



## **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, May 28, 2025

11:30 A.M.

#### **BOARD TO RECONVENE**

Board Members: Behill, Kemp, Lopez, Martinez, Nichols, Sandoval, Smith, Valdez, 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)) –
- CA
- 3) Minutes for the Kern County Hospital Authority Community Health Center Board of Directors regular meeting on April 23, 2025 –  
APPROVE
- CA
- 4) Proposed approval of Form 2: Staffing Profile –  
APPROVE; RECEIVE AND FILE
- CA
- 5) Proposed approval of Form 3: Income Analysis –  
APPROVE; RECEIVE AND FILE
- CA
- 6) Proposed approval of Form 3A: Look-Alike Budget Information –  
APPROVE; RECEIVE AND FILE
- CA
- 7) Proposed approval of Kern County Hospital Authority Community Health Center operational policies –  
APPROVE
- CA
- 8) Correspondence received May 21, 2025, from Kern County Hospital Authority Board of Governors concerning approval of the Kern County Hospital Authority Community Health Center budget for the period July 1, 2025 through June 30, 2026 –  
RECEIVE AND FILE
- 9) Proposed acknowledgement of the Kern County Hospital Authority Board of Governors' ("co-applicant") approval of the Kern County Hospital Authority Community Health Center budget for the period July 1, 2025 through June 30, 2026 –  
ACKNOWLEDGE CO-APPLICANT APPROVAL; RECEIVE AND FILE
- 10) Presentation regarding Kern County Hospital Authority Community Health Center's Clinical Quality Measures –  
HEAR PRESENTATION; RECEIVE AND FILE
- 11) Presentation regarding Kern County Hospital Authority Community Health Center Service Utilization Report April 2025 –  
HEAR PRESENTATION; RECEIVE AND FILE
- 12) Presentation regarding Kern County Hospital Authority Community Health Center Patient Experience –  
HEAR PRESENTATION; RECEIVE AND FILE

- 13) Presentation regarding Kern County Hospital Authority Community Health Center Board of Directors May 2025 Long Term Planning Presentation –  
HEAR PRESENTATION; RECEIVE AND FILE
- 14) Presentation regarding the Ralph M. Brown Act (Board Education) –  
HEAR PRESENTATION; RECEIVE AND FILE
- 15) Kern County Hospital Authority Community Health Center Executive Director report –  
RECEIVE AND FILE

ADJOURN TO WEDNESDAY, JUNE 25, 2025 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, April 23, 2025

11:30 A.M.

BOARD RECONVENED – Ms. Smith convened the meeting of the Board at 11:31 A.M., as Chairman Martinez had not yet arrived, and established a quorum was present.

Board Members: Behill, Kemp, Lopez, Martinez, Nichols, Sandoval, Smith, Valdez, Williams

Roll Call: 5 Present; 4 Absent - Kemp, Lopez, Martinez, Valdez

Chairman Martinez joined the meeting at 11:34 A.M.

Director Valdez joined the meeting at 11:55 A.M.

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.

#### STAFF RECOMMENDATION SHOWN IN CAPS

NOTE: CHAIRMAN MARTINEZ JOINED THE MEETING AFTER ROLL CALL AND BEFORE THE VOTE ON THE CONSENT AGENDA

DIRECTOR VALDEZ JOINED THE MEETING AFTER THE START OF AGENDA ITEM 11 PRESENTATION, BEFORE THE VOTE

CONSENT AGENDA: As indicated below with a "CA" was reviewed, discussed, and approved as one motion -- **Smith-Behill: 6 Present; 3 Absent - Kemp, Lopez, Valdez**

#### 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)) – Director Williams announced his upcoming retirement from the Board of Directors and need to move out of the area due to age and health. Board members thanked Director Williams for his services to the Board and wished him well.  
Recommendations: Chairman Martinez requested Executive Director Villanueva to create a search for director applicants.

CA

- 3) Minutes for the Kern County Hospital Authority Community Health Center Board of Directors regular meeting on March 26, 2025 – Chairman Martinez asked for approval or changes to the minutes. No changes requested. The Board voted to approve the minutes as written –  
APPROVED  
**Smith-Behill: 6 Present; 3 Absent - Kemp, Lopez, Valdez**

CA

- 4) Proposed approval of the Kern County Hospital Authority Community Health Center Board of Directors revised training schedule – Executive Director Villanueva explained that the training schedule may change throughout the year due to different educational needs and scheduling issues.  
APPROVED  
**Smith-Behill: 6 Present; 3 Absent - Kemp, Lopez, Valdez**

CA

- 5) Proposed Amendment No. 1 to the Memorandum of Understanding 031-2025 with Kern Medical Center for the period April 1, 2025 through March 31, 2026, clarifying billing services, effective April 23, 2025 – No comments  
APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 043-2025  
**Smith-Behill: 6 Present; 3 Absent - Kemp, Lopez, Valdez**

CA

- 6) Proposed approval of the Kern County Hospital Authority Community Health Center revised finance policies – No comments

Billing Collections Policy	LAL-BC-01
Waiver of Charges Policy	LAL-BC-02
Notification of Equipment and Supply Costs Policy	LAL-BC-03
Registration and Eligibility Policy	LAL-BC-04
Financial Management System	LAL-FIN-01
Maintenance of Internal Controls	LAL-FIN-02
Record Management and Retention	LAL-FIN-03

Bank Accounts	LAL-FIN-04
Program Income	LAL-FIN-05
Financial Statements and Reports	LAL-FIN-06
Annual Audits	LAL-FIN-07
Insurance Contracts	LAL-FIN-08
Month End Close	LAL-FIN-09
Cash Disbursements	LAL-FIN-10
Credit Cards	LAL-FIN-11
Fixed Assets	LAL-FIN-12
Real Property	LAL-FIN-13
Receipt of Funds	LAL-FIN-14
Payroll Processing	LAL-FIN-15
Out-of-Pocket Employees Exp	LAL-FIN-16
Legislative Mandates	LAL-FIN-17
Investment of Funds	LAL-FIN-18
Petty Cash Funds	LAL-FIN-19
Annual Budget Preparation	LAL-FIN-20

APPROVED

**Smith-Behill: 6 Present; 3 Absent - Kemp, Lopez, Valdez**

CA

- 7) Proposed Health Resources and Services Administration Health Center Program Form 5A: Services Provided (Required Services) – No comments

APPROVED

**Smith-Behill: 6 Present; 3 Absent - Kemp, Lopez, Valdez**

CA

- 8) Proposed update to the Patient Origin and Service Area Analysis and Form 5B: Service Sites – The purpose in doing the annual service area analysis is to validate the official service area as denoted by the zip codes on Form 5B and that those zip codes listed on Form 5B contain at least 75% of CHC patients. The analysis confirmed that at least 75% of our patients' origins are contained in the zip codes listed on Form 5B. No changes are being recommended to the Patient Origin and Service Area Analysis. M Street and Office Park administration sites were added to, and 34th St., Suite #204 was removed from Form 5B.

APPROVED

**Smith-Behill: 6 Present; 3 Absent - Kemp, Lopez, Valdez**

- 9) Proposed approval of the Amended and Restated Bylaws of Kern County Hospital Authority Community Health Center Board of Directors, effective April 23, 2025 – Amended language to the Bylaws were presented by Executive Director Villanueva, who explained to the Board that HRSA had updated its Compliance Manual and this amendment addressed the HRSA updated requirements.

APPROVED; AUTHORIZED CHAIRMAN TO SIGN; REFERED TO KERN COUNTY HOSPITAL AUTHORITY BOARD OF GOVERNORS FOR APPROVAL

**Nichols-Behill: 6 Present; 3 Absent - Kemp, Lopez, Valdez**

- 10) Presentation regarding Kern County Hospital Authority Community Health Center Patient Complaint and Grievance Reports – Medical Director Srivastava explained the differences between complaints and grievances. Dr. Srivastava recognized Alicia Gaeta and Carmie Magno to give more detail into the process of addressing complaints and grievances and an overview of

what follow-up actions have been taken to improve performance. Director Smith requested that percentages be used, along with the raw data. This request was echoed by several other directors. Dr. Srivastava agreed to include percentages in his next presentation. Director Martinez asked if this presentation would be quarterly and Dr. Srivastava confirmed.

HEARD PRESENTATION; RECEIVED AND FILED

**Smith-Behill: 7 Present; 2 Absent - Kemp, Lopez**

- 11) Presentation regarding Kern County Hospital Authority Community Health Center Service Utilization – Executive Director Villanueva reviewed the data concerning when, where, and how patients are utilizing CHC services and what types of follow-up actions are being taken to continuously improve patient utilization statistics. Director Williams asked what a unique patient was and Director Martinez requested clarification on the unique patient numbers. Executive Director explained the definition of the unique patient and why their visits are tracked. Director Nichols asked about the no-show rate and if patients received a charge/fee for not showing up. Director Smith followed up with how patients were reminded of their appointments and Director Williams asked if it was known why patients failed to show. Executive Director explained that patients are not charged for a no show to an appointment, that patients receive warm call and text messages reminding them of their appointment and clarified that the clinic had the responsibility to get the patient in for their appointment as often lack of transportation or conflicting appointments are reasons for no shows. Director Sandoval asked about where and what clinics were included in the presentation data. Executive Director stated that all associated CHC clinics were included in the presentation and her goal was to decrease no shows and make sure patients were being seen by their provider by deploying the follow-up actions noted above. Director Smith and Behill requested that percentages of actual no-shows compared to our target goal be included in this presentation going forward, so there is a better understanding of what percentage of people are no showing to their appointments and those who are rescheduled. The Board has a whole stated that the presentation was very thorough and the information was very understandable.

HEARD PRESENTATION; RECEIVED AND FILED

**Williams-Smith: 7 Present; 2 Absent - Kemp, Lopez**

- 12) Proposed approval of the Kern County Hospital Authority Community Health Center initial annual project budget for the period of January 1, 2025 through June 30, 2026, including Form 2: Staffing Profiles, Form 3: Income Analysis, and Form 3A: Look-Alike – This item was corrected prior to review. The agenda language should state “Proposed approval of the Kern County Hospital Authority Community Health Center initial budget for the period of July 1, 2025 through June 30, 2026.

APPROVED; REFERED TO KERN COUNTY HOSPITAL AUTHORITY BOARD OF GOVERNORS FOR APPROVAL

**Smith-Nichols: 7 Present; 2 Absent - Kemp, Lopez**

- 13) Kern County Hospital Authority Community Health Center Executive Director report – Executive Director Villanueva presented Kern Medical’s new mobile unit to the Board, which will be providing clinical care to patients, including laboratory services, where they live. Although not within the scope of services of the KCHA CHC, Executive Director Villanueva thought the Board would like to participate in the grand opening of the new mobile unit when the event was scheduled. Director Nichols asked if there was any advertisement to be done on this new mobile clinic and Executive Director stated that this information will be conveyed in local commercials. Executive Director further explained that these preliminary regular meetings have been mostly foundational to support the Look Alike application process and further meetings will be more data driven as the information is collected. Executive Director requested for the Directors to direct her if they have



any questions regarding the CHC and the Directors agreed.  
EXECUTIVE DIRECTOR RENEE VILLANUEVA HEARD; RECEIVED AND FILED  
**Williams-Smith: 7 Present; 2 Absent - Kemp, Lopez**

ADJOURNED TO CLOSED SESSION  
**Valdez-Smith**

CLOSED SESSION

- 14) PUBLIC EMPLOYEE PERFORMANCE EVALUATION - Title: Community Health Center Executive Director (Government Code Section 54957) – SEE RESULTS BELOW

RECONVENED FROM CLOSED SESSION

**Valdez-Smith**

REPORT ON ACTIONS TAKEN IN CLOSED SESSION

Item 14 concerning PUBLIC EMPLOYEE PERFORMANCE EVALUATION - Title: Community Health Center Executive Director (Government Code Section 54957) – HEARD; NO REPORTABLE ACTION TAKEN

ADJOURNED TO WEDNESDAY, MAY 28, 2025 AT 11:30 A.M.  
**Smith**

/s/ Mona A. Allen  
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**

May 28, 2025

**Subject:** Proposed approval of Form 2: Staffing Profile

**Recommended Action:** Approve; Receive and File

**Summary:**

The Health Center Program requirements for the application and establishment of a Federally Qualified Healthcare Clinic ("FQHC") Look-Alike, as set forth in the Health Resources Services Administration's Health Center Program Compliance Manual, require that your Board review and approve the proposed personnel to staff the FQHC Look-Alike for the project's first budget year. The proposed Form 2: Staffing Profile lists the required positions and the number of full-time employees required to fill these positions. These employees/positions provide direct service to the FQHC Look-Alike and includes administrative, clinical, and other support staff.

Therefore, it is recommended that your Board approve the proposed Form 2: Staffing Profile.

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
<b>FORM 2: STAFFING PROFILE</b>		
<b>Note:</b> The health center must directly employ its Project Director/CEO. Allocate staff time by function among the positions listed. An individual's full-time equivalent (FTE) should not be duplicated across positions. For example, a provider serving as a part-time family physician and a part-time Clinical Director should be listed in each respective category, with the FTE portion allocated to each position (e.g., Clinical Director 0.3 (30%) FTE and family physician 0.7 (70%) FTE). Do not exceed 1.0 FTE for any individual. Refer to the most recent UDS manual ( <a href="http://bphc.hrsa.gov/datareporting/reporting">http://bphc.hrsa.gov/datareporting/reporting</a> ) for position descriptions.		
<b>Management and Support Personnel</b>		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement (Y/N)
Project Director/Chief Executive Officer (CEO)	1.00	No
Finance Director/Chief Fiscal Officer/CFO	0.50	No
Chief Operating Officer/COO	0.50	No
Chief Information Officer (CIO)	0.50	No
Clinical Director/Chief Medical Officer (CMO)	0.35	No
Other Management and Support Personnel	29.47	No
<b>Facility and Non-Clinical Support Staff</b>		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement (Y/N)
Fiscal and Billing Personnel	8.00	No
IT Personnel	4.00	No
Facility Personnel	16.27	No
Patient Support Personnel	62.75	No
<b>Physicians</b>		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement (Y/N)
Family Physicians	0.00	No
General Practitioners	19.00	Yes
Internists	18.00	No
Obstetrician/Gynecologists	8.00	Yes
Pediatricians	0.00	No
Other Specialty Physicians	0.00	No
<b>Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives</b>		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement (Y/N)
Nurse Practitioners	19.75	No
Physician Assistants	2.00	No
Certified Nurse Midwives	0.00	No
<b>Medical</b>		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement (Y/N)
Nurses	11.25	No
Other Medical Personnel (e.g. MAs, Nurse Aides) Please specify: Medical Assistants, Clinical Pharmacists, Ultrasound/Radiologic Technicians and Med Refill Specialists	98.75	No
Laboratory Personnel	2.00	No
X-Ray Personnel	0.00	No
<b>Dental</b>		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement (Y/N)
Dentists	0.00	No
Dental Hygienists	0.00	No
Dental Therapists	0.00	No
Other Dental Personnel Please Specify: (40 char. limit) _____	0.00	No
<b>Behavioral Health (Mental Health and Substance Use Disorder)</b>		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement (Y/N)
Psychiatrists	0.00	No
Licensed Clinical Psychologists	0.00	No
Licensed Clinical Social Workers	14.00	No
Other Licensed Mental Health Providers Please Specify: (40 char. limit) _____	0.00	No
Other Mental Health Staff Please Specify: Behavioral Health Program Aid Substance Use Disorder Providers	1.00	No
Professional Services	0.00	No
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement (Y/N)
Other Professional Health Services Staff Please Specify: (40 char. limit) _____	0.00	No
<b>Vision Services</b>		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement (Y/N)
Ophthalmologists	0.00	No
Optometrists	0.00	No
Other Vision Care Staff Please Specify: (40 char. limit) _____	0.00	No
<b>Pharmacy Personnel</b>		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement (Y/N)
Pharmacy Personnel	0.00	No
<b>Enabling Services</b>		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement (Y/N)
Case Managers	1.00	No
Patient/Community Education Specialists	0.00	No
Outreach Workers	1.00	No
Transportation Workers	0.00	No
Eligibility Assistance Workers	14.00	No
Interpretation Personnel	0.00	No
Community Health Workers	0.00	No
Other Enabling Services Personnel Please Specify: (40 char. limit) _____	0.00	No
<b>Other Programs and Services</b>		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement (Y/N)
Quality Improvement Personnel	1.00	No
Other Programs and Services Personnel Please Specify: (40 char. limit) _____	0.00	No
<b>Totals</b>		
Totals	Direct Hire FTEs	Contract/Agreement (Y/N)
Totals	334.09	N/A



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

May 28, 2025

**Subject:** Proposed approval of Form 3: Income Analysis

**Recommended Action:** Approve; Receive and File

**Summary:**

The Health Center Program requirements for the application and establishment of a Federally Qualified Healthcare Clinic ("FQHC") Look-Alike, as set forth in the Health Resources Services Administration's Health Center Program Compliance Manual, require that your Board review and approve the proposed income analysis listed in the proposed Form 3: Income Analysis. This analysis considers various sources of patient service revenue directly tied to the provision of services to health center patients.

Therefore, it is recommended that your Board approve the proposed Form 3: Income Analysis.

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration  FORM 3: INCOME ANALYSIS				FOR HRSA USE ONLY	
				Grant Number	Application Tracking Number
<b>Note:</b> The value in the Projected Income (d) column should equal the value in the Billable Visits (b) column multiplied by the value in the Income per Visit (c) column. If not, explain in the Comments/Explanatory Notes box. In the Prior FY Income (e) column, enter the income data from the health center's most recent fiscal year audit or interim financial statement.					
<b>Part 1: Patient Service Revenue – Program Income</b>					
Payer Category	Patients by Primary Medical Insurance (a)	Billable Visits (b)	Income per Visit (c)	Projected Income (d)	Prior FY Income (e)
1. Medicaid	20,720	82,510	392.43	32,379,399.30	\$ 28,291,555.22
2. Medicare	3,927	15,638	197.75	3,092,414.50	\$ 3,485,267.33
3. Other Public	-	-	-	-	\$ 155,006.10
4. Private	3,569	14,211	126.41	1,796,412.51	\$ 2,917,505.21
5. Self Pay	1,770	7,047	27.45	193,440.15	\$ 423,134.61
6. Total (Lines 1-5)	29,986	119,406	N/A	37,461,666.46	\$ 35,272,468.47
<b>Part 2: Other Income – Other Federal, State, Local, and Other Income</b>					
7. Other Federal	N/A	N/A	N/A		
8. State Government	N/A	N/A	N/A		
9. Local Government	N/A	N/A	N/A		
10. Private Grants/Contracts	N/A	N/A	N/A		
11. Contributions	N/A	N/A	N/A		
12. Other	N/A	N/A	N/A	\$ 10,300,000.00	
13. Applicant (Retained Earnings)	N/A	N/A	N/A	\$ 8,736,446.21	
14. Total Other: (Lines 7-13)	N/A	N/A	N/A	\$ 19,036,446.21	\$ -
<b>Total Non-Federal (Non-Health Center Program) Income (Program Income Plus Other)</b>					
Payer Category	Patients by Primary Medical Insurance (a)	Billable Visits (b)	Income per Visit (c)	Projected Income (d)	Prior FY Income (e)
15. Total Non-Federal (Lines 6+14)	N/A	N/A	N/A	\$ 56,498,112.67	\$ 35,272,468.47
<b>Comments/Explanatory Notes (if applicable)</b>					

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

May 28, 2025

**Subject:** Proposed approval of Form 3A: Look-Alike Budget Information

**Recommended Action:** Approve; Receive and File

**Summary:**

The Health Center Program requirements for the application and establishment of a Federally Qualified Healthcare Clinic ("FQHC") Look-Alike, as set forth in the Health Resources Services Administration's Health Center Program Compliance Manual, require that your Board review and approve the proposed budget allocations listed in the proposed Form 3A: Look-Alike Budget Information.

Therefore, it is recommended that your Board approve the proposed Form 3A: Look-Alike Budget Information.

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration  <b>FORM 3A: LOOK-ALIKE BUDGET INFORMATION</b>				<b>FOR HRSA USE ONLY</b>	
				<b>Grant Number</b>	<b>Application Tracking Number</b>
<b>Budget Category</b>	<b>Community Health Centers (CHC - 330(e))</b>	<b>Migrant Health Centers MHC - 330(g)</b>	<b>Health Care for the Homeless (HCH - 330(h))</b>	<b>Public Housing Primary Care (PHPC - 330(i))</b>	<b>Total</b>
<b>1. Expenses</b>					
a. Personnel	\$29,240,162.53				\$29,240,162.53
b. Fringe Benefits	\$14,666,281.00				\$14,666,281.00
c. Travel	\$529,313.00				\$529,313.00
d. Equipment	\$431,261.00				\$431,261.00
e. Supplies	\$2,878,593.00				\$2,878,593.00
f. Contractual	\$2,238,581.00				\$2,238,581.00
g. Construction	\$0.00				\$0.00
h. Other	\$6,513,921.00				\$6,513,921.00
i. Total Direct Charges (sum of a through h)	\$56,498,112.53				\$56,498,112.53
j. Indirect Charges	\$0.00				\$0.00
k. <b>Total Expenses</b> (sum of i and j)	\$56,498,112.53				\$56,498,112.53
<b>2. Revenue</b>					
a. Applicant	\$8,736,446.21				\$8,736,446.21
b. Federal	\$0.00				\$0.00
c. State	\$0.00				\$0.00
d. Local	\$0.00				\$0.00
e. Other	\$10,300,000.00				\$10,300,000.00
f. Program Income	\$37,461,666.46				\$37,461,666.46
g. <b>Total Revenue</b>	\$56,498,112.67				\$56,498,112.67

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

May 28, 2025

**Subject:** Proposed approval of Kern County Hospital Authority Community Health Center operational policies

**Recommended Action:** Approve

**Summary:**


The KCHA CHC Board has oversight responsibilities for reviewing and approving policies applicable to KCHA CHC. The following proposed revised operational policies are required to be submitted to HRSA.

Policy	Policy #
Competitive Bidding	LAL-IM-01
Approval Levels for Purchase Requisitions and Invoices	LAL-IM-02
Procurement to Payment	LAL-IM-03
Blanket Purchase Orders	LAL-IM-04
Contract and Vendor Management	LAL-IM-05

Therefore, it is recommended that your Board approve the proposed operational policies.



## Kern County Hospital Authority Community Health Center

<b>Department: Supply Chain Management</b>				
Policy No.	Effective Date	Review Date:	Page	
LAL-IM-01	March 2025	March 2028	1 of 3	
<b>Title: Supply Chain Management</b>				

**POLICY STATEMENT:** It is the policy of Kern County Hospital Authority Community Health Center (KCHA CHC) to utilize competitive bidding where appropriate to ensure cost-effective procurement processes. KCHA CHC has delegated all purchasing procedures to the co-applicant, KCHA. All procurement transactions will be conducted in a manner that maximizes best quality of goods and services at the lowest cost to the best extent possible. This will be accomplished as deemed appropriate through open market inquiry, cost analysis including lease versus purchase options, request for proposal, and/or competitive bidding.

**PURPOSE:** KCHA CHC shall use cost-appropriate competitive bidding and contracting processes for procurement.


### PROCEDURE:

1. The KCHA Purchasing Department shall govern all competitive bidding and contracting processes for routine commodities, equipment, and services agreements.
2. The KCHA Purchasing Department shall obtain competitive quotations for products whenever deemed appropriate, considering market conditions, pricing, and other relevant factors.
3. KCHA CHC may belong to one or more Group Purchasing Organizations (such as the Vizient GPO, which KCHA CHC currently belongs to as an affiliate of UCLA), and may utilize agreements available from said GPO(s) as deemed most advantageous for current needs, provided the GPO uses a competitive bidding process for contract award of the respective products that considers all relevant vendors, is conducted in an open and competitive manner, and is awarded to the vendor(s) of best value, price, quality, and other relevant factors considered.
4. Cost or price analysis shall be made and documented in the procurement files in connection with every procurement action above \$10,000 (micro-purchase threshold) in value.
5. Informal requests for quotation and/or competitive bids are encouraged for purchases of less than \$100,000, either in aggregate or individual, as is most appropriate for current business needs.
6. Informal requests for quotation or competitive bids are required for purchases exceeding \$100,000. At least three (3) quotations shall be obtained. The award or purchase shall be granted to the bidder offering the best advantage for KCHA CHC, considering price, service, and product quality.
7. All procurement actions that exceed the Simplified Acquisition Threshold (which may be periodically adjusted and is currently defined as \$250,000) must incur a formal cost analysis and competitive bidding process. Each Request for Quote (RFQ) or Request for Bid (RFB) shall include the formal development of specifications and scope of service, solicitation to vendors capable of providing responsible and responsive bids, and cost analysis of all bids received including financial evaluation and compliance with specifications.

- a. Formal bidding will be addressed in a manner appropriate for the commodity or service involved.
  - b. End user management shall be involved in creating sufficiently detailed specifications and scope descriptions that intending bidders are able to accurately and adequately prepare proposals or quotations as directed in the request documents.
  - c. Request documents shall address the scope of equipment, commodities, and/or services, specifications, terms and time frames, and other business- appropriate factors for consideration in award and contract.
  - d. Recommendations for award shall include an analysis of all up-front investments and ongoing costs, conformance to stated scope and specifications, and other factors relevant to the award decision. All recommendations for award shall be approved in accordance with the KCHA CHC policy LAL-IM-02 Approval Levels for Requisitions and Invoices.
  - e. Formal contract and award shall be accomplished in a time effective manner and shall be communicated to all bidders of record.
  - f. Award Protests: Bidders may notify Materials Management of a protest of any intended award within ten (10) days of notification of award. The protest shall be in letter form and shall describe the reasons the bidder believes the award is not in the best interests of KCHA CHC. Protests shall be reviewed and a final determination made by the Executive Director and/or Finance Administrator.
8. Exceptions to the competitive bid requirements shall be made on an as appropriate basis, subject to administrative approval at the level of expenditure involved. Examples include real estate purchases, insurance services, and professional services, as well as additions to existing systems, compatibility with existing equipment, and availability of post purchase support.

OWNERSHIP (Committee/Department/Team) .....			
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REQUIRES REVIEW .....			
Executive Director Signature of Approval		Date	
Signature of Approval		Date	

## Kern County Hospital Authority Community Health Center

<b>Department: Supply Chain Management</b>				
Policy No.	Effective Date	Review Date:	Page	
LAL-IM-02	March 2025	March 2028	1 of 3	
<b>Title: Approval Levels for Purchase Requisitions and Invoices/Vouchers</b>				

**POLICY STATEMENT:** It is the policy of Kern County Hospital Authority Community Health Center (KCHA CHC) that all procurement of goods and services is requested and approved by the appropriate staff or management to ensure appropriate use of KCHA CHC assets.

**PURPOSE:** The purpose of this policy is to standardize the requesting and approval levels from the staff level up through executive management throughout the enterprise for both Materials Management and Accounts Payable (AP), and to outline the process for exceptions to the standard practice. All procurement will be completed by Kern Medical Center staff.

Consistently applied approval levels will also reduce the risk that goods or services are requested and/or approved by unauthorized individuals.

**DEFINITIONS:** Accounts Payable will route non-purchase order (non-PO) invoices for approval to Materials Management. Once the invoice is entered into the system, it will go to the Executive Director, who will then be given the option to approve or deny the invoice.

**Requester:** A person who may requisition supplies and services and self-approve those requisitions up to their assigned dollar limit according to the guidelines of this policy.

**Approver:** A person who may approve requisitions for supplies and services up to their assigned dollar limit according to the guidelines of this policy.

**AP Approver:** A person who may approve non-PO invoices up to their assigned dollar limit according to the guidelines of this policy.

**Facility Approver:** Facility approval levels are the responsibility of the Finance Administrator.

### **POLICY GUIDELINES:**

KCHA CHC will ensure the following:

All requesters/approvers have the appropriate approval limits based on the guidelines outlined below:

<u>Requester and Approver Levels</u>		<u>Order Total</u>
a. Level 1	Supervisor	Up to \$1,000
b. Level 2	Manager	Up to \$5,000
c. Level 3	Director	Up to \$25,000
d. Level 4	Administrator	Up to \$100,000
e. Level 5	Executive Director	Above \$100,000
f. Level 6	KCHA CHC Board of Directors	Above \$250,000

Finance Administrator approval shall be required for all unbudgeted expenditures above \$25,000.


Additions and changes that are within the parameters outlined above, or exceptions outlined below, should be submitted to the Finance Administrator.

The Director of Finance will maintain the approval matrix. This matrix will be sent to the Finance Administrator on a semi-annual basis for review and approval.

1. Approval levels cannot exceed the levels listed above; however, Finance Administrator can assign a lower approval level.
2. A person cannot be set up as both a capital expenditure requester and approver.
3. No delegation of authority is allowed beyond the limits outlined above except for the following:
  - a. The Executive Director may delegate to subordinates for routine high-dollar transactions.
  - b. An approver who is out of the office for more than 7 days may delegate authority on a temporary basis.
4. An individual in an acting position or a subordinate filling in temporarily while an individual is on leave may have the same approval level as the permanent position.

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Executive Director Signature of Approval	Date
Signature of Approval	Date

## Kern County Hospital Authority Community Health Center

Department: Supply Chain Management				
Policy No.	Effective Date	Review Date:	Page	
LAL-IM-03	March 2025	March 2028	1 of 5	
Title: Procurement to Payment				

**POLICY STATEMENT:** It is the policy of Kern County Hospital Authority Community Health Center (KCHA CHC) to use standard practices for the requisitioning, procurement and payment for all goods and services used in the provision of care for its patients and in the operation of its facilities. KCHA CHC is committed to ensuring that goods and services are purchased in an effective and efficient manner that provides, to the maximum extent practicable, open and full competition, and that is in compliance with all applicable federal, state, and local laws and regulations while practicing good internal control procedures, effective cost control measures, and compliance with 45 CFR § 75.327 through 45 CFR §75.335 and any current Legislative Mandates that apply to the use of federal funds. KCHA CHC has delegated the process of procuring goods and services to its co-applicant KCHA, which maintains appropriate procedures addressing the procurement of goods and services with federal funds to accomplish these objectives in compliance with 45 CFR Part 75 Subpart E: Cost Principles. These standards include a process for the approval of all transactions that will result in payments to a vendor.

**PURPOSE:** The purpose of this policy is to establish the most efficient and fiscally responsible means of requesting, buying and paying for the supplies and services needed by KCHA CHC to provide excellent care to its patients and to operate its facilities in a cost-effective manner. By establishing these standards, information regarding purchase history can be captured in a single repository and used to make better buying decisions for the organization.

**PROCEDURE:** Individual users must initiate requests for or directly purchase goods and services using specific methods that are determined by the type or cost of the goods and services needed and by the individual's approval authority as defined by KCHA CHC policy LAL-IM-02 Approval Levels for Requisitions and Invoices. All methods require a clearly documented approval process that must be followed before orders are placed to support on-time, accurate payments to vendors. All procurement transactions will be conducted in a manner that maximizes best quality of goods and services at the lowest cost to the best extent possible. This will be accomplished as deemed appropriate through open market inquiry, cost analysis including lease versus purchase options, request for proposal, and/or competitive bidding. Cost or price analysis shall be made and documented in the procurement files in connection with every procurement action above \$10,000 (micro-purchase threshold) in value. All procurement actions that exceed the Simplified Acquisition Threshold (which may be periodically adjusted and is currently defined as \$250,000) must incur a cost analysis and competitive bidding process.

The acceptable methods of requisition or direct purchase are:

- Standard Requisition
- Customized Requisitions
- Electronic Requisition
- Inventory Requisition
- Purchasing Card
- Check Request
- Petty Cash

### *Standard Requisition*

Standard requisitions must be used for all tangible goods or services. Wherever possible, pre-developed forms or requisitions (Customized Requisitions) must be used to assure accuracy in item number coding and other information.

For free-text items, the requester must provide accurate ordering information including vendor name, catalogue number, description and cost. If the requester is unable to get correct pricing, Materials Management will follow up with the vendor to obtain it.

Requesters must consult with the Kern Medical Materials Management when requesting new items to determine contract compliance and other purchasing considerations.

Once a standard requisition is submitted it will be routed for approval, if necessary, according to the KCHA CHC Approval Levels for Requisitions and Invoices Policy LAL-IM- 02.

Once all necessary approvals are obtained for the requisition, Kern Medical Material Management will create a standard purchase order (PO) and submit it to the vendor.

Invoices for standard POs are received by Accounts Payable (AP). If the PO, receiving document, and invoice are within tolerance, the invoice will be released for payment. If there are any discrepancies, the invoice will be routed back to Materials Management for resolution.

### *After-the-Fact (ATF) Requisition*

In certain instances, goods are delivered to the facility prior to a PO being issued. In general, this practice should be limited to very specific circumstances and/or an emergency.

The requester will submit an after-the-fact requisition. Once an ATF requisition is submitted by the requester it will be routed for approval according to the KCHA CHC policy LAL-IM-02 Approval Levels for Requisitions and Invoices.

Only after a requisition completes the necessary approval process will Materials Management create an ATF purchase order and submit it to the vendor using the most efficient means available.

### *Capital (CAP) Purchase Orders*

All capital purchases require a PO. Requesters must follow the KCHA CHC policies for capital procurement when requesting these items. A capital PO will be used for any equipment or project that meets the current KCHA CHC guidelines for capital. In some cases, CAP POs will be set up in such a way that they do not go through the standard receiving process. Invoices for these types of CAP POs are received by AP and routed to the buyer for receipt validation. Invoices for CAP purchase orders that do go through the standard receiving process are received by AP. If the PO, receiving document and invoice are within tolerance, the invoice will be released for payment. If there are any discrepancies, the invoice will be routed back to the buyer for resolution.

### *Third Party Ordering System*

In some cases, Materials Management will authorize Requester to use a vendor's on-line ordering system. Only those on-line ordering systems that are approved by Materials Management may be used. Prior to approving a third-party ordering system, Materials Management will make sure that controls are in place to ensure an appropriate approval process, and that contract compliance is followed.

### *Purchasing Card (P-Card)*

Purchasing Cards will be issued to certain individuals within the organization according to KCHA CHC guidelines. Each card will have controls in place that limit individual transaction amounts, monthly total expenditure amounts and types of goods or services that can be purchased.

### *Blanket Purchase Orders*

1. Blanket purchase orders (BPO's) will be used in those circumstances where routine, regular purchases occur from a specific vendor for designated products throughout the year.
2. Materials Management will issue BPO's on request of end user departments or as deemed appropriate by department management. The BPO shall designate the vendor name and location, payment terms, BPO term, and other information including line item detail and cost where appropriate.
3. Individual transactions requested as authorized by Approval Levels for Requisitions and Invoices Policy LAL-IM-04 shall be recorded as BPO releases, as provided via the Blanket Purchase Orders Policy LAL-IM-04.

### *Check or Payment Request*

1. For vendors that cannot accept P-Cards, POs, or do not invoice, an authorized individual can request that the vendor be paid directly using a Kern Medical check request.

To request that a vendor be paid without an invoice, an authorized user must submit a Check Request Form to AP. All fields including General Ledger coding, business purpose and authorizing signatures must be included on the form.

2. Check requests should only be used when there is no vendor invoice.
3. Check requests payable to new vendors will follow standard procedures for vendor set-up, requiring a W-9 form to accompany the check request.


Unless special arrangements are made, all checks will be mailed to the vendor directly or the vendor will be set up to receive an electronic funds (EFT) payment.

### *Petty Cash*

Petty cash funds can be established to expedite the payment of small non-recurring business expenditures that arise during daily operations in accordance with KCHA CHC Policy FIN-LAL-19 Petty Cash Funds. Each petty cash fund established shall be operated as an imprest cash fund consisting of a fixed amount of money used for paying minor operating expenses when the amount is too small to warrant issuance of a check through the payable system. The maximum amount that will be disbursed from petty cash at one time is \$50. In certain emergency cases (or when deemed necessary) the Finance Administrator can override the established dollar limit and approve petty cash transactions up the \$100.

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Executive Director Signature of Approval	Date
Signature of Approval	Date

## Kern County Hospital Authority Community Health Center

<b>Department: Supply Chain Management</b>				
Policy No.	Effective Date	Review Date:	Page	
LAL-IM-04	March 2025	March 2028	1 of 2	
<b>Title: Blanket Purchase Orders</b>				

**POLICY STATEMENT:** It is the policy of Kern County Hospital Authority Community Health Center (KCHA CHC) to use Blanket Purchase Orders in a manner consistent with generally accepted business practices.

**PURPOSE:** KCHA CHC shall use Blanket Purchase Orders (BPO) for procurement of supplies and/or services when deemed necessary. A BPO is a purchase order (PO) issued to a vendor for routine goods or services when it is anticipated that multiple purchases will be made with that vendor over a specified period. Once accepted by the vendor, purchases may be made against it periodically as needed, without requiring new POs.


**PROCEDURE:**

- a. KCHA CHC has delegated its purchasing process to be fulfilled by Kern Medical's Materials Management (MM) Department
- b. MM creates BPOs on request via a Supply Requisition.
- c. MM communicates the BPO number and terms to the vendor via fax, email, or regular mail as is most appropriate.
- d. BPOs shall specify pricing, terms, and other conditions of purchase.
- e. Orders placed via the BPO shall bear a relevant Purchase Order Release number, logged and recorded via spreadsheet or manual log.
- f. BPO releases shall itemize goods and/or services purchased.
- g. BPO release copies shall be stored on the appropriate electronic format for use by Accounts Payable for invoice processing.

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## Kern County Hospital Authority Community Health Center

<b>Department: Supply Chain Management</b>				
Policy No.	Effective Date	Review Date:	Page	
LAL-IM-05	March 2025	March 2028	1 of 2	
<b>Title: Contract and Vendor Management</b>				

**POLICY STATEMENT:** It is the policy of Kern County Hospital Authority Community Health Center (KCHA CHC) to practice oversight of vendor contracts and purchase orders through internal and effective cost control measures.

**POLICY SCOPE:** This policy applies to KCHA CHC personnel involved in contracting and procurement within the organization. This includes, but is not limited to, executive officers, contractors, agents, and members of the board. KCHA CHC has delegated all contract and vendor management to Kern Medical's Materials Management Department (MM).

### **POLICY GUIDELINES:**

1. **Standards of Conduct:** All procurement actions will be conducted in accordance with the following general principles:
  - a. No KCHA CHC employee, contractor, agent, officer, or member of the Board of Directors (Board) will participate in the selection, award, or administration of a contract or award if such participation would create a real or apparent conflict of interest.
  - b. KCHA CHC employees, contractors, agents, officers, or members of the Board will neither solicit nor accept gratuities, favors, bribes, or anything of value from contractors or parties to agreements or sub-agreements.
  - c. If KCHA CHC arranges with a contractor to perform substantive programmatic work, KCHA CHC will request and document prior approval from Health Resources Services Administration (HRSA).
2. **Violations:** KCHA CHC employees, contractors, agents, officers or members of the Board who violate this policy, including the Standards of Conduct, will be subject to disciplinary action. The level and extent of any disciplinary action will be determined based on the severity of the violation and may include a written warning, re-assignment of job duties, termination of employment, termination of contracts, and removal from the Board. Where warranted, violations of this policy may also be reported to appropriate law enforcement authorities for further action.
3. **Competitive Procurements:** All procurement transactions will be conducted in a manner that maximizes best quality of goods and services at the lowest cost to the best extent possible. See LAL-IM-01 Competitive Bidding Policy as reference.
4. **Record Keeping:**
  - a. KCHA CHC will retain records for procurement actions paid for in whole or in part under the Federal award that include the rationale for method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract price. This applies to both competitive and noncompetitive procurements.
  - b. KCHA CHC will have access to contractor records and reports related to health center activities to ensure that all activities and reporting requirements are being carried out in accordance with the provisions and timelines of the related contract.

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Executive Director Signature of Approval	Date
Signature of Approval	Date



May 21, 2025

Kern County Hospital Authority  
Community Health Center  
Attention: Marisol Urcid  
Marisol.Urcid@kernmedical.com

Re: Approval of the Kern County Hospital Authority Community Health Center Budget for the period July 1, 2025 through June 30, 2026.

A copy of the approved Budget for the period July 1, 2025 through June 30, 2026 of Kern County Hospital Authority Community Health Center is attached along with the Tracking Page.

Sincerely,

A handwritten signature in blue ink that reads "Mona A. Allen".

Mona A. Allen  
Kern County Hospital Authority  
Board Coordinator

Kern County Hospital Authority  
Board of Governors

**TRACKING PAGE**

11:30 A.M.  
Wednesday, May 21, 2025

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BOARD COORDINATOR

CA-23)

Proposed Kern County Hospital Authority Community Health Center operating budget for Fiscal Year 2025-2026 –APPROVED; REFERRED TO KERN COUNTY HOSPITAL AUTHORITY COMMUNITY HEALTH CENTER BOARD OF DIRECTORS FOR APPROVAL

**Stout-Pelz: 6 Ayes; 1 Absent - Pollard**



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

May 28, 2025

**Subject:** Proposed acknowledgement of the Kern County Hospital Authority Board of Governors' ("co-applicant") approval of the Kern County Hospital Authority Community Health Center budget for the period July 1, 2025 through June 30, 2026

**Recommended Action:** Acknowledge co-applicant approval; Receive and File.

**Summary:**

As part of Kern Medical's priorities to both develop an integrated healthcare delivery system and meet certain regulatory requirements in primary care as a public hospital, Kern Medical continues to pursue alternative payment models. As part of this effort, Kern Medical is undertaking Health Resources Services Administration (HRSA) designation for its primary care clinics as clinics that are eligible for payment rates comparable to the rates realized by Federally Qualified Health Center (FQHC) payment rates. The Kern Medical model will be hospital-based, not a stand-alone FQHC. Instead, the Kern County Hospital Authority Community Health Center (CHC) will be considered an FQHC Look-Alike (LAL) clinic system. An LAL meets all of the eligibility requirements of a FQHC and receives many of the same benefits. Most notably, LAL clinics receive reimbursement for patient services at rates comparable to FQHC clinic reimbursement rates.

The proposed LAL application budget includes all current in-scope services provided in a one-year budget period, including medical and behavioral health visits provided across in-scope clinical sites. In Year 1 of operation, CHC expects to provide a total of 103,712 medical visits and 15,808 behavioral health visits, generating a total of \$37.5 million in patient service revenue. As an FQHC-LAL, the CHC will be eligible for enhanced PPS reimbursement for Medicaid and Medicare patients, who are expected to comprise 69.1% and 13.1% of patients respectively. The CHA expects 11.9% of its payer mix to consist of commercially insured patients, and 5.9% of patients to be self-pay.

**Net Revenues**

The CHC budgeted \$56.5 million of total revenue for the period of July 1, 2025 through June 30, 2026. Total revenue includes \$37.5 million of patient service revenue. Budgeted patient revenue is based on the approximate number of total clinic visits expected and a conservative per visit reimbursement rate. In addition, total revenue includes \$10.3 million in contributions from Medi-Cal supplemental programs. For the LAL application budget, HRSA requires that the organization provide a breakeven budget. As such, in Year 1, the CHC is expected to invest \$8.7 million to cover expected expenses associated with the organization's first year of operation as an LAL.

### **Operating and Other Expenses**

Budgeted operating and other expenses total \$56.5 million for the period of July 1, 2025 through June 30, 2026. Staffing costs, including fringe benefits, account for \$43.9 million, which is the CHC's largest expense. These costs include a total of 30.25 directly employed medical providers, including physicians, nurse practitioners, and medical residents, as well as 14.00 full-time equivalents (FTEs) directly employed behavioral health providers. Additional ancillary and support staff are also included. The remaining \$12.5 million of operating expenses are comprised primarily of medical supplies, contracted physician fees, purchased medical services, insurance, utilities, and repairs and maintenance. Other expenses include recruiting, legal expenses, and lease expenses for office space and information technology. In addition, 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 and is included in total operating expense.

### **Staffing and Authorized Positions**

The proposed budget provides funding for all authorized positions. Although all recommended positions are funded for the year, it is important to note that the CHC budgets for staffing based on patient clinic visits and FTEs, not authorized positions. The appropriate allocation of FTEs drive staffing costs, as is customary in the healthcare industry.

Therefore, it is recommended that your Board acknowledge the Kern County Hospital Authority Board of Governors' approval of the Kern County Hospital Authority Community Health Center budget for the period July 1, 2025 through June 30, 2026 and receive and file.



**Kern County Hospital Authority  
Community Health Center  
Board of Directors' Report – May 2025**

# Kern County Hospital Authority Community Health Center

## LOOK ALIKE INITIAL DESIGNATION BUDGET NARRATIVE

<b>KERN MEDICAL OUTPATIENT HEALTH LOOK ALIKE INITIAL DESIGNATION: YEAR 1 BUDGET NARRATIVE REVISED 5/12/2025</b>			
REVENUE			
REVENUE	Year 1: Federal Request	Year 1: Non-Federal Resources	Year 1 Total
Applicant: Retained Earnings	\$ -	\$ 8,736,445	\$ 8,736,445
Federal Funding	\$ -	\$ -	\$ -
Other Federal	\$ -	\$ -	\$ -
State Funds	\$ -	\$ -	\$ -
Local Government: Indigent Program Funding	\$ -	\$ -	\$ -
Private Grants/Contracts	\$ -	\$ -	\$ -
Contributions	\$ -	\$ -	\$ -
Other: Indigent Patient Care Funding, Quality and Pay for Performance Incentive Payments	\$ -	\$ 10,300,000	\$ 10,300,000
Program Income	\$ -	\$ 37,461,666	\$ 37,461,666
<b>TOTAL REVENUE</b>	<b>\$ -</b>	<b>\$ 56,498,112</b>	<b>\$ 56,498,112</b>



# Kern County Hospital Authority Community Health Center

## LOOK ALIKE INITIAL DESIGNATION BUDGET NARRATIVE

EXPENSES			
PERSONNEL	Year 1: Federal Request	Year 1: Non-Federal Resources	Year 1 Total
Administration	\$ -	\$ 4,580,437	\$ 4,580,437
Medical	\$ -	\$ 17,180,443	\$ 17,180,443
Dental	\$ -	\$ -	\$ -
Behavioral Health	\$ -	\$ 1,305,084	\$ 1,305,084
Enabling Services	\$ -	\$ 807,447	\$ 807,447
Other Staff	\$ -	\$ 5,366,752	\$ 5,366,752
<b>TOTAL PERSONNEL</b>	<b>\$ -</b>	<b>\$ 29,240,163</b>	<b>\$ 29,240,163</b>

FRINGE BENEFITS	Year 1: Federal Request	Year 1: Non-Federal Resources	Year 1 Total
FICA @ 7.65%		\$ 2,236,872	\$ 2,236,872
Medical & Dental @ 14.8%		\$ 4,327,544	\$ 4,327,544
Unemployment & Worker's Compensation @ 0.78%		\$ 22,807	\$ 22,807
Disability @ 1.1%		\$ 321,642	\$ 321,642
Retirement @ 26.53% (inc. Deferred Compensation, POB)		\$ 7,757,415	\$ 7,757,415
<b>TOTAL FRINGE BENEFITS @ 50%</b>	<b>\$ -</b>	<b>\$ 14,666,281</b>	<b>\$ 14,666,281</b>

# Kern County Hospital Authority Community Health Center

## LOOK ALIKE INITIAL DESIGNATION BUDGET NARRATIVE

TRAVEL EXPENSES	Year 1: Federal Request	Year 1: Non-Federal Resources	Year 1 Total
Hotel and Lodging		\$ 188,010	\$ 188,010
Business Mileage & Airfare		\$ 156,480	\$ 156,480
Conference Registration/Educational Expense (includes for ACGME, Associated Hospital Education Medical Institute conference, NACHC, and CPCA conferences)		\$ 184,823	\$ 184,823
<b>TOTAL TRAVEL</b>	<b>\$ -</b>	<b>\$ 529,313</b>	<b>\$ 529,313</b>

EQUIPMENT	Year 1: Federal Request	Year 1: Non-Federal Resources	Year 1 Total
Minor Medical Equipment (includes blood pressure cuffs, single-use devices/instruments, circumcision instruments, SPO2, Connectivity)	\$ -	\$ 366,356	\$ 366,356
Equipment Rental (includes computer lease with Presidio Technology Capital LLC)	\$ -	\$ 57,010	\$ 57,010
Capital Equipment: Colposcope @\$7,895	\$ -	\$ 7,895	\$ 7,895
<b>TOTAL EQUIPMENT</b>	<b>\$ -</b>	<b>\$ 431,261</b>	<b>\$ 431,261</b>

# Kern County Hospital Authority Community Health Center

## LOOK ALIKE INITIAL DESIGNATION BUDGET NARRATIVE

SUPPLIES	Year 1: Federal Request	Year 1: Non-Federal Resources	Year 1 Total
Medical Supplies @ \$5.27 per visit		\$ 629,466	\$ 629,466
Pharmaceuticals @ \$4.07 per visit		\$ 491,293	\$ 491,293
Food & Catering for employee meetings and events		\$ 655,698	\$ 655,698
Cleaning Supplies for clinics		\$ 262,518	\$ 262,518
Office Supplies (includes paper, printer, general office supplies for clinics and admin sites)		\$ 618,904	\$ 618,904
Uniforms		\$ 19,959	\$ 19,959
Internal Trainings & Meeting Costs (includes in-house training through Elsevier Learning, webinars)		\$ 89,298	\$ 89,298
Laboratory Supplies @ \$0.53 per visit		\$ 63,294	\$ 63,294
Community & Outreach events (including related to Cancer Walk, Valley Fever Walk, employee appreciation events)		\$ 48,163	\$ 48,163
<b>TOTAL SUPPLIES</b>	<b>\$ -</b>	<b>\$ 2,878,593</b>	<b>\$ 2,878,593</b>

CONTRACTUAL	Year 1: Federal Request	Year 1: Non-Federal Resources	Year 1 Total
Contracted Medical Providers		\$ 753,079	\$ 753,079
Other Professional Services: Health Educators, Nutritionists, Dieticians		\$ 108,374	\$ 108,374
Housekeeping & Custodial Services for clinics		\$ 254,981	\$ 254,981
Laundry & Linen Services		\$ 89,817	\$ 89,817
Security		\$ 234,949	\$ 234,949
Recruitment & Retention		\$ 107,170	\$ 107,170
Accounting & Audit Fees		\$ 48,500	\$ 48,500
Legal Fees		\$ 79,246	\$ 79,246
Interpreter Fees		\$ 75,956	\$ 75,956
Medical Waste Disposal		\$ 80,624	\$ 80,624
<b>TOTAL CONTRACTUAL</b>	<b>\$ -</b>	<b>\$ 1,832,696</b>	<b>\$ 1,832,696</b>

# Kern County Hospital Authority Community Health Center LOOK ALIKE INITIAL DESIGNATION BUDGET NARRATIVE

OTHER	Year 1: Federal Request	Year 1: Non-Federal Resources	Year 1 Total
Physician Loan Forgiveness: interest paid		\$ 841	\$ 841
Repairs and Maintenance		\$ 248,000	\$ 248,000
IT Support and Maintenance		\$ 424,714	\$ 424,714
Provider & Staff Education (includes books/supplies for residents, CME, online trainings)		\$ 186,135	\$ 186,135
Licenses, Permits, and Fees		\$ 106,592	\$ 106,592
Utilities (includes expense related to gas, electric, water)		\$ 298,193	\$ 298,193
Insurance (includes general liability, professional liability, and other insurance expense)		\$ 440,000	\$ 440,000
Telecommunications: phone & internet expense @ \$8,209/month		\$ 98,510	\$ 98,510
Subscriptions and Membership Dues		\$ 186,676	\$ 186,676
Recruitment Expense		\$ 147,323	\$ 147,323
Employee Turnover Cost (for recruitment of new employees: \$10k per provider at a 5.73% turnover rate and \$3.5k for all other employees at a 3.93% turnover rate)		\$ 405,885	\$ 405,885
Computer Software (includes EHR, PeopleSoft/Cerner, Strata-Jazz, other software expense)		\$ 1,498,009	\$ 1,498,009
Freight & Postage		\$ 19,740	\$ 19,740
Advertising & Promotion		\$ 53,470	\$ 53,470
Credentialing (includes Symplr software @ \$82k per year)		\$ 113,289	\$ 113,289
Bank Service Charges		\$ 13,406	\$ 13,406
Interest Expense		\$ 512,144	\$ 512,144
Rent @ \$180,573 per month		\$ 2,166,878	\$ 2,166,878
<b>TOTAL OTHER</b>	\$ -	\$ 6,919,805	\$ 6,919,805
<b>TOTAL PAYROLL</b>		\$ 43,906,444	\$ 43,906,444
<b>TOTAL NON-PAYROLL</b>		\$ 12,591,668	\$ 12,591,668
<b>TOTAL DIRECT CHARGES</b>	\$ -	\$ 56,498,112	\$ 56,498,112
<b>INDIRECT CHARGES</b>	<b>Year 1: Federal Request</b>	<b>Year 1: Non-Federal Resources</b>	<b>Year 1 Total</b>
	\$ -	\$ -	\$ -
<b>TOTAL INDIRECT CHARGES</b>	\$ -	\$ -	\$ -
<b>TOTALS</b>	\$ -	\$ 56,498,112	\$ 56,498,112
<b>Net Balance</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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

May 28, 2025

**Subject:** Presentation regarding Kern County Hospital Authority Community Health Center's Clinical Quality Measures

**Recommended Action:** Hear Presentation; Receive and File

**Summary:**

The Health Resources and Services Administration Health Center Program Compliance Manual outlines certain roles and responsibilities for the Community Health Center Board (CHC Board), including the oversight of CHC quality-of-care measures. The CHC quality-of-care measures are standardized through California's Quality Incentive Program (QIP), which is a pay-for-performance program for California's public health care systems. The program is designed to improve patient outcomes, service provider performance, and the quality of services. QIP converts funding from previously existing supplemental payments into a value-based funding structure, meeting the Managed Care Rule's option to allow payments tied to performance.

To support the responsibility to meet QIP measures, the Community Health Center generates data-based reports on clinical quality measures, monitors performance indicators, and identifies areas for improvement. These insights inform decision-making and guide oversight by key management staff and the CHC Board. This training is essential for the Board. Therefore, it is recommended your Board receive and file the presentation.



# **Quality Improvement – CHC Quality Metrics**

**Community Health Center Board of Directors**

# What is Uniform Data System (UDS)?

(Required by CHC to monitor)

UDS is a standard data set:

- Reported annually by each Health Centers
- Provides consistent information about Health Centers
- Encompasses patient characteristics, services provided, clinical processes and health outcomes, patient's use of services, staffing, costs, and revenues

# Quality of Care Measures

- Screening and Preventative Care
- Maternal Care and Children's Health
- Disease Management



# Screening and Preventative Care Measures

**Cervical Cancer Screening** - Percentage of women 21\*–64 years of age who were screened for cervical cancer using **either** of the following criteria:

Women age 21\*–64 who had cervical cytology performed within the last 3 years

Women age 30–64 who had human papillomavirus (HPV) testing performed within the last 5 years

**Breast Cancer Screening** - Percentage of women 50\*–74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period

**Colorectal Cancer Screening** - Percentage of adults 45\*–75 years of age who had appropriate screening for colorectal cancer

- Fecal Occult Blood Test (FOBT) – Annually
- Fecal Immunochemical Test (FIT) DNA – Every 2 years
- Flexible Sigmoidoscopy – Every 5 years
- CT Colonography – Every 5 years
- Colonoscopy – Every 10 years

# Screening and Preventative Care Measures

**Body Mass Index Screening and Follow-up Plan** -Percentage of patients aged 18 years and older with a BMI documented during the most recent visit or during the measurement period **and** who had a follow-up plan documented if BMI was outside of normal parameters

**Tobacco Use Screening and Cessation Intervention** – Percentage of patients aged 12 years and older who were screened for tobacco use one or more times during the measurement period **and** who received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period if identified as a tobacco user.

**HIV Screening** -Percentage of patients aged 15–65 at the start of the measurement period who were between 15–65 years old when tested for HIV

**Depression Screening and Follow-up Plan** -Percentage of patients aged 12 years and older screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized depression screening tool **and**, if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying visit

# Maternal Care and Children's Health Measures

**Early Prenatal Care** – Percentage of patients who had prenatal care during their first trimester

**Weight Assessment and Counseling for Childhood Immunization Status** – Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

**Nutrition and Physical Activity for Children and Adolescents** - Percentage of patients 3–17 years of age who had an outpatient visit with a **primary care physician (PCP) or obstetrician/gynecologist (OB/GYN)** and who had evidence of height, weight, and body mass index (BMI) percentile documentation **and** who had documentation of counseling for nutrition **and** who had documentation of counseling for physical activity during the measurement period

# Disease Management Measures

**Statin Therapy for the Prevention and Treatment of Cardiovascular Disease** -Percentage of the following patients—all considered at high risk of cardiovascular events—who were prescribed or were on statin therapy during the measurement period

**Use of Antiplatelet for Ischemic Vascular Disease** - Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period **or** who had an **active** diagnosis of IVD during the measurement period, and who had documented use of aspirin or another antiplatelet during the measurement period

**HIV** - Percentage of patients aged 15–65 at the start of the measurement period who were tested for HIV

**Hypertension** - Percentage of patients 18–85 years old who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure (BP) was adequately controlled (less than 140/90 mmHg) during the measurement period

# Clinical Quality Measures

## Reporting criteria for each measure

### Measure Description

**Denominator:** Patients who fit the detailed criteria described in the specific measure

**Numerator:** Patients who are in the denominator who meet the criteria for the specific measure

**Denominator Exclusions:** Patients who are removed from the denominator before determining if numerator criteria are met

**Denominator Exceptions:** Patients who meet denominator criteria but do not meet numerator criteria because they meet any of the exceptions listed for the measure and are removed from the denominator

# CHC Quality Metric Sample Report

Measure Name	Numerator	Denominator	NUM	DEN	%
Childhood Immunization Status	Children who received the recommended vaccines by their second birthday.	Children who turn 2 years of age during the measurement period and have a visit during the measurement period	35	433	8.1%
Breast Cancer Screening	Women with one or more mammograms any time on or between October 1 two years prior to the measurement period and the end of the measurement period	Women 52-74 years of age with a visit during the measurement period	109	1800	6.1%
Controlling High Blood Pressure	Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg)	Patients 18-85 years of age who had a visit during the measurement period and diagnosis of essential hypertension	42	88	47.7%

# Clinical Quality Metrics

Health care gaps are reviewed daily by Population Health and Quality Team

Compliance reported monthly at the Primary Care Department meeting

Reported to Clinic Leaders Monthly

Reported to the CHC Board quarterly

Questions ?



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

May 28, 2025

**Subject:** Kern County Hospital Authority Community Health Center Health Center Service Utilization Report April 2025

**Recommended Action:** Hear Presentation; 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 made monthly as it contains information essential for the CHC Board to comply with its long-term planning goals.

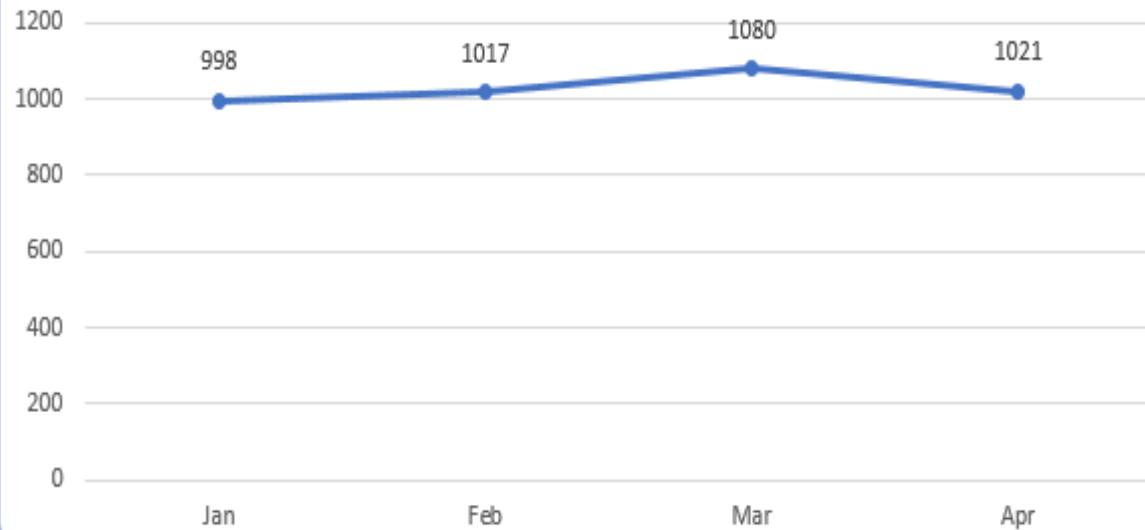


**Kern County Hospital Authority  
Community Health Center  
Board of Directors' – April 2025  
Health Center Service Utilization**

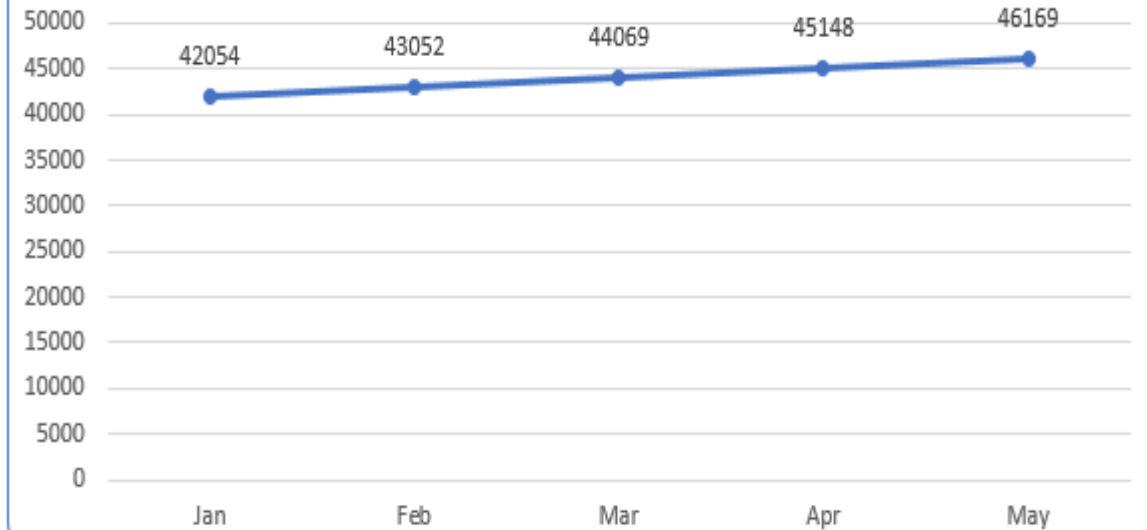
# Reporting: Unique Patient Data

## April 2025

Unique Patients for the Month

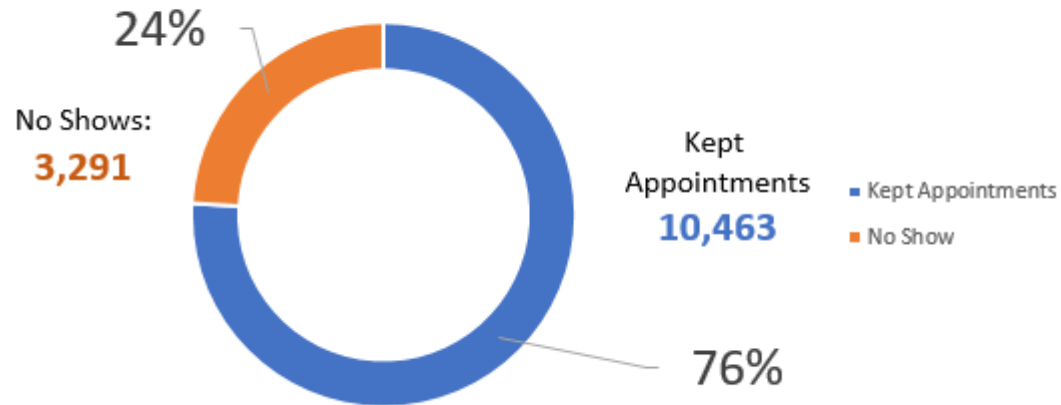


Total Count of Unique Patients Since 2023

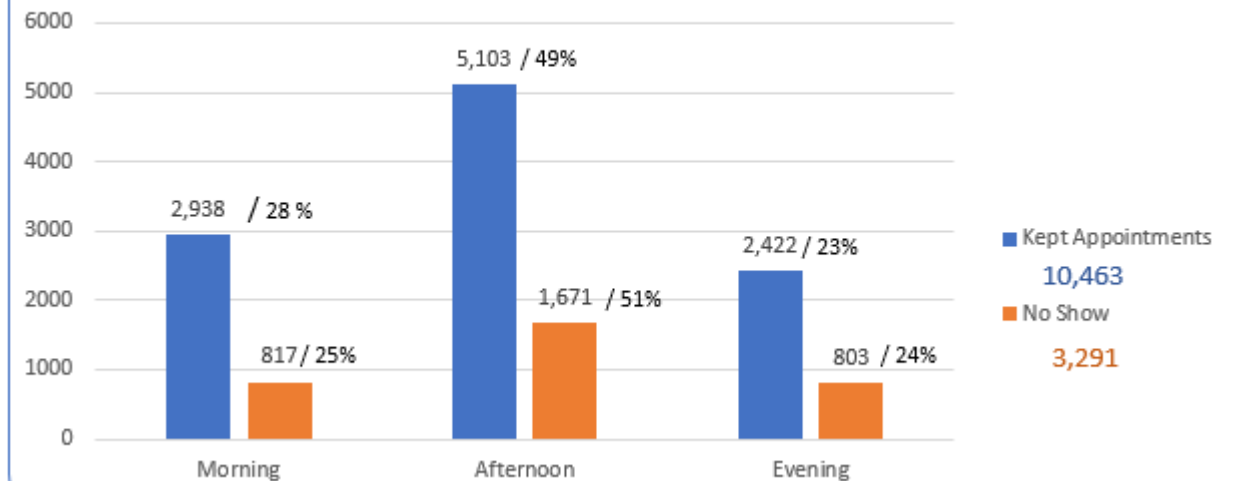


# Reporting: Visits Per Month April 2025

Appointment Status



April 2025 Appointments: Time of Day

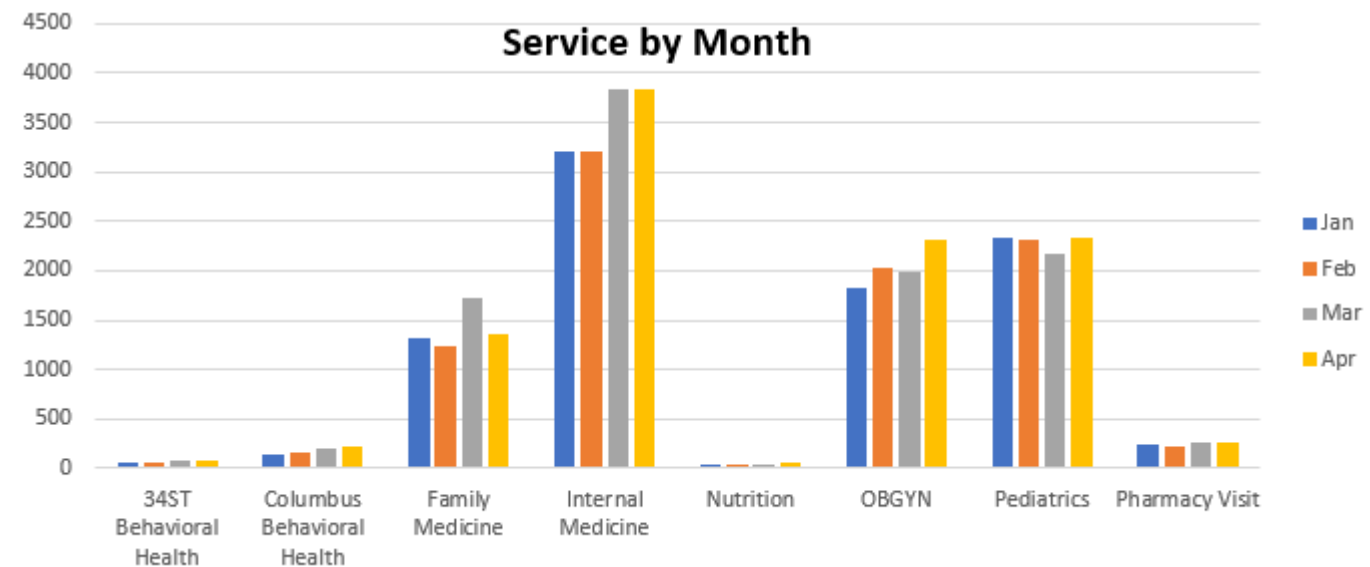


Morning: 8am-12pm  
Afternoon: 12pm -5pm  
Evening: 5pm-8pm

# Reporting: Visits by Month and Service Line

## April 2025

Row Labels	Count of Service	Percent
34ST Behavioral Health	278	1%
Columbus Behavioral Health	732	2%
Family Medicine	5649	14%
Internal Medicine	14081	36%
Nutrition	166	0%
OBGYN	8160	21%
Pediatrics	9138	23%
Pharmacy Visit	999	3%
<b>Grand Total</b>	<b>39203</b>	<b>100%</b>



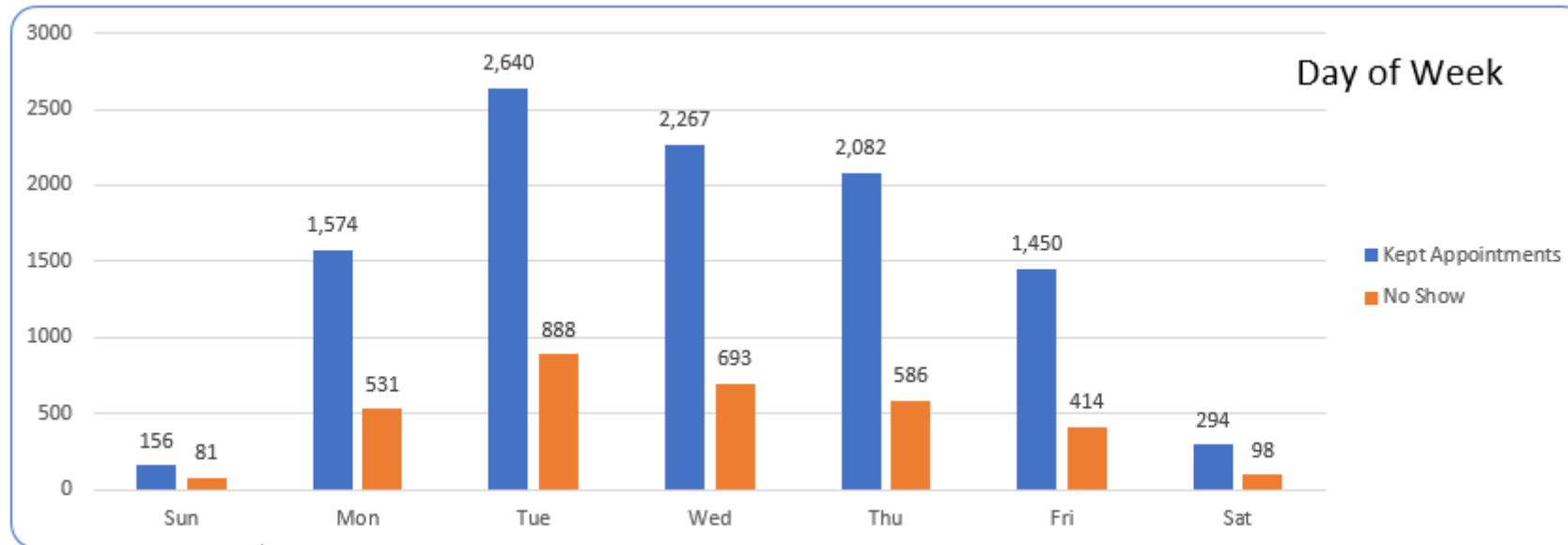
# Reporting: Visits by Month and Location

## April 2025

Kept Appointments	Month				Grand Total	Percent
Clinics	Jan	Feb	Mar	Apr		
34ST Behavioral Health	59	65	75	79	278	1%
34ST GROW	299	309	562	608	1778	5%
34ST REACH	359	317	566	560	1802	5%
COL BH	145	153	209	225	732	2%
COL FM	1130	1053	1503	1219	4905	13%
COL IM	2404	2397	2517	2513	9831	25%
COL NUT	35	39	35	57	166	0%
COL PEDS	1687	1791	1828	1801	7107	18%
COL PHARM CO	251	230	255	263	999	3%
COL WH	1538	1708	1745	1974	6965	18%
STK FM	198	183	213	150	744	2%
STK IM	139	187	189	155	670	2%
STK PEDS	640	528	340	523	2031	5%
STK WH	286	323	250	336	1195	3%
<b>Grand Total</b>	<b>9170</b>	<b>9283</b>	<b>10287</b>	<b>10463</b>	<b>39203</b>	<b>100%</b>

# Reporting – Appointments by Day of Week

## April 2025



2025 YTD Day of Week				
	Kept Appointments	No Show	Grand Total	Show Rate
Sun	685	326	1011	68%
Mon	6417	2069	8486	76%
Tue	8608	2804	11412	75%
Wed	7511	2417	9928	76%
Thu	8660	2519	11179	77%
Fri	6034	1755	7789	77%
Sat	1288	510	1798	72%
Grand Total	39203	12400	51603	76%

# Reporting: Visits by Zip Code

## April 2025

Area	Count of Zip
[-] Bakersfield Zip Codes	35044
[+] Bakersfield	35044
[+] Greater Kern County	4061
[+] Other California	98
Grand Total	39203

Top 10 Zip Codes		
Zip code	Count	Percent
93307	7662	20%
93306	6232	16%
93305	5793	15%
93304	3215	8%
93308	2943	8%
93309	2590	7%
93313	1859	5%
93311	1563	4%
93312	1179	3%
93301	1115	3%

### Zip Codes Included in Application:

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





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

May 28, 2025

**Subject:** Presentation regarding Community Health Center Patient Experience

**Recommended Action:** Hear the Presentation; Receive and File

**Summary:**

Shakti Srivastava, MD, CHC Medical Director will provide your Board with a presentation on Patient Experience within the Community Health Center, which will focus on Quarter one (1) Clinician and Group Consumer Assessment of Health Care Providers and Systems (CGCAHPS) results. The CGCAHPS survey is the preferred patient experience survey for primary care, and thus a systematic review of patient reports from the CG-CAHPS empirical literature is ideal to appreciate the patient's point of view. The unique perspective provides valuable insights into a variety of services, as patients assess different aspects of information, forming judgments about health-care quality over time. This systematic review revealed patient subjective reports regarding the acceptability of health-care delivery models, the effectiveness of interventions, the timeliness of care in different practice areas, and their responses to quality improvement initiatives. The synthesized results inform clinicians, organizations, and the health-care system where to prioritize and how to adapt services to efficiently provide equitable care. This presentation allows your Board to evaluate patient-centered care, health plan functioning, and health-care performance and be able to give direction to staff to prioritize and adapt care to improve quality efficiently. This report will be presented quarterly.

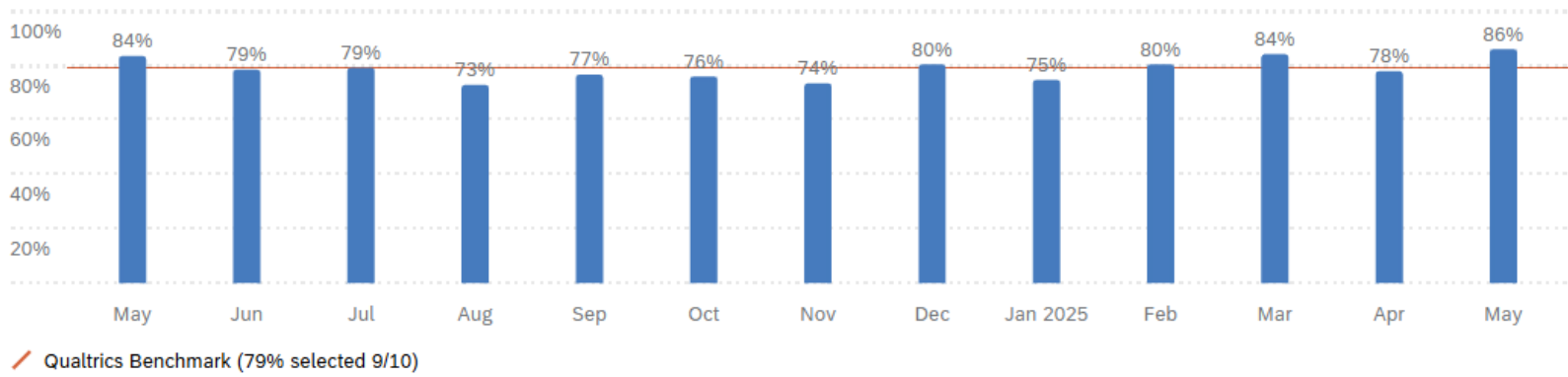


# Patient Experience

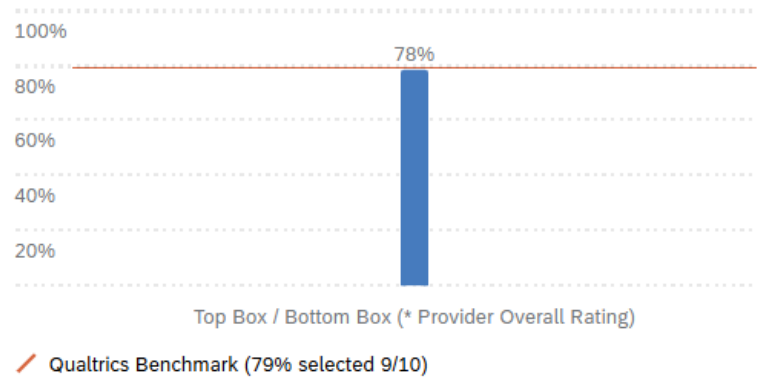
Community Health Center Board of Directors

# CG-CAHPS Overall Provider Rating

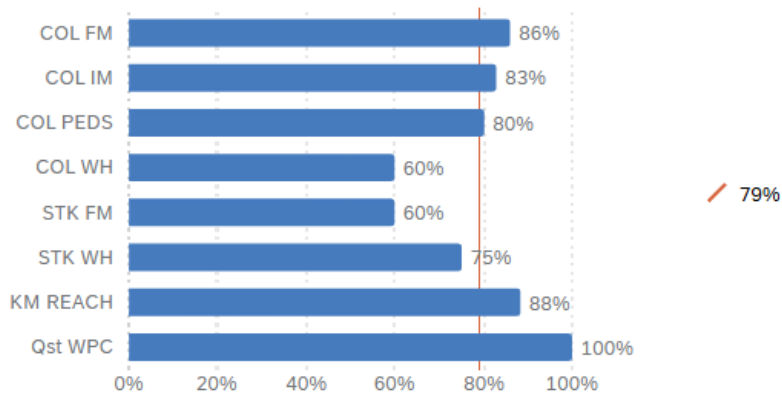
Overall Provider Rating (Monthly)



Overall Provider Rating (YTD)

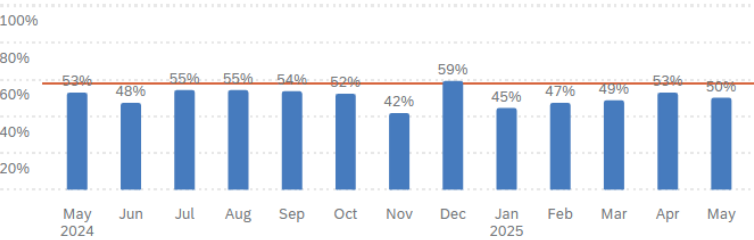


Overall Provider Rating (Prev. 6 Months) ▾



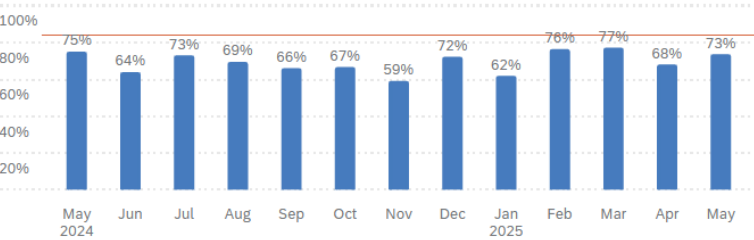
# Provider-Specific Questions

Same-Day Answers to Medical Questions 568



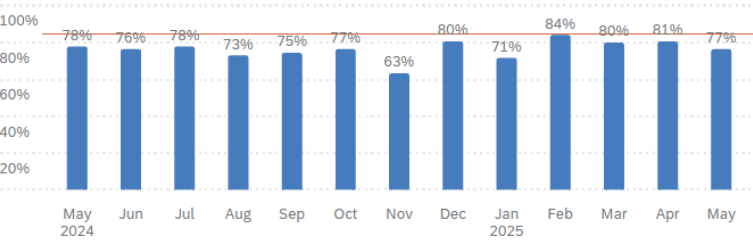
Qualtrics Benchmark (58% selected Always)

Provider Explanations were Easy to Understand 1,434



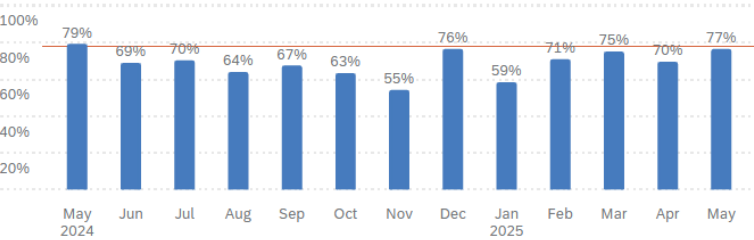
Qualtrics Benchmark (84% selected Always)

Provider Listened Carefully 1,423



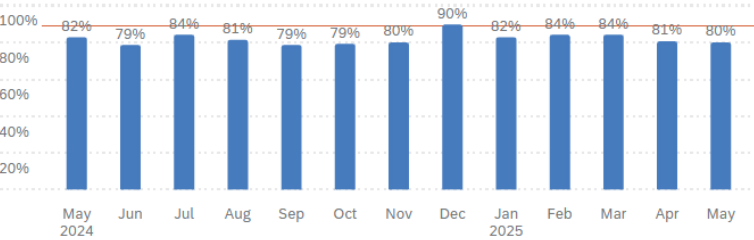
Qualtrics Benchmark (85% selected Always)

Provider Knew Important Medical History 1,402



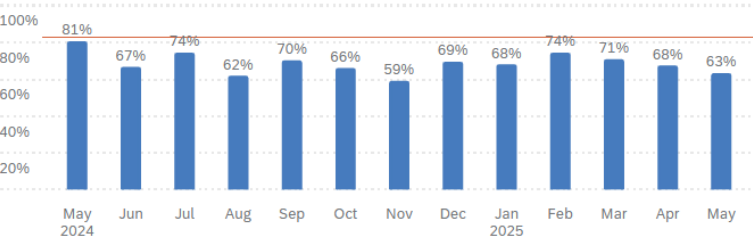
Qualtrics Benchmark (78% selected Always)

Provider was Respectful 1,392



Qualtrics Benchmark (89% selected Always)

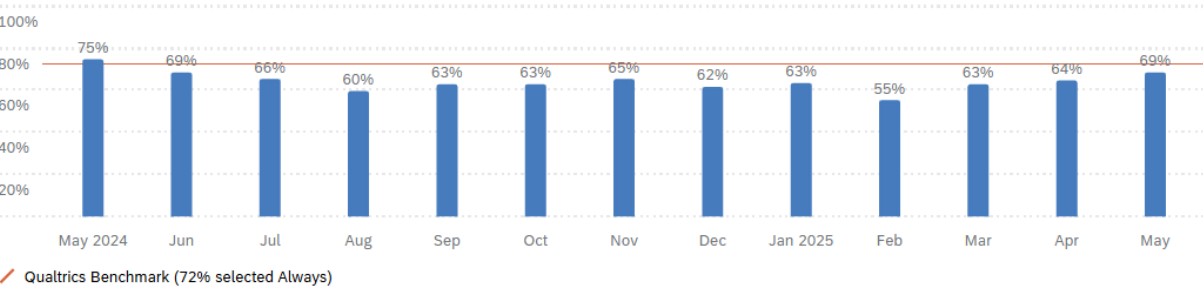
Provider Spent Enough Time with Patient 1,382



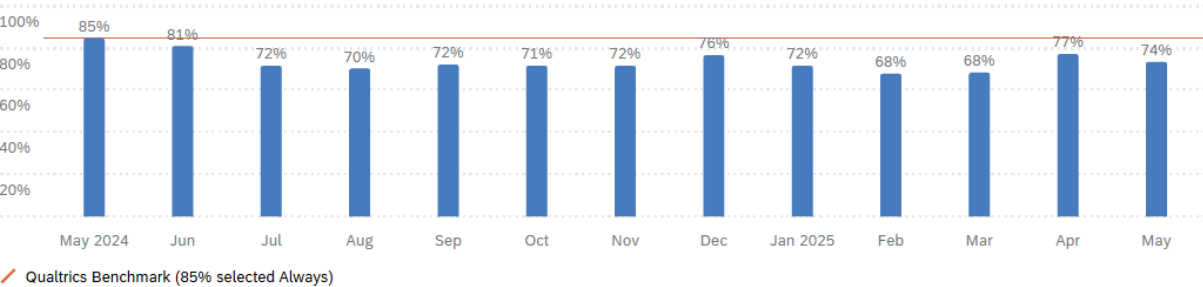
Qualtrics Benchmark (83% selected Always)

# Clerks and Receptionists Questions

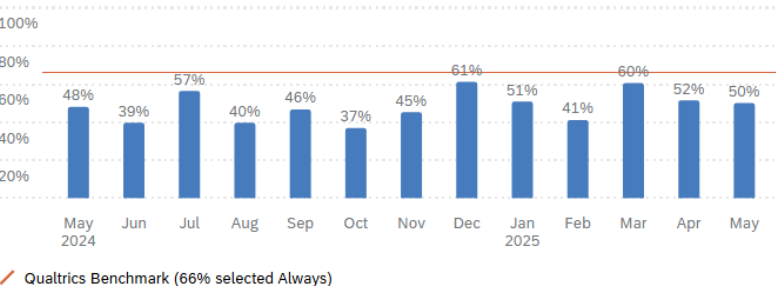
Receptionists/Clerks as Helpful as Expected 1,357



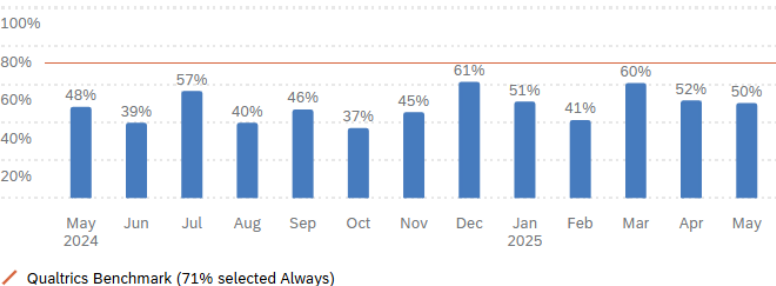
Treated with Courtesy and Respect by Receptionists/Clerks 1,343



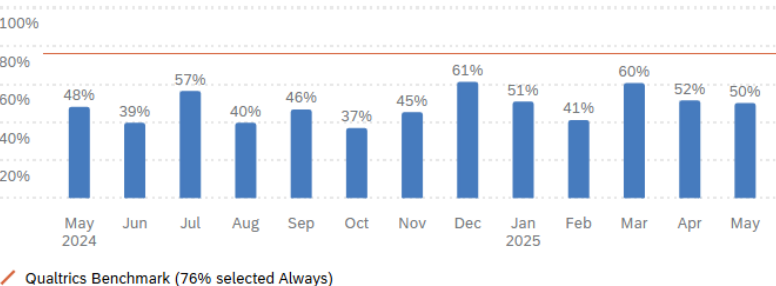
Ability to Schedule a Same-Day Appointment (Urgent) 738



Ability to Schedule a Check-Up/ Routine Appointment 738



Received a Follow-Up Call with Results 738

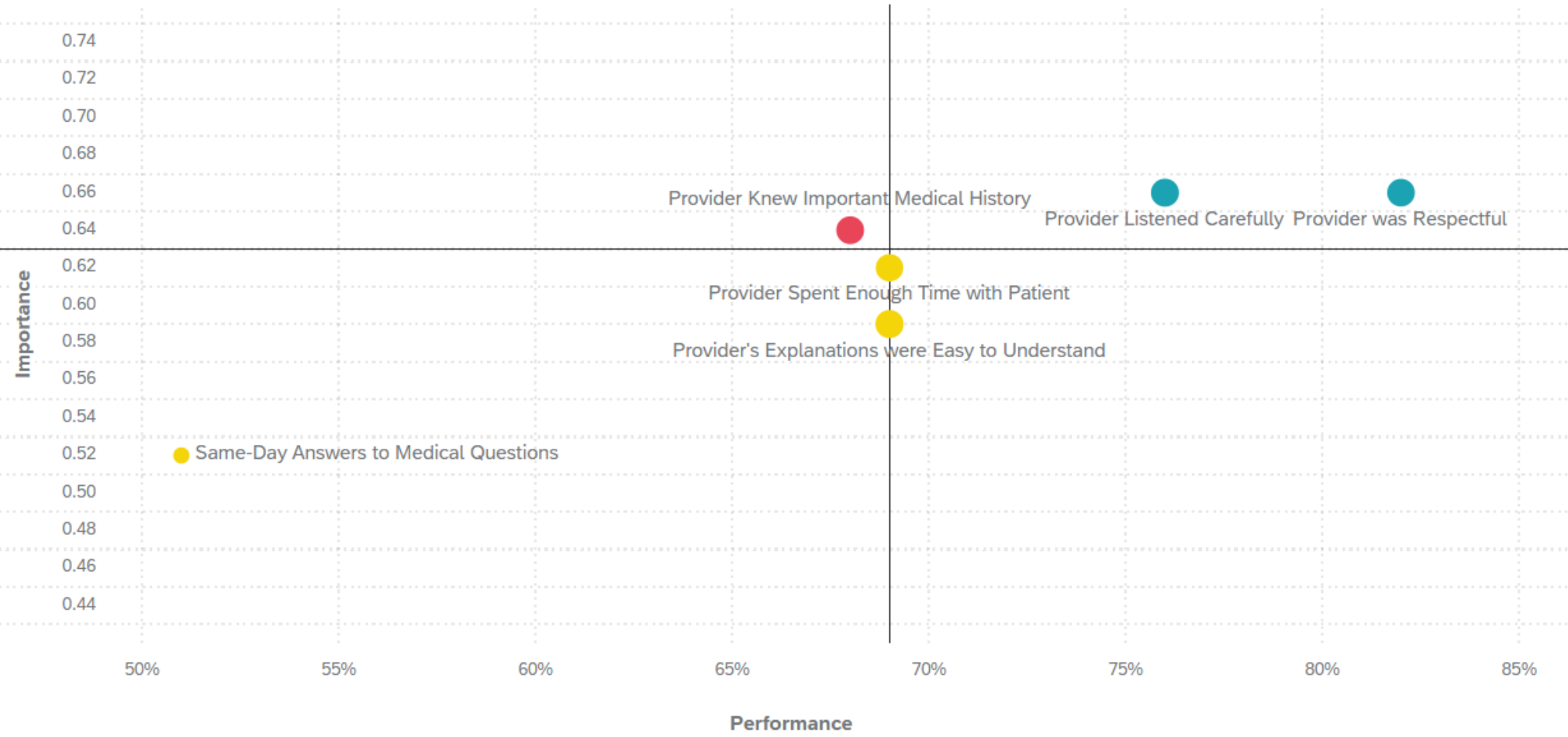


# Patient Feedback

- They are good doctors that treat me with respect and friendliness too thank you (translated from Spanish)
- Everything was good
- It was easy and comfortable
- Excelente service
- Doctor was very attentive, explained things in a very clear manner, very professional (translated from Spanish)
- Good very kind and respectful even the waiting room was very nice (translated from Spanish)
- They treated me marvelously and I thank the help that they brought me (translated from Spanish)
- Good visit. No concerns
- Doctor is very nice seems really good with kids

# Key Driver Analysis of Provider Overall Rating 2,947

...



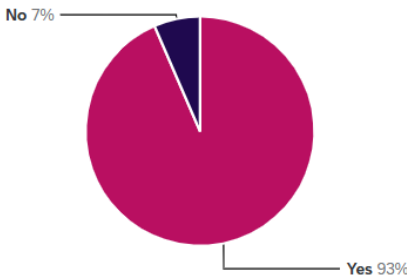
■ Important and highly rated ■ Important but poorly rated ■ Not important and poorly rated ■ Not important but highly rated



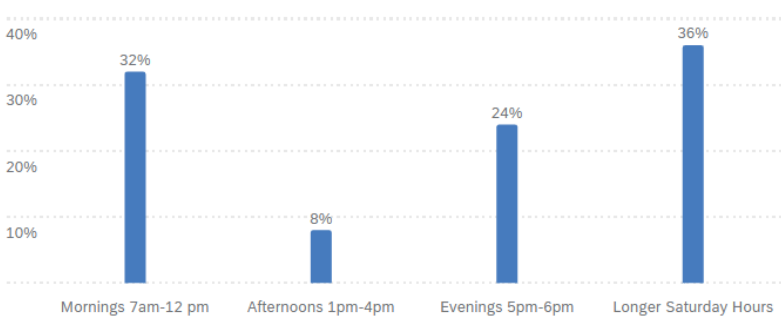
# HRSA Access to Care – CHC Clinics

Are the clinic's hours of operation convenient? ▾

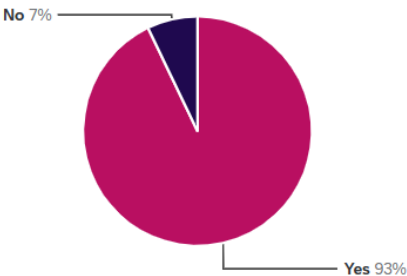
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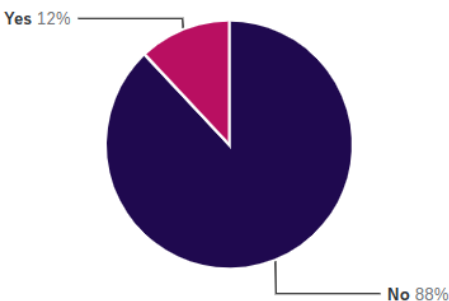
Preferred Hours of Operation



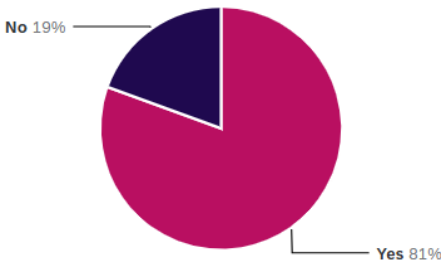
Is the location of the clinic easy to get to?



Does distance between sites create a barrier to access?



Is the amount paid for services reasonable?



# Barriers Mentioned

- I live about an hour away. If it rains or snows where I am there is no direct medical help for babies near me
- No, I just live 1 hour away
- It's over an hour away makes it an inconvenience but I like my doctor so it's ok
- I live far away and travel is hard if you are sick.
- It's a little far from my house but I like the service.
- I'm pretty much blind so everything is a barrier
- Wheelchair

# Key initiatives to improve patient communication and access

- Each clinic created a designated line for patients to call to resolve issues
- Warm reminder calls for appointments
- Walk-in pharmacy medication refill window
- Patient complaints addressed while patient is in clinic

# Questions?

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

May 28, 2025

**Subject:** Kern County Hospital Authority Community Health Center Board of Directors 2025  
Long Term Planning Presentation

**Recommended Action:** Hear Presentation; 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 conducting long term planning for the Community Health Center at least once every three years. This long-term planning must, at a minimum, address the financial management and capital expenditure needs of the Community Health Center.

The Kern County Hospital Authority Community Health Center is proposing to focus on areas of access to the health clinics, continuous improvement in quality of care and service, creating financial stability, developing infrastructure, increasing marketing and communications, and defining governance. Creating and implementing the process of long-term planning is needed and necessary to inform and support internal decision-making and oversight by key management staff and governing board.

In this presentation, we will review goals for the Kern County Hospital Authority Community Health Center and the proposed plans and methods to achieve these goals.



**Kern County Hospital Authority  
Community Health Center  
Board of Directors' – May 2025  
Long Term Planning**

# Long - Term Planning

This Plan will outline goals in the areas of;

- Access
- Continuous Quality Improvement
- Financial Stability
- Infrastructure Development
- Marketing and Communications
- Governance

# Barriers to Service

- Significant Health Disparities
- Of all low-income service area residents, 52.2% are not utilizing services at a primary care clinic
- The Health Center Program penetration rate is only 47.81% for low-income residents
- Brand: Public Perception



# Service Area Major Health Care Needs

## Leading Causes of Death:

Heart Disease

Cancer

Unintentional Injuries

Chronic Lower Respiratory Diseases

Cirrhosis

Pneumonia / Influenza

Alzheimer's Disease

Diabetes

Stroke

Chronic Liver Disease

Hypertension

Suicide

## Other Health Care Factors:

Sexually Transmitted Infections

Infant Mortality

## Social Determinants:

Poverty

Unemployment

Lack of Attained Education

# Long-Term Planning: First Steps

## Interview Key Informants

- Key Management Staff
- Hospital Administration
- Board Members

# Long-Term Planning: Community Outreach

After in person or group interviews with Key Informants, a

- Creation of Community / Patient Questionnaire
- Distributed at community events or clinic appointments over a specified period of time.
- To identify
  - Service Area Needs, Brand: Public Perception, and Business Development Opportunities

This group will consist:

- Existing Patients
- Community Event Participants
- Education Events

# Long-Term Planning: Board Planning

- Dedicate a Board meeting to Long - Term Planning to review
  - Interviews
  - Market Research Data
  - Community Outreach Data
  - Financial Management
  - Capital Expenditure needs
- Staff to make recommendations for Health Center Process Improvements, as needed

# The Community Health Center Conducts long-term planning at least once every three years

- Review of community needs
- Review of Services currently provided by Community Health Center
- Conducting a Strength, Weaknesses, Opportunities and Threats exercise with Key Leadership Team
- Review of and analysis of all accumulated planning materials, by Key Leadership Team and Board of Directors
- Key Leadership Team to recommend to the Board of Directors further goals and strategies for further development and refinement of Community Health Center

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

May 28, 2025

**Subject:** Presentation regarding the Ralph M. Brown Act (Board Education)

**Recommended Action:** Hear Presentation; Receive and File

**Applicable Authority:**

- A. Health and Safety Code section 101855(b)(3) states the Kern County Hospital Authority (Authority) shall comply with the Ralph M. Brown Act (Gov. Code, § 54950 et seq., hereinafter “the Brown Act,” or “the Act”).
- B. The Authority enabling Ordinance states the provisions of Health and Safety Code section 101855 pertaining to the Brown Act shall apply to the Authority.
- C. The Authority, the public entity co-applicant for this Community Health Center, has determined that the meetings of the Community Health Center Board should be conducted in a manner consistent with all applicable laws, including the Brown Act. All meetings duly called at which an action may be taken or is otherwise subject to the Brown Act shall have legal counsel to the Community Health Center present. All meetings shall be open to the public except closed sessions determined by the Community Health Center Board or legal counsel and permitted by law. No Member may vote on or participate in any matter that materially affects his or her personal financial interest within the meaning of the Political Reform Act.

**Overview:**

The Brown Act governs meetings conducted by local legislative bodies, such as boards of supervisors, city councils and school boards. The Act represents the California Legislature’s determination of how the balance should be struck between public access to meetings of multi-member public bodies on the one hand and the need for confidential candor, debate, and information gathering on the other. The Legislature has established a presumption in favor of public access. As the courts have stated, the purpose of the Brown Act is to facilitate public participation in local government decisions and to curb misuse of the democratic process by secret legislation by public bodies. (Cohan v. City of Thousand Oaks (1994) 30 Cal.App.4th 547, 555.) To these ends, the Brown Act imposes an “open meeting” requirement on local legislative bodies. (Gov. Code, § 54953(a); Boyle v. City of Redondo Beach (1999) 70 Cal.App.4th 1109, 1116.). The Act also contains specific exceptions from the open meeting requirements where government has a demonstrated need for confidentiality. These exceptions have been construed narrowly;

thus, if a specific statutory exception authorizing a closed session cannot be found, the matter must be conducted in public regardless of its sensitivity. (Gov. Code, § 54962; *Rowen v. Santa Clara Unified School District* (1981) 121 Cal.App.3d 231, 234; 68 Ops.Cal.Atty.Gen. 34, 41-42 (1985).)



**Kern County Hospital Authority  
Community Health Center  
Board of Directors**

Regular Meeting  
Wednesday, May 28, 2025

**Brown Act Presentation Part 2**



# Applicability

- “All meetings of the **legislative body** of a **local agency** shall be open and public ... .” (Gov. Code §54953(a).)
- Governing body of a local agency or any other local body created by state or federal statute. (Gov. Code §54952(a).)
- **Subsidiary bodies**
  - Any commission, committee, board, or other body of a local agency, **created by charter, ordinance, resolution, or formal action** of a legislative body, (other than a committee of less than a quorum of the legislative body) **is itself a legislative body** . (§ 54952(b).) **Regardless of whether that body is permanent or temporary, advisory or decision making.**

# Purpose

- Dubbed “Open Meetings” law
- Purpose:
  - Favors public debate
  - Decisions made in public
    - Narrowly construes the exceptions for confidential matters
  - Notice
    - Time and place of meetings must be set by resolution
    - Agenda must be posted at least 72 hours prior to the meeting

# Board Actions

- Formal Actions
  - Items listed on posted agenda
    - Approval, Denial of Agenda item
  - Triggered by Motion and a Second
    - Must record votes
      - *“No legislative body shall take action by secret ballot, whether preliminary or final. The legislative body of a local agency shall **publicly report any action taken and the vote or abstention on that action of each member present for the action.**” (Gov. Code § 54953 3(c)(2).)*
- Other Actions
  - Questions or Referrals
    - Made to Executive Director or Counsel
      - Items for future agendas, clarifying questions, **lunch suggestions**

# Public Participation

- Public has a right to
  - Attend
  - Participate
    - By public comments **only**
  - Criticize
    - Public officials must tolerate some degree of “heckling and harassment” during public meetings. (*In re Kay* (1970) 1 Cal.3d 930, 940.)
  - Record
- But not to
  - Disrupt
    - “engaging in behavior during a meeting of legislative body that **actually** disrupts, disturbs, impedes, or renders infeasible the orderly conduct of the meeting.” (Gov. Code § 54957.95.)

# Questions ?



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

May 28, 2025

**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.