



City of Cincinnati Primary Care Board of Governors Meeting

July 9, 2025

Agenda

Renu Bahkshi	Robert Cummings	Alexius Golden Cook	Dr. Angelica Hardee
Dr. Camille Jones	John Kachuba	Dr. Phil Lichtenstein	Luz Schemmel
Debra Sellers	Jen Straw	Erica White-Johnson	Dr. Bernard Young

Meeting Reminders: Please raise your virtual hand via Zoom when asking a question and please wait to be acknowledged and always remain muted, unless actively speaking/presenting (With the exception of the Board Chair).

6:00 pm – 6:05 pm Call to Order and Roll Call

6:05 pm – 6:10 pm **Vote: Motion to approve the Minutes from June 11, 2025, CCPC Board Meeting.**

Leadership Updates

6:10 pm – 6:25 pm Ms. Joyce Tate, Chief Executive Officer
CEO Report – **document**
Personnel Actions – **document**

6:25 pm – 6:40 pm Mr. Mark Menkhaus Jr., Chief Financial Officer
CFO Report – **documents**

6:40 pm – 6:50 pm Dr. Yury Gonzales, Medical Director
After Hours Call Follow-Up Tracking Policy – **document**
Vote: Motion to approve the After-Hours Call Follow-Up Tracking Policy

New Business

6:50 pm – 7:00 pm Comments

7:00 pm Adjourn

Documents in the Packet but not presented.

Efficiency Update is included in the packet. Please contact Dr. Geneva Goode (Efficiency Update) with any questions/concerns.

Next Meeting – August 13, 2025

Mission: To provide comprehensive, culturally competent, and quality health care for all.

`CCPC Board of Governors Meeting Minutes

Wednesday, June 11, 2025

Call to order at 6:00 pm

Roll Call

CCPC Board members present – Mr. Robert Cummings, Dr. Angelica Hardee, Dr. Camille Jones, Mr. John Kachuba, Dr. Philip Lichtenstein, Ms. Luz Schemmel, Ms. Jen Straw, Ms. Erica White-Johnson, Dr. Bernard Young

CCPC Board members absent – Ms. Renu Bahkshi, Ms. Alexius Golden Cook, Ms. Debra Sellers

Others present – Ms. Sa-Leemah Cunningham, Ms. Joyce Tate, Dr. Geneva Goode, Dr. Edward Herzig, Mr. Mark Menkhaus Jr., Dr. Michelle Daniels, Dr. Yury Gonzales, Ms. LaSheena White, Ms. Nicole DeGreg, Ms. Angela Robinson, Dr. Nick Taylor, Mr. David Miller, Ms. Adrienne Sirbu, Dr. Denise Saker, Ms. Brittany Allen, Ms. Judi Segbefia, Ms. Barb Keefe

Board Documents:

[CCPC-Board-Meeting-Agenda-Packet 6.11.2025.pdf](#)

Topic	Discussion/Action	Motion	Responsible Party
Call to Order/Moment of Silence	The meeting was called to order at 6:00 p.m. The board gave a moment of silence to recognize our two most important constituencies, the staff, and patients.	n/a	Mr. John Kachuba
Roll Call	9 present, 3 Absent	n/a	Ms. Sa-Leemah Cunningham
Minutes	Motion: the City of Cincinnati Primary Care Board of Governors approves the minutes of May 14, 2025, CCPC Board Meeting.	M: Dr. Camille Jones 2nd: Dr. Angelica Hardee Action: 9-0, Passed	Mr. John Kachuba
Old Business			
CEO Update	Ms. Tate didn't give a traditional updated to allow extra time for the School-Based Health Center Presentation. She introduced the School-Based Health Center (SBHC) team and expressed gratitude and excitement for their work. Ms. Tate introduced Marla Fuller as the new CCPC Director of Communications and Strategic Marketing. Ms. Fuller will focus on school-based health marketing and showcasing CCPC services.	n/a	Ms. Joyce Tate

<p>School-Based Health Center Presentation</p>	<p>Ms. Nicole DeGreg, Ms. Barb Keefe, Dr. Denise Saker, and Ms. Judi Segbefia presented the 2025 Risk Management Presentation to the Board.</p> <p>An attached Presentation was included in the agenda packet.</p> <ul style="list-style-type: none"> • Dr. Saker introduced the nurse practitioner leadership team: Nicole DeGreg, Judy Segbefia, Brittany Allen, and Barb Keefe. • Ms. Keefe presented an overview of SBHC locations and explained the model’s benefits, including care accessibility, decreased absenteeism, and wraparound services. • Ms. DeGreg shared a detailed example of how a simple visit for a sore throat can reveal complex health and psychosocial needs, demonstrating the power of integrated care. • Ms. Segbefia shared data from electronic medical records: <ul style="list-style-type: none"> ○ SBHCs average over 15,000 pediatric visits annually. ○ Nearly 7,000 immunizations given each year. ○ Strong immunization rates, particularly Tdap and meningitis. ○ Effective HPV education and administration above state and national averages. ○ High volume of STI screening and treatment, with on-site medication availability. ○ Mental health screenings show 10–13% of students screen positive for depression. • Ms. DeGreg presented alarming obesity-related data from Roberts Academy, noting a high rate of comorbidities like fatty liver and prediabetes in children under 12. She emphasized collaboration with Cincinnati Children’s HealthWorks for obesity management. • Ms. Allen shared photos and described the physical spaces at Withrow, Taft, and Roberts, highlighting how high-quality care is delivered despite limited space. • Farewell to Ms. Allen <ul style="list-style-type: none"> ○ Ms. Tate, Dr. Gonzales, and others offered warm thanks and wishes to Brittany Allen for her service and leadership as she transitions to Cincinnati Children's Hospital. <p>Q&A:</p> <ul style="list-style-type: none"> • Dr. Jones asked, “Of the referrals for mental 	<p>n/a</p>	<p>SBHC leadership team</p>
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	<p>health services, how many are actually completed?”</p> <ul style="list-style-type: none"> ○ Ms. Segbefia responded: Completion varies by school site. Barriers include lack of parental consent despite student willingness. However, providers offer ongoing support until students are connected to care. ● Dr. Lichtenstein asked, “Roughly what percentage of patients are successfully referred to a mental health provider?” <ul style="list-style-type: none"> ○ Ms. Segbefia estimated: About 10–15% face parental resistance. Staff see students regularly for support when external services are delayed. ○ Dr. Saker added: The issue is part of an ongoing quality improvement (QI) project to track and improve referral completion and depression remission outcomes. ● Dr. Young asked, “What is your interaction with the county and legal system in cases of STDs, especially involving possible abuse?” <ul style="list-style-type: none"> ○ Ms. Segbefia answered: They collaborate with the Hamilton County Health Department for certain cases (e.g., syphilis, HIV). Legal authorities are contacted when warranted based on state guidelines. ● Dr. Young followed up: “Has there been a reduction in school nurses in buildings without clinics?” <ul style="list-style-type: none"> ○ Dr. Saker confirmed: The CHD contract has ended, but CPS is still planning to provide health services. Details of this transition are still evolving. ● Dr. Young further asked: “Are families changing attitudes toward vaccinations due to national discourse?” <ul style="list-style-type: none"> ○ Ms. DeGreg, Ms. Segbefia, and Ms. Allen all reported no significant change in vaccination attitudes. ○ Ms. Tate commented: It's early to see changes but suggested revisiting the issue as the school year progresses. ● Dr. Herzig asked Dr. Saker: “Has CPS provided a clear plan regarding school nurses?” <ul style="list-style-type: none"> ○ Dr. Saker replied: No written plan or press release has been seen, and CHD was also surprised by the contract ending. ● Dr. Lichtenstein asked: “Are you seeing 		
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	<p>accelerated vaccination requests due to fear of federal cuts?”</p> <ul style="list-style-type: none"> ○ Ms. DeGreg and Dr. Saker both reported no such trends locally. ● Dr. Jones asked: “Can you explain the BMI percentages?” <ul style="list-style-type: none"> ○ Ms. DeGreg clarified: Data spans multiple years and visits; figures may overlap due to patients shifting BMI categories. ● Dr. Lichtenstein asked: “How many school-based clinics serve both students and community members?” <ul style="list-style-type: none"> ○ Ms. Tate and Dr. Saker responded: Six designated sites exist; some face access restrictions, but efforts are ongoing to improve community access. ● Dr. Jones asked: “Do we have capacity to absorb additional children if school nurses are reduced and Brittany Allen leaves?” <ul style="list-style-type: none"> ○ Ms. Tate acknowledged: This is a significant concern and under current evaluation by Dr. Saker and Dr. Gonzales. ● 		
<p>Finance Update</p>	<p>Mr. Mark Menkhaus Jr. reviewed the financial data variance between FY24 and FY25 for the month of April 2025.</p> <ul style="list-style-type: none"> ● Please see the memo and presentation included the agenda packet. <p>Highlights</p> <ul style="list-style-type: none"> ● Health Center Disaster hour costs were down \$2,025. ● School Based Disaster Hours were 0. ● Revenue increased by 6.89%. <ul style="list-style-type: none"> ○ Self-paid patients increased by 2.92%. ○ Medicare decreased by 4.79%. ○ Medicaid increased by 24.20%. ○ Private Pay decreased by 9.34%. ○ Medicaid managed care increased 28.83%. ○ 416—Offset increased by 11.59%. ● Expenses increased by 4%. <ul style="list-style-type: none"> ○ Personnel expenses increased by 6.37%. ○ Material expenses increased 10.81%. ○ Contractual Costs decreased by 4.96%. ○ Fixed costs decreased 4.73%. ○ Fringes increased by 5.16%. ● Net Gain was \$208,886.34; increased 149.34%. <ul style="list-style-type: none"> ○ Invoices greater than 90 days were at 18%; (below 20% is the goal). ○ Invoices greater than 120 days were at 11% (below 10% is the goal). ○ Average Days in Accounts receivable were 38.9 days. 	<p>n/a</p>	<p>Mr. Mark Menkhaus Jr.</p>

	<ul style="list-style-type: none"> • Dr. Lichtenstein asked: “Why is there a decrease in Medicare revenue? Could it be due to Medicare Advantage?” <ul style="list-style-type: none"> ○ Mr. Menkhaus stated: Unlikely, but granular data is needed. • Dr. Lichtenstein added: Medicare Advantage often reimburses less than traditional Medicare, which may affect revenue. <ul style="list-style-type: none"> ○ Ms. Tate agreed: It’s worth investigating further. 		
<i>New Business</i>			
Petition Update	<ul style="list-style-type: none"> • Dr. Lichtenstein and Mr. Kachuba shared updates on a grassroots petition drive urging Senators Vance and Brown to oppose healthcare funding cuts. • Board members were encouraged to collect signatures at health centers or within their communities. 		
Public Comments	<ul style="list-style-type: none"> • No Public Comments. 	n/a	Mr. John Kachuba
Documents in the Packet but not presented.	<ul style="list-style-type: none"> • Efficiency Update was included in the packet. 	n/a	n/a

Meeting adjourned: 7:03 pm

Next meeting: July 9, 2025, at 6:00 pm.

The meeting can be viewed and is incorporated in the minutes: <https://archive.org/details/ccpc-board-6-11-25>

Date: 6/11/2025
Clerk, CCPC Board of Governors

Date: 6/11/2025
Mr. John Kachuba, Board Chair

CCPC Board of Governors

Cincinnati Health Department

June 11, 2025

Board Members	Roll Call	5.14.2025 Minutes
Ms. Renu Bakhshi		
Mr. Robert Cummings	X	
Ms. Alexius Golden Cook		
Dr. Angelica Hardee	X	2nd
Dr. Camille Jones	X	M
Mr. John Kachuba - Chair	X	
Dr. Philip Lichtenstein	X	
Ms. Luz Schemmel	X	
Ms. Debra Sellers		
Ms. Jen Straw	X	
Ms Erica White-Johnson	X	
Dr. Bernard Young	X	
Motion Result:	Quorum	Passed

X **Present**
Yay
Nay
Absent
Didn't vote, but present
M Move
2nd Second

STAFF/Attendees	
Sa-Leemah Cunningham (clerk)	X
Joyce Tate, CEO	x
Geneva Goode, DNP	X
Mark Menkhaus Jr	X
Michelle Daniels, DNP	X
Yury Gonzales, MD	X
David Miller	X
Dr. Ed Herzig	X
LaSheena White	X
Nicole DeGreg	X
Angela Robinson	X
Nick Taylor, MD	X
Adrienne Sirbu	X
Denise Saker, MD	X
Brittany Allen	X
Judi Segbefia	X
Barb Keefe	X

DATE: July 9, 2025

TO: City of Cincinnati Primary Care Board of Governors

FROM: Joyce Tate, CEO

SUBJECT: CEO Report for July 2025

❖ **Legislative and Budget Impacts**

- The pending federal legislation may have some impact on FQHC operations. Senate passage occurred with Vice President Vance casting a tie-breaking vote. The bill now returns to the House, and its passage is crucial to future funding. Provisions reportedly include protections for rural health and FQHCs.

❖ **CPS Nursing Contract Impact**

- Following the loss of the CPS nursing contract:
 1. 30 nurses are being held over through December via collaboration with the City Manager's Office and HR.
 2. Some nurses will be absorbed into health center vacancies.
 3. Collaboration is underway to define the referral process between CPS health assistants and CCPC nurse practitioners to avoid service overlap or overreach.
 4. Two nurse managers from CPS will be reassigned — one to support chronic disease management and patient navigation; the other likely to serve at the Ambrose Clement site.

❖ **Children's Hospital Collaboration**

- A forthcoming meeting with Cincinnati Children's and CPS will address a transition plan and potential protocol sharing. Dr. Mussman will reengage now that he has returned from leave.

❖ **Facility Projects and Crest Smile Renovation**

- Renovation plans for the Crest Smile Shop are near finalization, pending lease edits and approval.
- The waiting room renovation at Price Hill was stalled due to lack of contractor bids — a highly unusual issue. City Procurement is exploring alternatives, including using existing city-approved contractors.
- A new location (former Pure Romance building downtown) is under feasibility review to potentially house Burnet, King, and administrative staff. Approximately 55,000 sq. ft. is needed; one available floor offers 30,000 sq. ft. The city may consider acquiring the building.

❖ **Consultant Engagement**

- CCPC plans to bring in a consultant (possibly one with experience with HRSA and FQHCs) to assess the long-term viability and sustainability of health centers. Procurement is evaluating whether a formal bid process is required.

❖ **Additional Notes**

- The team remains focused on operational continuity and navigating current uncertainties tied to legislative outcomes and CPS transitions.



Date: 6/24/2025

To: MEMBERS of the BOARD of HEALTH

From: Grant Mussman, MD, MHSA, Health Commissioner

Copies: Leadership Team, HR File

Subject: **PERSONNEL ACTIONS for June 24, 2025 BOARD of HEALTH MEETING**

NON-COMPETITIVE APPOINTMENT –pending EHS and/or background check

MICHAELA BRANTLEY MEDICAL ASSISTANT CCPC

(Transfer vacancy)

Salary Bi-Weekly Range: \$2,052.24 to \$2,167.95 Revenue Fund

The Cincinnati Health Department- City of Cincinnati Primary Care (CCPC) wishes to hire Michaela Brantley as a Medical Assistant at Braxton Cann Medical Center. Ms. Brantley graduated from Great Oaks in 2020 and has almost 5 years of experience as a medical assistant. Michaela has concentrated experiences in adult medical and women’s health services with Good Samaritan (TriHealth) and Axia Women’s Services. The vast majority of Ms. Brantley’s experiences and skill set align directly with the requirements and skillset we are seeking in the medical assistant role here at Braxton Cann Medical Center. Michaela’s references attest to her character of being a compassionate, experienced, and caring medical assistant who takes immense pride in her work while delivering excellent patient care. Micheala’s skill set and personal attributes would be a great asset to the Cincinnati Health Department- City of Cincinnati Primary Care and directly align the core values of excellence, commitment, communication, accountability, leadership, collaboration, and quality.

COLLEEN GALLOWAY DIETITIAN WIC

(Resignation vacancy)

Salary Bi-Weekly Range: \$2,295.94 to \$3,085.55 Grant Fund

Colleen Galloway is a licensed and registered dietitian in the state of Ohio. She received her bachelor’s degree at Bowling Green State University and her master’s degree at Case Western Reserve. During her internship she provided nutrition counseling to patients with a wide variety of medical needs. She has an interest in community nutrition and a passion for pediatric and maternal health, making her an excellent candidate for the WIC Program. She’s had experience of working collaboratively with multidisciplinary teams while at University Hospitals Cleveland.

DATE: July 9, 2025
TO: City of Cincinnati Primary Care Governing Board
FROM: Mark Menkhaus, Jr., CFO
SUBJECT: Fiscal Presentation May 2025

Fiscal Presentation

Fiscal Presentation for May 2025.

- For FY25, as of May 2025, Cincinnati Primary Care had a net gain of \$938,923.36.
- In FY25, April had a net gain of \$4,947,308.40. Comparing FY25 with FY24 shows a decrease of \$4,008,385.04. This increase is due to higher revenue and higher expenses.
- Revenue decreased by \$2,433,653.27 from FY24. The decrease is due to lower Medicaid revenue.
- Expenses increased by \$1,574,731.77 from FY25. The increase is due in part to COLAs and the corresponding fringes. Increases are also due to the timing of invoices paid (ex. LabCorp were paid \$789,981.88 in FY24 but were paid \$631,887.70 in FY25. Also, Cardinal Health was paid \$1,501,624.85 in FY24 but was paid \$1,907,666.37 in FY25. However, Western Nursing were paid \$384,205.25 in FY24 but were paid \$73,183.00 in FY25.)
- Here are charges for disaster regular hours and overtime as it relates to COVID-19 for FY25 and FY24 for May.

Community Health Centers		
Type Labor Cost	FY25	FY24
Disaster Regular	\$15,700.51	\$19,471.19
Disaster Overtime	\$ 0.00	\$ 0.00
Total	\$15,700.51	\$19,471.19

School Based		
Type Labor Cost	FY25	FY24
Disaster Regular	\$0.00	\$2,838.72
Disaster Overtime	\$0.00	\$ 0.00
Total	\$0.00	\$2,838.72

May Payor Mix Highlights:

	Medicaid	Commercial	Medicare	Self-Pay
Medical	2%	3%	-2%	10%
Dental	5%	3%	0%	-1%
School-Based Medical	2%	1%	0%	-1%
School-Based Dental	6%	3%	0%	3%
Behavioral Health	13%	7%	3%	-4%
Vision	5%	-1%	0%	-4%

Accounts Receivable Trends:

- The accounts receivable collection effort for March for 90-days is 22% and for 120-days is 12%. Our aim for the ideal rate percentage for 90-days is 20% and our 120-days is 10%. The rate for 90-days increased by 4% from the previous month and the rate for 120-days increased by 1% from the previous month.

Days in Accounts Receivable & Total Accounts Receivable:

- The days in accounts receivable have increased from the month before by 3.2 days. The days in accounts receivable are slightly above the average (by 3.1 days) of the past 13 months at 37.5 days.

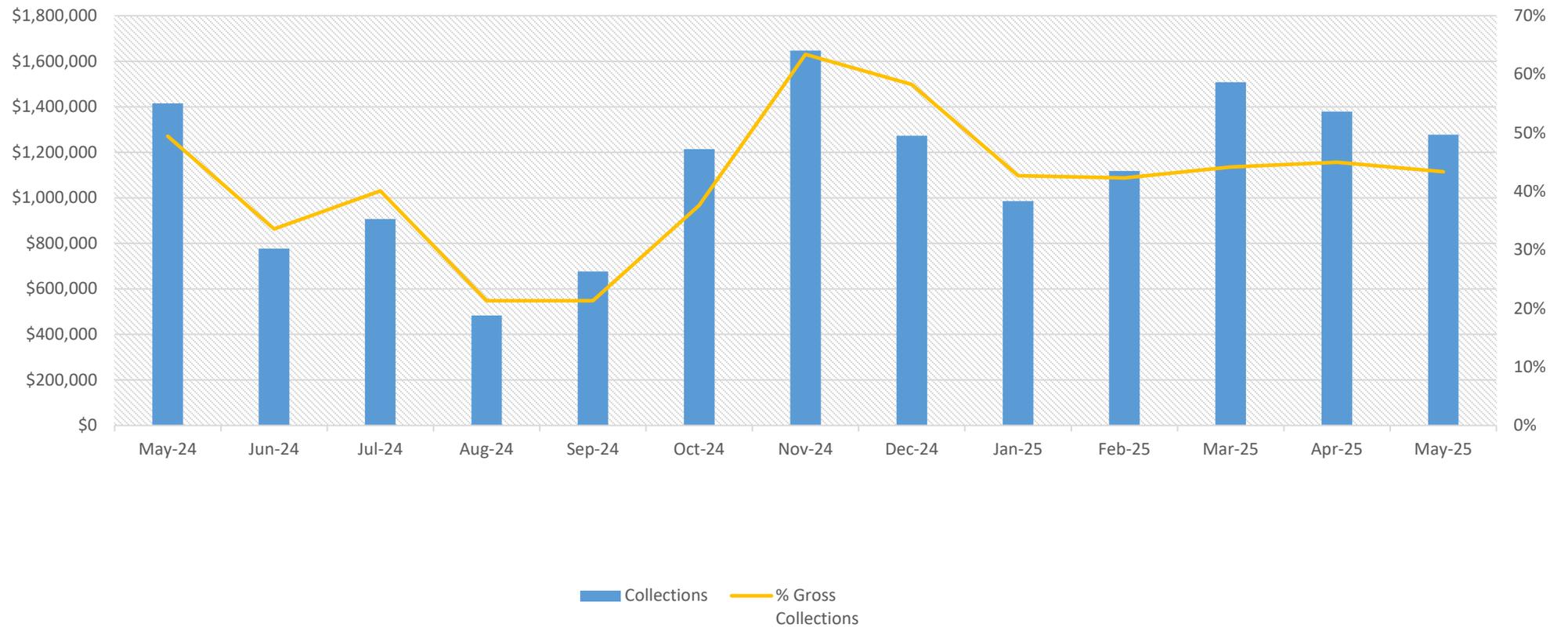
City of Cincinnati Primary Care
Profit and Loss with fiscal year comparison
May 2024 - May 2025

	FY25 Actual	FY24 Actual	Variance FY25 vs FY24
Revenue			
8556-Grants\Federal	\$5,050,873.53	\$3,845,384.23	31.35%
8571-Specific Purpose\Private Org.	\$14,000.00	\$5,000.00	180.00%
8617-Fringe Benefit Reimbursement	\$0.00	\$0.00	0.00%
8618-Overhead Charges - Indirect Costs	\$61,340.00	\$0.00	0.00%
8733-Self-Pay Patient	\$864,062.36	\$839,920.81	2.87%
8734-Medicare	\$4,676,268.81	\$4,679,490.00	-0.07%
8736-Medicaid	\$9,350,788.25	\$13,315,614.58	-29.78%
8737-Private Pay Insurance	\$1,102,983.52	\$1,180,607.59	-6.57%
8738-Medicaid Managed Care	\$7,750,272.17	\$6,089,350.06	27.28%
8739-Misc. (Medical rec.\smoke free inv.)	\$120,536.51	\$668,433.80	-81.97%
8932-Prior Year Reimbursement	\$59,229.25	\$1,419,771.61	-95.83%
416-Offset	\$5,265,566.26	\$4,706,001.25	11.89%
Total Revenue	\$34,315,920.66	\$36,749,573.93	-6.62%
Expenses			
71-Personnel	\$16,953,747.31	\$15,951,991.49	6.28%
72-Contractual	\$4,810,017.34	\$5,048,820.25	-4.73%
73-Material	\$3,094,732.56	\$2,614,744.87	18.36%
74-Fixed Cost	\$1,872,733.50	\$1,865,528.50	0.39%
75-Fringes	\$6,645,766.59	\$6,321,180.42	5.13%
Total Expenses	\$33,376,997.30	\$31,802,265.53	4.95%
Net Gain (Losses)	\$938,923.36	\$4,947,308.40	-81.02%

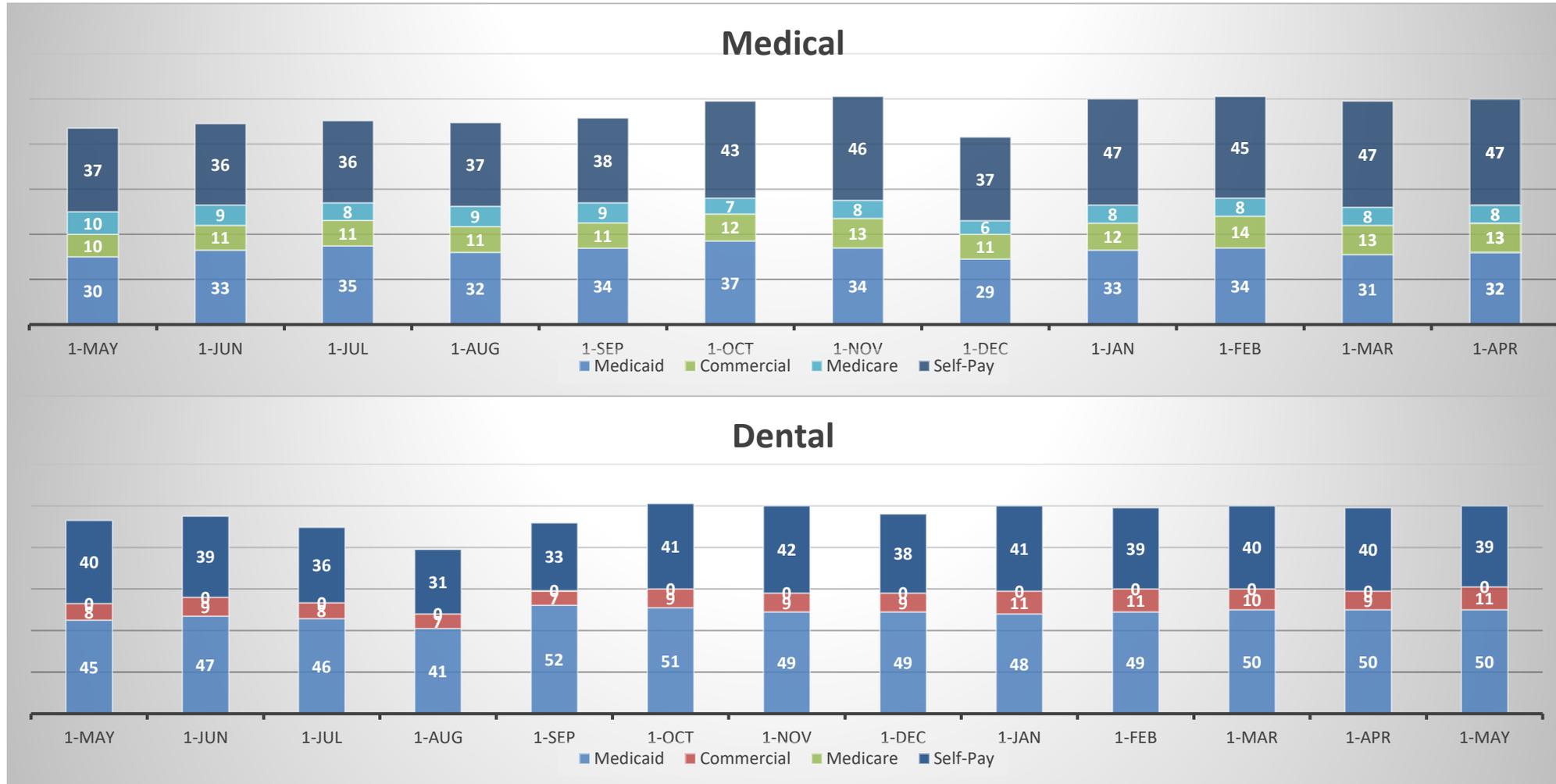
CHD/CCPC Finance
Update
July 9, 2025

Revenue Presentation

Monthly Visit Revenue

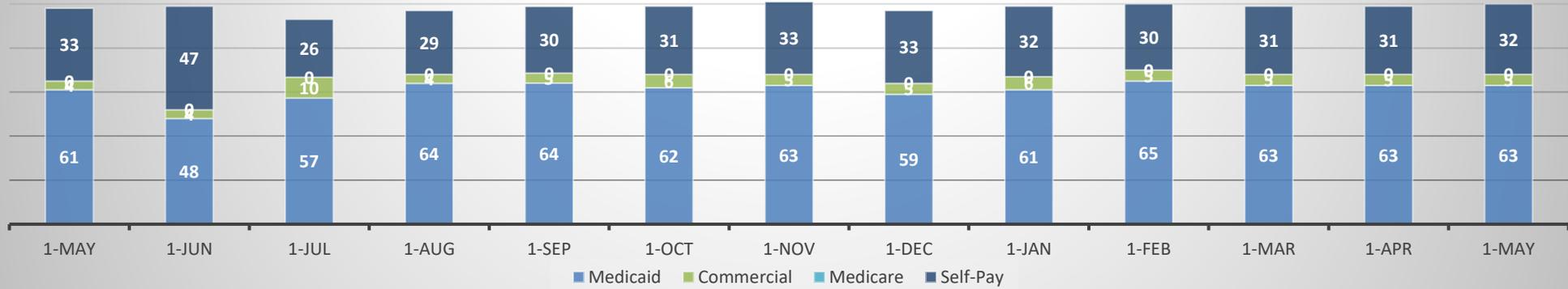


Payor Mix

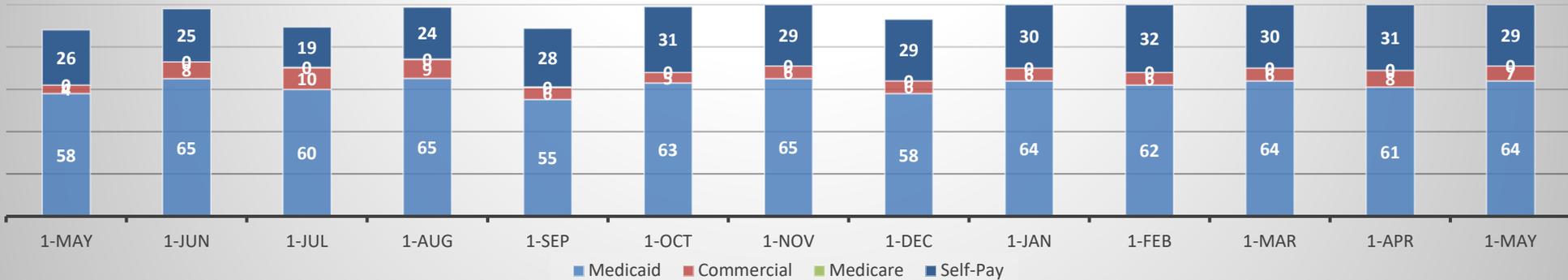


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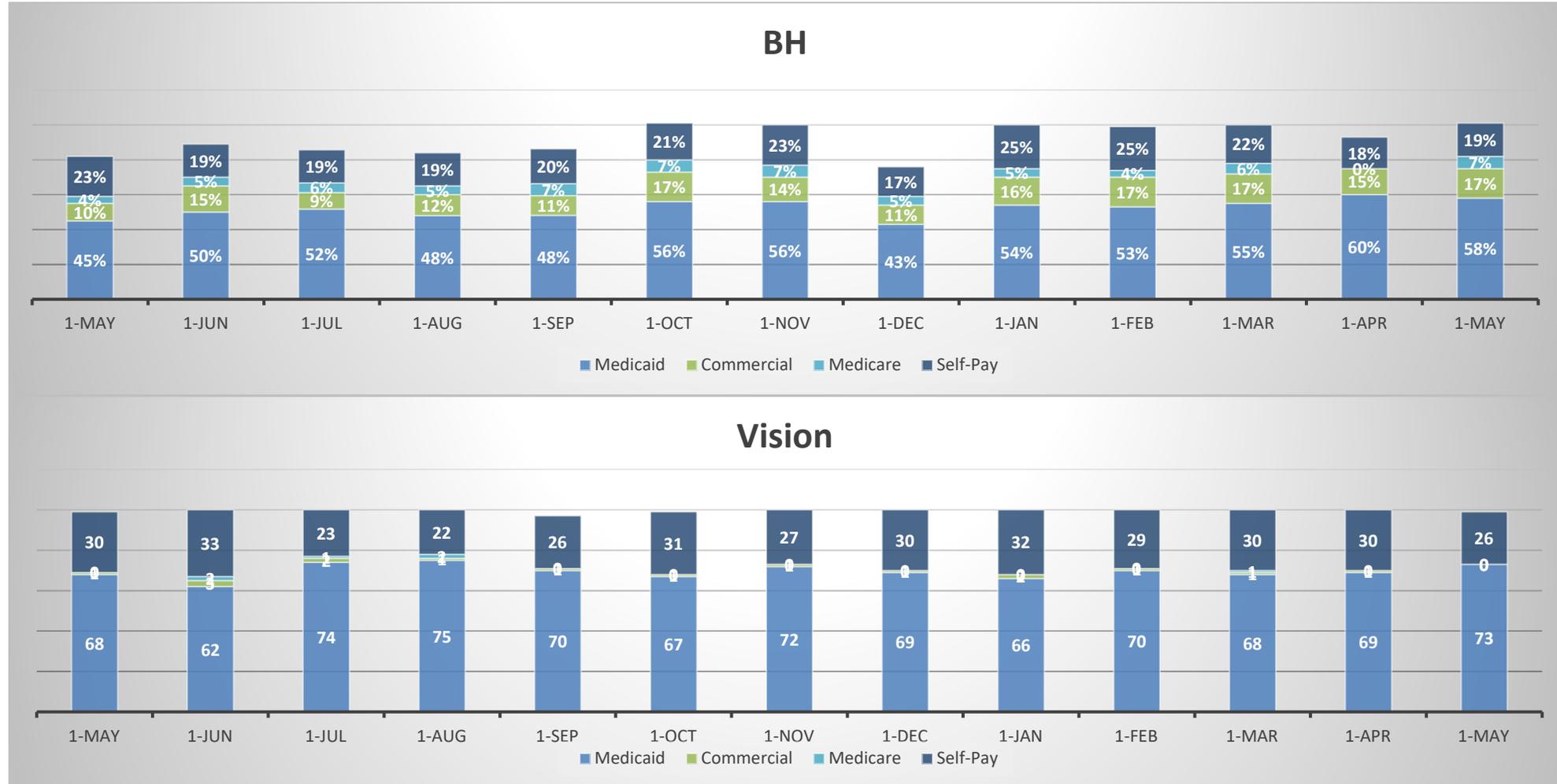
SBHC - Medical



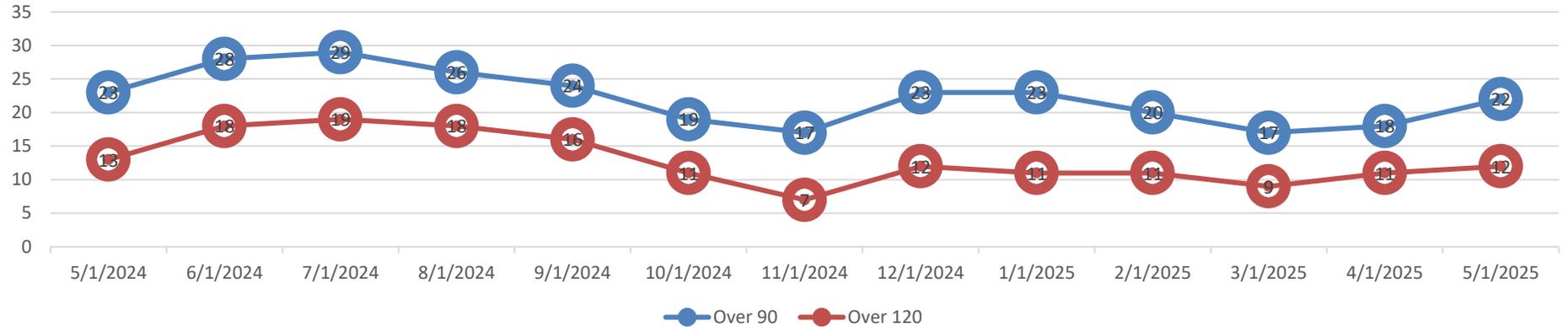
SBHC - Dental



Payor Mix

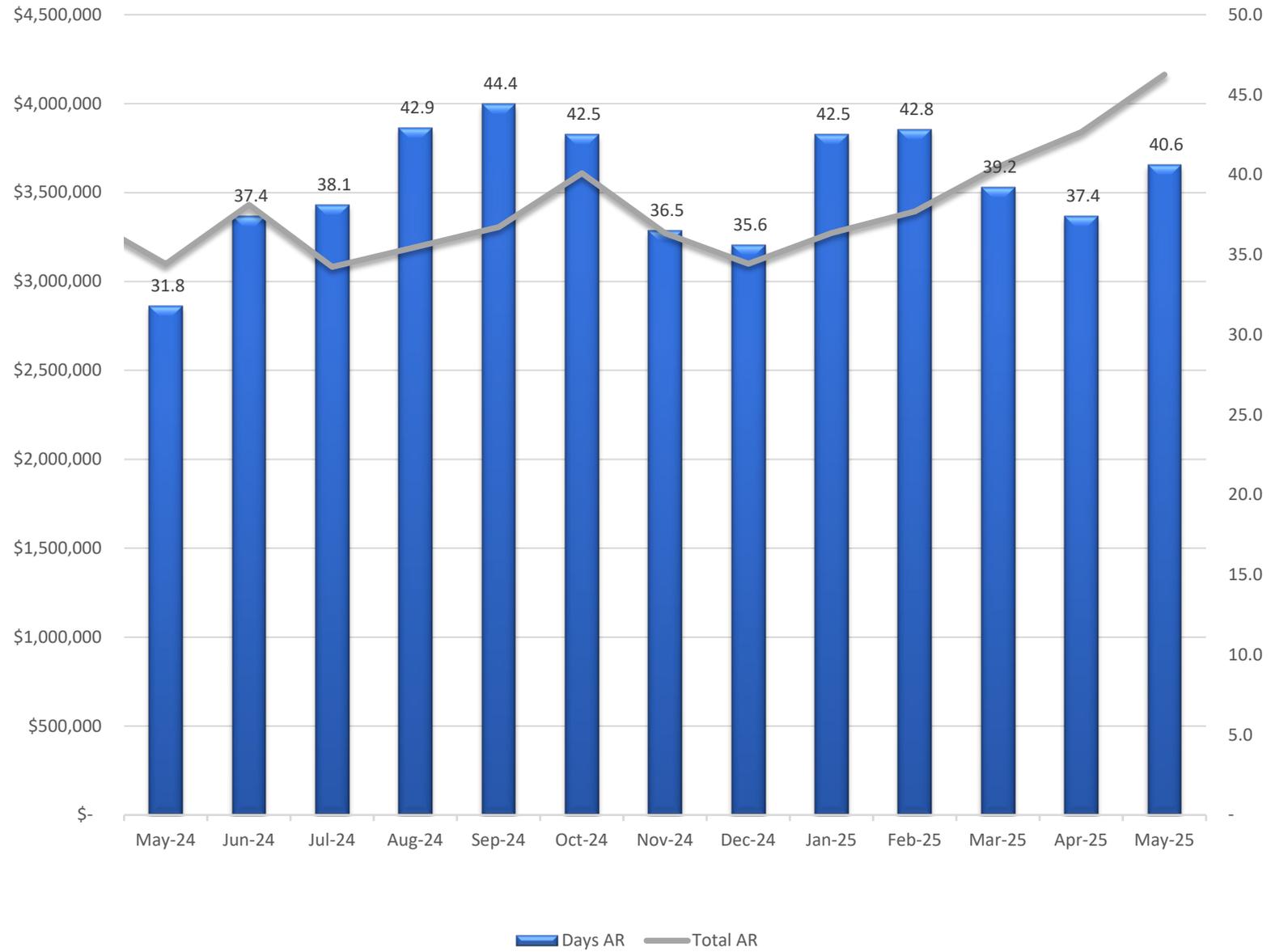


AR Trends



Aging Period	Insurance May	Patient - All May	Patient - On Pmt Plan May	Patient - Not on Pmt Plan May	Total May	% Total May
0 - 30	\$1,622,553	\$144,911	\$1,773	\$143,138	\$1,767,464	42.45%
31 - 60	\$750,033	\$144,586	\$2,181	\$142,404	\$894,619	21.49%
61 - 90	\$404,633	\$165,514	\$1,891	\$163,622	\$570,147	13.69%
91 - 120	\$259,139	\$165,669	\$1,383	\$164,287	\$424,809	10.20%
121 - 150	\$148,687	\$90,637	\$784	\$89,853	\$239,324	5.75%
151 - 180	\$111,745	\$56,920	\$1,642	\$55,278	\$168,665	4.05%
181 - 210	\$97,204	\$36,390	\$684	\$35,706	\$133,593	3.21%
211+	\$78,234	(\$113,468)	\$1,015	(\$114,483)	(\$35,234)	-0.85%
Total	\$3,472,228	\$691,158	\$11,353	\$679,806	\$4,163,387	
% > 90	20%	34%	49%	34%	22%	
% > 120	13%	10%	36%	10%	12%	

Day in AR & Total A/R





City of Cincinnati Primary Care (CCPC)
After Hours Call Follow-Up Tracking
Policy & Procedure

Effective Date: June 12, 2025

POLICY / SYSTEMS MANAGER

Name: Ryan E. Baumgartner MSN, RN-BC, CPH, AHN-BC

Title: Nursing Administration / Quality Improvement & Assurance

Contact: (513) 357-7259, ryan.baumgartner@cincinnati-oh.gov

Review: 06/25

A biennial review is required by the Chief Executive Officer (CEO).

_____	_____
Board of Governors Chair CCPC	Date
_____	_____
Chief Executive Officer, CCPC	Date
_____	_____
Chief Medical Officer, CCPC	Date
_____	_____
Chief Operations Officer, CCPC	Date
_____	_____
Director of Clinical and Community Nursing	Date
_____	_____
Health Commissioner	Date

I. PURPOSE

To establish a standardized process for City of Cincinnati (CCPC) staff to thoroughly manage after-hours calls to increase access to clinical advice, ensure timely responses, minimize delays in care, and decrease unnecessary hospital and emergency room visits.

II. POLICY

CCPC on-call providers shall give timely clinical advice to patients after health center hours and document each encounter in the patient's electronic health record (EHR).

III. PROCEDURE

1. CCPC on-call providers must respond to after-hours answering service calls within 30 minutes if they miss the initial call.
2. Telephone encounters must be completed by the end of the next business day following the after-hours call.
3. Depending on the nature of the call, the on-call provider will send the telephone encounter to the patient's primary care provider or health care team.
4. The on-call provider will have after-hours (24/7) access to the Electronic Health Record (EHR) to document the phone call and the response in a telephone encounter in the EHR.
5. This procedure includes the use of the contracted After-Hours Call system.

REFERENCES

- Buse, K., Mays, N., Colombini, M., Fraser, A., Khan, M., & Walls, H. (2023). *Making Health Policy*. McGraw-Hill.
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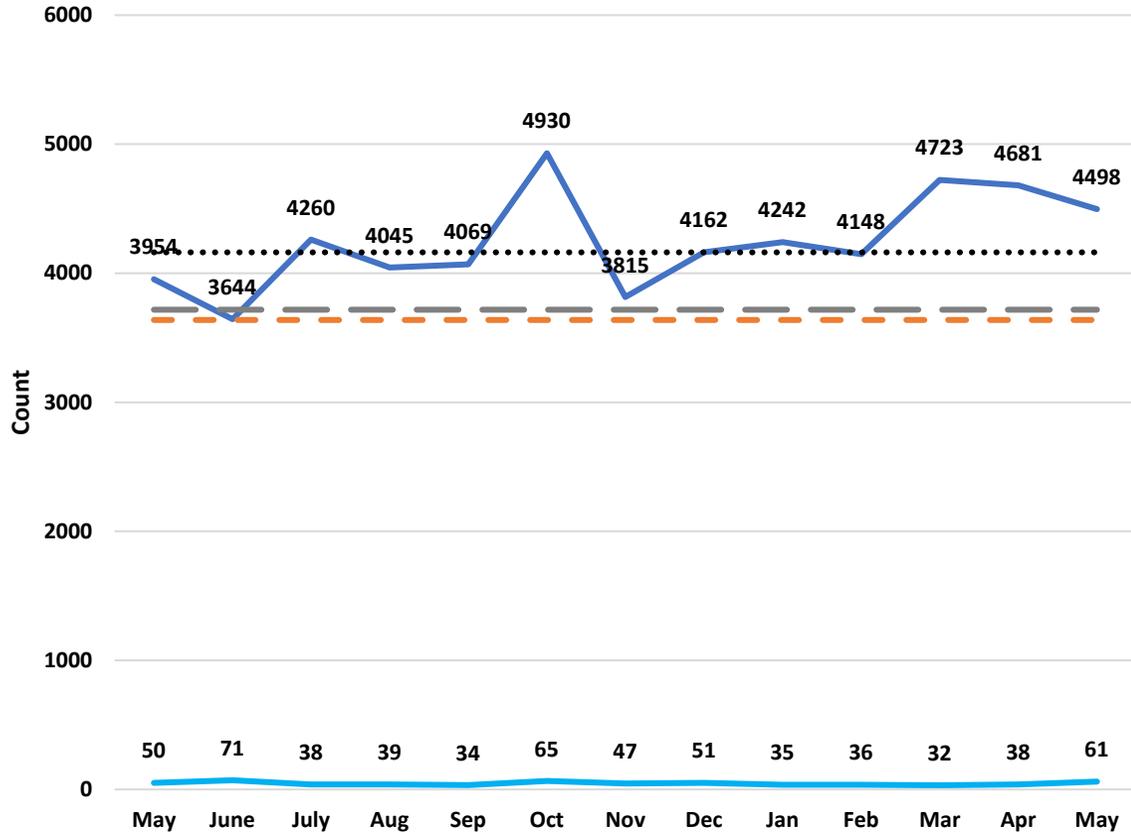


CCPC Board Meeting – Efficiency Update

July 2025

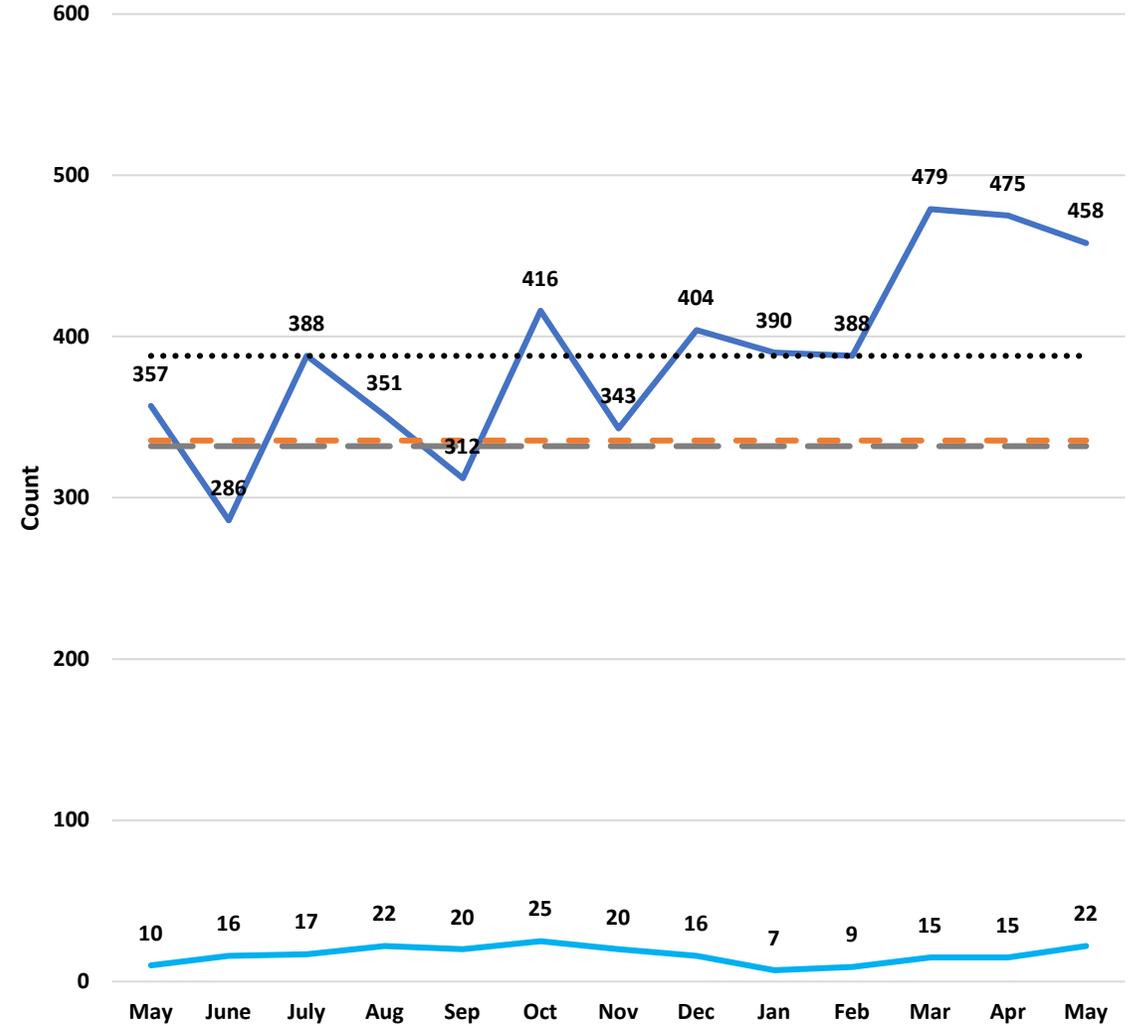
Medical/Behavioral Health

NUMBER OF VISITS - ALL LOCATIONS



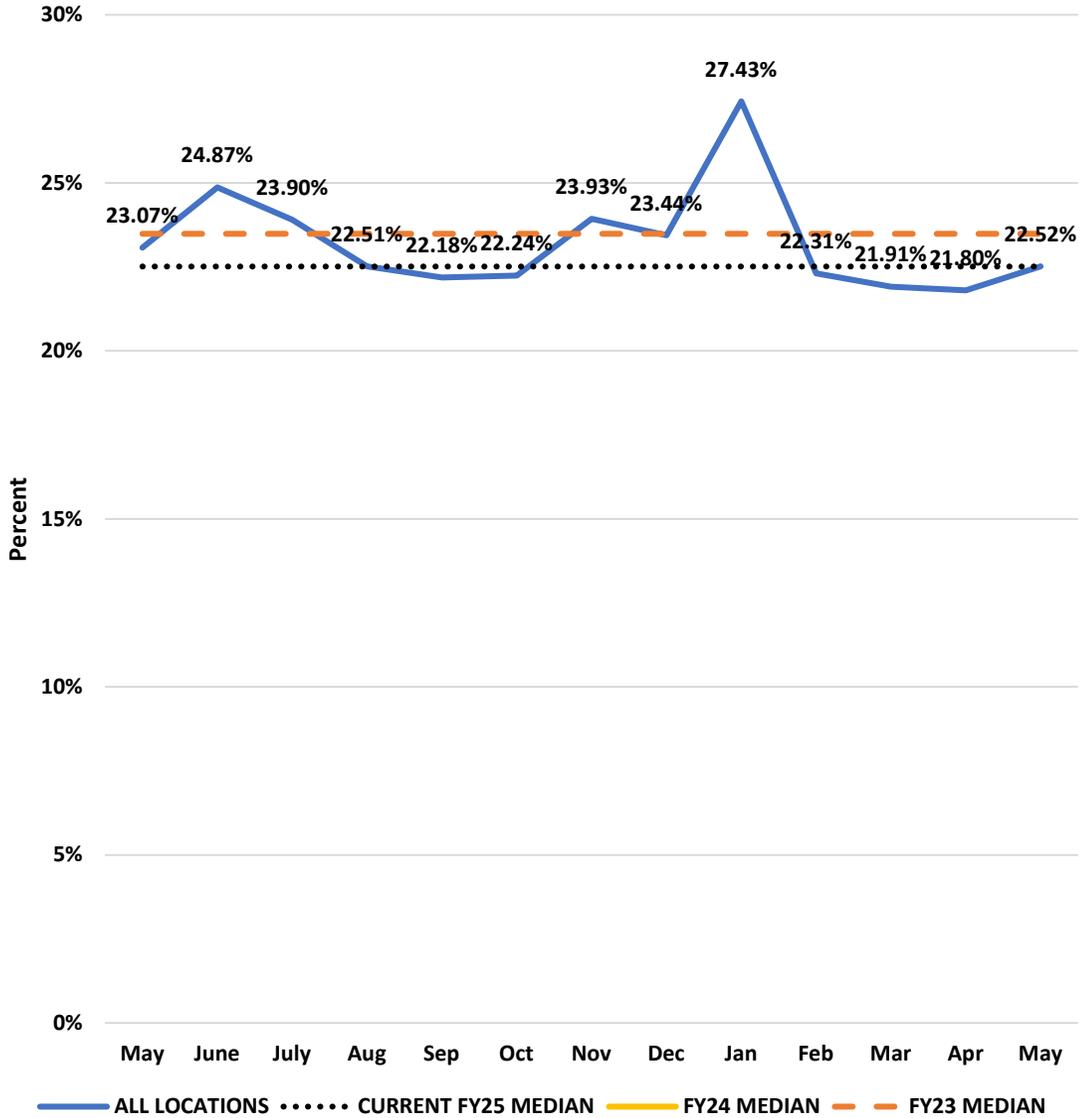
— ALL LOCATIONS — TELEHEALTH VISITS CURRENT FY25 MEDIAN
— FY24 MEDIAN - - - FY23 MEDIAN

NUMBER OF VISITS - ALL BEHAVIORAL HEALTH

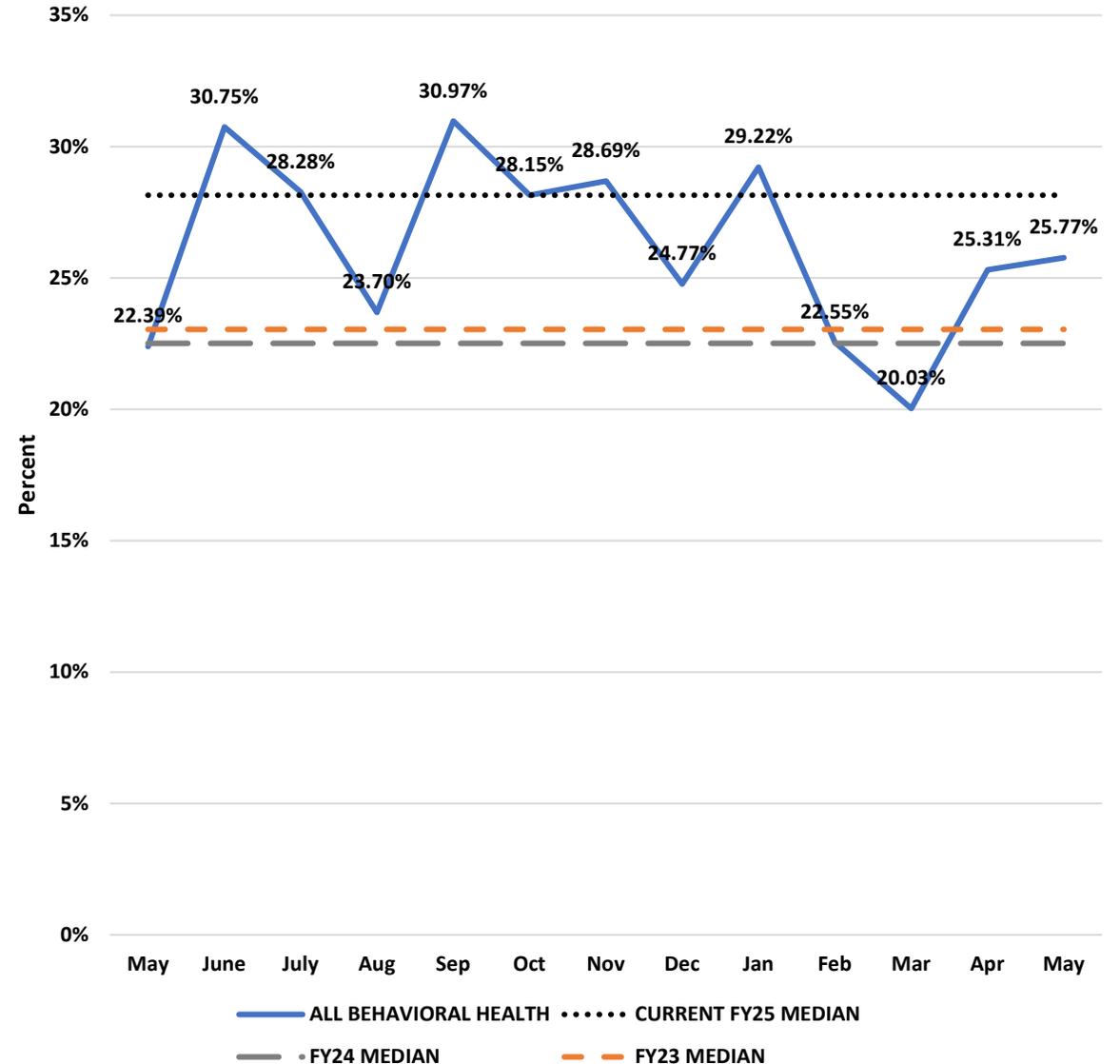


— ALL BEHAVIORAL HEALTH — TELEMEDICINE VISITS CURRENT FY25 MEDIAN
— FY24 MEDIAN - - - FY23 MEDIAN

NO SHOW % - ALL LOCATIONS

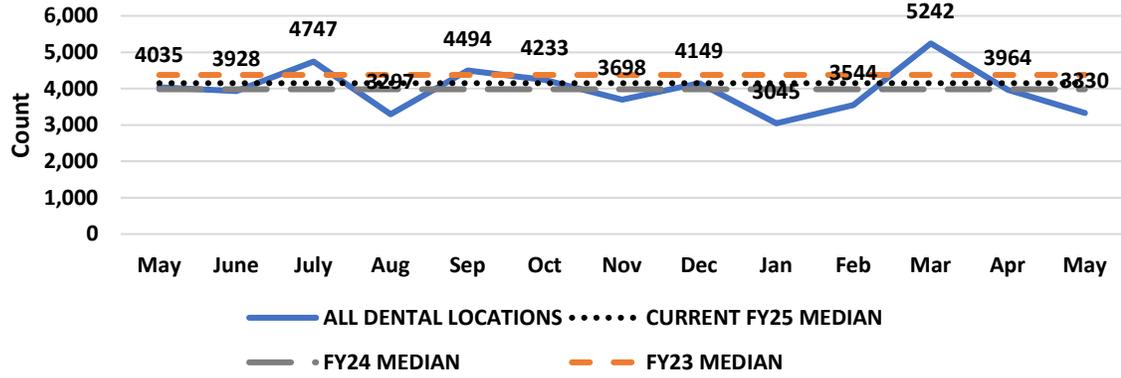


NO SHOW % - ALL BEHAVIORAL HEALTH

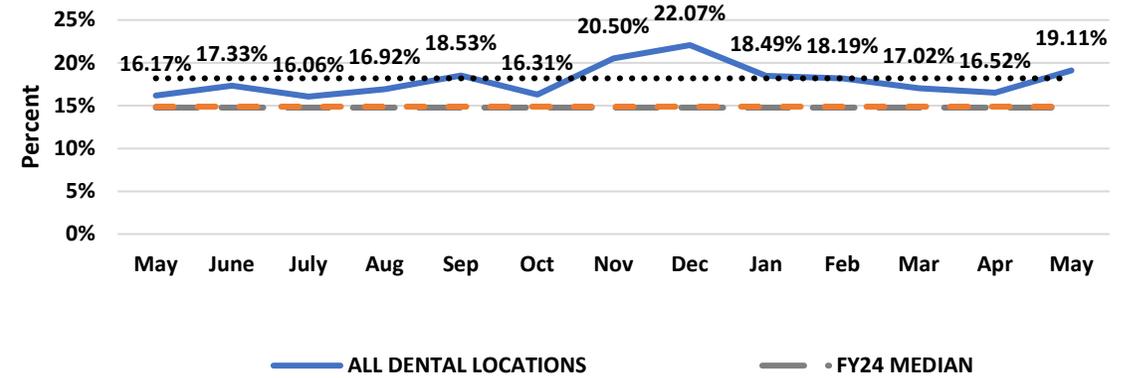


Dental

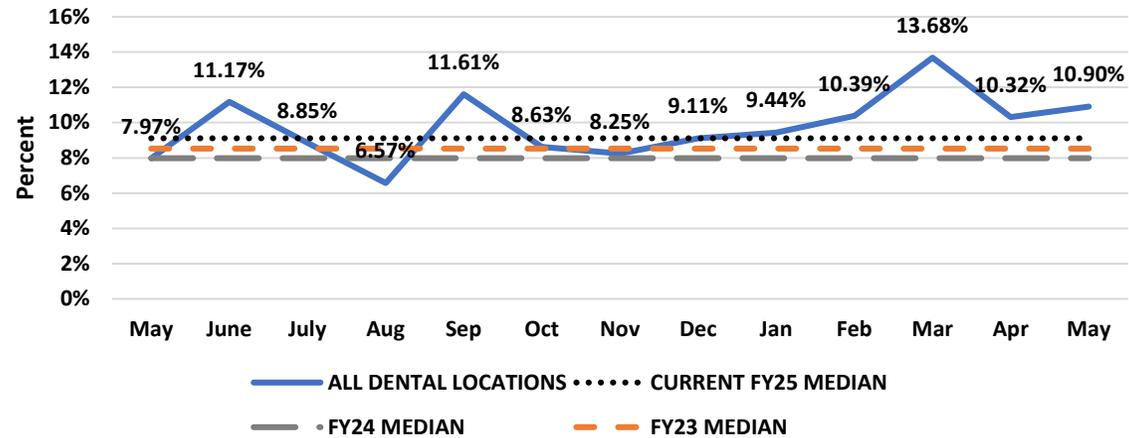
DENTAL VISITS - ALL LOCATIONS



DENTAL BROKEN APPT % - ALL LOCATIONS

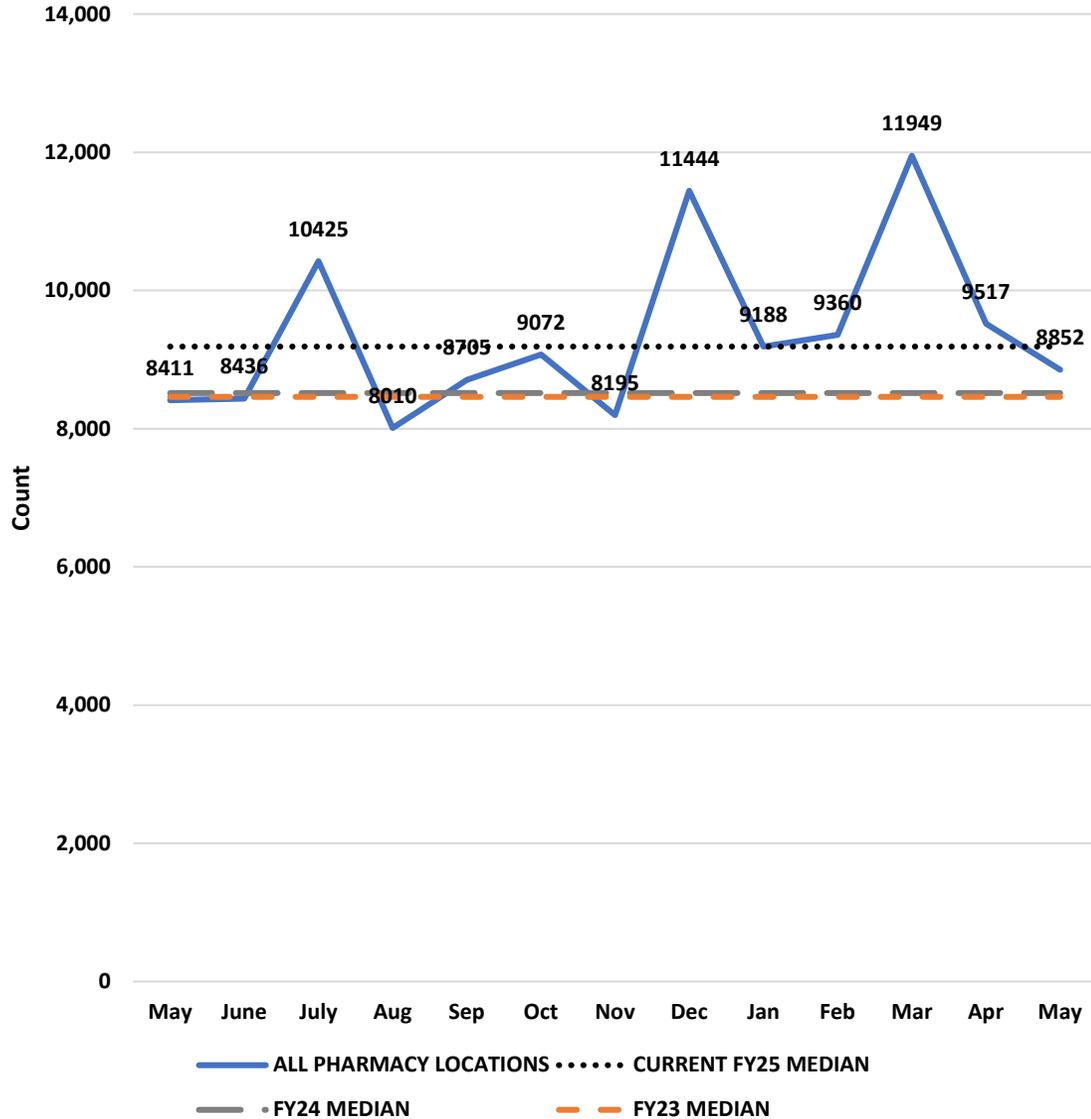


DENTAL NEW PATIENT % - ALL LOCATIONS

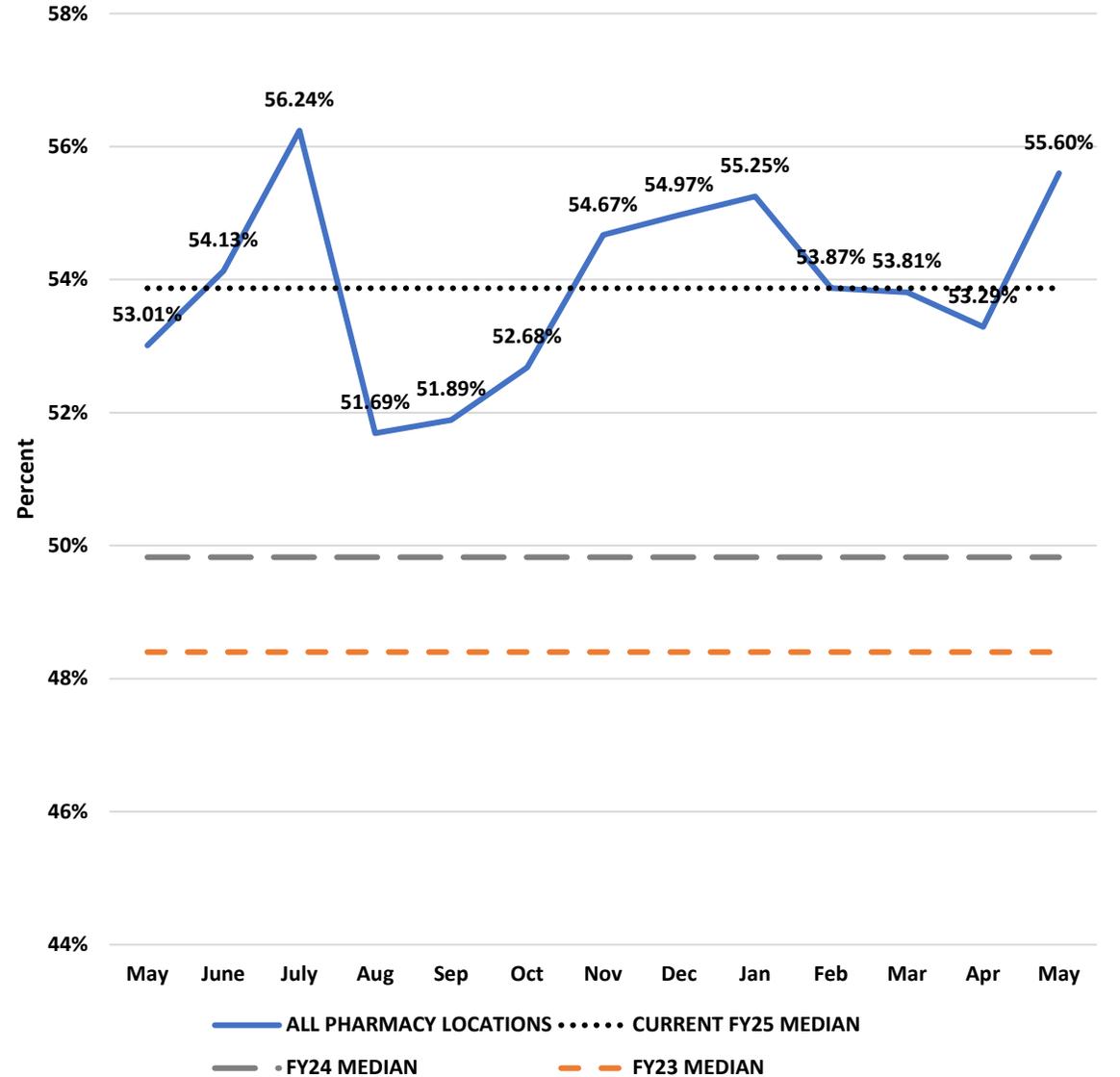


Pharmacy

PHARMACY NUMBER OF FILLS - ALL LOCATIONS

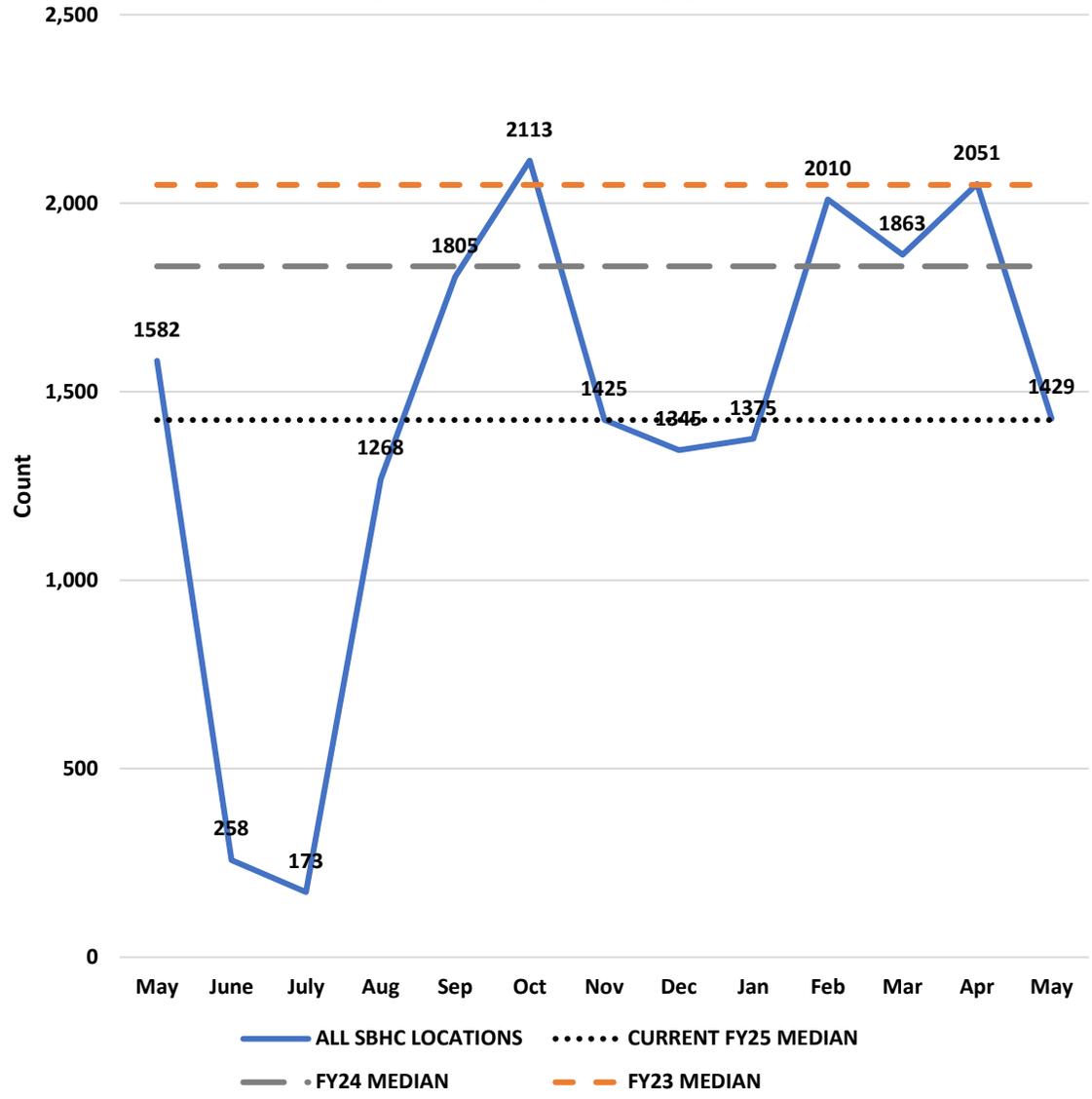


PHARMACY ESCRIBE % - ALL LOCATIONS

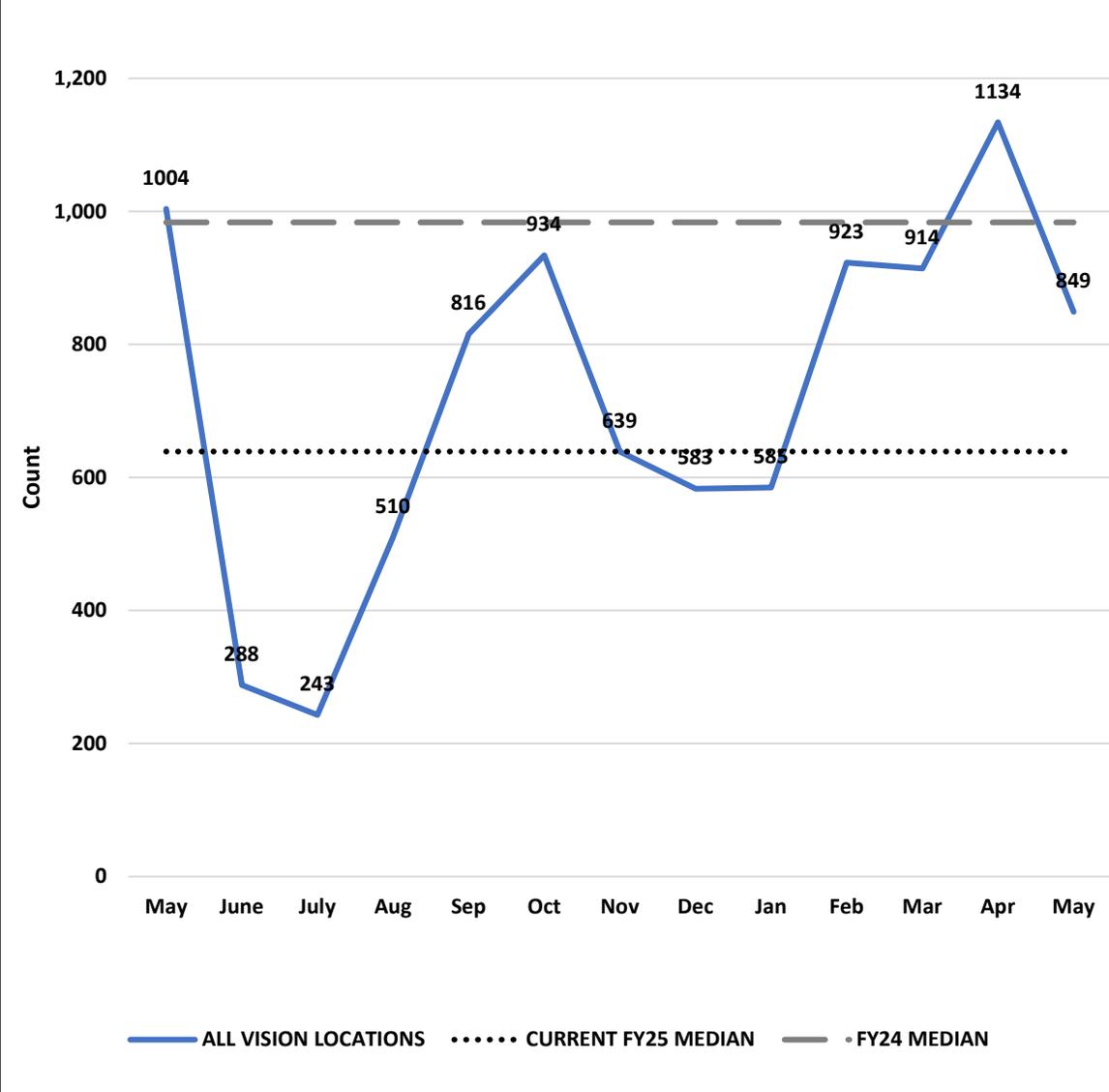


School Based Health Centers

SBHC VISITS - ALL LOCATIONS



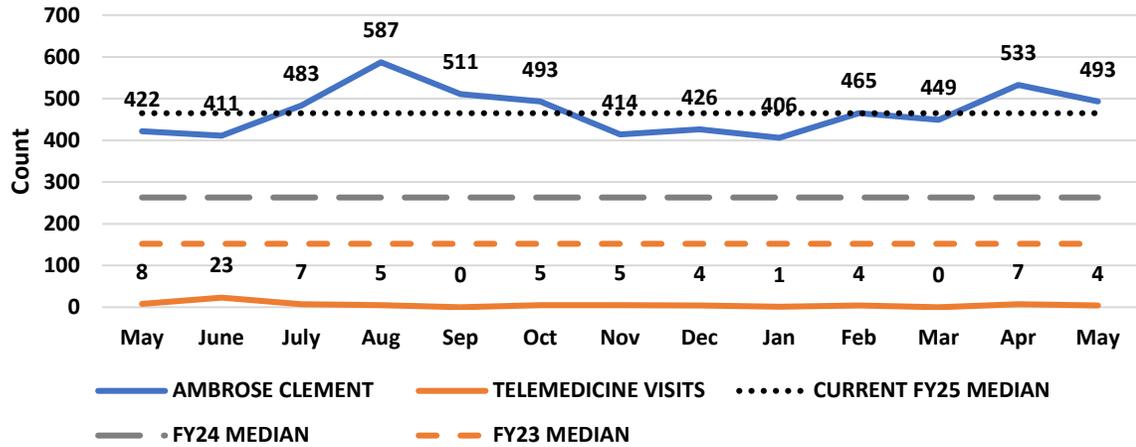
VISION VISITS - ALL LOCATIONS



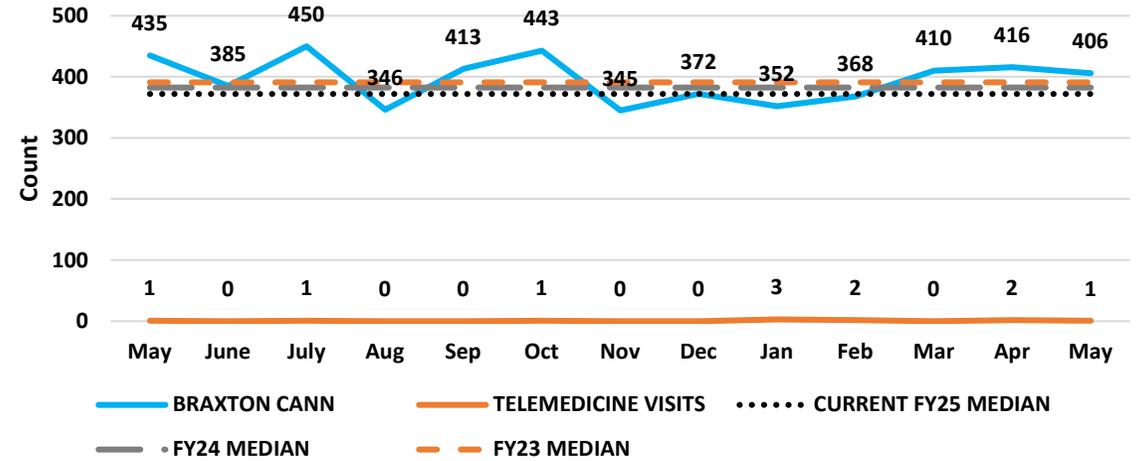
Supplemental Slides

VISITS

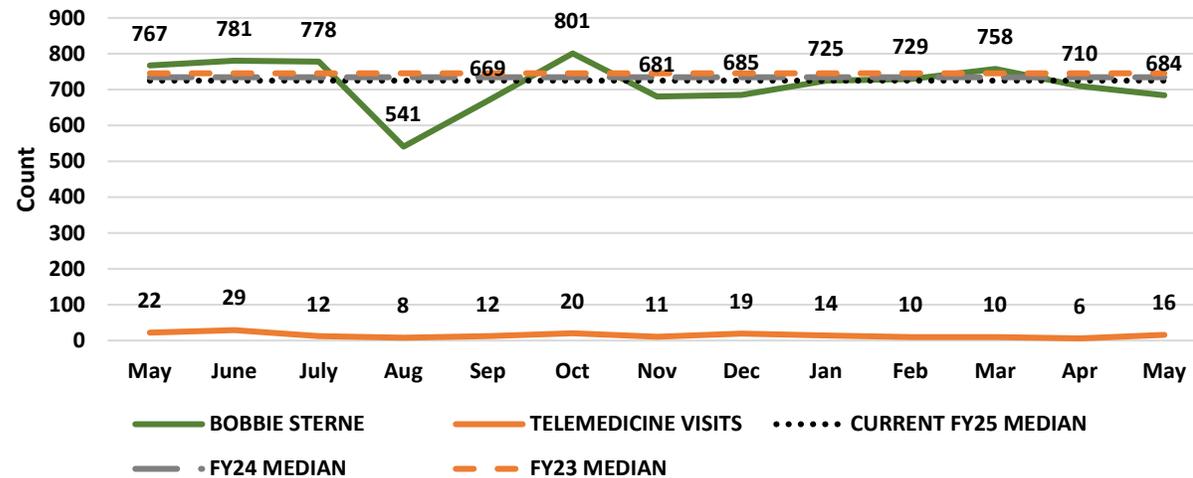
AMBROSE



BRAXTON CANN

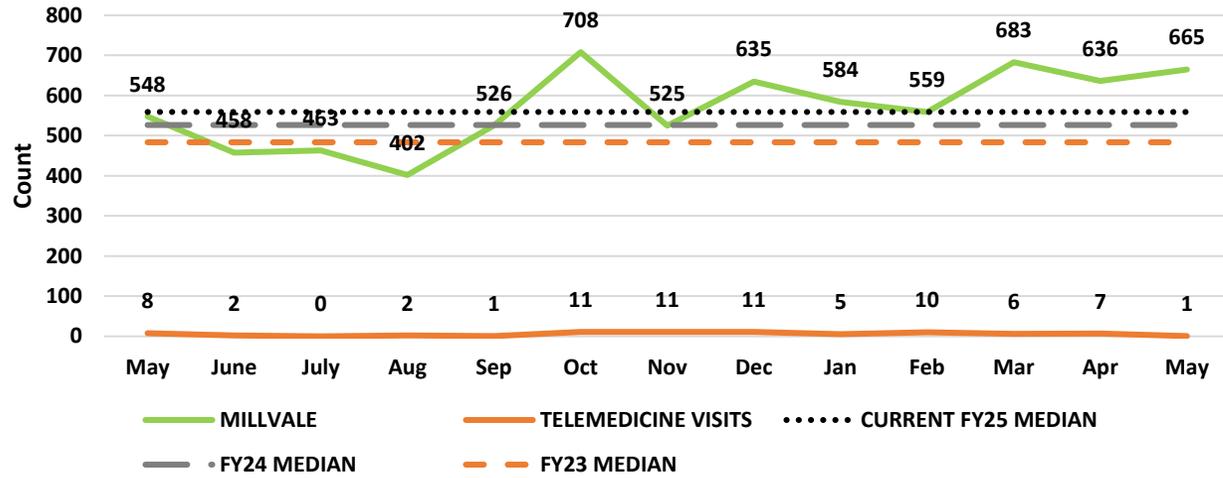


BOBBIE STERNE

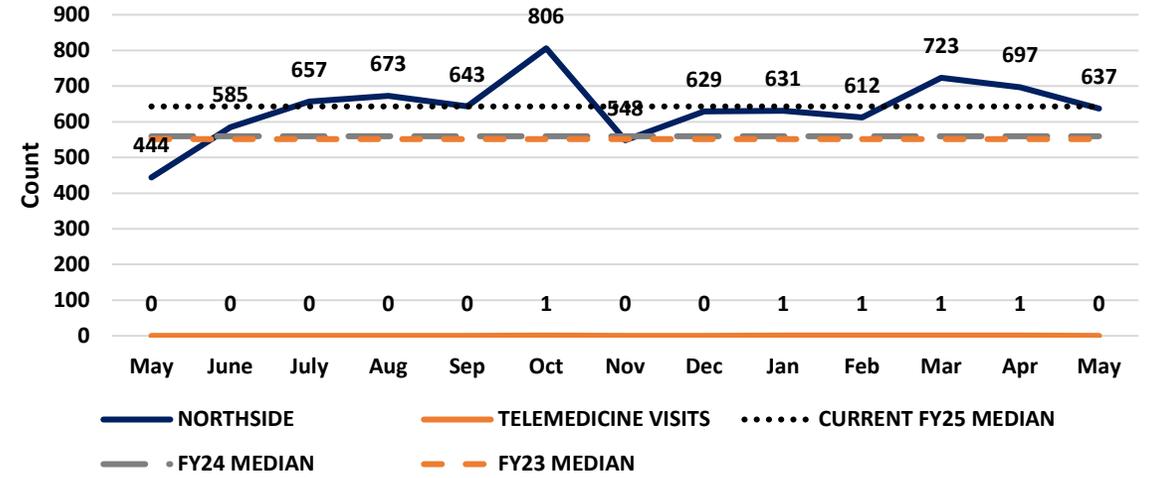


VISITS

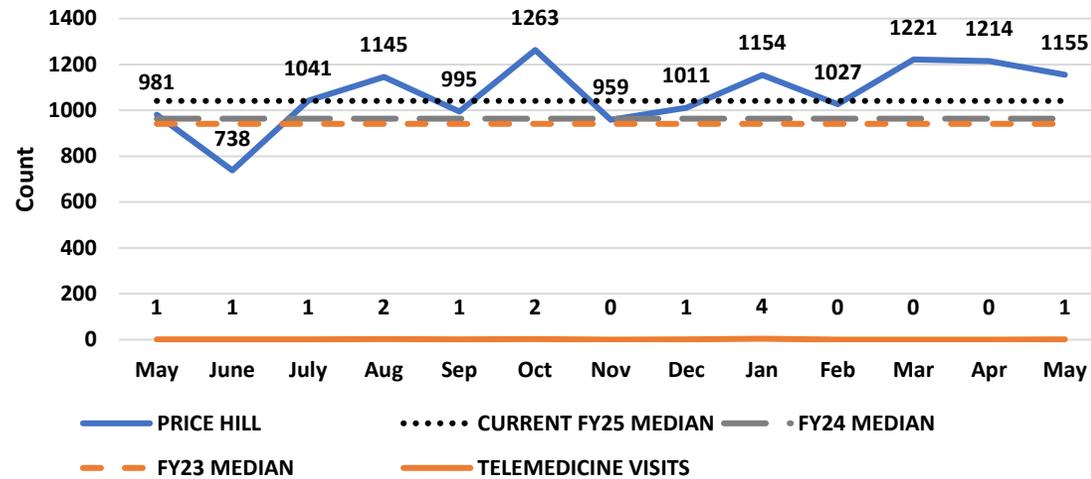
MILLVALE



NORTHSIDE

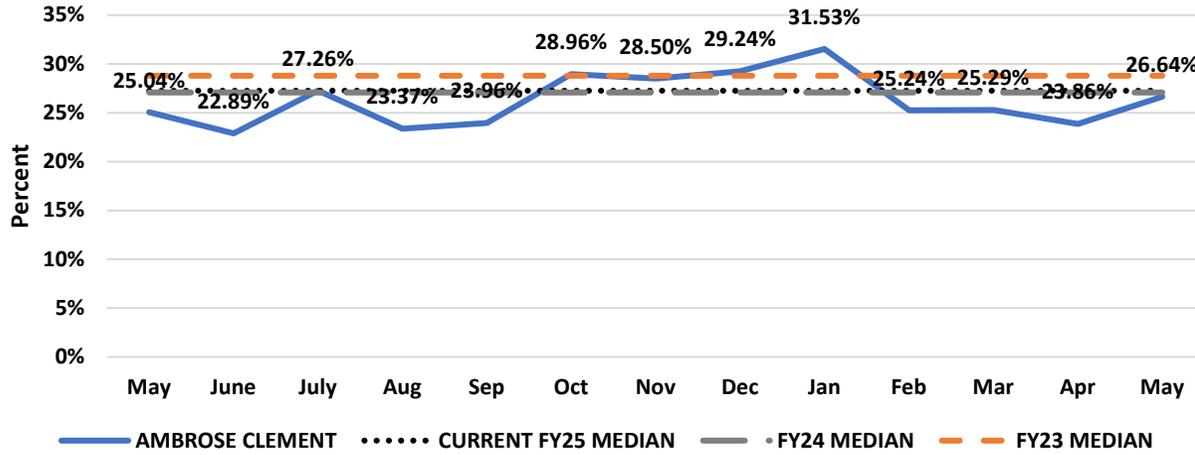


PRICE HILL

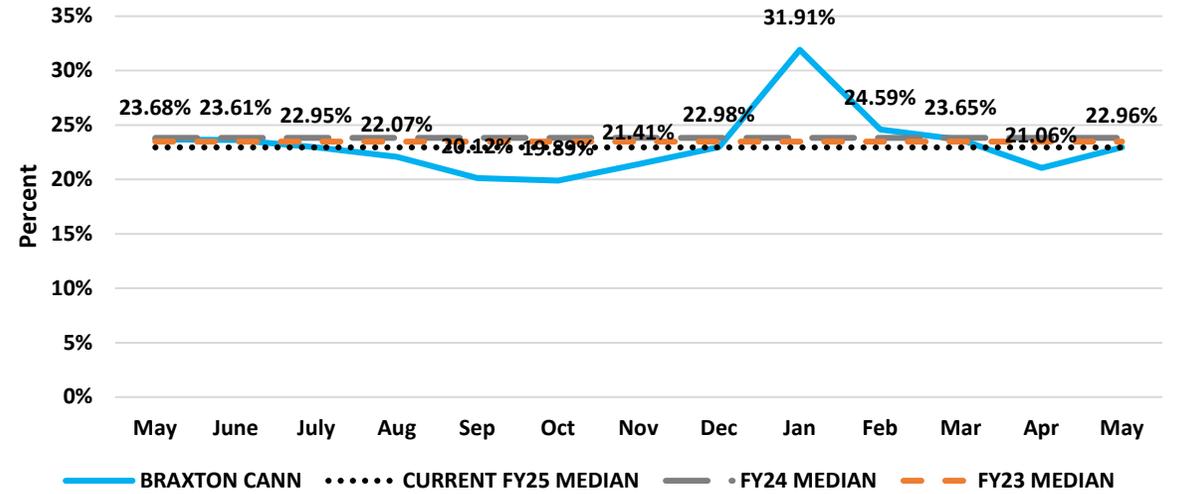


NO SHOW PERCENT

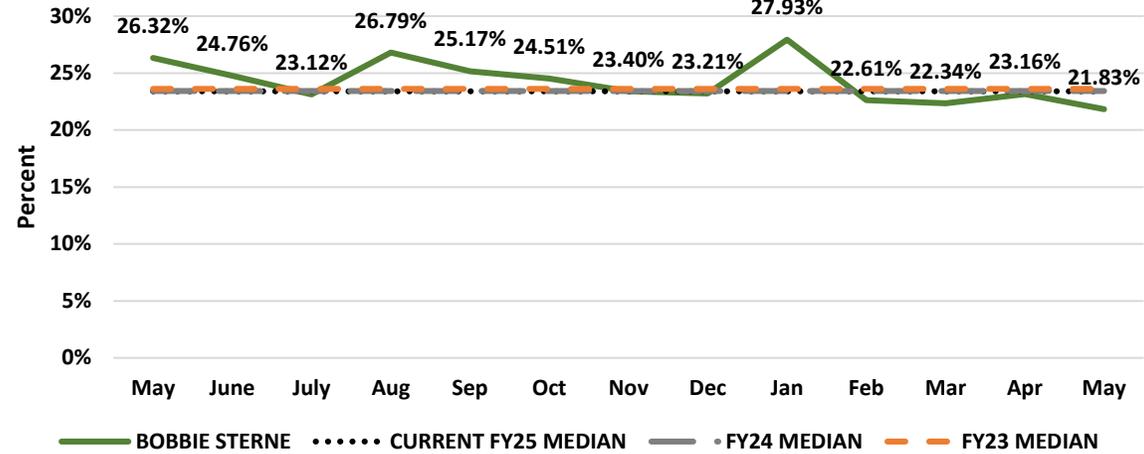
AMBROSE



BRAXTON CANN

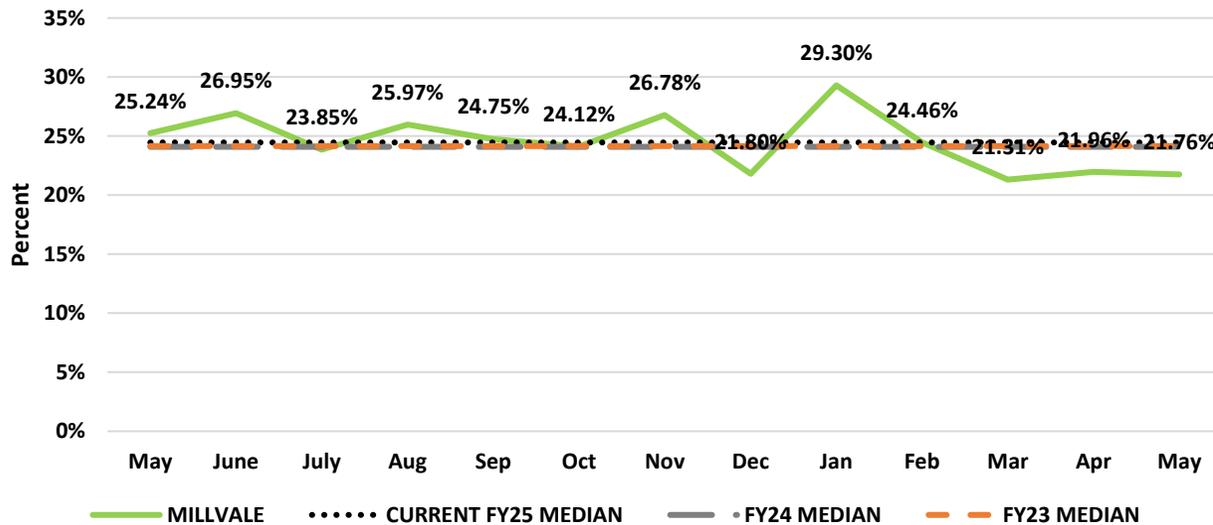


BOBBIE STERNE

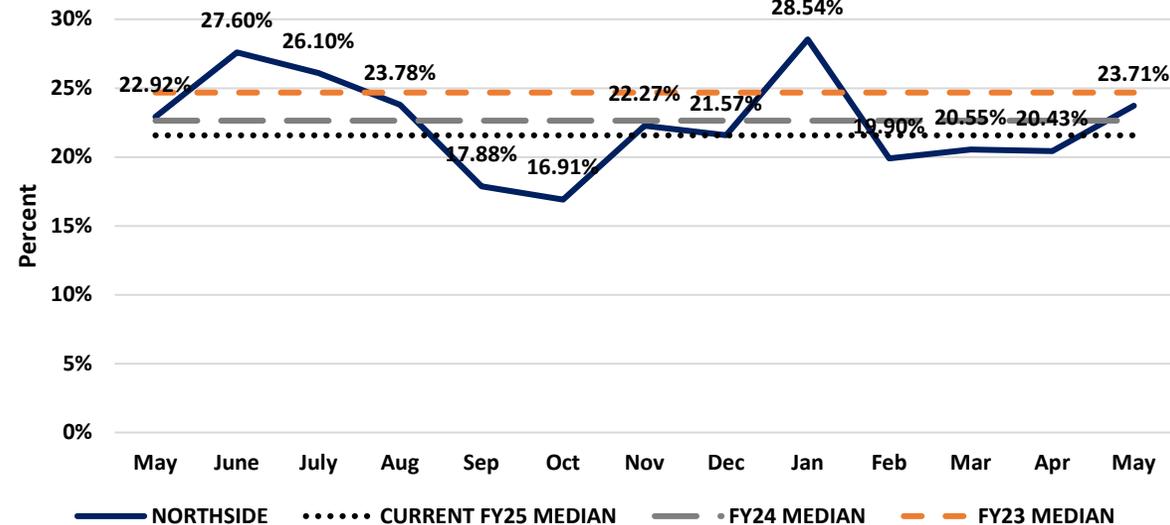


NO SHOW PERCENT

MILLVALE



NORTHSIDE



PRICE HILL

