brown Act (Gov. Code, § 54950 et seq.) (the "Brown Act") to require eligible legislative bodies, including the Board of Directors, to adopt a policy addressing how the agency will respond to disruptions in telephonic or internet service that prevent members of the public from attending or observing a Board of Directors meeting remotely. This policy is adopted to comply with that requirement and to ensure continuity of public participation during technical disruptions.

II. PURPOSE

This policy establishes procedures for responding to a disruption in the telephonic or internet services that provide two-way remote public access to meetings of the Board of Directors, as required by the Brown Act (Gov. Code, § 54953.4). The policy ensures transparency, public participation, and continuity of government during technology disruptions.

III. DEFINITIONS

For purposes of this policy, the following definitions apply:

> "Disruption" means a disruption of telephonic or internet service that prevents members of the public from attending or observing the meeting via these remote access services.
>
> "Remote access services" means the two-way telephonic service and/or two-way audiovisual platform used to provide real-time remote public attendance and observation of meetings.

IV. APPLICABILITY

This policy applies to all open and public meetings of the Board of Directors at which remote public participation is offered or required under the Brown Act.

V. PROCEDURES IN THE EVENT OF A SERVICE DISRUPTION

1. Response to Service Disruption

If the Chairman or Clerk of the Board of Directors becomes aware of a disruption to the remote access services that prevents members of the public from attending or observing the meeting remotely:

a) The Chairman or Clerk of the Board of Directors shall immediately announce the disruption to the public.

b) The Chairman may then call for a recess of the open session or convene the Board of Directors in closed session, consistent with the Brown Act.

c) Staff or designated contractors shall begin efforts to diagnose and restore the disrupted service.

d) The meeting shall remain in recess for at least one hour or until service is restored, whichever is sooner. The recess period may be extended if restoration efforts are ongoing.

2. Efforts to Restore Service

Staff or designated contractors shall make good faith efforts to restore remote access services, which may include:

- Troubleshooting platform or teleconferencing software
- Resetting or replacing audiovisual equipment
- Attempting alternative connection methods
- Contacting necessary support staff or service providers
- Switching to back-up equipment or platforms, if available

The Clerk of the Board of Directors, in consultation with staff or designated contractors from the Information Services Department, shall document the restoration efforts undertaken.

VI. RECONVENING THE OPEN SESSION

1. Timing

The open session may be reconvened after at least one hour has elapsed from the time of disruption or as soon as service is restored, whichever occurs earlier.

2. If Service is Restored

If the remote access service is restored before or at the time the meeting reconvenes, the meeting shall continue as normal.

3. If Service is NOT Restored

If service has not been restored after one hour, the Board of Directors may reconvene and:

a) Adjourn the meeting; or

b) Continue the meeting in open session by adopting, by roll call vote, the following, or a substantially similar, finding:

"Community Health Center staff has made good faith efforts to restore telephonic or internet service in accordance with the adopted Board of Directors policy, and the public interest in continuing the meeting outweighs the public interest in remote public access."

Upon adoption of the finding, the Board of Directors may continue the open session despite the fact that remote access services have not been restored.

VII. RECORDKEEPING

The Clerk of the Board of Directors shall enter a brief statement into the meeting minutes, including the following:

- The nature and time of the disruption
- The restoration efforts undertaken
- The time the meeting was reconvened (if applicable)
- Any finding adopted pursuant to Section VI

VIII. RECORDKEEPING

This policy may be amended by the Board of Directors at a noticed public meeting in open session, not on the consent agenda.

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BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

July 22, 2026

Subject: Report on the Kern County Hospital Authority Community Health Center Quality Update for Quarter 2

Recommended Action: Receive and File

Summary:

The Interim Medical Director for the Community Health Center will provide your Board with the Quality Update, focusing on Quarter 2 of Calendar Year 2026 Patient Complaints and Grievances.

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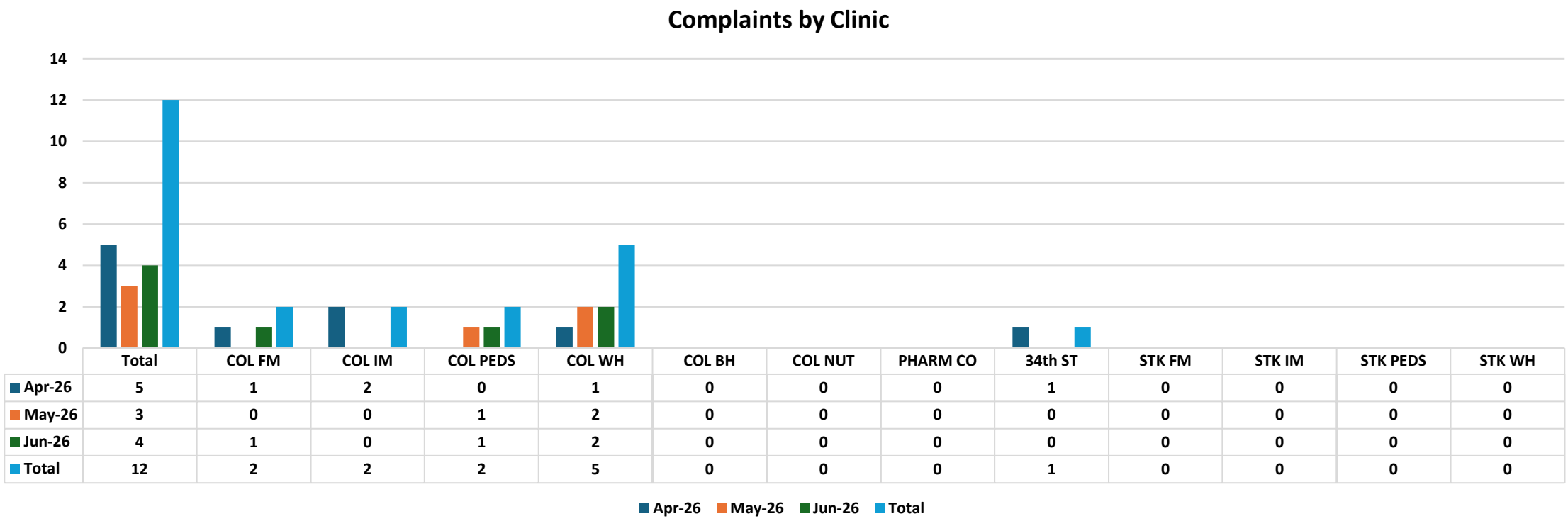
Outpatient Health

Quality Report
Patient Complaints and Grievances
Q2 2026

Community Health Center Board of Directors

Q2 2026 Complaints



	Total	COL FM	COL IM	COL PEDS	COL WH	COL BH	COL NUT	PHARM CO	34th ST	STK FM	STK IM	STK PEDS	STK WH
Apr-26	5	1	2	0	1	0	0	0	1	0	0	0	0
May-26	3	0	0	1	2	0	0	0	0	0	0	0	0
Jun-26	4	1	0	1	2	0	0	0	0	0	0	0	0
Total	12	2	2	2	5	0	0	0	1	0	0	0	0

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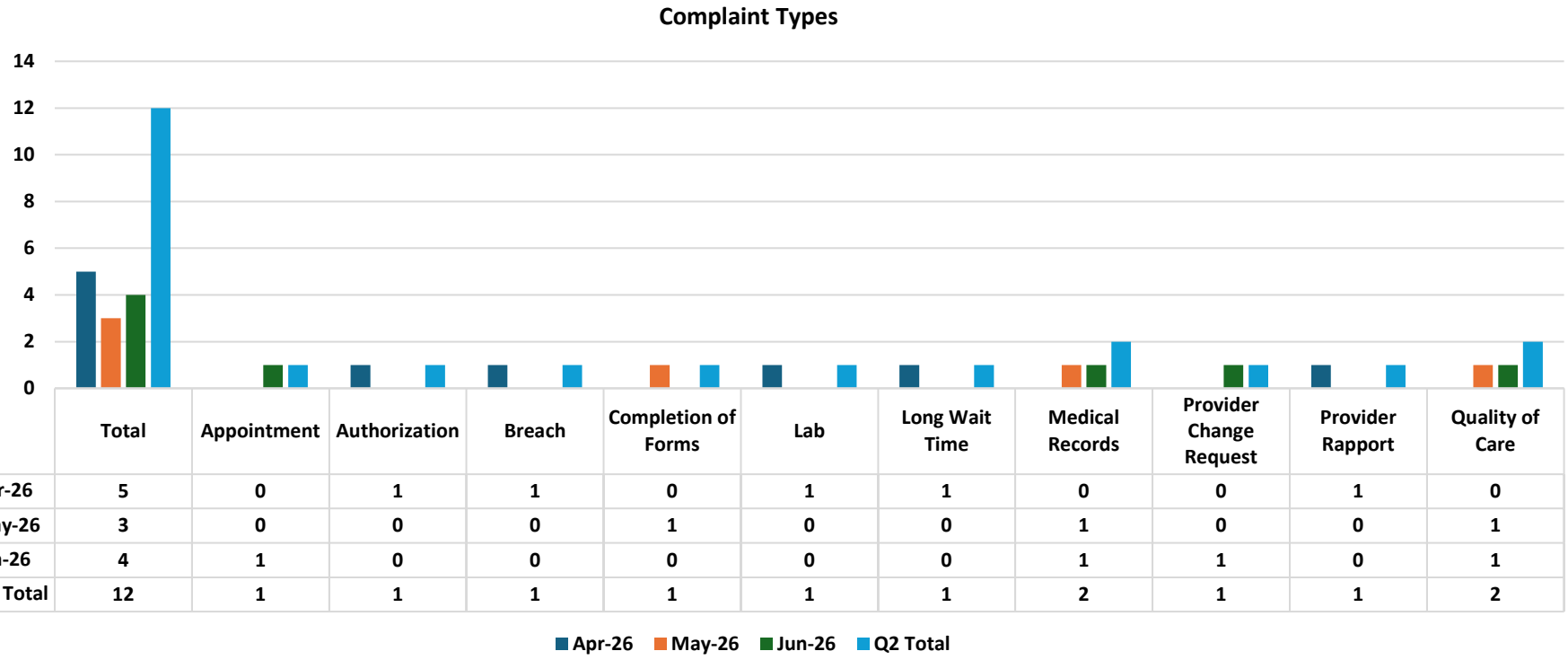
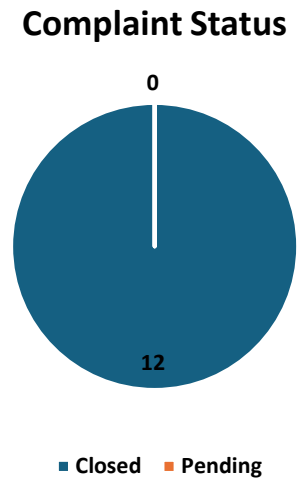
Q2 2026 Complaint Types and Status



	Total	Appointment	Authorization	Breach	Completion of Forms	Lab	Long Wait Time	Medical Records	Provider Change Request	Provider Rapport	Quality of Care
Apr-26	5	0	1	1	0	1	1	0	0	1	0
May-26	3	0	0	0	1	0	0	1	0	0	1
Jun-26	4	1	0	0	0	0	0	1	1	0	1
Q2 Total	12	1	1	1	1	1	1	2	1	1	2



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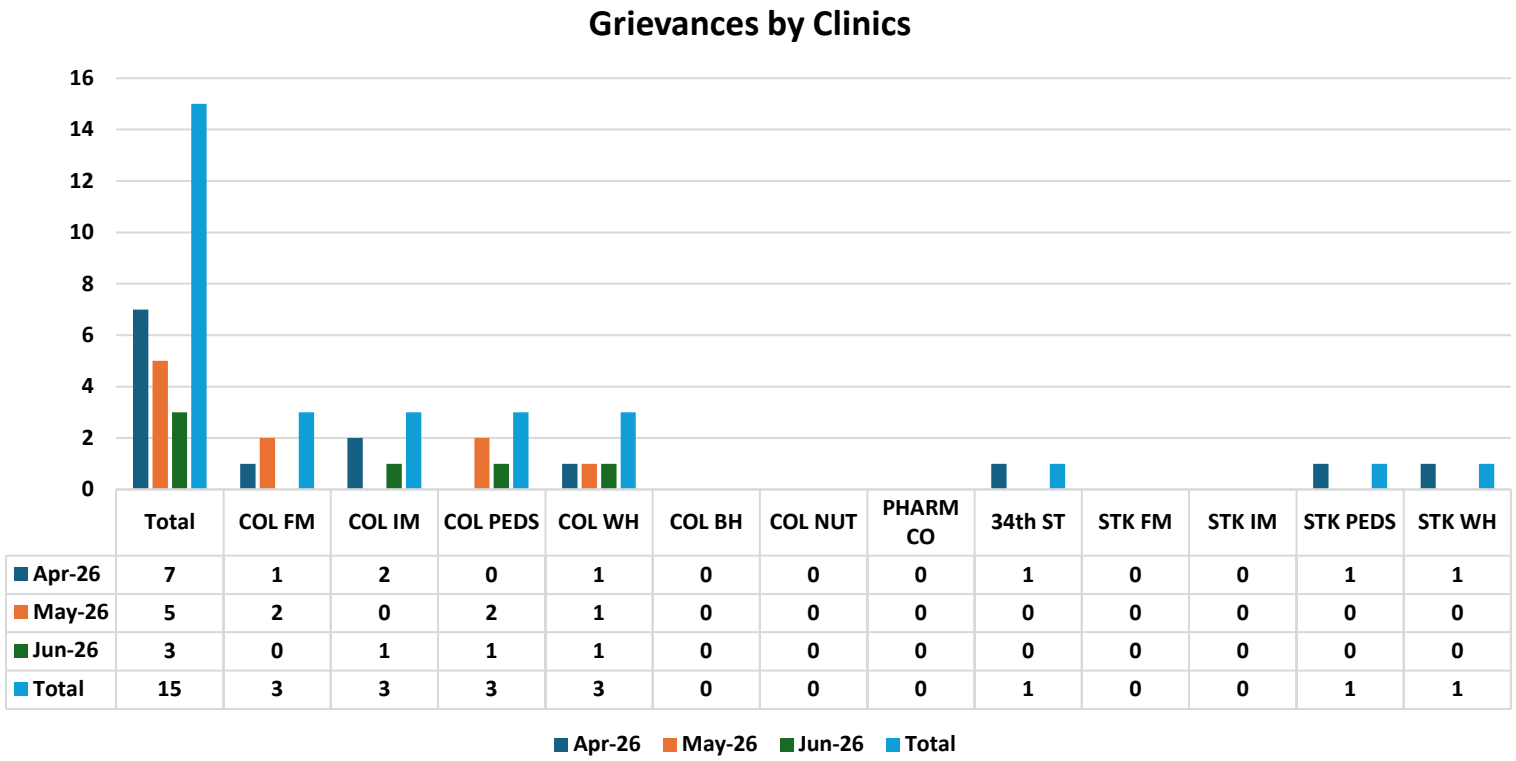
Q2 2026 Grievances by Clinics



	Total	COL FM	COL IM	COL PEDS	COL WH	COL BH	COL NUT	PHARM CO	34th ST	STK FM	STK IM	STK PEDS	STK WH
Apr-26	7	1	2	0	1	0	0	0	1	0	0	1	1
May-26	5	2	0	2	1	0	0	0	0	0	0	0	0
Jun-26	3	0	1	1	1	0	0	0	0	0	0	0	0
Total	15	3	3	3	3	0	0	0	1	0	0	1	1

Number of Clinic Visits

Clinic	Q2 Total	Grievance Rate
COL FM	4223	0.07%
COL IM	7470	0.04%
COL PEDS	5901	0.05%
COL WH	8719	0.03%
COL BH	1139	0.00%
COL NUT	84	0.00%
COL PHARM CO	702	0.00%
34th ST	1901	0.05%
STK FM	617	0.00%
STK IM	560	0.00%
STK PEDS	1510	0.07%
STK WH	691	0.14%

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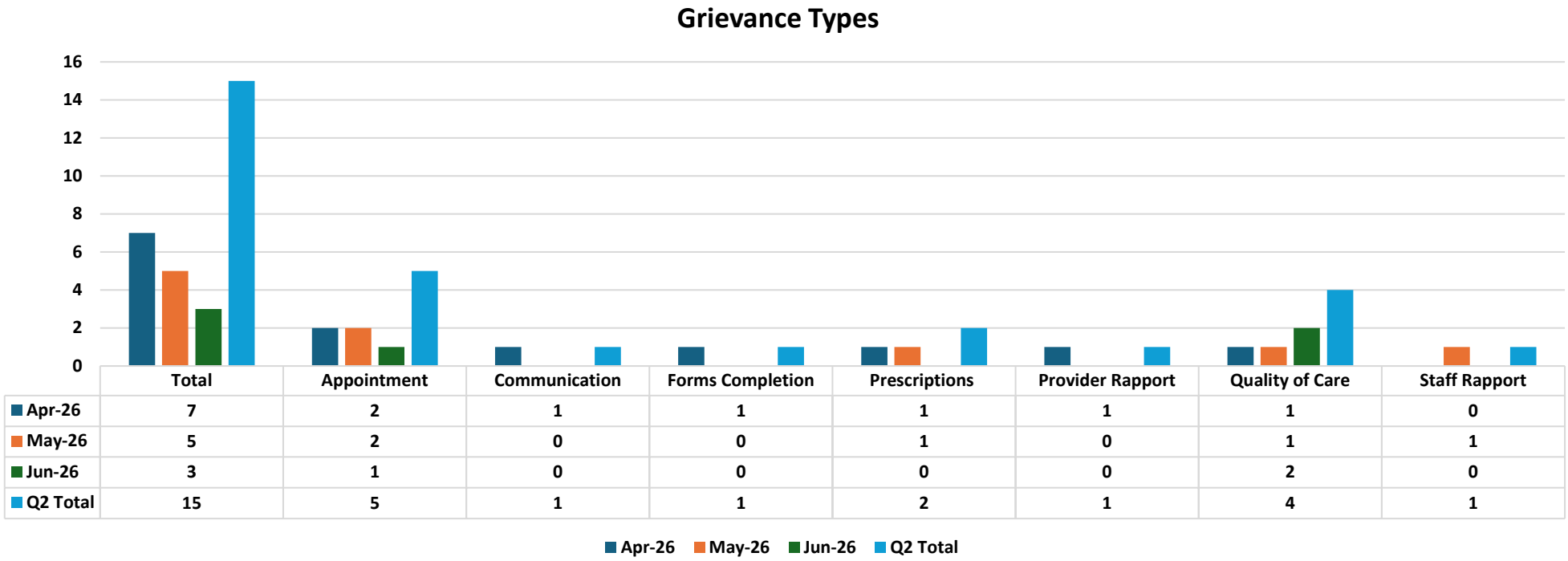
Q2 2026 Grievances



	Total	Appointment	Communication	Forms Completion	Prescriptions	Provider Rapport	Quality of Care	Staff Rapport
Apr-26	7	2	1	1	1	1	1	0
May-26	5	2	0	0	1	0	1	1
Jun-26	3	1	0	0	0	0	2	0
Q2 Total	15	5	1	1	2	1	4	1

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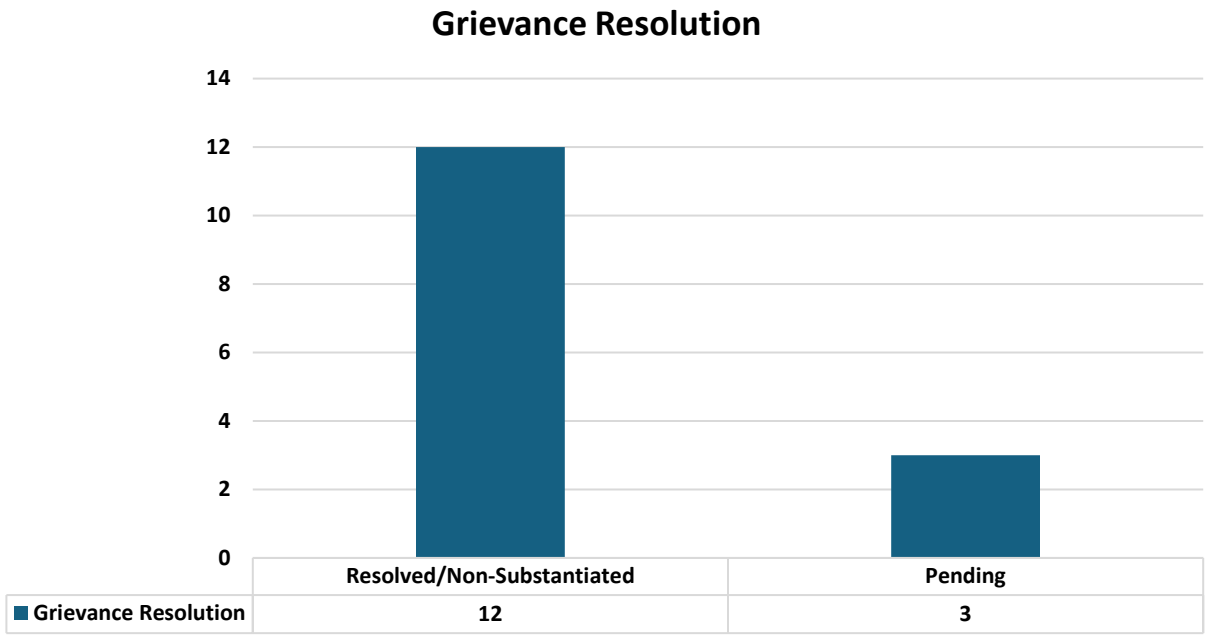
Q2 2026 Grievance Status



3 Pending Cases (1 COL FM, 1 COL PEDS, 1 COL WH) - Awaiting resolution decision from the health plan

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Questions ?

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BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

July 22, 2026

Subject: Report on the Kern County Hospital Authority Community Health Center Health Center Service Utilization for June 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.

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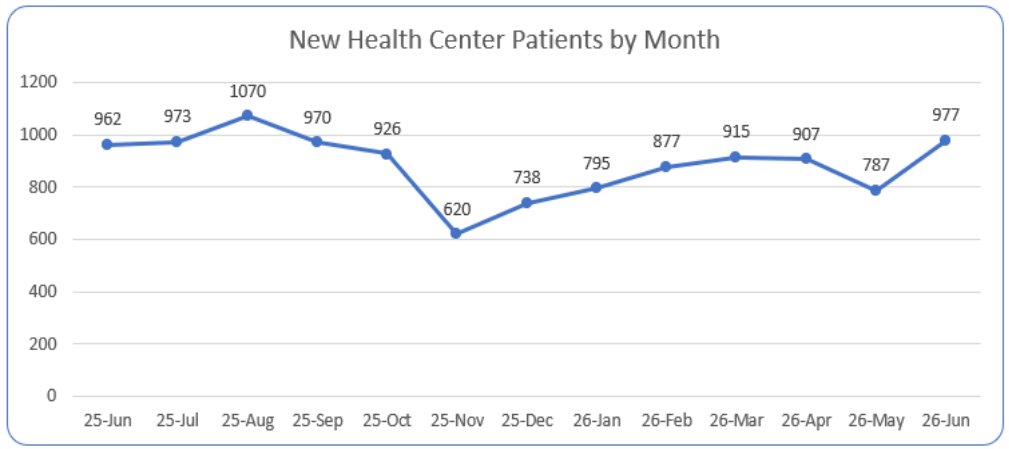
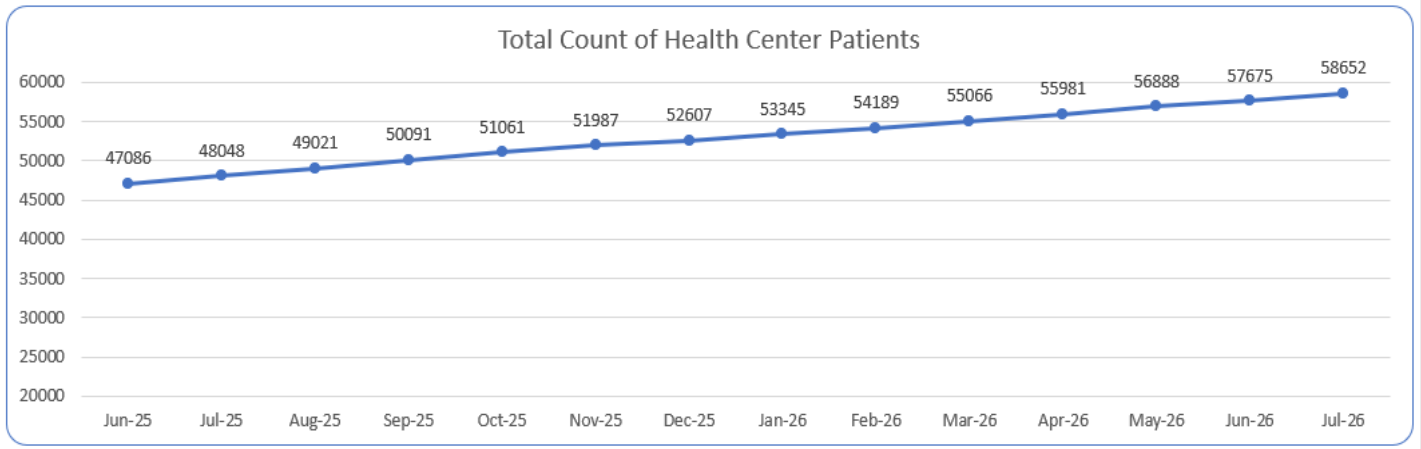
Kern County Hospital Authority
Community Health Center
Board of Directors – June 2026
Health Center Service Utilization

New Patient Data
June 2026





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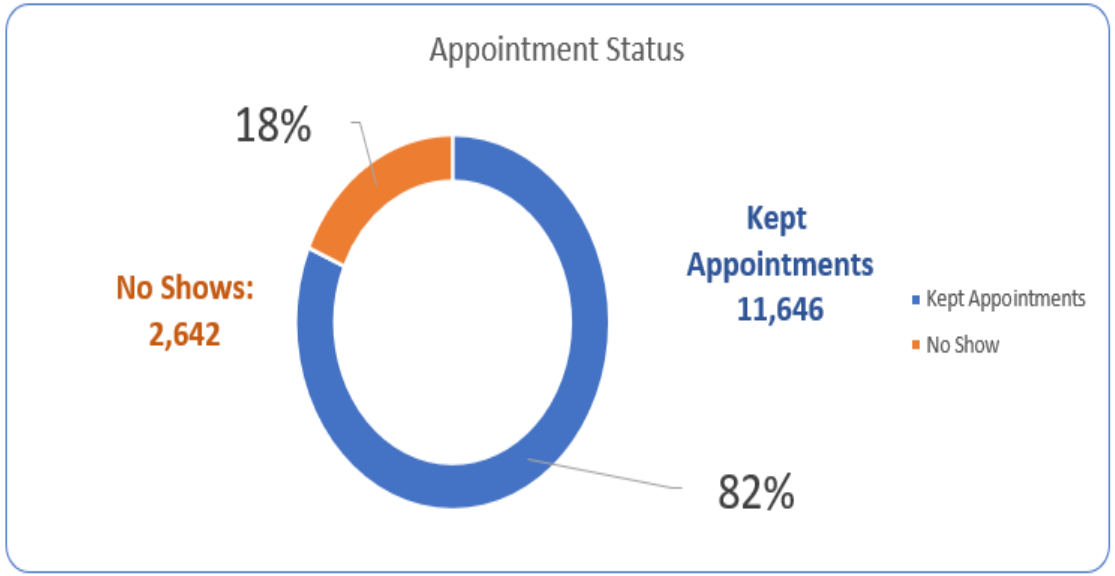
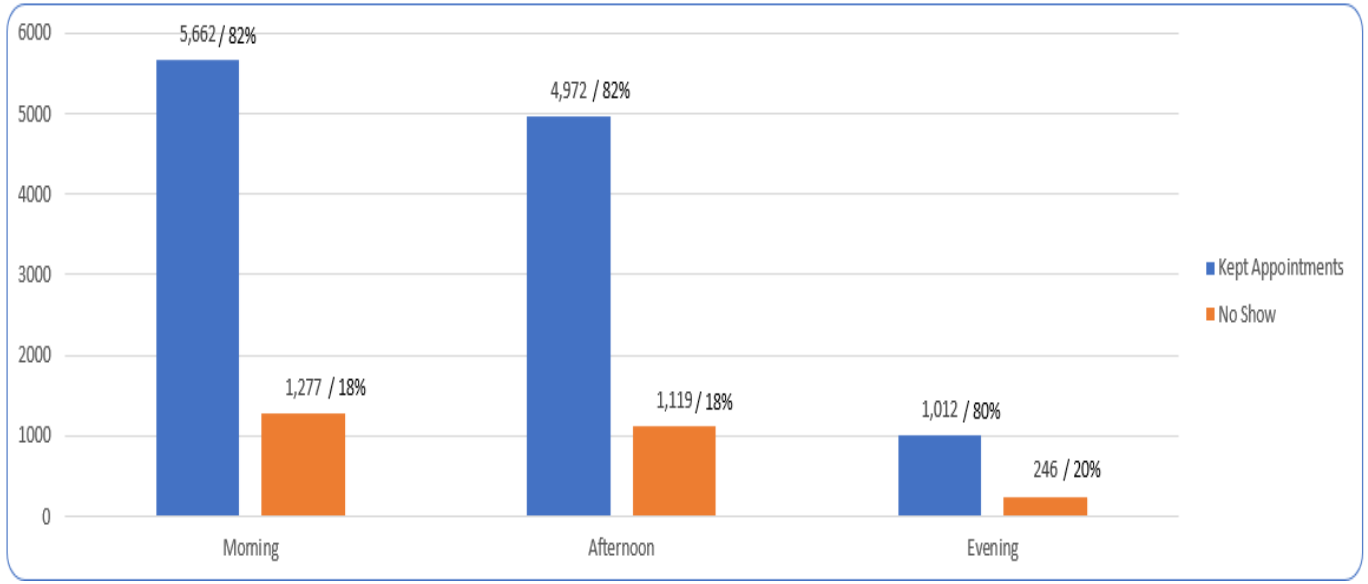
Kept Versus No Shows
June 2026





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

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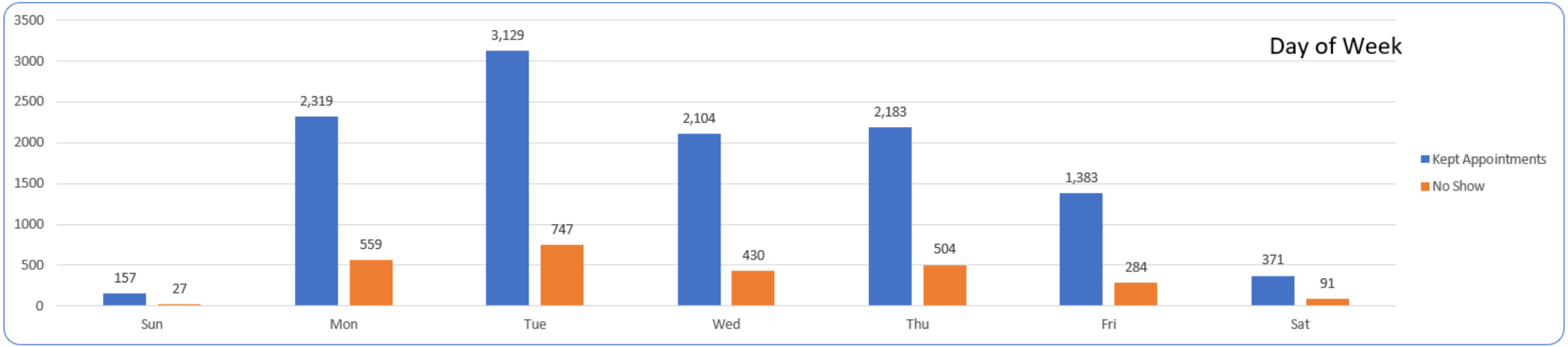
Appointments by Day of Week
June 2026



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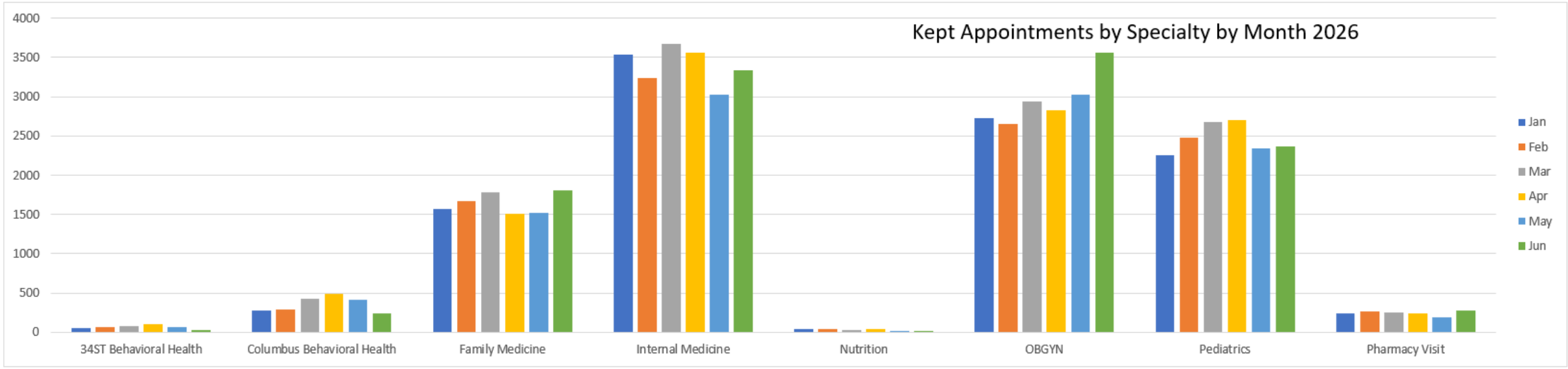
Visits by Month and Service Line



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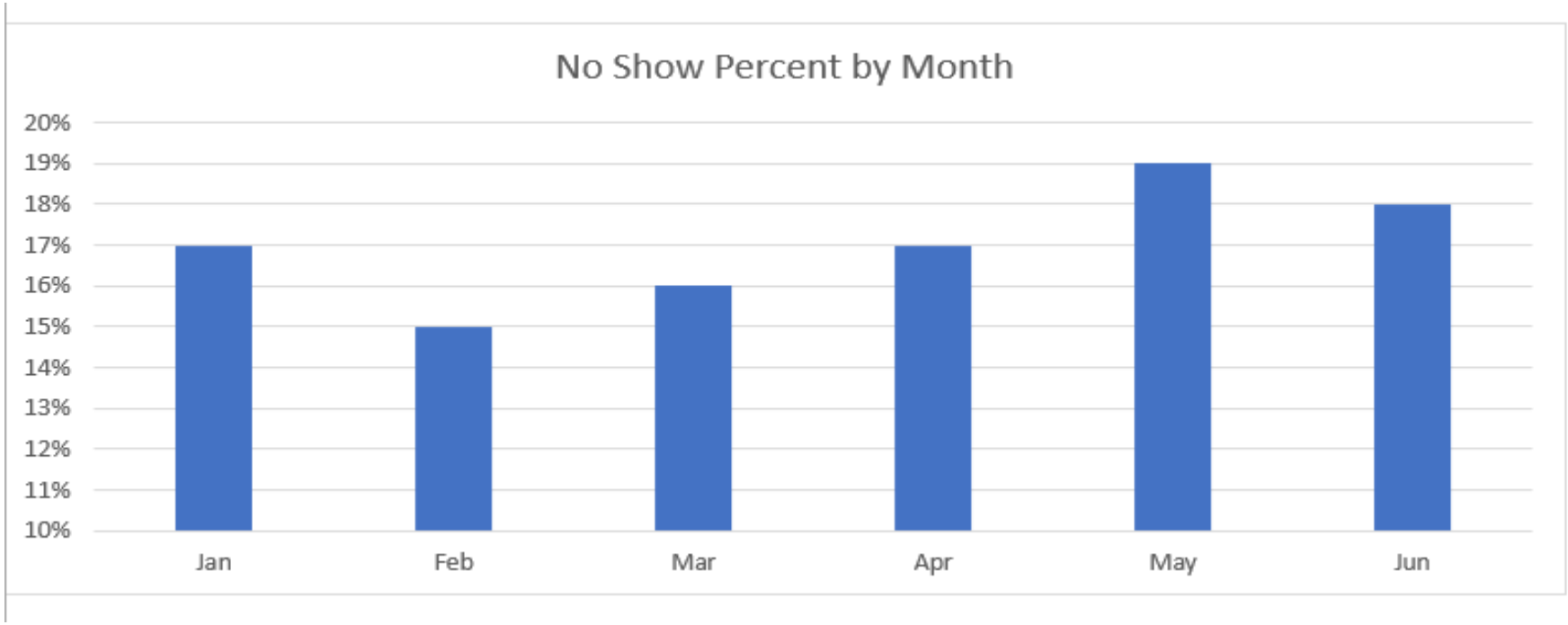
Percent of No Shows by Month
June 2026



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No Shows by Month and Location
June 2026

Count of No Shows							
Row Labels	Jan	Feb	Mar	Apr	May	Jun	Grand Total
34ST Behavioral Healt	25	24	20	30	31	15	145
COL NUT	16	15	16	29	3	13	92
COL PHARM CO	73	76	95	87	84	65	480
COL NST	99	86	117	132	145	126	705
KMOH COL PEDS	372	216	306	427	539	560	2420
KMOH COL IM	528	483	618	626	658	634	3547
KMOH STK PEDS	73	48	59	61	46	47	334
KMOH COL FM	315	287	307	267	286	385	1847
KMOH COL WH	369	333	368	391	469	511	2441
KMOH 34ST IM	170	141	122	141	122	153	849
KMOH COL BH	56	44	80	98	108	55	441
KMOH STK WH	12	24	21	14	28	28	127
KMOH STK FM	30	24	26	29	22	22	153
KMOH STK IM	26	36	22	19	21	28	152
Grand Total	**2164**	**1837**	**2177**	**2351**	**2562**	**2642**	**13733**

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Visits by Month and Location
June 2026

Count of Kept Appointments							
Row Labels	Jan	Feb	Mar	Apr	May	Jun	Grand Total
34ST Behavioral Health	52	63	84	101	70	34	404
COL NUT	40	40	33	42	22	20	197
COL PHARM CO	242	261	249	235	186	281	1454
COL NST	402	386	423	377	381	500	2469
KMOH COL PEDS	1715	1937	2077	2068	1898	1935	11630
KMOH COL IM	2632	2377	2827	2672	2321	2477	15306
KMOH STK PEDS	537	544	603	635	446	429	3194
KMOH COL FM	1365	1494	1573	1331	1329	1563	8655
KMOH COL WH	2164	2094	2297	2278	2438	2745	14016
KMOH 34ST IM	777	674	652	713	549	639	4004
KMOH COL BH	281	287	427	490	413	236	2134
KMOH STK WH	163	173	223	168	209	314	1250
KMOH STK FM	203	175	206	178	191	248	1201
KMOH STK IM	126	186	196	181	154	225	1068
Grand Total	**10699**	**10691**	**11870**	**11469**	**10607**	**11646**	**66982**

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Visits by Zip Code
June 2026

Row Labels	Count of Zip
⊞ Bakersfield Zip Codes	59324
⊞ Greater Kern County	7405
⊞ Other California	233
Grand Total	66962

Top 10 Zip Codes		
Zip Code	Count of Zip	Percent
93307	13367	20%
93306	10508	16%
93305	10103	15%
93304	5633	8%
93308	4975	7%
93309	4163	6%
93313	3062	5%
93311	2518	4%
93312	1852	3%
93301	1725	3%

Uninsured Zip Codes YTD		
Zip Code	Count of Zip	City
93307	216	Bakersfield
93305	185	Bakersfield
93306	168	Bakersfield
93304	142	Bakersfield
93309	69	Bakersfield
93308	58	Bakersfield
93313	54	Bakersfield
93312	35	Bakersfield
93263	34	Shafter
93311	34	Bakersfield
93241	24	Lamont
93215	21	Delano
93280	20	Wasco
93314	19	Bakersfield
93203	16	Arvin
93268	13	Taft
93555	10	Ridgecrest
93561	8	Tehachapi
92395	7	Other California
93250	6	McFarland
93389	6	Bakersfield
93505	4	California City
93206	3	Buttonwillow

Zip Codes Included in Application:
93301, 93304, 93305, 93306, 93307, 93308, 93309, 93311, 93312, 93313, 93241

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Health Center Data
CY 2026

Ethnicity

- Unknown - **0**
- Puerto Rican - **31**
- Unreported/Chose Not to Disclose Ethnicity - **299**
- Mexican –**12844**
- Not Hispanic, Latino/A, Or Spanish Origin – **6,352**
- Another Hispanic, Latino/A, Or Spanish Origin – **3,590**

Race

- Other Single Race – **1,142**
- Unknown -**0**
- Black/African American – **1,628**
- White – **19,930**
- Unreported/Chose Not to Disclose Race - **402**
- Two Or More Races – **14**

Insurance Status

- No Coverage – **307** **1.35%**
- Has Coverage – **22,809**

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Questions

Thank you

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BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

July 22, 2026

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

Recommended Action: Receive and File

Summary:

The Kern County Hospital Authority Community Health Center (KCHA CHC) clinics provided 10,607 patient visits during the month of May, which was 534 more than the budgeted amount of 10,073 for the month. KCHA CHC recognized $920,000 of net patient revenue from these visits.

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

Total Revenues:

Net Patient Revenue:

KCHA CHC recognized $920,000 of net patient revenue for the month, $295,000 less than the $1.22 million budgeted for May. Year-to-date, net patient revenue totaled $13.84 million, $596,000 more than the budgeted amount of $13.24 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 $787,000 of contributions from Medi-Cal supplemental programs, $104,000 less than the $891,000 budgeted for May. Year-to-date, indigent revenues total $7.61 million, $2.11 million less than the $9.71 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 $4.03 million for the month of May, $331,000 more than the budget of $3.70 million. Year-to-date, salaries and benefits expenses totaled $40.15 million, $172,000 less than the $40.32 million budgeted. Staffing includes directly employed physicians, nurse practitioners, medical residents, and behavioral health providers.

Medical Fees:

Medical fees expense totaled $428,000 for the month of May, $68,000 less than the budget of $496,000. Year-to-date, medical fees expense totaled $5.52 million, $115,000 more than the $5.41 million budgeted. Medical fees expense is comprised of contracted physician fees.

Other Professional Fees:

Other professional fees expense totaled $110,000 for the month, $55,000 more than the budget of $55,000 for May. Year-to-date, other professional fees expense totaled $806,000, $212,000 more than the $594,000 budgeted. Other professional fees expense is comprised of legal expenses and other various consulting fees.

Supplies Expense:

Supplies expense totaled $141,000 for the month, $65 less than the $142,000 budgeted for May. Year-to-date, supplies expense totaled $1.43 million, $115,000 less than the $1.54 million budgeted. Pharmaceuticals and various medical supplies account for a significant amount of total supply costs.

Purchased Services:

Purchased services expenses totaled $105,000 for the month of May, $5,000 less than the $110,000 budgeted for the month. Year-to-date, purchased services expenses totaled $1.01 million, $192,000 less than the $1.20 million 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 $298,000 for the month of May, $48,000 more than the $250,000 budgeted for the month. Year-to-date, other expenses totaled $3.24 million, $516,000 more than the $2.73 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 KCHA CHC clinics and is included in total operating expense.

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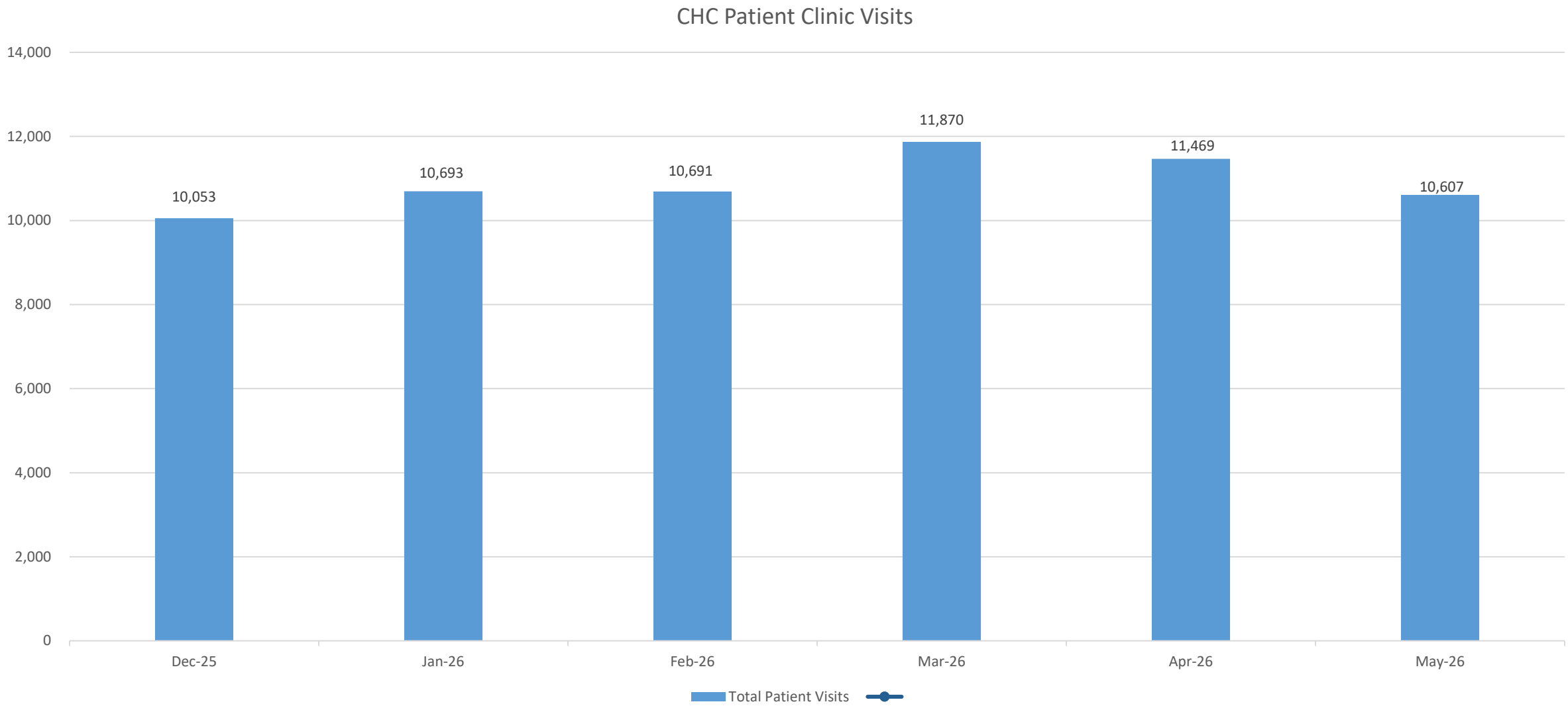
Kern County Hospital Authority
Community Health Center
Finance Report – July 2026



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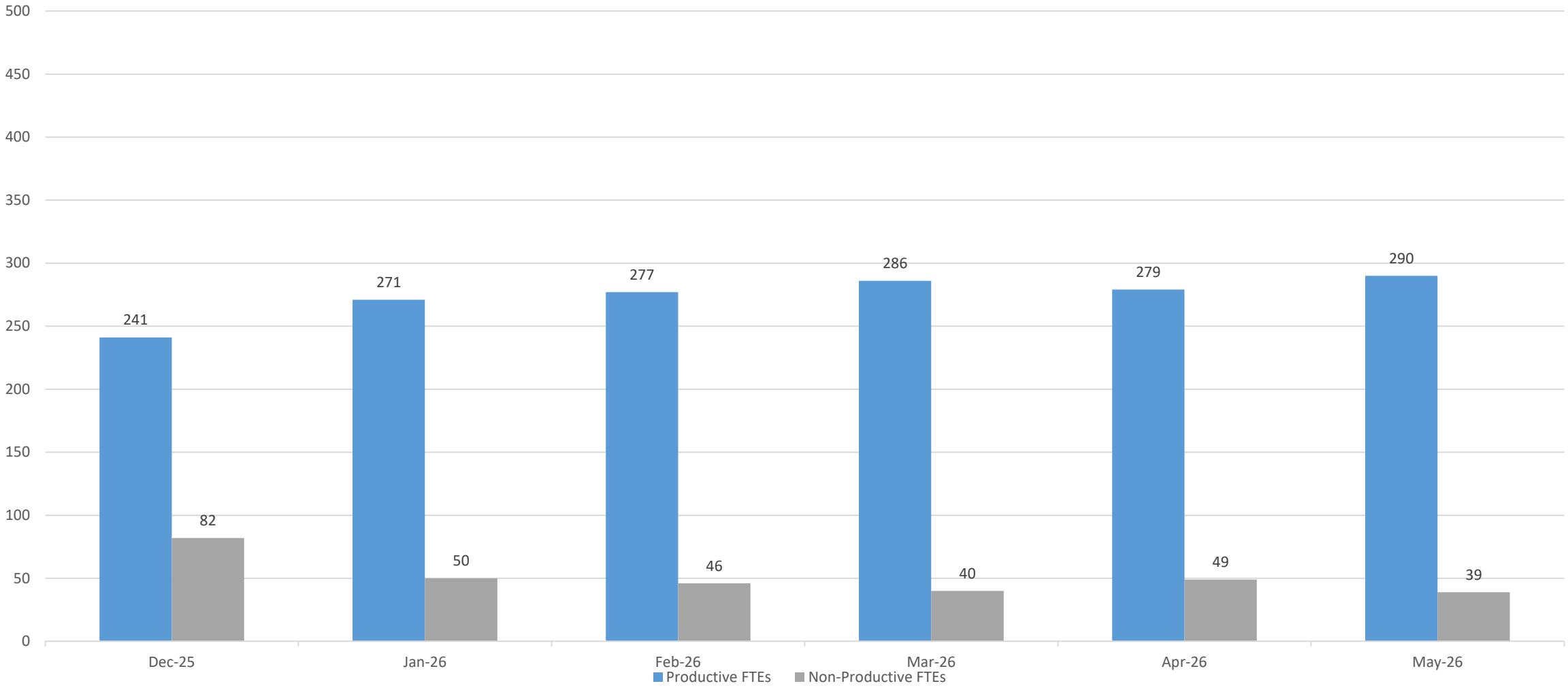
Labor Metrics



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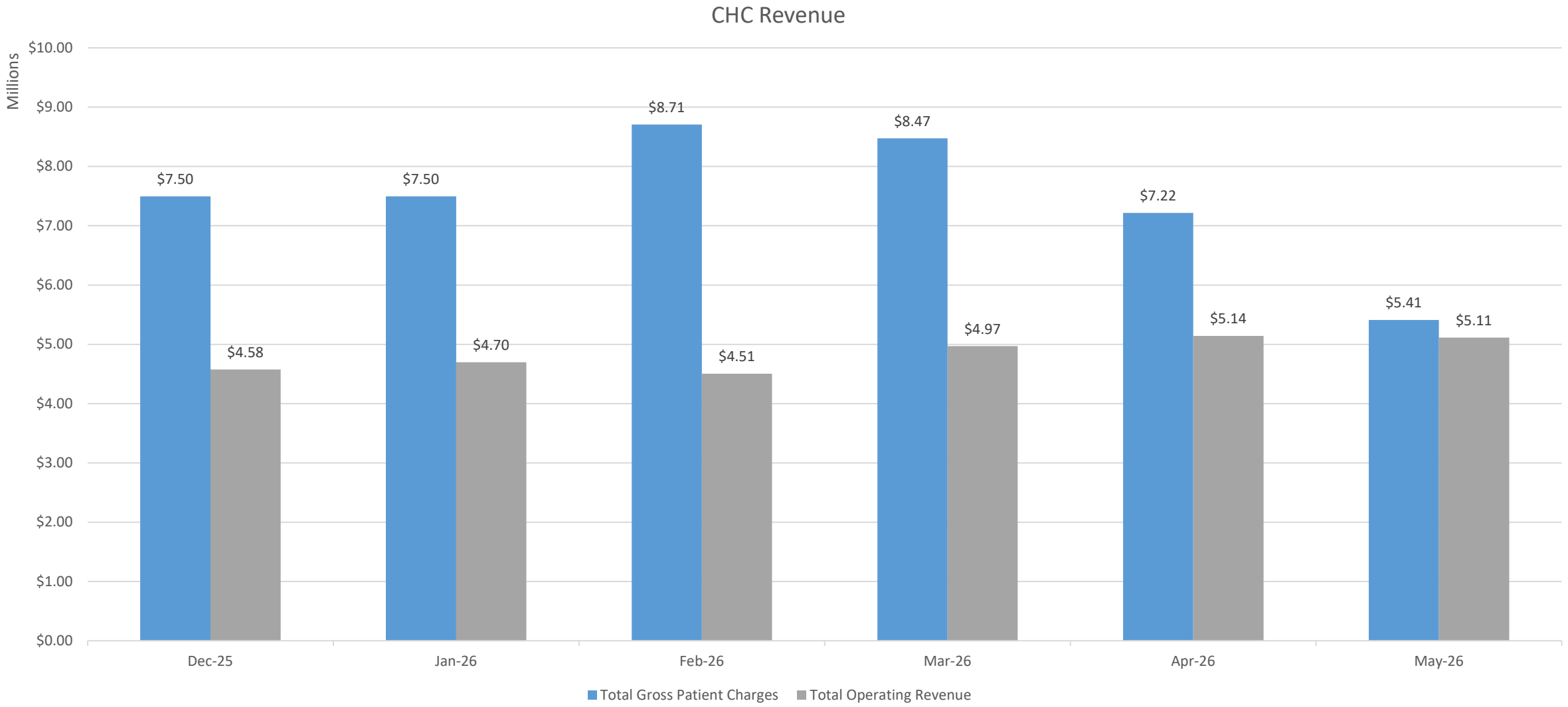

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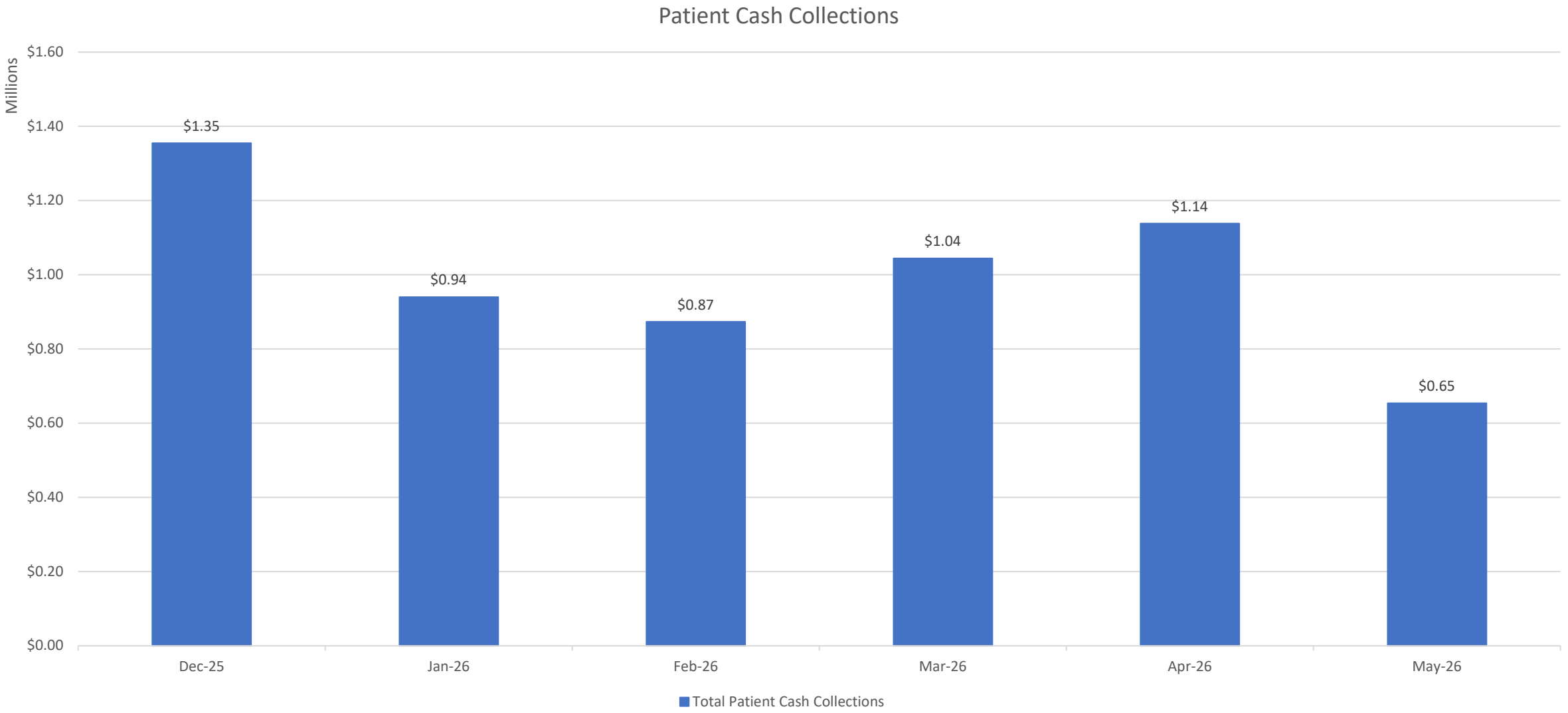

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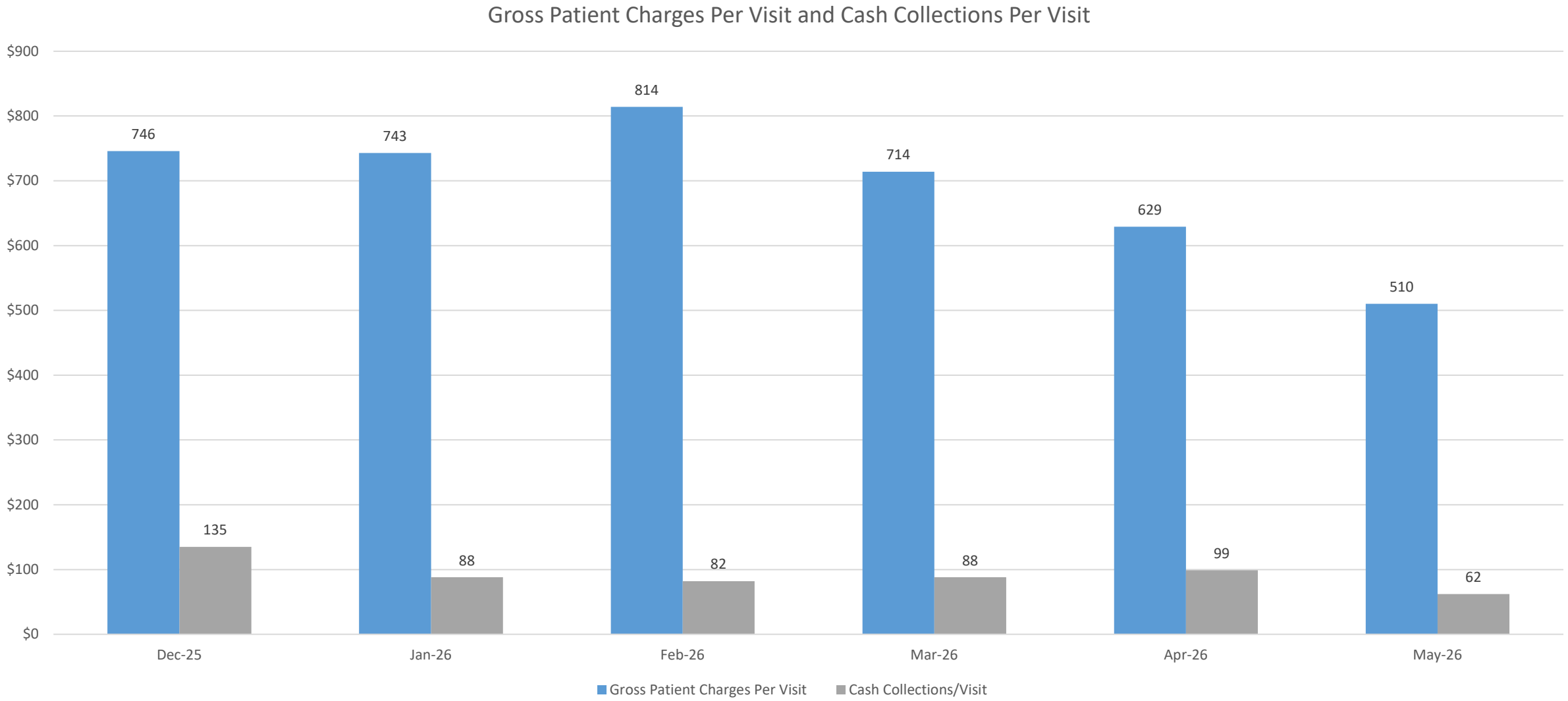
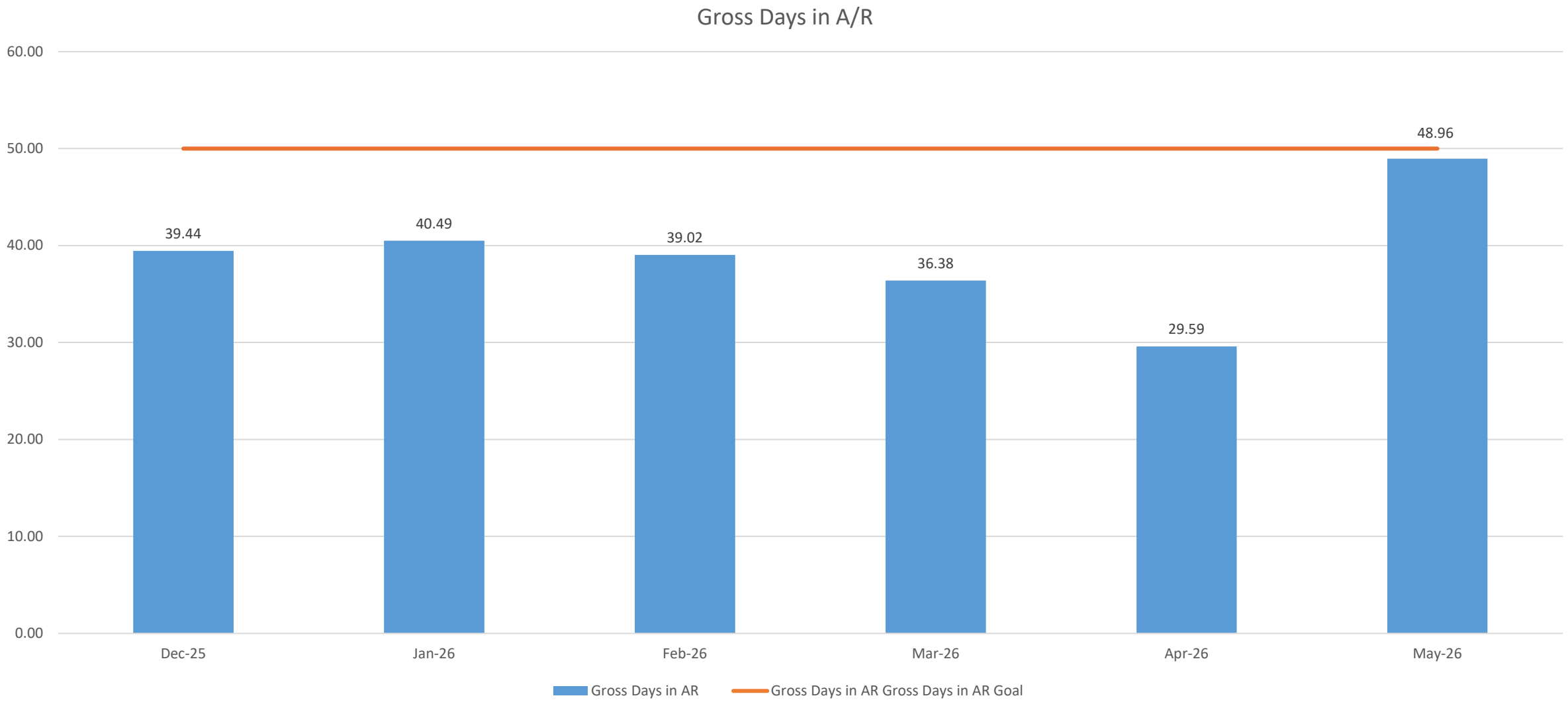
Outpatient Health



KernMedical Outpatient Health



KernMedical
Outpatient Health

KERN MEDICAL OUTPATIENT HEALTH
TRENDED INCOME STATEMENT
MARCH 2026 - MAY 2026

	March Actual	April Actual	May Actual	May Budget	May Variance	May Variance %
Operating Revenues:						
Gross Patient Revenue						
Outpatient						
OP Self-Pay	$74,324	$78,138	$33,308	$36,083	($2,775)	(7.7%)
OP Self-Pay Professional Fees	48,510	64,316	18,934	32,061	(13,126)	(40.9%)
OP Commercial Fee-for-Service (FFS)	25,484	12,198	11,986	20,947	(8,961)	(42.8%)
OP Commercial Fee-for-Service (FFS) Professional Fees	20,618	21,265	13,965	22,989	(9,024)	(39.3%)
OP Commercial Managed Care (HMO/PPO)	371,028	323,761	161,995	325,715	(163,720)	(50.3%)
OP Commercial Managed Care (HMO) Professional Fees	424,293	408,054	200,450	399,630	(199,180)	(49.8%)
OP Workers' Compensation Fee-for-Service (FFS)	15,285	3,441	12,775	1,744	11,031	632.4%
OP Workers' Compensation Fee-for-Service (FFS) Professional Fees	22,357	16,746	17,338	11,718	5,620	48.0%
OP Medicare Fee-for-Service (FFS)	246,148	157,167	104,798	229,518	(124,720)	(54.3%)
OP Medicare Fee-for-Service (FFS) Professional Fees	363,330	316,017	201,109	268,265	(67,156)	(25.0%)
OP Medicare Managed Care (HMO)	37,555	42,346	27,607	15,510	12,097	78.0%
OP Medicare Managed Care (HMO) Professional Fees	57,899	53,458	39,378	16,659	22,719	136.4%

KernMedical
Outpatient Health

KERN MEDICAL OUTPATIENT HEALTH
TRENDED INCOME STATEMENT
MARCH 2026 - MAY 2026

	March Actual	April Actual	May Actual	May Budget	May Variance	May Variance %
Operating Revenues:						
Gross Patient Revenue						
Outpatient						
OP Medi-Cal Fee-for-Service (FFS)	181,057	152,190	85,649	157,564	(71,915)	(45.6%)
OP Medi-Cal Fee-for-Service (FFS) Professional Fees	124,001	135,862	52,167	119,401	(67,234)	(56.3%)
OP Medi-Cal Managed Care (HMO)	3,355,141	2,526,128	1,291,498	2,795,061	(1,503,563)	(53.8%)
OP Medi-Cal Managed Care (HMO) Professional Fees	2,429,563	2,263,503	929,912	1,987,032	(1,057,120)	(53.2%)
OP Other Government Fee-for-Service (FFS)	348,475	319,928	2,077,190	353,543	1,723,648	487.5%
OP Other Government Fee-for-Service (FFS) Professional Fees	327,993	322,851	131,722	366,131	(234,409)	(64.0%)
Total Outpatient	8,473,059	7,217,367	5,411,781	7,159,570	(1,747,789)	(24.4%)
Total Gross Patient Revenue	8,473,059	7,217,367	5,411,781	7,159,570	(1,747,789)	(24.4%)
Patient Revenue Deductions	(7,032,639)	(5,990,414)	(4,491,778)	(5,944,505)	1,452,727	(24.4%)
Net Patient Revenue	1,440,420	1,226,953	920,003	1,215,065	(295,062)	(24.3%)
Total Indigent	693,653	693,653	786,838	891,264	(104,426)	(11.7%)
Other Income	2,837,409	3,221,801	3,407,621	2,646,436	761,185	28.8%
Total Operating Revenues	$ 4,971,481	$ 5,142,407	$ 5,114,462	$ 4,752,765	$ 361,697	7.6%

KernMedical
Outpatient Health

KERN MEDICAL OUTPATIENT HEALTH
TRENDED INCOME STATEMENT
MARCH 2026 - MAY 2026

	March Actual	April Actual	May Actual	May Budget	May Variance	May Variance %
Operating Expenses:						
Salaries	$ 2,961,195	$ 3,010,694	$ 3,095,152	$ 2,464,232	$ 630,920	25.6%
Benefits	942,646	1,028,976	936,332	1,236,010	(299,678)	(24.2%)
Total Salaries and Benefits	3,903,841	4,039,670	4,031,484	3,700,242	331,242	9.0%
Physicians	483,686	448,003	412,502	487,586	(75,084)	(15.4%)
Therapists	11,937	15,557	15,557	8,511	7,046	82.8%
Total Medical Fees	495,624	463,560	428,059	496,097	(68,038)	(13.7%)
Consulting	34,957	14,636	21,325	16,405	4,920	30.0%
Legal	1,633	6,067	5,403	1,895	3,508	185.1%
Other contracted services	45,179	42,424	83,191	36,248	46,942	129.5%
Total Other Professional Fees	81,769	63,127	109,919	54,548	55,370	101.5%

KernMedical
Outpatient Health

KERN MEDICAL OUTPATIENT HEALTH
TRENDED INCOME STATEMENT
MARCH 2026 - MAY 2026

	March Actual	April Actual	May Actual	May Budget	May Variance	May Variance %
Operating Expenses:						
Computer software	34,015	55,035	20,272	38,816	(18,544)	(47.8%)
Food	4,599	4,560	4,430	5,550	(1,121)	(20.2%)
Office Supplies	6,830	4,425	21,344	10,257	11,086	108.1%
Minor Equipment	9,247	804	1,337	5,417	(4,080)	(75.3%)
Non-Medical Supplies	28,570	35,359	31,101	29,274	1,827	6.2%
Pharmaceuticals	24,941	48,964	61,441	48,402	13,039	26.9%
Surgery Supplies-General	1,474	1,519	1,745	4,017	(2,272)	(56.6%)
Total Supplies	109,676	150,666	141,669	141,734	(65)	(0.0%)
Conferences-Travel-Residents	1,956	13,828	7,770	3,621	4,149	114.6%
Licenses - Residents	-	4,786	1,880	2,378	(498)	(20.9%)
Laundry and Linen	2,662	2,023	2,813	2,931	(118)	(4.0%)
Medical Services	365	348	426	264	162	61.5%
Purchase Services	50,908	64,077	66,308	76,417	(10,109)	(13.2%)
Security	6,372	6,251	6,611	7,145	(535)	(7.5%)
Support & maintenance-IT Software	18,680	20,366	18,986	17,125	1,861	10.9%
Total Purchased Services	80,944	111,679	104,795	109,882	(5,087)	(4.6%)

KernMedical
Outpatient Health

KERN MEDICAL OUTPATIENT HEALTH
TRENDED INCOME STATEMENT
MARCH 2026 - MAY 2026

	March Actual	April Actual	May Actual	May Budget	May Variance	May Variance %
Operating Expenses:						
Advertising	24	3,620	4,413	770	3,643	472.9%
Catering	460	1,554	323	3,285	(2,962)	(90.2%)
Insurance	6,079	5,975	5,994	2,200	3,794	172.5%
Licenses Permits and Taxes	5,701	6,863	4,889	2,320	2,570	110.8%
Repairs and Maintenance	20,952	33,339	32,003	7,333	24,670	336.4%
Utilities	4,210	3,581	4,502	5,416	(915)	(16.9%)
Dues and subscriptions	13,072	12,922	15,294	2,547	12,747	500.4%
Outside and online training	6,521	12,900	9,957	3,321	6,636	199.8%
Residents precept-rotations	11,237	10,906	1,972	1,595	377	23.7%
Recruiting	1,297	3,150	1,592	2,397	(804)	(33.6%)
Bank fees	19,197	1,138	849	989	(141)	(14.2%)
Equipmet Rental	2,385	9,264	8,254	959	7,294	760.4%
Rent	153,370	153,370	153,370	173,968	(20,598)	(11.8%)
Interest Expense	55,123	55,123	55,123	43,161	11,962	27.7%
Total Other Expenses	299,628	313,705	298,537	250,262	48,275	19.3%
Total Operating Expenses	4,971,481	5,142,406	5,114,462	4,752,765	361,697	7.6%
Net Income (Loss)	$ 0	$ 0	$ 0	$ 0	$ 0	0.0%

KernMedical Outpatient Health

KERN MEDICAL OUTPATIENT HEALTH
INCOME STATEMENT
FISCAL YEAR-TO-DATE
JULY 2025 - MAY 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	$659,403	$393,180	$266,223	67.7%
OP Self-Pay Professional Fees	453,095	349,353	103,742	29.7%
OP Commercial Fee-for-Service (FFS)	214,820	228,250	(13,431)	(5.9%)
OP Commercial Fee-for-Service (FFS) Professional Fees	212,508	250,505	(37,997)	(15.2%)
OP Commercial Managed Care (HMO/PPO)	3,759,048	3,549,193	209,854	5.9%
OP Commercial Managed Care (HMO) Professional Fees	3,993,627	4,354,618	(360,991)	(8.3%)
OP Workers' Compensation Fee-for-Service (FFS)	80,715	19,005	61,710	324.7%
OP Workers' Compensation Fee-for-Service (FFS) Professional Fees	186,213	127,690	58,523	45.8%
OP Medicare Fee-for-Service (FFS)	2,544,256	2,500,973	43,283	1.7%
OP Medicare Fee-for-Service (FFS) Professional Fees	3,161,309	2,923,185	238,124	8.1%
OP Medicare Managed Care (HMO)	278,510	169,005	109,505	64.8%
OP Medicare Managed Care (HMO) Professional Fees	322,876	181,526	141,350	77.9%

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

	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance	Year-to-Date Variance %
Operating Revenues:				
Gross Patient Revenue				
Outpatient				
OP Medi-Cal Fee-for-Service (FFS)	1,574,951	1,716,913	(141,963)	(8.3%)
OP Medi-Cal Fee-for-Service (FFS) Professional Fees	1,095,957	1,301,069	(205,112)	(15.8%)
OP Medi-Cal Managed Care (HMO)	31,911,795	30,456,710	1,455,085	4.8%
OP Medi-Cal Managed Care (HMO) Professional Fees	21,929,596	21,651,928	277,669	1.3%
OP Other Government Fee-for-Service (FFS)	5,589,457	3,852,419	1,737,038	45.1%
OP Other Government Fee-for-Service (FFS) Professional Fees	3,418,735	3,989,587	(570,852)	(14.3%)
Total Outpatient	81,386,870	78,015,110	3,371,760	48.4%
Total Gross Patient Revenue	81,386,870	78,015,110	3,371,760	4.3%
Patient Revenue Deductions	(67,551,102)	(64,775,023)	(2,776,079)	4.3%
Net Patient Revenue	13,835,769	13,240,088	595,681	4.5%
Total Indigent	7,605,559	9,711,756	(2,106,197)	(21.7%)
Other Income	30,712,144	28,837,165	1,874,978	6.5%
Total Operating Revenues	$ 52,153,471	$ 51,789,009	$ 364,463	0.7%

KernMedical
Outpatient Health

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

	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance	Year-to-Date Variance %
Operating Expenses:				
Salaries	$ 30,578,058	$ 26,851,799	$ 3,726,258	13.9%
Benefits	9,570,451	13,468,325	(3,897,875)	(28.9%)
Total Salaries and Benefits	40,148,508	40,320,125	(171,616)	(0.4%)
Physicians	$ 5,381,227	5,313,038	68,189	1.3%
Therapists	139,849	92,744	47,105	50.8%
Total Medical Fees	5,521,076	5,405,782	115,294	2.1%
Consulting	227,252	178,757	48,495	27.1%
Legal	85,558	20,651	64,908	314.3%
Other contracted services	493,623	394,883	98,740	25.0%
Total Other Professional Fees	806,434	594,291	212,143	400.0%

KernMedical
Outpatient Health

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

	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance	Year-to-Date Variance %
Operating Expenses:				
Computer software	392,191	422,962	(30,771)	(7.3%)
Food	49,258	60,480	(11,222)	(18.6%)
Office Supplies	97,494	111,772	(14,278)	(12.8%)
Minor Equipment	69,882	59,031	10,851	18.4%
Non-Medical Supplies	323,631	318,988	4,643	1.5%
Pharmaceuticals	477,996	527,421	(49,425)	(9.4%)
Surgery Supplies-General	19,067	43,770	(24,703)	(56.4%)
Total Supplies	1,429,519	1,544,423	(114,904)	(7.4%)
Conferences-Travel-Residents	30,194	39,461	(9,267)	(23.5%)
Licenses - Residents	23,380	25,914	(2,534)	(9.8%)
Laundry and Linen	28,118	31,935	(3,818)	(12.0%)
Medical Services	4,155	2,876	1,279	44.5%
Purchase Services	655,724	832,687	(176,963)	(21.3%)
Security	68,952	77,858	(8,906)	(11.4%)
Support & maintenance-IT Software	194,552	186,609	7,943	9.4%
Total Purchased Services	1,005,075	1,197,340	(192,266)	(16.1%)

KernMedical
Outpatient Health

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

	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance	Year-to-Date Variance %
Operating Expenses:				
Advertising	14,960	8,394	6,566	78.2%
Catering	21,224	35,216	(13,992)	(39.7%)
Insurance	66,350	29,711	36,639	123.3%
Licenses Permits and Taxes	62,939	19,538	43,401	222.1%
Repairs and Maintenance	210,695	79,592	131,103	164.7%
Utilities	137,546	59,033	78,513	133.0%
Dues and subscriptions	81,137	27,871	53,267	191.1%
Outside and online training	98,937	36,340	62,597	172.3%
Residents precept-rotations	86,483	17,455	69,028	395.5%
Recruiting	71,978	26,225	45,754	174.5%
Bank fees	39,252	10,539	28,714	272.5%
Equipmet Rental	57,926	11,157	46,770	419.2%
Rent	1,687,070	1,895,662	(208,594)	(11.0%)
Interest Expense	606,355	470,312	136,044	28.9%
Total Other Expenses	3,242,859	2,727,047	515,812	18.9%
Total Operating Expenses	52,153,471	51,789,008	364,463	0.7%
Net Income (Loss)	$ 0	$ 0	$ 0	0.0%

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Questions ?

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BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

July 22, 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.

KERN COUNTY HOSPITAL AUTHORITY
COMMUNITY HEALTH CENTER
BOARD OF DIRECTORS
PUBLIC STATEMENT REGARDING CLOSED SESSION

The Board of Directors will hold a closed session on July 22, 2026, to consider:

__X__ PUBLIC EMPLOYEE PERFORMANCE EVALUATION - Title: Community Health Center Executive Director (Government Code Section 54957) –