



City of Cincinnati Primary Care Board of Governors Meeting

September 9, 2026

Agenda

Deirdre Beluan	Michelle Burns	Timothy Collier	Robert Cummings
Alexius Cook	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 – 6:06 pm Moment of Silence

Vote: Motion to approve the Minutes from August 12, 2026, CCPC Board Meeting.

Executive Committee

6:06 pm – 6:10 pm Chairman Updates: Mr. John Kachuba

Leadership Updates

6:10 pm – 6:35 pm Ms. Joyce Tate, Chief Executive Officer

CEO Report - **document**

HRSA Budget Period Renewal – Due October 9

HRSA Nutrition Grant Application – In Process

Vote: Motion to submit and accept HRSA Expanding Nutrition Services (ENS) – program

Forvis Mazurs – Financial consulting group starting 9/22/26

HRSA Site Visit – Still “Under Review” - Waiting on final recommendations

Patient/User of Service for Board Members Reminder – **IF** CCPC “User”

Comprehensive Strategic Plan – **documents**

6:35 pm – 6:50 pm Mr. Mark Menkhaus Jr., Chief Financial Officer

CFO Report – **documents**

Ambrose Construction Update – Discuss updates and strategic alignment – **documents**

New Business

6:50 pm – 6:55 pm Public comments

6:55 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 – October 14, 2026

CCPC Board of Governors Meeting Minutes

Wednesday August 12, 2026

{00335869-1}

Call to order at 6:14 pm

Roll Call

CCPC Board members present – Ms. Deirde Beluan, Ms. Michelle Burns, Mr. Timothy Collier, Mr. Robert Cummings, Ms. Alexius Cook, Mr. John Kachuba, Dr. Phil Lichtenstein, Ms. Jen Straw, Ms. Erica White-Johnson, Dr. Benard Young

CCPC Board members absent – Ms. Luz Schemmel, Ms. Debra Sellers

Others present – Ms. Marla Hurston Fuller, Ms. Joyce Tate, Mr. Mark Menkhaus Jr., Mr. David Miller, Ms. Bethany Shisler, Dr. Geneva Goode, Dr. Yury Gonzales, Ms. Angela Mullins, Ms. Stephanie Courtney, Dr. Nick Taylor, Ms. Angela Robinson

Board Documents:

Topic	Discussion/Action	Motion	Responsible Party
Call to Order/Moment of Silence	The meeting was called to order at 6:05 p.m. The board gave a moment of silence to recognize our two most important constituencies, the staff, and patients.	n/a	Mr. Kachuba
Roll Call	10 Present, 2 Absent Quorum	n/a	Ms. Marla Hurston Fuller
Minutes	Motion: The City of Cincinnati Primary Care for July 8, 2026, CCPC Board Meeting Minutes.	M: Dr. Lichtenstein 2nd: Ms. Burns Action: Passed Yes: 10 Abstain	Mr. Kachuba
Policy Approvals	Vote: Motion to adopt updated policies as listed below: - Clinical Risk Management Plan - Clinical Safety Event Reporting - Credentialing & Privileging - Hospital & Emergency Dept. Discharge Follow-Up - Huddle Policy and Procedure Update - Incident Reporting Policy - Tracking Labs & Diagnostic Imaging - Referral Tracking - Patient Satisfaction Survey - Standards of Medical Care - Termination of Provider Patient Relationship - Patient Eligibility - Sliding Fee Discount - Patient Collections - Provider Peer Review - Waiver Reduction Patient Fees (Financial Hardship Waiver Request) Dr. Gonzales presented 16 policies for approval, detailing changes in hospital discharge follow-up,	M: Mr. Cummings 2nd: Ms. Burns Action: Passed Yes: 10 Abstain	Mr. Kachuba Dr. Gonzales

	drone tracking, and clinical safety events reporting. Dr. Gonzales highlights the importance of aligning policies with professional literature and national guidelines. The board members discuss specific policies, asking questions and seeking clarifications.		
CEO Evaluation and Strategic Plan	Motion: To accept Annual Performance Evaluation for CEO, Ms. Joyce Tate John Kachuba summarizes the CEO evaluation from Dr. Mussman, noting the CEO exceeded expectations in all categories. The board approved the CEO's evaluation, noting exceeded expectations.	M: Dr. Lichtenstein 2nd: Dr. Young Action: Passed Yes: 9 Abstain	Mr. Kachuba
CEO Updates	The CEO discussed upcoming facility renovations and the impact of new Medicaid requirements. The CEO highlights the importance of reviewing the service areas and facility plans, mentioning upcoming renovations and expansions.	n/a	Ms. Tate
Finance Update	CFO Report - Mr. Mark Menkhaus Jr. reviewed the financial data variance between FY25 and FY26 for the month of July 2026. Financial Overview and Revenue Trends Mr. Menkhaus presents the financial report for fiscal year 26, noting the difference between capital and operating dollars. The CEO discusses the acquisition of a new administration building and ongoing renovation projects. Mr. Menkhaus explains the capital approval process and the city's role in allocating funds. The board members discuss the financial performance, with a net loss of \$400,000 despite a 7% increase in total revenue.	n/a	Mr. Menkhaus
Discussion on Medicaid and Legislative Challenges	Dr. Lichtenstein and David Miller discuss the impact of new Medicaid requirements and work requirements on patients. The board members express concerns about the administrative burden and potential audits for providers.	n/a	Mr. Miller, Mr. Kachuba

	Comments are made emphasizing the importance of advocating for Medicaid and Medicare, urging families to write to legislators. Ms. Tate highlights the success of National Health Center Week and the efforts to support patients through various events.		
New Business			
Conclusion	Mr. Kachuba thanks everyone for their participation in the HRSA visit and Board Meeting and hopes for better weather for the next HRSA visit and in-person board meeting. Mr. Kachuba opens the floor for any new business or public comments, but none are made.	n/a	Mr. Kachuba
Public Comments	No Public Comments.	n/a	Mr. Kachuba, Ms. Fuller
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.	n/a	n/a

Meeting adjourned: 6:59 pm

Next meeting: September 9, 2026, at 6:00 pm.

The meeting can be viewed and is incorporated in the minutes:

 Date: 8/12/2026
 Clerk, CCPC Board of Governors

 Date: 8/12/2026
 Mr. John Kachuba, Board Chair

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

CCPC Board of Governors

Cincinnati Health Department

Board Members	Roll Call	7/8/2026 Minutes	Policies: Credentialing and Privileging Policy Hospital and Emergency Dept. Discharge Follow-Up Policy Tracking Labs and Diagnostic Imaging Policy Referral Tracking Patient Satisfaction Survey Standards of Medical Care Policy Huddle Policy and Procedure Termination of Provider Patient Relationship Policy Patient Eligibility Sliding Fee Discount Policy Patient Collections Policy Waiver Reduction Patient Fees	CEO Evaluation
Ms. Deirdre Beluan	X			
Ms. Michelle Burns	X	2 ND	2 ND	
Mr. Timothy Collier	X			
Mr. Robert Cummings	X		M	
Ms. Alexius Golden Cook	X			
Mr. John Kachuba	X			
Dr. Philip Lichtenstein	X	M		M
Ms. Luz Schemmel	Excused			
Ms. Debra Sellers				
Ms. Jen Straw	X			
Ms. Erica White-Johnson	X			
Dr. Bernard Young	X			2 ND
Motion Result:	QURUM	PASSED	PASSED	PASSED
roll call timothy collier same mr. no tms				

X Present
Yay
Nay
Absent
Present but didn't vote
M Motion
2nd Second
Abstain
Delayed

STAFF/Attendees

Marla Fuller (temp clerk)	X
Joyce Tate	X
Geneva Goode, DNP	X
Mark Menkhous Jr	X
BOH Rep	
David Miller	X
Yury Gonzalez, MD	X
Angela Mullins	X
Anna Novais, MD	
Stephanie Courtney	X
Courthney Calvin	
Nick Taylor	X
Ian Diog	
Britnie Herndon	
Angela Robinson	X



8.12.26



DATE: September 9, 2026

TO: City of Cincinnati Primary Care Board of Governors

FROM: Joyce Tate, CEO

SUBJECT: CEO Report for September 2026

HRSA Budget Period Renewal – Due October 9, 2026

- **Priority item:** Staff are working with Fiscal and program leadership to complete the annual HRSA Budget Period Renewal, which is required to maintain CCPC federal funding.
- The renewal includes review of financial, operational, and compliance requirements, while leadership continues to monitor evolving HRSA guidance and potential impacts from Medicaid and federal funding changes.

HRSA Nutrition Grant Application

- HRSA Nutrition Grant Application – **In Process:** CCPC is pursuing a **\$350,000 HRSA Nutrition Services Grant** to expand nutrition and preventive care services.
- The grant would strengthen chronic disease management efforts, enhance care coordination, and support improved health outcomes for patients across the community.
- Requires the Board to make a motion to move forward.

HRSA - Site Visit Update

- CCPC is awaiting the final HRSA report following the August site visit. Auditors indicated that the organization is performing exceptionally well and may be positioned for future expansion.
- Of the 94 elements reviewed, 5 were identified as non-compliant. Once the final report is received, CCPC will have 14 days to address the findings. Leadership believes all identified items can be corrected except the Board quorum issue, as that deficiency occurred in the past and cannot be retroactively remedied. Any required corrective action plans and final recommendations will be shared with the Board upon receipt of the report.
- **Important HRSA Compliance Reminder:** One of the findings from the recent HRSA Site Visit involved the Board's patient/user requirement. Board members who have **not received CCPC services within the past 24 months** should schedule an appointment as soon as possible to help ensure compliance.

Forvis Mazurs – Financial Consulting Group – September 22, 2026

- Forvis Mazars will conduct an independent review of CCPC's financial health, operations, and long-term sustainability.
- The assessment will consider reimbursement trends, workforce and facility investments, and the potential impact of recent federal healthcare and Medicaid policy changes.
- Findings may help guide future strategic planning, financial resiliency efforts, and facility development decisions.

Ambrose Construction Update

- Review updated floor plans and project progress and discuss how the Ambrose project supports CCPC Strategic Plan goals related to patient access, service integration, operational efficiency, and long-term sustainability.

Comprehensive Strategic Plan

- The Strategic Plan serves as CCPC's roadmap for the next three years, guiding priorities related to patient access, financial sustainability, workforce development, facility improvements, and future growth. Board members are encouraged to review the draft plan and submit recommendations to ensure it reflects the Board's vision and priorities. Return feedback to Bethany Shisler and Mr. Kachuba.
- The Executive Committee will review all feedback and consider the final Strategic Plan for approval.

DATE: September 9, 2026

TO: City of Cincinnati Primary Care Governing Board

FROM: Mark Menkhaus, Jr., CFO

SUBJECT: Fiscal Presentation July 2026

Fiscal Presentation

Fiscal Presentation for July 2026

- For FY27, as of July 2026, Cincinnati Primary Care had a net loss of \$740,554.75.
- In FY26, July had a gain of \$166,061.84. Comparing FY26 with FY25 shows a decrease of \$906,616.59. This decrease is due to expenses increasing more than the revenue.
- Revenue decreased by \$316,645.65 from FY26. The decrease is due to lower Medicare, Medicaid and Medicaid Managed Care revenue.
- 7100-Personnel increased by 7.48% (6.72% in June). 7500-Fringes saw decrease of 17.75 (9.17% decrease in June). The increase in personnel expenses is attributed to the accrual reimbursement. Last FY we had 1.6 pay periods reimbursed while in FY27 we had 0.7 pay periods reimbursed.
- Non-Personnel expenses increased by \$589,970.94 (\$1,410,650.89 in June) from FY25. The increase is due to timing of invoices paid ex: Cardinal Health was paid \$252,961.74 and LabCorp was paid \$111,237.31 in FY27 but in FY26 as of the end of July no invoices for either were paid. However, in FY26 we spent \$92,471.00 in University of Cincinnati Physicians Company but, in FY27 we spent \$33,777.00.
- Here are charges for disaster regular hours and overtime as it relates to COVID-19, Measles and Monkey Pox for FY27 and FY26 for July.

Clinics		
Type Labor Cost	FY27	FY26
Disaster Regular	\$0.00	\$785.88
Disaster Overtime	\$0.00	\$ 0.00
Total	\$0.00	\$785.88

School Based		
Type Labor Cost	FY27	FY26
Disaster Regular	\$0.00	\$0.00
Disaster Overtime	\$0.00	\$0.00
Total	\$0.00	\$0.00

July Payor Mix Highlights:

	Medicaid	Commercial	Medicare	Self-Pay
Medical	-10%	-4%	0%	-4%
Dental	-11%	1%	0%	10%
School-Based Medical	0%	-6%	-2%	8%
School-Based Dental	-7%	0%	0%	6%
Behavioral Health	-6%	-4%	-2%	5%
Vision	2%	-2%	-1%	1%

Accounts Receivable Trends:

- The accounts receivable collection effort for June for 90-days is 34% and for 120-days is 24%. 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 2 days and 120-days remained the same as the previous month.

Days in Accounts Receivable & Total Accounts Receivable:

- The number of days in accounts receivable has decreased from the prior month by 1.4 days. The days in accounts receivable are lower than the average (by 5.9 days) of the past 13 months at 36.0 days.

Pharmacy Profit and Loss:

PHARMACY PROFIT AND LOSS					
	FY23	FY24	FY25	FY26	FY27
Revenue	\$ 6,300,690.56	\$ 5,238,764.29	\$ 5,502,799.47	\$ 6,025,419.65	\$ 422,659.28
Fund 416 Expenses	\$ 289,436.68	\$ 300,781.28	\$ 349,159.40	\$ 261,679.79	\$ 25,553.03
Expenses	\$ 3,181,993.51	\$ 3,698,117.59	\$ 3,884,826.49	\$ 4,897,414.84	\$ 414,603.81
	\$ 3,408,133.73	\$ 1,841,427.98	\$ 1,967,132.38	\$ 1,389,684.60	\$ 33,608.50

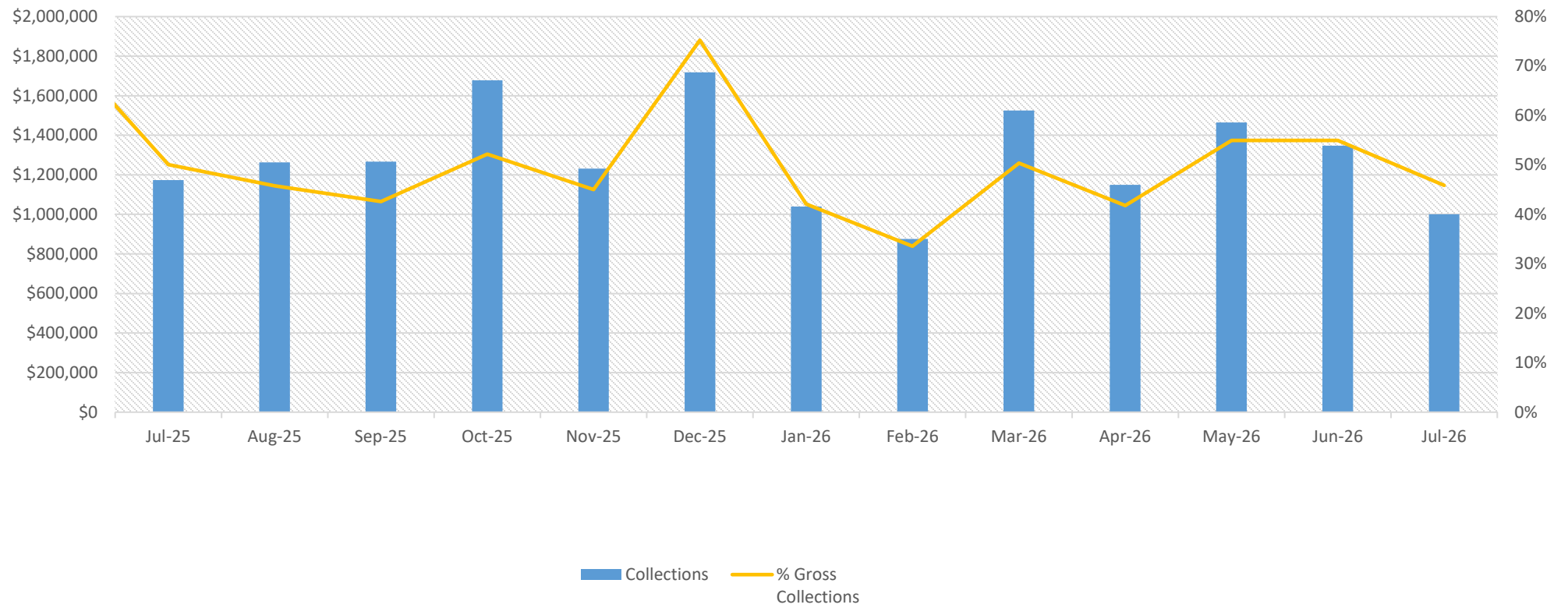
City of Cincinnati Primary Care
Profit and Loss with fiscal year comparison
July 2025 - July 2026

	FY27 Actual	FY26 Actual	Variance FY27 vs FY26
Revenue			
8556-Grants\Federal	\$250,000.00	\$250,000.00	0.00%
8571-Specific Purpose\Private Org.	\$0.00	\$0.00	0.00%
8617-Fringe Benefit Reimbursement	\$0.00	\$0.00	0.00%
8618-Overhead Charges - Indirect Costs	\$0.00	\$0.00	0.00%
8733-Self-Pay Patient	\$90,087.73	\$86,991.78	3.56%
8734-Medicare	\$312,598.63	\$469,171.18	-33.37%
8736-Medicaid	\$461,255.61	\$528,474.40	-12.72%
8737-Private Pay Insurance	\$142,360.05	\$102,810.32	38.47%
8738-Medicaid Managed Care	\$411,187.46	\$567,443.15	-27.54%
8739-Misc. (Medical rec.\smoke free inv.)	\$9,383.98	\$4,033.13	132.67%
8932-Prior Year Reimbursement	\$0.00	\$0.00	0.00%
416-Offset	\$517,198.63	\$501,793.78	3.07%
Total Revenue	\$2,194,072.09	\$2,510,717.74	-12.61%
Expenses			
71-Personnel	\$1,068,802.50	\$994,385.33	7.48%
72-Contractual	\$567,869.06	\$367,743.25	54.42%
73-Material	\$423,283.01	\$64,789.12	553.32%
74-Fixed Cost	\$289,302.23	\$206,068.63	40.39%
75-Fringes	\$585,370.04	\$711,669.57	-17.75%
Total Expenses	\$2,934,626.84	\$2,344,655.90	25.16%
Net Gain (Losses)	(\$740,554.75)	\$166,061.84	-545.95%

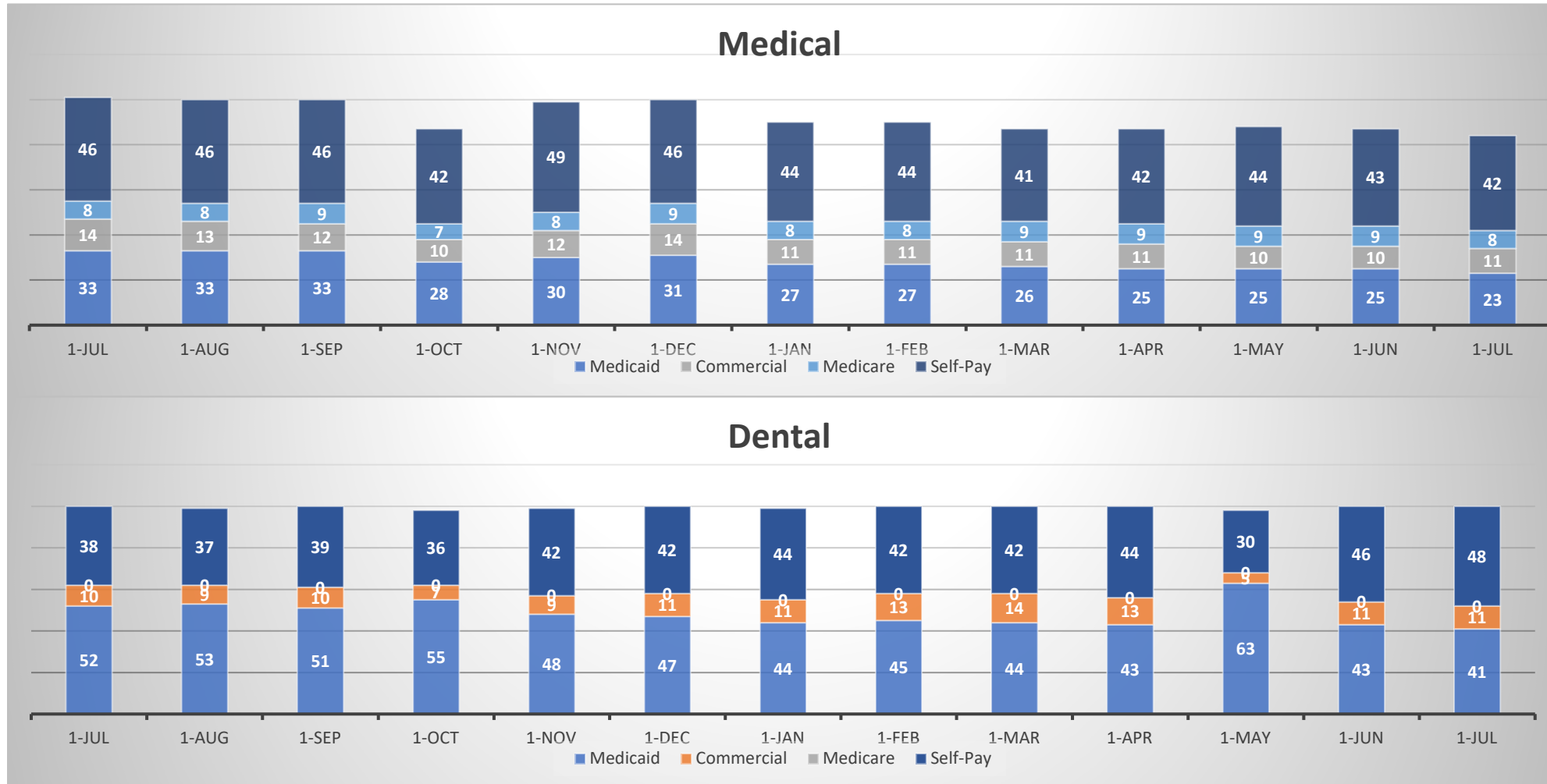
CHD/CCPC Finance
Update
September 9, 2026

Revenue Presentation

Monthly Visit Revenue

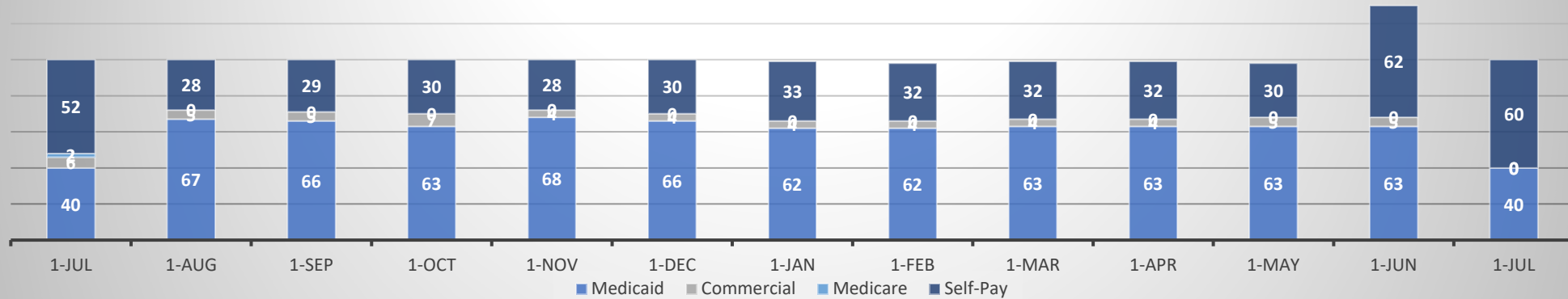


Payor Mix

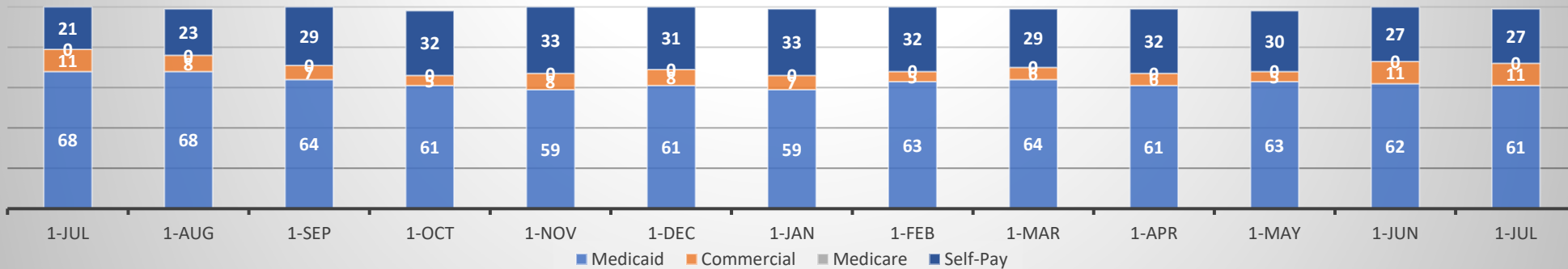


Payor Mix

SBHC - Medical

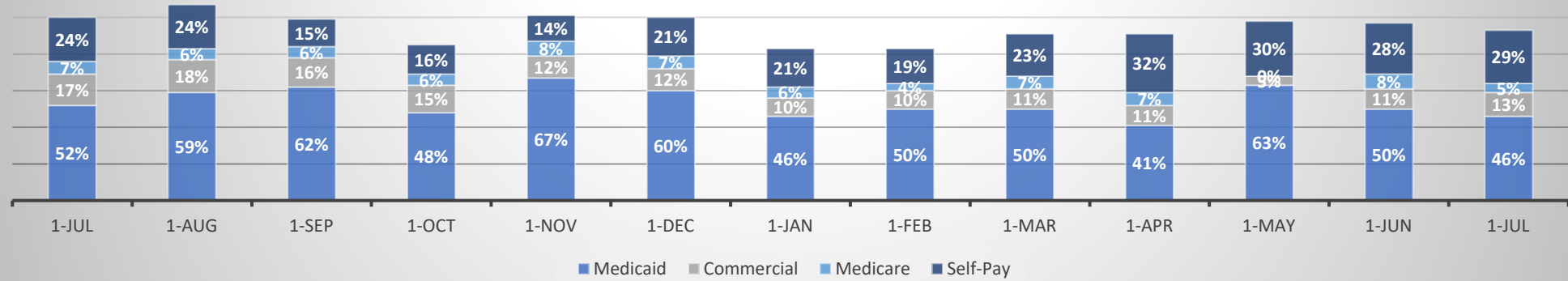


SBHC - Dental

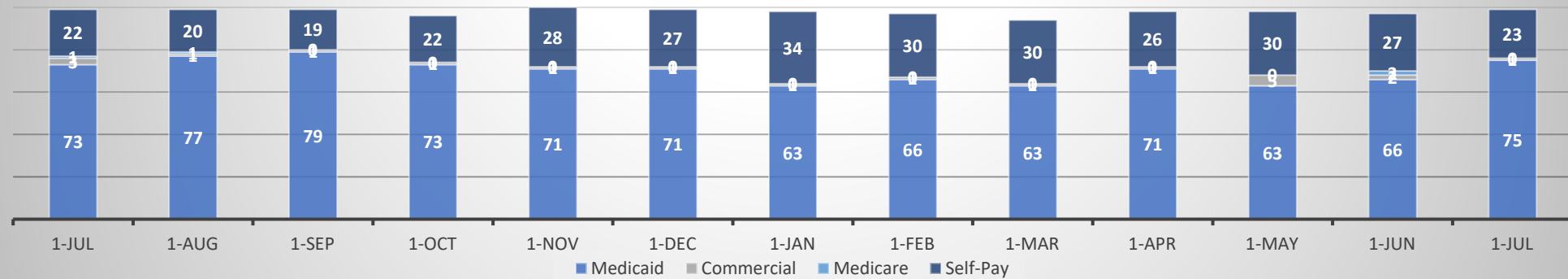


Payor Mix

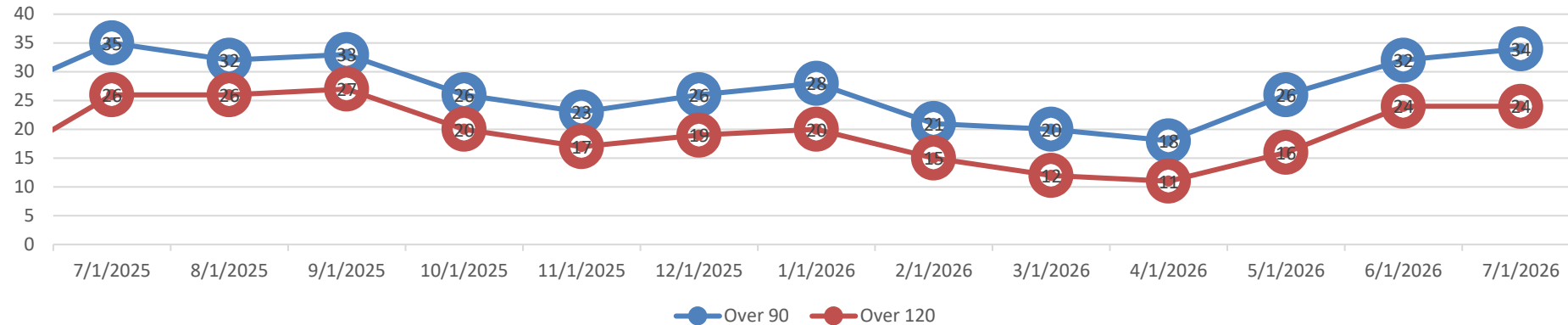
BH



Vision

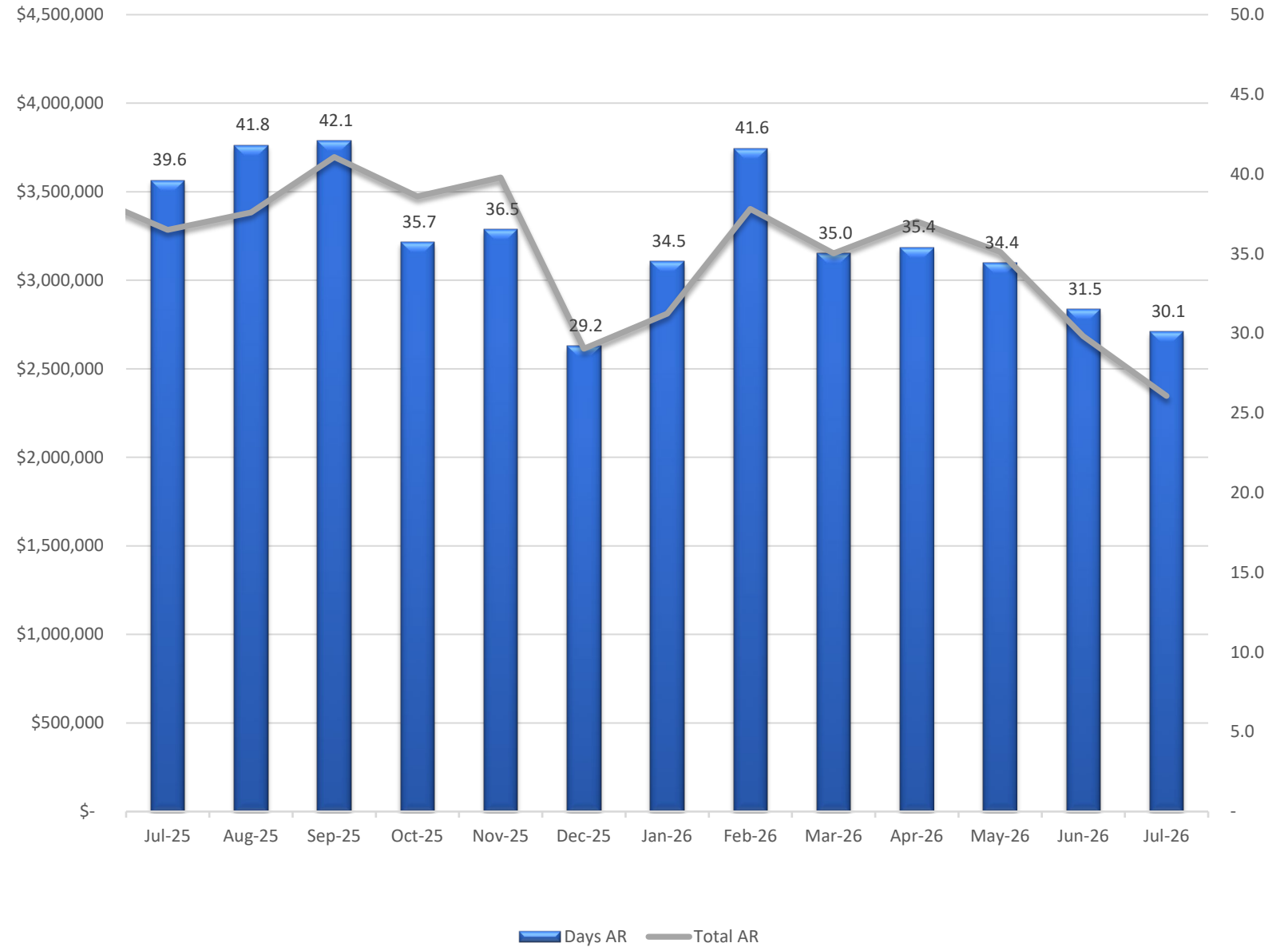


AR Trends



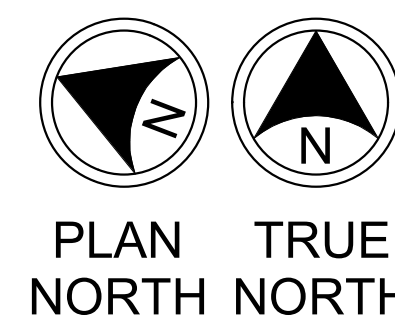
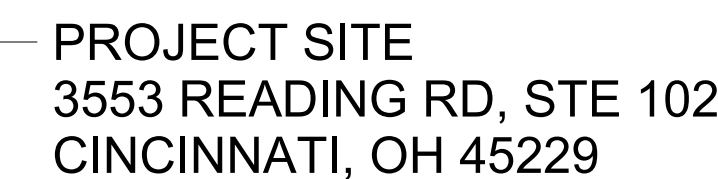
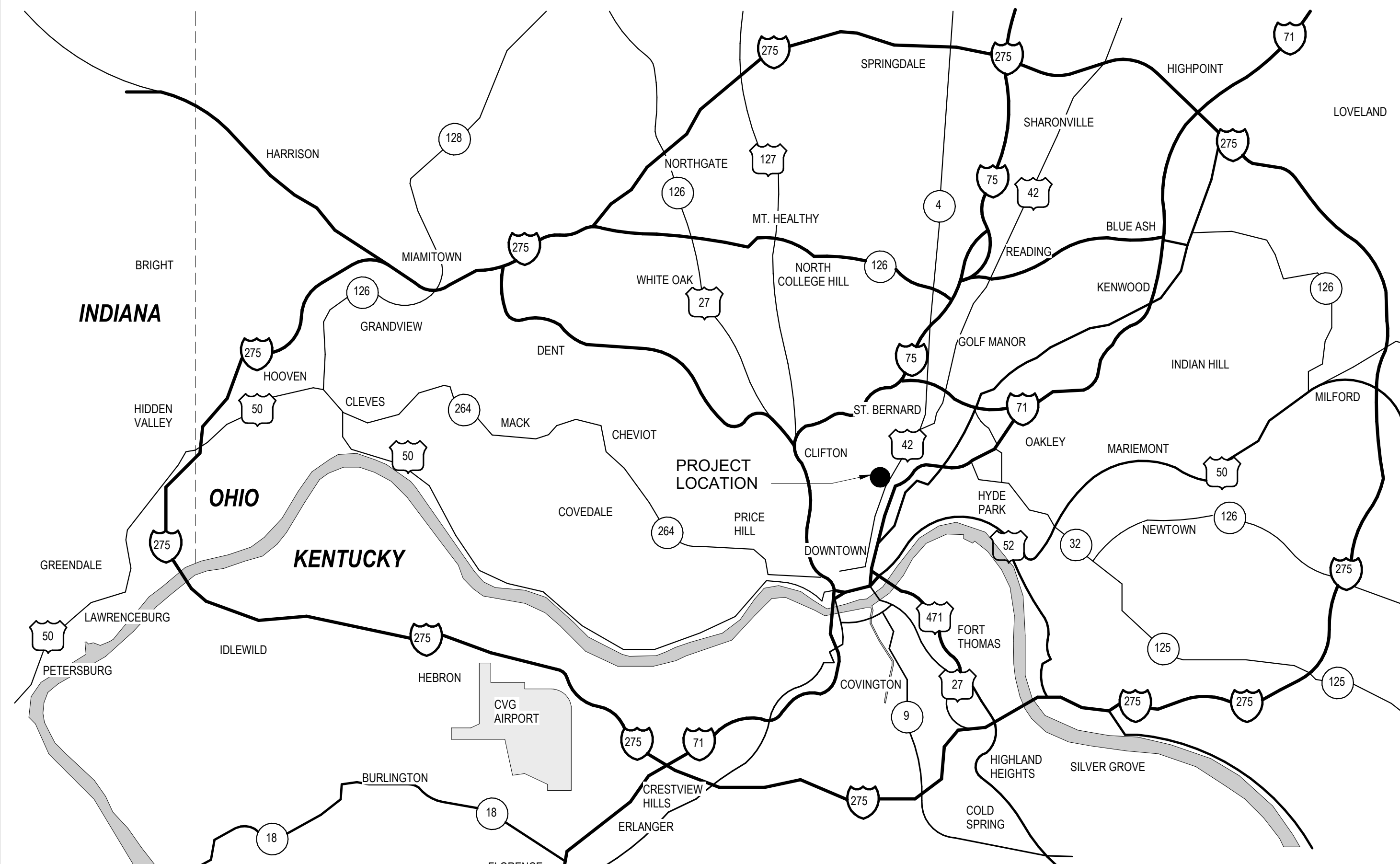
Aging Period	Insurance July	Patient - All July	Patient - On Pmt Plan July	Patient - Not on Pmt Plan July	Total July	% Total July
0 - 30	\$1,014,656	\$119,861	\$2,125	\$117,736	\$1,134,516	48.34%
31 - 60	\$118,049	\$127,910	\$2,709	\$125,201	\$245,959	10.48%
61 - 90	\$33,506	\$140,742	\$2,037	\$138,704	\$174,248	7.42%
91 - 120	\$75,470	\$143,963	\$1,470	\$142,493	\$219,433	9.35%
121 - 150	\$40,815	\$102,231	\$1,406	\$100,825	\$143,046	6.09%
151 - 180	\$41,839	\$86,951	\$1,679	\$85,271	\$128,790	5.49%
181 - 210	\$30,209	\$66,387	\$710	\$65,677	\$96,596	4.12%
211+	\$224,711	(\$20,231)	\$5,248	(\$25,478)	\$204,480	8.71%
Total	\$1,579,254	\$767,814	\$17,385	\$750,429	\$2,347,067	
% > 90	26%	49%	60%	49%	34%	
% > 120	21%	31%	52%	30%	24%	

Day in AR & Total A/R



KZF DESIGN

Architecture | Engineering | Interiors | Planning

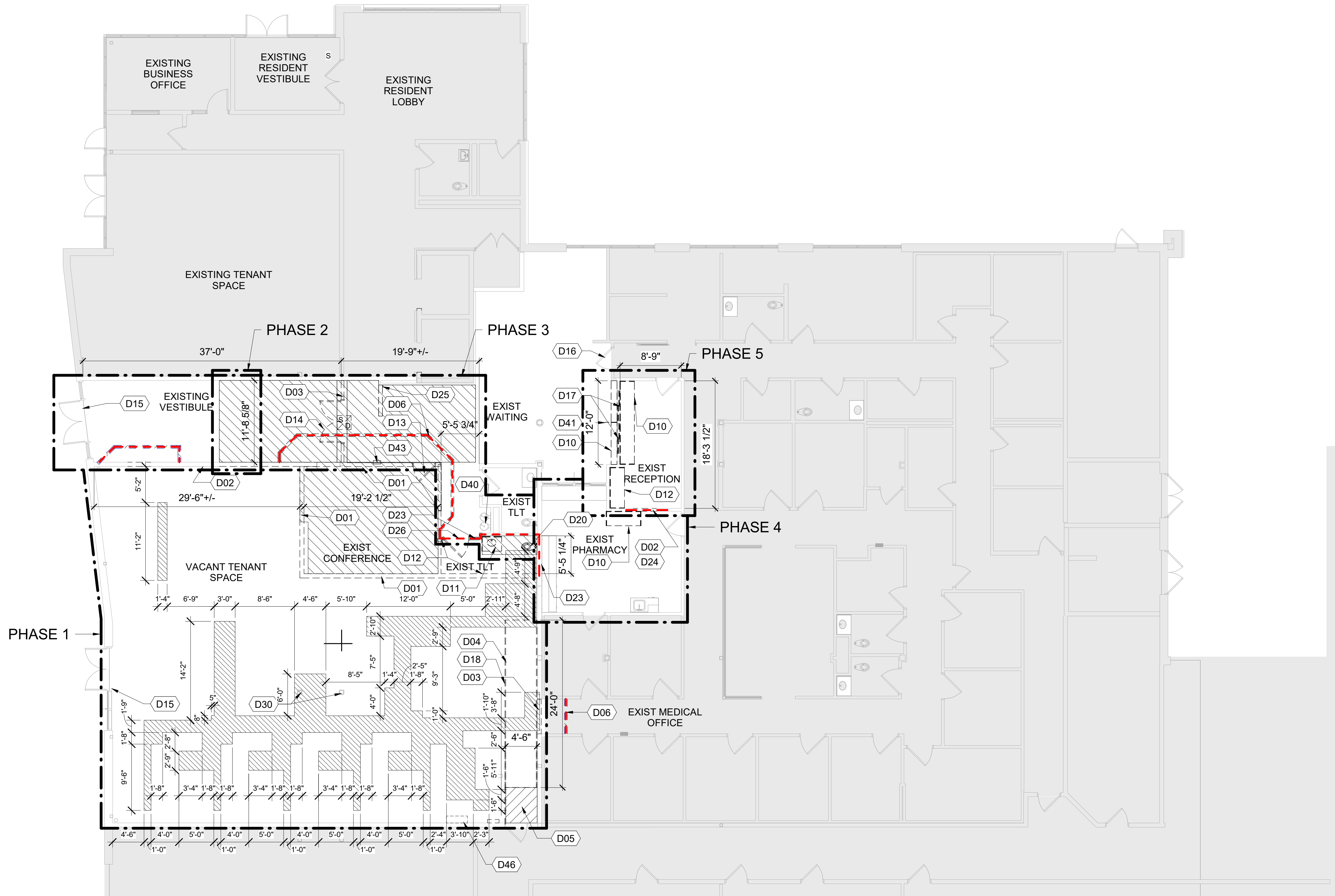
VICINITY MAP

LOCATION MAP

SHEET LIST	
Sheet Number	Sheet Name
GENERAL	
G-000	COVER SHEET
G-001	GENERAL NOTES, ABBREVIATIONS & SYMBOLS
G-002	ACCESSIBILITY STANDARDS
G-003	U.L. DETAILS
LIFE SAFETY	
LS101	FIRST FLOOR LIFE SAFETY PLAN
ARCHITECTURE	
AD101	DEMOLITION FLOOR PLAN
A-101	FIRST FLOOR PLAN - NEW WORK
A-102	ENLARGED FLOOR PLAN - DENTAL - NEW WORK
A-111	FIRST FLOOR CEILING PLAN
A-401	ENLARGED PLANS & ELEVATIONS - DENTAL OPERATORY
A-402	ENLARGED PLANS & ELEVATIONS - DENTAL TREATMENT 166
A-403	ENLARGED PLANS AND ELEVATIONS - STERILIZATION 168 & BREAK 174
A-404	ENLARGED PLANS AND ELEVATIONS - BUSINESS RECEPTION
A-405	ENLARGED PLANS AND ELEVATIONS - TOILET ROOMS & LAB
A-406	ENLARGED PLANS AND ELEVATIONS - PHARMACY
A-410	MISC INTERIOR ELEVATIONS
A-501	PARTITION TYPES
A-510	INTERIOR DETAILS
A-520	CASEWORK DETAILS
A-550	REFLECTED CEILING DETAILS
A-601	DOOR SCHEDULE
INTERIORS	
I-001	INTERIOR SPECIFICATIONS
I-101	FINISH FLOOR PLAN & SCHEDULE
I-112	FURNITURE FLOOR PLAN
I-121	SIGNAGE FLOOR PLAN & SCHEDULE

SHEET LIST	
Sheet Number	Sheet Name
FIRE PROTECTION	
F-101	FIRST FLOOR FIRE PROTECTION PLAN
PLUMBING	
P-001	ABBREVIATIONS, SYMBOLS, AND GENERAL NOTES
P-002	SPECIFICATIONS
PD101	FIRST FLOOR PLUMBING DEMOLITION PLAN
P-101	UNDERGROUND PLUMBING PLANS
P-102	FIRST FLOOR PLUMBING PLAN
P-401	ENLARGED PLANS
P-501	DETAILS
P-502	DENTAL DETAILS
P-503	DENTAL DETAILS
P-601	SCHEDULES
P-901	ISOMETRICS
P-902	ISOMETRICS
P-903	ISOMETRICS
P-904	ISOMETRICS
P-905	ISOMETRICS
MECHANICAL	
M-001	ABBREVIATIONS AND SYMBOLS
M-002	GENERAL NOTES
MD101	FIRST FLOOR MECHANICAL DEMOLITION PLAN
M-101	FIRST FLOOR MECHANICAL PLAN
M-501	DETAILS
M-601	SCHEDULES
M-701	CONTROLS
ELECTRICAL	
E-001	SYMBOLS, ABBREVIATIONS, AND GENERAL NOTES
ED101	FIRST FLOOR DEMOLITION PLAN
E-101	FIRST FLOOR LIGHTING PLAN
E-201	FIRST FLOOR POWER PLAN
E-301	FIRST FLOOR SYSTEMS PLAN
E-501	DETAILS
E-601	SCHEDULES

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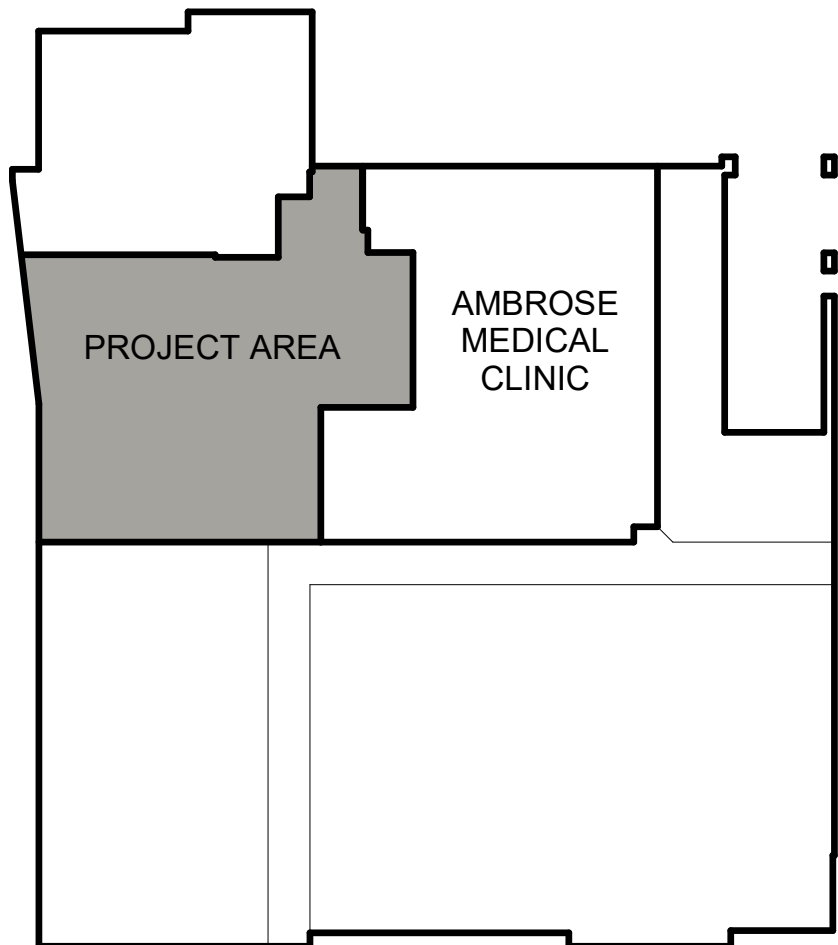
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AD101
ENLARGED FIRST FLOOR PLAN - DEMOLITION
1/8" = 1'-0"

DRAWING NOTES

D01	REMOVE METAL STUD AND GYPSUM BD PARTITION COMPLETE.
D02	SELECTIVE WALL DEMOLITION TO EXISTING WALL IN PREPARATION FOR NEW OPENING. COORDINATE SIZE W/ DOOR OR WINDOW SCHEDULE.
D03	PARTIALLY REMOVE FULL HEIGHT WALL FOR NEW BULKHEAD. GC TO COORDINATE DEMOLITION WORK WITH OWNER PRIOR TO START.
D04	SAWCUT AND REMOVE EXISTING CONCRETE SLAB FOR NEW PLUMBING. REFER TO PLUMBING DRAWINGS.
D05	EXISTING CONCRETE SLAB AREA AT TOP OF RAMP TO REMAIN UNDISTURBED.
D06	INSTALL 1-HR FIRE RATED TEMPORARY PARTITION PRIOR TO START OF DEMOLITION. MODIFY EXISTING WALLS AS NEEDED FOR 1-HR FIRE RATED TEMPORARY PARTITION.
D10	REMOVE COUNTERTOP, AND SUPPORTS.
D11	REMOVE CASEWORK AND ASSOCIATED PLUMBING COMPLETE.
D12	REMOVE COUNTERTOP, BACKSPLASH, SUPPORTS AND WALL MOUNTED CASEWORK COMPLETE. SALVAGE COUNTERTOP, BACKSPLASH AND SUPPORTS FOR RE-INSTALLATION.
D13	REMOVE DOOR, HM FRAME AND DOOR HARDWARE
D14	REMOVE STOREFRONT DOOR, FRAME AND DOOR HARDWARE. SALVAGE FOR RELOCATION. GC TO COORDINATE REMOVAL IN SCHEDULE WITH OWNER.
D15	EXISTING STOREFRONT SYSTEM ALUMINUM DOOR AND FRAME TO REMAIN.
D16	EXISTING DOOR, HM FRAME AND DOOR HARDWARE TO REMAIN UNDISTURBED.
D17	REMOVE PASS-THRU WINDOW AND ALL ACCESSORIES COMPLETE.
D18	REMOVE HANDRAILS AND GUARDRAILS COMPLETE.
D20	REMOVE PLUMBING FIXTURE AND TOILET ACCESSORIES. - REFER TO PLUMBING DRAWINGS
D23	EXISTING WALL TO REMAIN AND MODIFIED TO A 1-HR TEMPORARY PARTITION PRIOR TO START OF DEMOLITION.
D24	G.C. TO COORDINATE DEMO WORK WITH OWNER PRIOR TO START. PROVIDE TEMPORARY WALL PROTECTION OVER NEW WALL OPENING.
D25	REMOVE PARTIAL HIGH WALL COMPLETE. PATCH EXISTING WALL TO MAINTAIN 1-HR FIRE RATED TENANT DEMISING WALL.
D26	EXISTING DOOR AND FRAME TO REMAIN IN PLACE DURING DEMOLITION. REMOVE AFTER COMPLETION OF NEW PARTITION AND DOOR 150.
D30	EXISTING SPRAY-ON FIRE PROTECTION OVER STRUCTURAL STEEL COLUMNS TO REMAIN UNDISTURBED.
D40	EXISTING ELECTRIC WATER COOLER TO REMAIN UNDISTURBED. COORDINATE WITH OWNER TO PROVIDE TEMPORARY WATER COOLER LOCATION DURING CONSTRUCTION AS NEEDED.
D41	REMOVE PRIVACY PANEL COMPLETE. PATCH AND MATCH EXISTING WALL & FLOOR FINISH.
D43	REMOVE SEMI-RECESSED FIRE EXTINGUISHER CABINET AND STORE FOR RELOCATION
D46	REMOVE AND RELOCATE ELECTRICAL PANEL. REFER TO ELECTRICAL DRAWINGS.

LINEWORK LEGEND

---	EXISTING
----	DEMOLITION
	EXISTING FLOOR SLAB REMOVAL
	EXISTING FLOOR FINISH REMOVAL
	EXISTING CONCRETE SLAB TO REMAIN



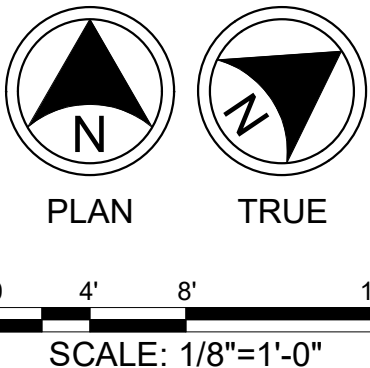
KEY PLAN

GENERAL NOTES

- A. ALL WORK SHOWN ON THESE DRAWINGS IS TO BE BY THE CONTRACTOR UNLESS INDICATED OTHERWISE. CONTRACTOR TO VISIT SITE PRIOR TO BIDDING TO BECOME FAMILIAR WITH EXISTING CONDITIONS.
- B. CONTRACTOR SHALL VERIFY ALL CONDITIONS AND DIMENSIONS ON SITE PRIOR TO COMMENCING WORK. ALL INQUIRIES AND/OR DISCREPANCIES SHALL BE DIRECTED TO THE ARCHITECT. COORDINATE ALL DEMOLITION WORK WITH NEW WORK PLANS.
- C. DO NOT COMMENCE DEMOLITION WORK IN ANY AREA UNTIL ALL UTILITIES HAVE BEEN CAPPED, PLUGGED, DISCONNECTED, OR OTHERWISE MADE SAFE FOR WORK TO PROCEED.
- E. DO NOT CUT OR DRILL EXISTING FLOOR JOISTS, BEAMS, COLUMNS, OR OTHER STRUCTURAL ELEMENTS UNLESS SPECIFICALLY INDICATED ON STRUCTURAL DRAWINGS. VERIFY ALL STRUCTURE LOCATIONS PRIOR TO COMMENCEMENT OF WORK.
- F. WHERE EXISTING EQUIPMENT, PIPING, DUCTS, & SIMILAR ITEMS ARE REQUIRED TO BE REMOVED, SUCH REMOVAL SHALL BE COMPLETE, INCLUDING BUT NOT LIMITED TO, ANCHORS, HANGERS, FOUNDATIONS & ACCESSORIES AFTER REMOVAL. PROTECT ALL EXISTING FINISHES, FURNITURE AND FURNISHINGS TO REMAIN FROM DAMAGE BY DEMOLITION AND NEW WORK. CONTRACTOR SHALL BE RESPONSIBLE FOR ALL DAMAGE TO EXISTING CONSTRUCTION
- H. CONTRACTOR IS RESPONSIBLE FOR REPAIR OF ALL SURFACES AFFECTED BY DEMOLITION OR NEW WORK CARRIED OUT BY ALL TRADES. REFER MECHANICAL-PLUMBING-FIRE PROTECTION ELECTRICAL DRAWINGS TO VERIFY ALL LOCATIONS WHERE WORK OCCURS. CONTRACTOR IS TO PAINT ALL WALL SURFACES AFFECTED BY DEMOLITION OR NEW WORK UNLESS OTHER FINISH IS INDICATED: REPAINT-REFINISH IS TO RUN FROM CORNER-TO-CORNER OF AFFECTED WALL UNLESS OTHER LIMIT FOR REFINISH IS SHOWN. REPAIR, MAKE SMOOTH, MATCH ADJACENT SURFACES AND PREP FOR NEW FINISH TREATMENT AT ALL LOCATIONS WHERE DEMOLITION HAS OCCURRED.
- I. INSPECT ALL SALVAGED MATERIALS PRIOR TO STORAGE. MINOR DAMAGE REQUIRING PAINT TOUCH-UP TO BE COMPLETED BEFORE REINSTALLATION. SALVAGED MATERIALS NOT REINSTALLED ARE TO BE RETURNED TO OWNER. PROVIDE TEMPORARY PROTECTION TO EXTERIOR WALLS DURING MODIFICATION TO EXTERIOR DOOR, MECHANICAL AND PLUMBING PENETRATIONS.
- K. DO NOT DISABLE OR DISRUPT BUILDING FIRE OR LIFE SAFETY SYSTEMS. DO NOT CLOSE OR BLOCK EGRESS TO ANY EXIT, AND PROVIDE TEMPORARY SIGNAGE FOR EXIT AND BUILDING EGRESS.
- L. PROVIDE FIRE STOPPING INSULATION, CAULKING, OR FIRESTOP SYSTEM ASREQUIRED TO MAINTAIN EXISTING FIRE RATINGS OF HORIZONTAL OR VERTICAL ASSEMBLIES.
- M. ALL WORK AREAS SHALL BE CLEANED DAILY, AND CONSTRUCTION MATERIALS SCHEDULED FOR DEMOLITION AND NOT INDICATED TO BE SALVAGED OR REUSED SHALL BE PROMPTLY REMOVED FROM PREMISES.
- N. ALL CONTRACTORS ARE RESPONSIBLE FOR FOLLOWING OWNER'S REGULATIONS FOR USE OF THE SITE AND BUILDING ACCESS. CONTRACTORS ARE TO COORDINATE WITH OWNER'S CONSTRUCTION MANAGER FOR WORK SCHEDULING AND AREAS OF THE SITE THAT MAY BE OCCUPIED BY OWNER DURING CONSTRUCTION.
- O. SALVAGE FIRE ALARM AND SAFETY DEVICES, BUILDING TECHNOLOGY OR SECURITY DEVICES, WALL MOUNTED FURNISHINGS, FIRE EXTINGUISHERS, SIGNAGE, OR ANY OTHER WALL/CEILING EQUIPMENT OR FURNISHINGS ON SURFACES AFFECTED BY WORK AND CLEAN. STORE FOR REINSTALLATION OR HAND OVER TO OWNER. PROVIDE TEMPORARY FIRE EXTINGUISHERS ON SITE AS NECESSARY FOR FIRE SAFETY.
- P.

CONSTRUCTION PHASING:

- A. PHASE 1 - ALL WORK INSIDE THE TENANT SPACE. THE FIRST PHASE OF WORK IS ALL NEW WORK IN THE SHELL AREA AND DEFINED BY THE EXISTING PERIMETER WALLS AND THE TEMPORARY CONSTRUCTION BARRIERS.
- B. PHASE 2 - RELOCATE THE EXISTING INTERIOR ALUMINUM VESTIBULE DOORS TO THEIR NEW LOCATION AND ERECT THE CONSTRUCTION BARRIERS AS SHOWN ON THE DRAWINGS. ANY WORK IDENTIFIED AS LIMITING OR INTERFERING WITH THE DAYTIME OFFICE FOR THE CLINIC WILL NEED TO BE DONE AFTER HOURS OR ON THE WEEKENDS.
- C. PHASE 3 - ALL THE LOBBY WORK AND WORK THAT OPENS THE TENANT SPACE TO THE CURRENTLY OCCUPIED SPACE. ANY WORK IDENTIFIED AS LIMITING OR INTERFERING WITH THE DAYTIME OFFICE FOR THE CLINIC WILL NEED TO BE DONE AFTER HOURS OR ON THE WEEKENDS.
- D. PHASE 4 -ALL WORK IN THE EXISTING PHARMACY SPACE. THIS WORK WILL NEED TO BE DONE AFTER HOURS OR ON THE WEEKENDS, UNLESS THE PHARMACY CAN RE-LOCATE TEMPORARILY.
- E. PHASE 5 - ALL WORK IN THE EXISTING RECEPTION AREA. THIS WORK SHOULD BE COMPLETED DURING REGULAR HOURS.



CITY OF CINCINNATI
AVONDALE DENTAL CLINIC RENOVATION
3553 Reading Road, Suite 102
Cincinnati, Ohio 45229

KZF DESIGN INC.
Designing Better Futures

KZF DESIGN INC.
700 Broadway Street
Cincinnati, OH 45202

main 513.621.6211
kzf.com

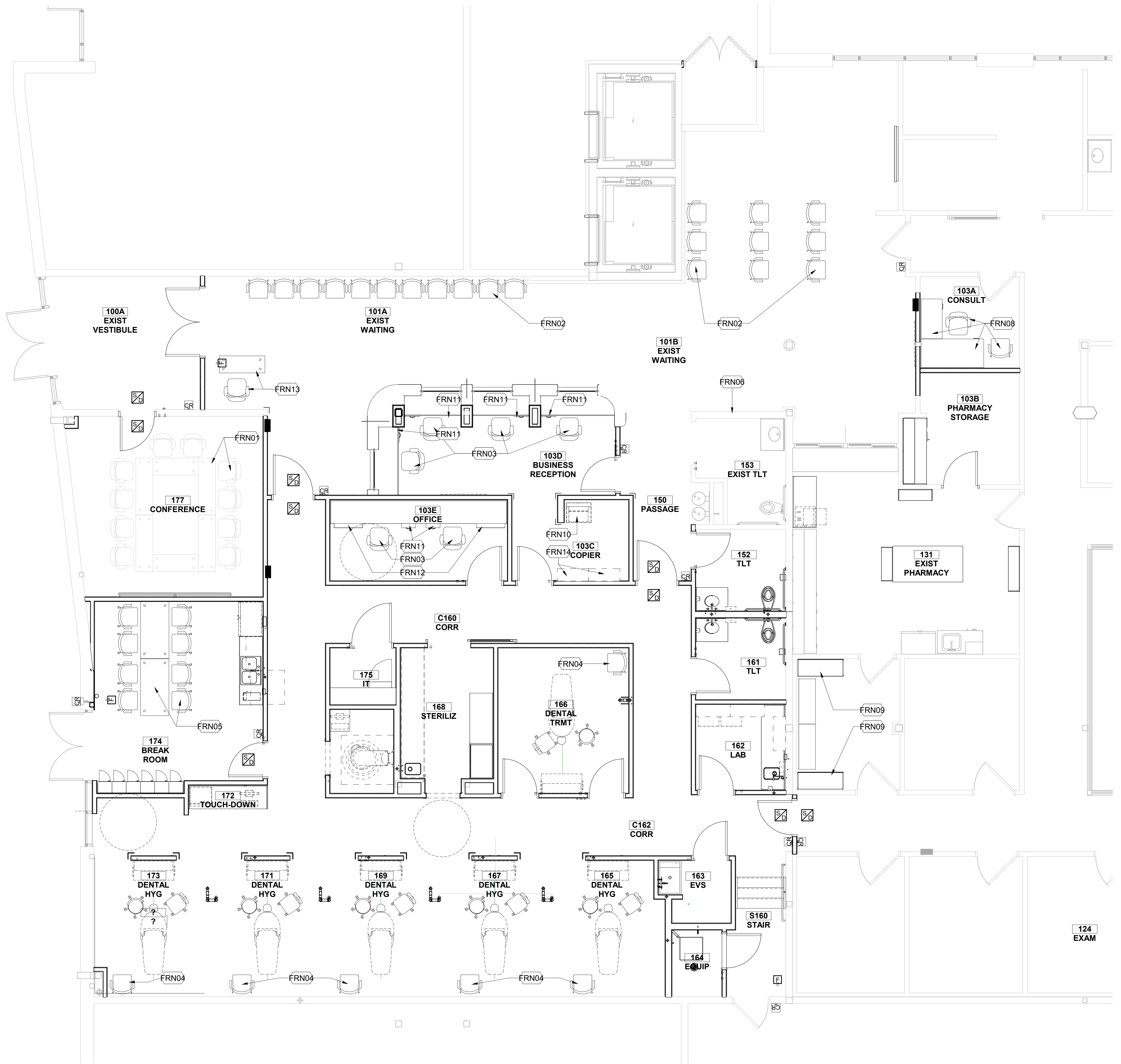
STATE OF OHIO
JEROME ANTHONY THAMANN
REGISTERED ARCHITECT
ARC 2419398
EXPIRATION DATE: 12/31/2027

DESIGNED COMM. NO.
Designer 8373.00
DRAWN DATE
Author 02-06-2026
CHECKED PROJ. MGR.
Checker JONES

DEMOLITION
FLOOR PLAN

DRAWING NUMBER ISSUE

AD101 01



GENERAL NOTES

- A FURNITURE SHOWN IS FOR REFERENCE ONLY. SIZE & TYPES SHOWN ARE REPRESENTATIVE AND DO NOT NECESSARILY REFLECT ACTUAL SPECIFICATION. REFER TO C.I.D. PACKAGE FOR ALL FURNITURE SPECIFICATIONS AND FINISHES.
- B ALL AUDIO VISUAL (A/V) EQUIPMENT, BY OTHERS IS TO BE COORDINATED WITH THE ARCHITECT, GENERAL CONTRACTOR (GC), AND A/V CONTRACTOR PRIOR TO ANY RELATED CONSTRUCTION.
- C PROVIDE INTERIOR SIGNAGE AS PER AMBROSE STANDARD AND MATCH FINISH, U.N.O. SEE SHEET I-121 FOR LOCATIONS
- D ALL NEW FURNITURE TO MATCH EXISTING OR TYP MANUFACTURER

DRAWING NOTES

FRN01	EXISTING MOBILE TABLE(S) AND CHAIR(S)
FRN02	EXISTING RECEPTION FURNITURE
FRN03	NEW TASK CHAIRS
FRN04	NEW GUEST SEATING
FRN05	NEW BREAK ROOM FURNITURE
FRN06	NEW WALL DISPLAY
FRN08	NEW CONSULTANT FURNITURE
FRN09	NEW ROLLING STANDING RACKS
FRN10	RELOCATED SAFE AND SCANNER
FRN11	NEW MOBILE PEDESTAL
FRN12	NEW MOBILE LATERAL FILE
FRN13	RELOCATE EXISTING TABLE AND CHAIR FOR SECURITY
FRN14	NEW HIGH DENSITY FILE SHELVING

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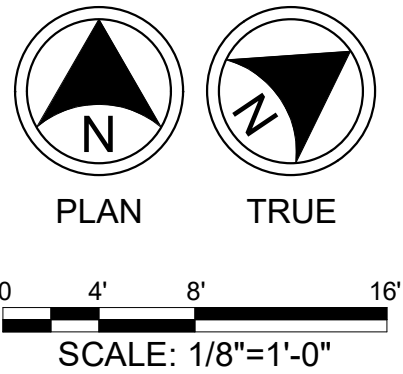
CHECKED PROJ. MGR.
Checker JONES

FURNITURE
FLOOR PLAN

DRAWING NUMBER ISSUE

I-112 01

1 PARTIAL FIRST FLOOR PLAN
I-112 1/4" = 1'-0"



City of Cincinnati Primary Care Board (CCPC)

Strategic Plan 2026-2029

July 2026

Governance & Board Leadership

The City of Cincinnati Primary Care Board of Governors (CCPC) is a Federally Qualified Health Center (FQHC). The Board has responsibility for establishing policies, including but not limited to, determining the scope and availability of services, location and hours of services and assuring the organization is operating in compliance with federal, state and local laws and regulations. The Board's oversight of the public entity is governed by its bylaws and a co-applicant agreement with the Board of Health. This 3-year strategic plan outlines the activities directed by the Board to achieve its Mission and Vision. Board members are:

Deirdre Beluan

Timothy Collier

Robert Cummings

Dr. Phil Lichtenstein

Debra Sellers

Erica White-Johnson

Michelle Burns (Secretary)

Alexius Golden-Cook

John Kachuba (Chair)

Luz Schemmel

Jen Straw

Dr. Bernard Young

Board Oversight Responsibilities

The Board will:

Review progress quarterly

Monitor KPIs

Evaluate strategic priorities

Approve annual work plans

Review financial performance

Participate in annual strategic planning

Serve as ambassadors for CCPC

Letter from the CEO

Dear Members of the Board of Governors, Staff, Community Partners, and Stakeholders,

It is my pleasure to present the City of Cincinnati Primary Care (CCPC) Strategic Plan for July 1, 2026 – June 30, 2029.

This plan represents more than a roadmap for the next three years—it reflects our shared commitment to improving the health and well-being of the individuals, families, and communities we proudly serve. As a Federally Qualified Health Center and a division of the Cincinnati Health Department, CCPC has a long-standing tradition of delivering accessible, high-quality, patient-centered healthcare regardless of a person's ability to pay. Our responsibility extends beyond treating illness; it includes promoting wellness, preventing disease, reducing health disparities, and building healthier communities.

Healthcare continues to evolve rapidly, bringing new opportunities as well as new challenges. Changing patient needs, advancements in technology, workforce demands, evolving reimbursement models, and growing health inequities require us to remain innovative, responsive, and intentional in how we deliver care and engage with our community. This strategic plan positions CCPC to meet those challenges while continuing to fulfill our mission with excellence.

Our 2026–2029 Strategic Plan builds upon the strong foundation established through previous strategic initiatives while introducing new priorities designed to support organizational growth, strengthen community partnerships, enhance patient engagement, and expand access to care. The plan is guided by our mission, vision, and core values and reflects our commitment to providing equitable, compassionate, and comprehensive healthcare throughout Cincinnati.

During the next three years, our efforts will focus on nine strategic priority areas:

- Expanding access to care and increasing patient growth;
- Strengthening financial sustainability and organizational resilience;
- Advancing organizational excellence through workforce development and continuous improvement;
- Enhancing the patient experience and improving health outcomes;
- Elevating marketing, communications, and brand awareness to better connect residents with our services;
- Strengthening community engagement, partnerships, and external affairs;

- Advancing health equity through inclusive and culturally responsive care and communications;
- Leveraging data, innovation, and technology to improve decision-making and patient engagement; and
- Strengthening governance while developing our Board and employees as ambassadors for CCPC.

These priorities are supported by measurable objectives, implementation strategies, and performance indicators that will guide our work and allow us to evaluate progress throughout the life of this plan. Together, they position CCPC to remain a trusted healthcare provider while responding to the changing needs of our patients and our community.

Achieving these goals will require collaboration, innovation, and accountability. It will depend on the dedication of our Board of Governors, leadership team, providers, employees, community partners, elected officials, and the many organizations that work alongside us to improve the health of Cincinnati residents. Together, we will continue to strengthen the systems that support our patients and expand opportunities for every individual to live a healthier life.

I would like to extend my sincere appreciation to everyone who contributed to the development of this strategic plan. Your expertise, thoughtful input, and commitment to our mission have helped shape a vision that is both ambitious and achievable.

As we move forward together, I am confident that City of Cincinnati Primary Care will continue to grow as a trusted leader in community-based healthcare. By remaining focused on excellence, innovation, collaboration, and service, we will continue to make a meaningful difference in the lives of those we serve and ensure that high-quality healthcare remains accessible to every member of our community.

Thank you for your continued partnership, dedication, and commitment to advancing the health and well-being of Cincinnati.

Sincerely,

Joyce Tate
Chief Executive Officer

Executive Summary

The City of Cincinnati Primary Care (CCPC) Strategic Plan for July 1, 2026 – June 30, 2029 establishes a comprehensive roadmap to strengthen the organization's ability to deliver accessible, high-quality, patient-centered healthcare while advancing the mission of improving the health and well-being of the communities it serves.

As a Federally Qualified Health Center (FQHC) within the Cincinnati Health Department, CCPC plays a vital role in ensuring that individuals and families throughout Cincinnati have access to comprehensive primary care, dental, behavioral health, pharmacy, vision, women's health, pediatric, and school-based health services regardless of their ability to pay. As healthcare continues to evolve, CCPC must remain responsive to changing patient needs, emerging technologies, workforce challenges, reimbursement models, and community health priorities.

Strategic planning enables CCPC to proactively respond to emerging healthcare trends, changing community needs, evolving reimbursement models, and advances in technology while maintaining focus on its mission of providing equitable, high-quality healthcare.

This three-year strategic plan builds upon the accomplishments of previous planning efforts while positioning the organization for continued growth, innovation, and long-term sustainability. The plan reflects input from organizational leadership, the Board of Governors, staff, and community priorities and aligns with the Cincinnati Health Department's commitment to advancing health equity, improving access to care, and strengthening community partnerships.

The strategic plan is organized around nine integrated priority areas that support both organizational excellence and improved health outcomes:

1. Expand Access to Care and Patient Growth by increasing awareness of services, improving access to care, strengthening referral networks, and expanding patient enrollment.
2. Strengthen Financial Sustainability and Growth through responsible stewardship of resources, diversification of funding opportunities, operational efficiency, and strategic investments.
3. Advance Organizational Excellence by investing in workforce development, leadership, continuous quality improvement, and standardized operational practices.
4. Enhance the Patient Experience through improved communication, care coordination, technology, patient engagement, and customer service.

5. Strengthen Marketing, Communications, and Brand Awareness by implementing coordinated marketing strategies, expanding digital communications, promoting providers and services, and increasing public awareness of CCPC's comprehensive healthcare offerings.
6. Expand Community Engagement and External Affairs through meaningful partnerships with schools, community organizations, healthcare providers, elected officials, and other stakeholders to improve access to care and strengthen community trust.
7. Advance Health Equity by promoting culturally responsive communications, reducing barriers to care, expanding outreach to underserved populations, and ensuring equitable access to healthcare services.
8. Leverage Data, Innovation, and Technology to improve decision-making, monitor organizational performance, enhance patient engagement, and support continuous improvement.
9. Strengthen Governance and Organizational Accountability by supporting effective Board oversight, developing employee and Board ambassadors, and establishing performance measures that promote transparency and accountability.

The successful implementation of this plan will require collaboration across all levels of the organization. Every department, employee, provider, and community partner has a role in advancing the strategic priorities outlined in this document. Through coordinated planning, measurable performance indicators, and ongoing evaluation, CCPC will continue to strengthen its position as Cincinnati's trusted provider of community-based healthcare.

Progress toward achieving the goals and objectives of this plan will be monitored through quarterly performance reporting, annual strategic reviews, and key performance indicators that measure patient growth, access to care, patient experience, financial performance, community engagement, marketing effectiveness, workforce development, and health equity outcomes. These evaluation measures will ensure accountability, support data-informed decision-making, and allow the organization to adapt to changing community needs over the life of the plan.

Ultimately, this strategic plan reflects CCPC's commitment to providing exceptional healthcare, strengthening the communities it serves, and ensuring that every individual has the opportunity to achieve their highest level of health. By aligning organizational priorities with thoughtful planning, innovation, and community collaboration, CCPC is well positioned to improve health outcomes, expand access to care, and build a healthier Cincinnati for generations to come.

Vision

A healthier community by serving one patient at a time.

Guiding Principles

Throughout implementation, CCPC will be guided by:

- Patient-Centered Care
- Collaboration
- Accountability
- Innovation
- Health Equity
- Data-Informed Decision Making
- Stewardship
- Community Partnership
- Continuous Improvement

Mission

To provide comprehensive, culturally competent and sensitive, high quality health care for all.

Core Values

Collaboration

We believe in being an active member of our community, participating in conversations and engaging with each other productively and respectfully to achieve common goals.

Commitment

We foster a culture of compassion and mutual respect among our employees and clients and recognize diversity as a strength in our organization and community.

Accountability

We demonstrate the highest level of respect, integrity and professionalism, guided by our sense of trust and morality. We are dedicated to cultivating a sense of transparency both internally and with the general public.

Quality

We honor our mission by upholding excellence in personal, public health and patient care services. We strive to be the model for primary health service practice to continuously improve health and social equity for people of Cincinnati. We pursue excellence in outcomes and social determinants of health through continuous quality improvement.

Health Equity & Access

We strive to eliminate disparities and assure that everyone has a fair and just opportunity to be healthy. We work toward the timely availability of personal health services to achieve the best health outcomes.

Environmental Scan

Purpose

The City of Cincinnati Primary Care (CCPC) operates within a rapidly changing healthcare environment influenced by evolving community health needs, demographic changes, economic conditions, healthcare policy, technology, workforce challenges, and advances in public health practice. This environmental scan provides an overview of the internal and external factors that influence CCPC's strategic direction and identifies opportunities to improve access to care, enhance patient outcomes, strengthen community partnerships, and advance health equity.

The findings presented in this section are informed by the Cincinnati Health Department's Community Health Assessment (CHA), regional Community Health Needs Assessments (CHNA), public health data, and organizational priorities. These findings provide the foundation for the strategic goals and implementation strategies outlined throughout this plan.

Community Overview

The City of Cincinnati is a diverse urban community with neighborhoods that differ significantly in demographics, economic opportunity, health outcomes, and access to healthcare. While many residents enjoy access to high-quality healthcare services, others continue to experience barriers related to transportation, insurance coverage, housing stability, food security, employment, language access, and other social determinants of health.

The Cincinnati Health Department has identified substantial differences in health outcomes across neighborhoods, including large disparities in life expectancy. Addressing these inequities requires coordinated public health efforts, strong community partnerships, and expanded access to preventive and primary healthcare services.

Community Health Priorities

The Cincinnati Health Department's 2023 Community Health Assessment identified several priority areas affecting the health of Cincinnati residents. Among the most significant are:

- Access to primary and preventive healthcare
- Mental and behavioral health
- Food access and nutrition
- Financial stability and employment
- Housing stability
- Maternal and infant health
- Chronic disease prevention and management
- Health equity and reduction of health disparities

The assessment also highlights the importance of addressing the social determinants of health and strengthening collaboration among healthcare providers, government agencies, schools, nonprofit organizations, and community partners to improve population health.

Role of City of Cincinnati Primary Care

As the clinical division of the Cincinnati Health Department and a Federally Qualified Health Center (FQHC), CCPC plays a critical role in improving access to healthcare for Cincinnati residents. CCPC serves more than 45,000 patients annually through six neighborhood health centers offering medical, pediatric, women's health, behavioral health, pharmacy, and dental services, and operates 13 School-Based Health Centers within Cincinnati Public Schools serving more than 10,000 students.

CCPC is uniquely positioned to address both clinical and public health priorities by integrating preventive care, chronic disease management, behavioral health, oral health, school-based services, and community outreach.

Healthcare Environment

Healthcare continues to evolve as providers respond to changing patient expectations, advances in technology, workforce shortages, value-based care initiatives, and increasing emphasis on population health management.

Patients increasingly expect:

- Convenient access to care
- Online appointment scheduling
- Digital communication
- Coordinated care
- Culturally responsive services
- Affordable healthcare
- Convenient neighborhood locations

Meeting these expectations requires continued investment in technology, workforce development, patient engagement, and service delivery.

Social Determinants of Health

Many factors influencing health extend beyond the clinical setting. Economic opportunity, education, housing, transportation, food access, employment, neighborhood safety, and environmental conditions all contribute to individual and community health outcomes.

CCPC recognizes that improving health requires addressing these broader social determinants through collaboration with community organizations, schools, healthcare partners, local government, and social service agencies. Health equity remains a guiding principle throughout this strategic plan.

Organizational Strengths

CCPC enters this planning period with significant organizational strengths, including:

- Federally Qualified Health Center designation
- Six comprehensive neighborhood health centers
- Thirteen School-Based Health Centers
- Integrated primary care, behavioral health, dental, pharmacy, and women's health services
- Strong partnerships with Cincinnati Public Schools and community organizations
- Experienced clinical and administrative staff
- Commitment to quality improvement and patient-centered care
- Support from the Cincinnati Health Department and the CCPC Board of Governors

These strengths position CCPC to respond effectively to community health needs while expanding access to high-quality healthcare services.

Challenges

The organization also faces several challenges that require strategic attention:

- Workforce recruitment and retention
- Rising healthcare costs
- Increasing demand for behavioral health services
- Health disparities among neighborhoods
- Transportation and other barriers to care
- Growing competition within the healthcare marketplace
- Changing reimbursement models
- Increasing patient expectations for digital access and communication

Addressing these challenges will require innovation, collaboration, effective communication, and continued investment in organizational capacity.

Opportunities

Several opportunities exist to strengthen CCPC's impact over the next three years:

- Expand community partnerships and referral networks
- Increase awareness of available healthcare services
- Strengthen marketing and public education efforts
- Improve digital engagement and online access to care
- Expand preventive health initiatives

- Enhance patient experience and care coordination
- Strengthen government and stakeholder relationships
- Increase community outreach to underserved populations
- Utilize data and performance measurement to drive continuous improvement

Strategic Implications

The environmental scan demonstrates that while Cincinnati faces complex public health challenges, CCPC is well positioned to respond through coordinated clinical services, strategic community partnerships, innovative communication, and a continued commitment to health equity.

The strategic priorities outlined in this plan were developed in direct response to the needs identified through the Community Health Assessment, organizational evaluation, stakeholder engagement, and the evolving healthcare environment. Collectively, these priorities provide a framework for expanding access to care, improving patient outcomes, strengthening organizational performance, and advancing the health and well-being of the communities served by City of Cincinnati Primary Care.

Strengths, Weaknesses, Opportunities and Threats (SWOT)

A SWOT analysis assists you in making strategic plans and decisions. Strengths and Weaknesses are INTERNAL to your organization. Opportunities and Threats/Challenges are EXTERNAL to your organization.

CCPC Strengths (INTERNAL)	CCPC Opportunities (EXTERNAL)
Serve all of Cincinnati and surrounding areas Comprehensive care Culturally competent Infrastructure of the organization Quality of Care Innovative Affordable Long history in the community Customer Service Strong Board of Directors Population health is part of the city plan for future funding (i.e. Infant Mortality)	Infrastructure: Operating in Silos (City Regulations) Staffing Ratios & Provider Productivity Unions/Civil Service Funding (Capital Funding) Aging Facilities EPIC Lack of Accountability Lack of Control of the Schedule No-Show Rate Staff ability to understand/comprehend new initiatives

CCPC Weaknesses (INTERNAL)	CCPC Threats/ Challenges (EXTERNAL)
Growth & Expansion (Service Area vs Services Provided) Increase revenue through increase in patient volume (NHC, Inc.) Improve productivity Medicaid Expansion/ACA Improve facilities Improve Access Improve insurance panel to include more payers	Competition for Medicaid patients City Council/changing the political landscape Underfunding (potential loss of PPS rate) Potential loss of patients to other providers now that they are insured Limited insurance panels Hospital-based ACO's Competition for federal grants
Strategic Risks	
Potential risks include: Changes in federal funding. Workforce shortages. Healthcare reimbursement changes. Public health emergencies. Cybersecurity threats. Economic instability. Legislative changes. Increased healthcare competition. <i>*Leadership will review risks annually and adjust strategies as needed to maintain organizational resilience.</i>	

Implementing the Strategic Plan

This strategic plan provides the framework for organizational decision-making between July 1, 2026, and June 30, 2029. Implementation will occur through:

- Annual departmental work plans
- Quarterly Board reporting
- Executive Leadership Team reviews
- Performance dashboards
- Annual budget planning
- Quality improvement initiatives
- Marketing and communications plans
- Community engagement activities

Progress will be evaluated annually, and the plan may be adjusted as community needs, healthcare regulations, funding opportunities, and organizational priorities evolve.

Success Measure

By June 30, 2029, CCPC will strive to:

- Increase patient access and utilization.
- Improve patient satisfaction and engagement.
- Strengthen financial sustainability.
- Expand community partnerships.
- Increase awareness of CCPC services.
- Improve digital engagement.
- Reduce health disparities.
- Enhance employee engagement.
- Strengthen Board governance.
- Improve quality and patient outcomes.

CCPC Strategic Goals 2026 - 2029

The following strategic goals establish the framework for City of Cincinnati Primary Care's priorities from July 1, 2026, through June 30, 2029. Each goal supports the organization's mission, vision, and core values while providing direction for measurable objectives, implementation strategies, and performance outcomes. Together, these goals guide CCPC's efforts to improve access to care, strengthen organizational performance, enhance patient and community engagement, and advance equitable, high-quality healthcare for all.

Access to Care and Patient Growth

To expand access to comprehensive healthcare services, reduce barriers to care, increase patient utilization, and improve health outcomes through coordinated outreach, partnerships, and patient-centered care.

Financial Sustainability and Growth

To ensure the long-term financial stability of CCPC through responsible stewardship, diversified funding opportunities, operational efficiency, and strategic investments that support organizational growth.

Organizational Excellence

To strengthen organizational performance by fostering a culture of accountability, continuous improvement, workforce development, operational efficiency, and innovation.

Patient Experience

To provide an exceptional patient experience by delivering high-quality, compassionate, accessible, and coordinated care that promotes patient satisfaction, engagement, and positive health outcomes.

Marketing, Communications, and Brand Awareness

To increase public awareness of CCPC's services, strengthen the organization's reputation, and connect individuals and families with accessible, high-quality healthcare through strategic marketing and communications.

Community Engagement and External Affairs

To build and strengthen relationships with community organizations, government agencies, schools, businesses, and other stakeholders to improve health outcomes, increase access to care, and advance CCPC's mission.

Health Equity

To advance health equity by reducing disparities, promoting culturally responsive care and communications, and ensuring that all individuals have equitable opportunities to achieve their highest level of health.

Data, Innovation, and Technology

To leverage data, technology, and innovation to improve decision-making, enhance operational performance, support patient engagement, and drive continuous quality improvement.

Governance and Board Development

To strengthen Board leadership, governance, and organizational accountability by promoting strategic oversight, informed decision-making, transparency, and community stewardship.

ANNUAL IMPLEMENTATION PLAN

STRATEGIC PRIORITY 1

Expand Access to Care & Patient Growth

Objective	Strategies	Key Actions	KPIs	Responsible Party	Timeline	Status
Increase total patient visits by 10% annually	Increase awareness of CCPC services	Launch annual multimedia marketing campaign promoting all service lines	10% increase in patient visits	CEO, Marketing & Communications, Health Center Managers	Annual evaluation each June (2027, 2028, 2029)	
Increase new patient appointments by 15%	Expand community outreach and referral development	Develop referral partnerships with hospitals, schools, community organizations, employers, and faith-based organizations	15% increase in new patients	Marketing, Outreach & Enrollment	June 30, 2029 (progress reviewed quarterly)	
Reduce barriers to care	Improve appointment access	Promote same-day appointments, online scheduling, transportation resources, and insurance enrollment assistance	Reduced appointment wait times	Operations, Outreach	FY27-FY29	
Increase preventive care utilization	Promote annual wellness visits and screenings	Implement reminder campaigns and preventive care outreach	Increase preventive visits by 10%	Clinical Operations	Annual review each June	
Expand service utilization	Cross-promote medical, dental, pharmacy, behavioral health, and vision services	Develop internal referral process between service lines	Increase cross-service referrals	Clinical Operations	Launch by January 2027; ongoing	

					monthly monitoring	
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STRATEGIC PRIORITY 2

Financial Sustainability & Growth

Objective	Strategies	Key Actions	KPIs	Responsible Party	Timeline	Status
Increase clinical revenue	Grow patient volume	Align marketing campaigns with service line goals	Annual revenue growth	CEO, Finance	Annual review each June	
Diversify funding	Expand grant opportunities	Submit HRSA and foundation grant applications	Number of grants awarded	Senior Leadership	Submit a minimum of four major grant applications annually	
Improve payer mix	Increase commercially insured and Medicare patients	Employer outreach and insurance education	Improved payer mix	Revenue Cycle	June 30, 2028	
Improve revenue cycle performance	Optimize billing and collections	Monitor billing KPIs and documentation	Collection rate improvement	Revenue Cycle	Quarterly beginning September 2026	

STRATEGIC PRIORITY 3

Organizational Excellence

Objective	Strategies	Key Actions	KPIs	Responsible Party	Timeline	Status
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Improve workforce development	Expand employee education	Annual professional development plans	Training completion rate	Human Resources	December 31, 2026	
Increase employee engagement	Improve internal communication	Quarterly town halls and employee recognition	Employee satisfaction survey	CEO & HR	Every May	
Standardize operations	Update SOPs	Review and revise operational procedures	SOP completion	Operations	June 30, 2027	
Strengthen leadership	Leadership development	Supervisory training	Leadership competency completion	HR	Begin January 2027; complete annually	

STRATEGIC PRIORITY 4

Patient Experience

Objective	Strategies	Key Actions	KPIs	Responsible Party	Timeline	Status
Improve patient satisfaction	Expand patient feedback	Conduct patient surveys twice annually	Satisfaction scores	Nursing Leadership	April and October each year	
Reduce no-show rate	Improve appointment reminders	Implement text, email, and phone reminders	15% reduction in no-shows	Operations	June 30, 2029	
Improve patient communication	Enhance education materials	Develop multilingual patient resources	Increased patient understanding	Marketing	March 31, 2027	

Improve online patient experience	Expand digital services	Increase MyChart/portal adoption and online scheduling	Portal utilization	IT & Operations	June 30, 2028	
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STRATEGIC PRIORITY 5

Marketing, Communications & Brand Awareness

Objective	Strategies	Key Actions	KPIs	Responsible Party	Timeline	Status
Increase public awareness	Develop integrated campaigns	Annual marketing campaigns for each service line	Brand awareness survey	Marketing	Annual	
Increase digital engagement	Expand social media	Weekly educational and promotional content	25% engagement growth	Marketing	Monthly	
Promote providers	Provider spotlight campaign	Monthly provider features	Provider engagement	Marketing	Monthly	
Increase media coverage	Strengthen media relations	Issue press releases and pitch stories	Earned media placements	Marketing	Quarterly	
Strengthen branding	Maintain brand standards	Brand training and template development	Brand compliance	Marketing	FY27	

STRATEGIC PRIORITY 6

Community Engagement & External Affairs

Objective	Strategies	Key Actions	KPIs	Responsible Party	Timeline	Status
Increase community partnerships	Expand outreach	Develop annual partnership plan	Number of active partners	Community Engagement	Annual	

Increase community visibility	Attend community events	Participate in at least 50 events annually	Event participation	Marketing & Outreach	Annual	
Strengthen government relations	Legislative engagement	Quarterly meetings with elected officials	Number of meetings	CEO & Leadership	Quarterly	
Expand stakeholder engagement	Improve communication	Quarterly stakeholder newsletter	Newsletter engagement	Marketing	Quarterly	

STRATEGIC PRIORITY 7

Health Equity

Objective	Strategies	Key Actions	KPIs	Responsible Party	Timeline	Status
Improve equitable access	Expand outreach	Focus outreach in underserved communities	Increased utilization	Outreach	December 31, 2026	
Improve language access	Multilingual communications	Translate key materials into priority languages	Number of translated resources	Marketing	Monthly	
Strengthen community trust	Community listening	Conduct listening sessions and surveys	Community participation	Community Engagement	Quarterly	
Reduce disparities	Monitor population health	Review utilization by demographic groups Increased utilization	Health equity dashboard	Quality Improvement	January 2027; update annually	

STRATEGIC PRIORITY 8

Data, Innovation & Technology

Objective	Strategies	Key Actions	KPIs	Responsible Party	Timeline	Status
Improve performance reporting	Develop executive dashboards	Create quarterly organizational dashboard	Dashboard completion	Quality & IT	FY27	
Improve digital engagement	Expand website functionality	Add online scheduling and service pages	Website conversions	Marketing & IT	FY27	
Improve data-informed decisions Enhance innovation	Strengthen analytics	Monitor KPIs monthly	Monthly reports	Senior Leadership	Monthly	
Enhance innovation	Evaluate emerging technologies	Pilot AI-assisted communications and workflow tools where appropriate	Pilot completion	IT & Leadership	FY28	

STRATEGIC PRIORITY 9

Governance & Board Development

Objective	Strategies	Key Actions	KPIs	Responsible Party	Timeline	Status
Strengthen Board engagement	Enhance education	Conduct quarterly Board education sessions	Board participation	CEO & Board Chair	Quarterly	
Improve strategic oversight	Strengthen reporting	Present quarterly strategic dashboard	Dashboard review	Executive Team	Quarterly	

Develop Board ambassadors	Increase community participation	Encourage Board participation in community events	Board event participation	CEO	Annual	
Evaluate strategic progress	Annual strategic review	Review and update strategic priorities	Annual report completion	Board & Leadership	Annual	

Overall Three-Year Milestones

Timeframe	Major Deliverables
July–December 2026	Finalize implementation plans, launch branding initiatives, establish dashboards, complete outreach calendar, begin provider spotlights, implement Board reporting.
January–June 2027	Complete website enhancements, implement multilingual materials, strengthen referral network, establish community partnerships, conduct first annual evaluation.
FY2028	Expand marketing campaigns, strengthen School-Based Health Center outreach, increase media visibility, evaluate financial and patient growth goals, continue quarterly reporting.
FY2029	Measure outcomes against all strategic goals, prepare the final performance report, gather stakeholder feedback, and begin development of the 2029–2032 Strategic Plan.

Tracking Performance

Goals and objectives will be monitored by staff and leadership specifically designated in the strategic plan, with oversight by CCPC Board of Directors. Semi-annual reports (2 times per year) describing progress toward reaching the goals and objectives will be completed and reviewed by the CCPC Board.

Progress Reporting Tool Template

Strategic Goal:

Strategy	Objectives	Measure	Responsible Party	Progress	Comments

Progress: NS = Not Started IP = In Progress C = Completed O = Ongoing

Looking Ahead

The City of Cincinnati Primary Care Strategic Plan for 2026–2029 represents our collective commitment to improving the health and well-being of the communities we serve. As healthcare continues to evolve, CCPC remains focused on delivering accessible, high-quality, patient-centered care while addressing the social, economic, and environmental factors that influence health.

The success of this strategic plan depends upon collaboration among our Board of Governors, leadership team, employees, patients, community partners, elected officials, and stakeholders. Together, we will continue to expand access to care, strengthen community partnerships, improve organizational performance, and advance health equity throughout Cincinnati.

This strategic plan is intended to serve as a living document. Progress will be monitored through quarterly performance reviews, annual evaluations, and ongoing collaboration to ensure that our strategies remain responsive to the changing needs of our patients and community.

Through innovation, accountability, and a shared commitment to excellence, City of Cincinnati Primary Care will continue to build healthier neighborhoods, stronger communities, and a brighter future for all Cincinnati residents.

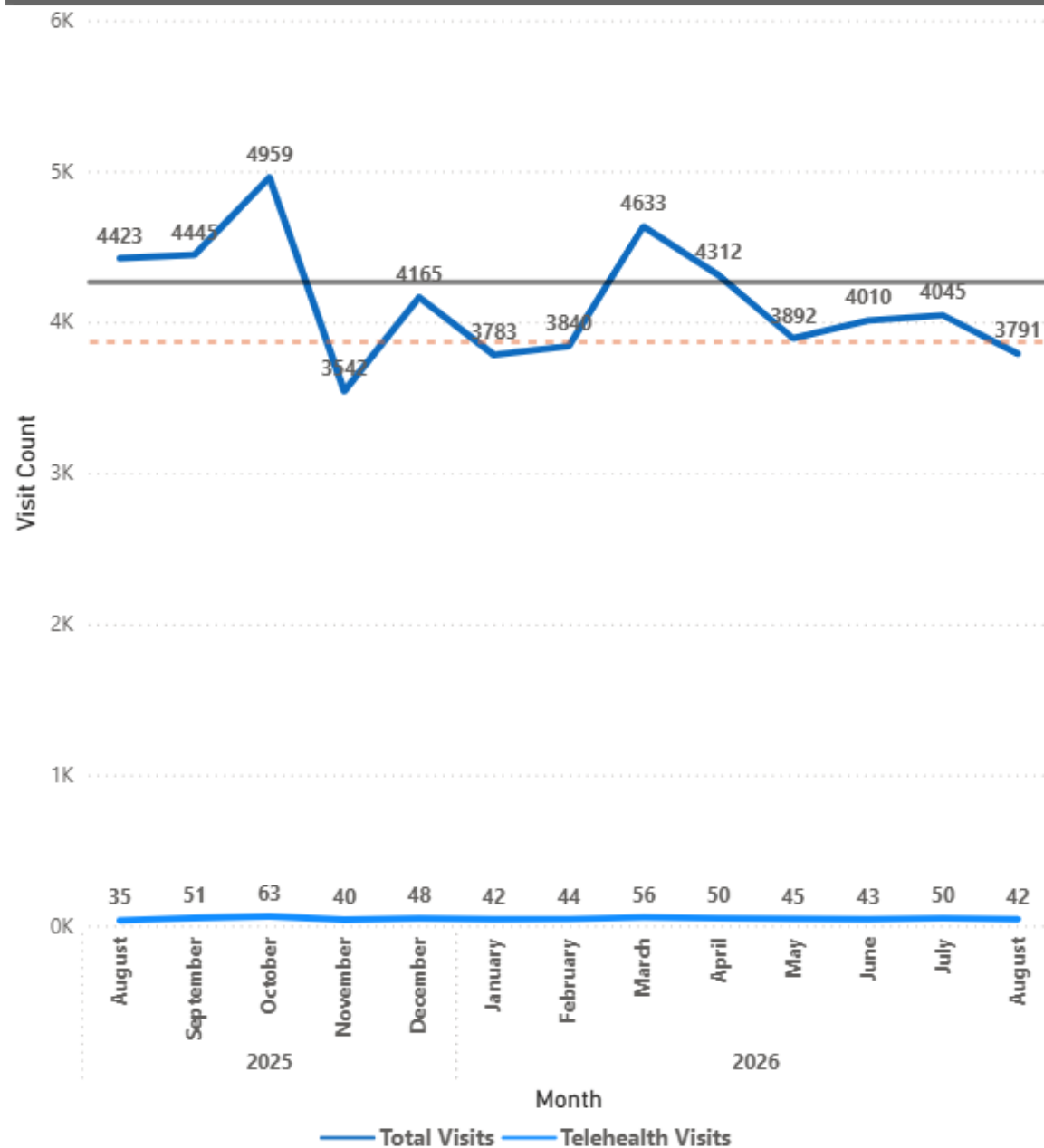


CCPC Board Meeting – Efficiency Update

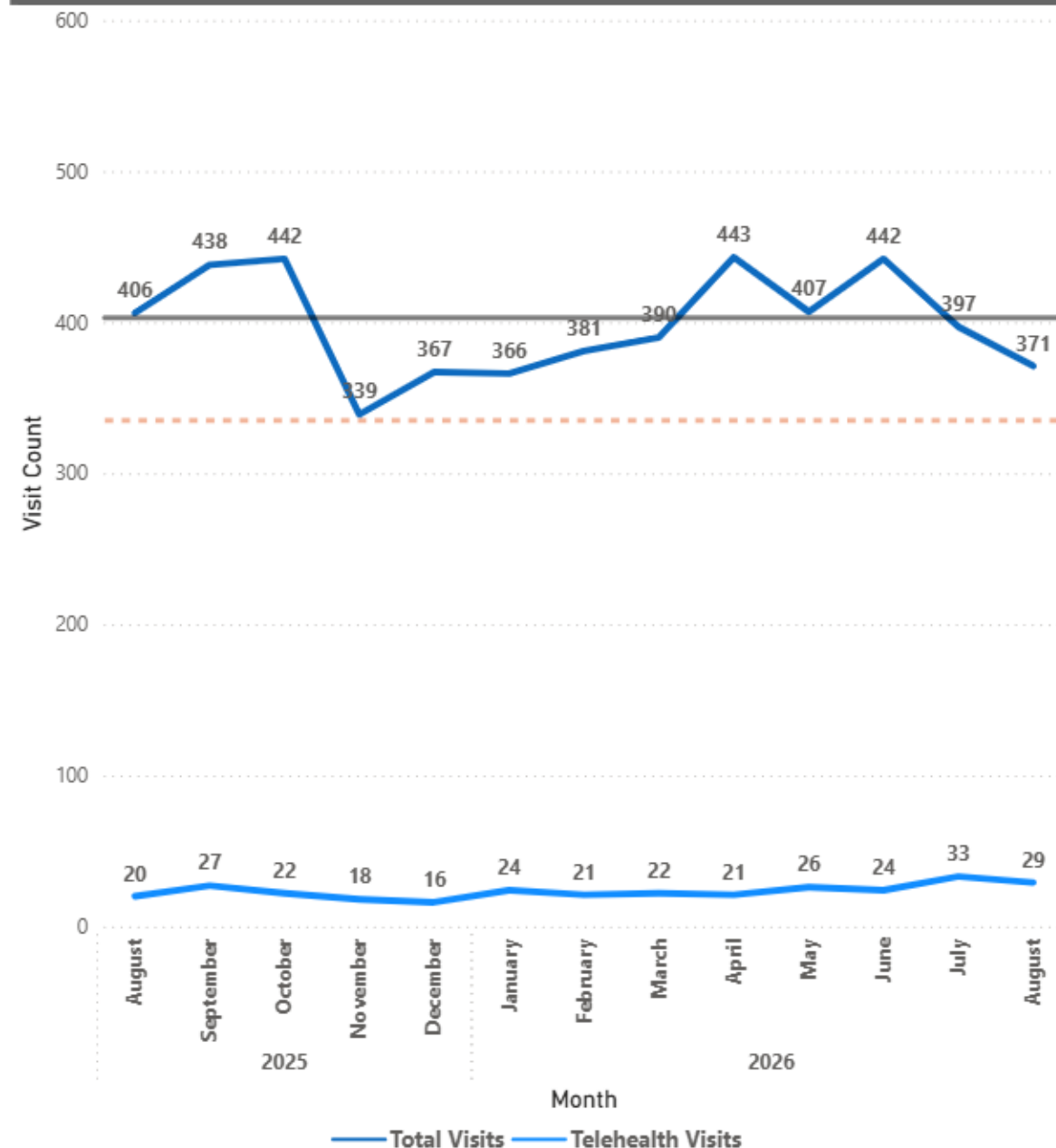
September 2026

Medical/Behavioral Health

Total Visits - All Locations



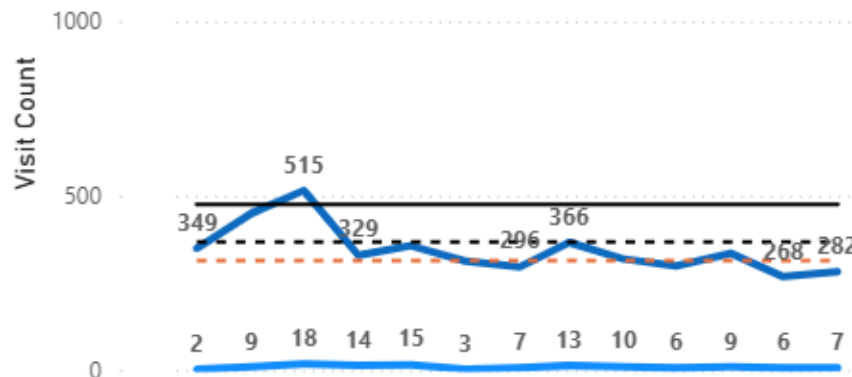
Total Visits - All Behavioral Health



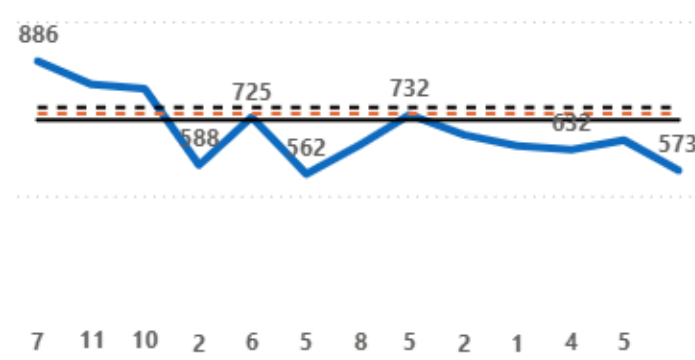
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Visits by Department

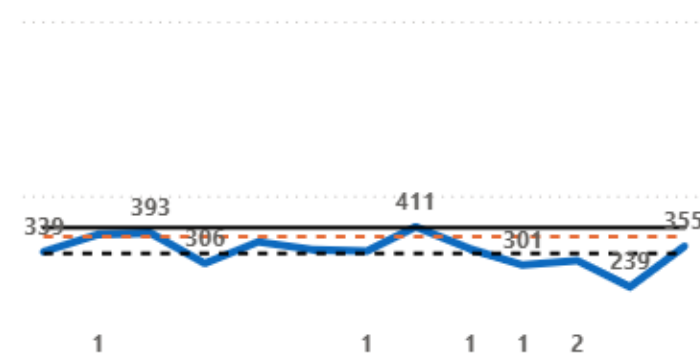
CCPC AMBROSE CLEMENT



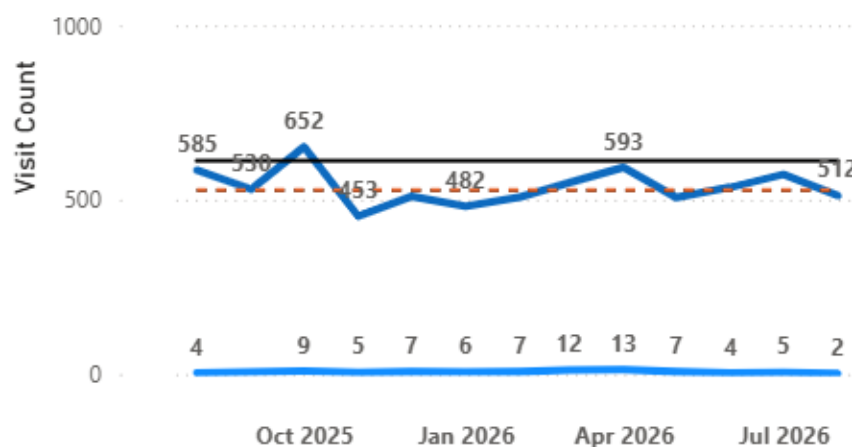
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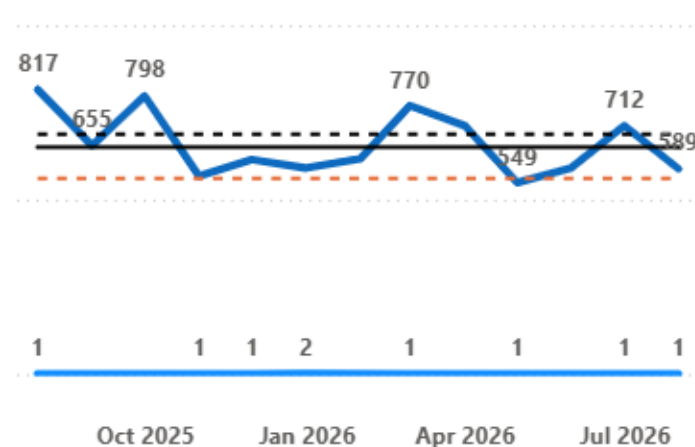
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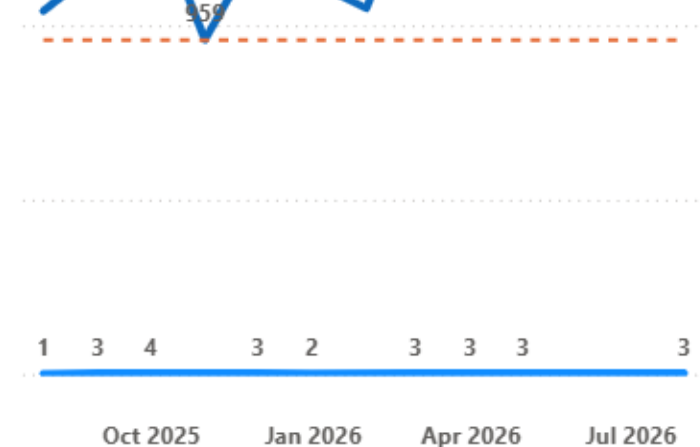
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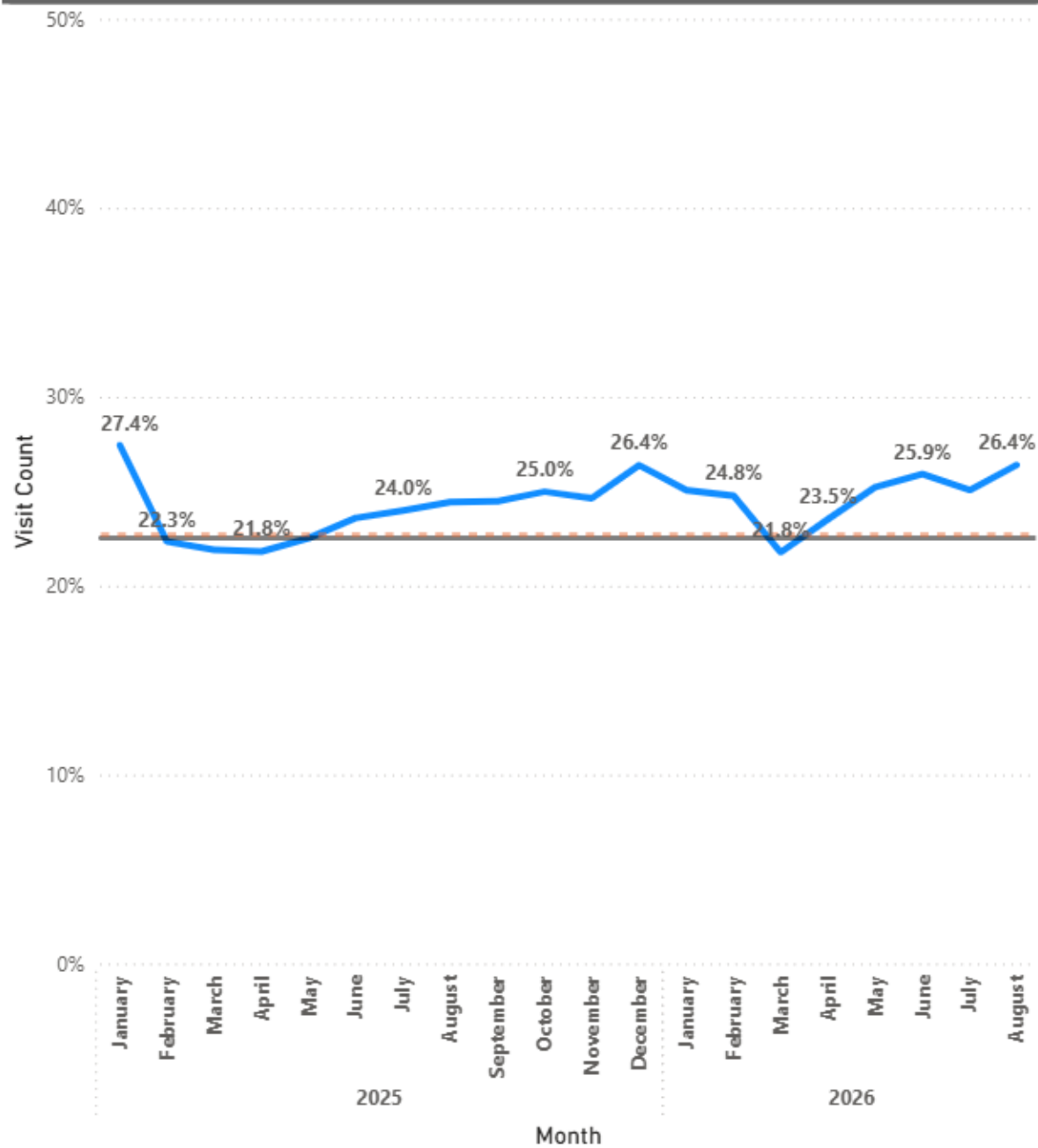


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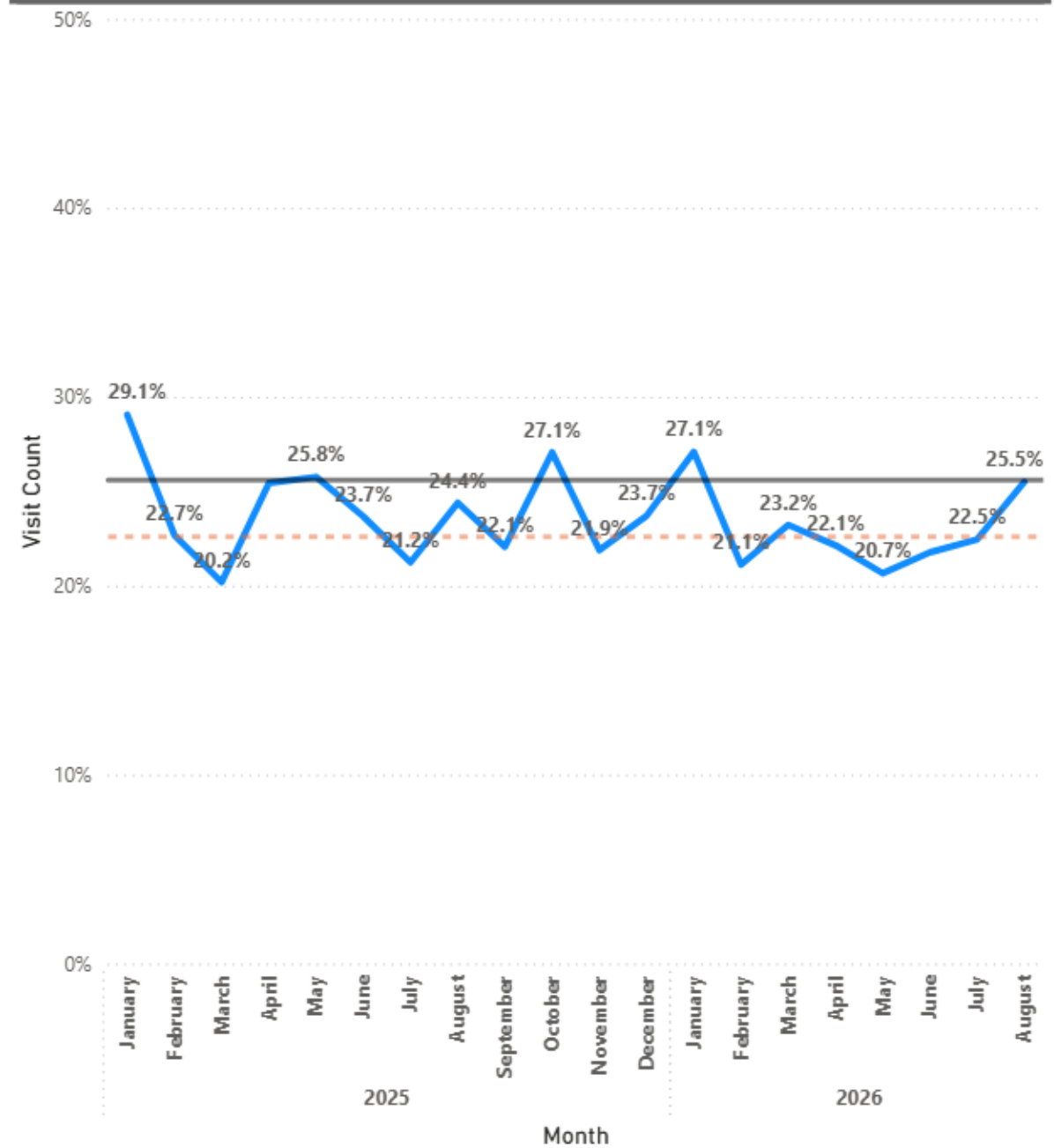


— Total Visits
 — Telemedicine Visits
 - - - Current FY26 Median
 — FY25 Median
 - - - FY24 Median

No Show % - All Locations



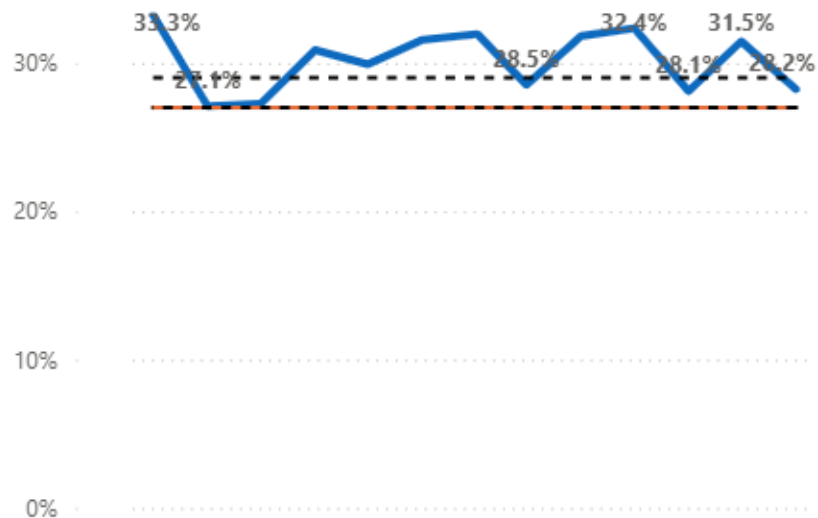
No Show % - All Behavioral Health



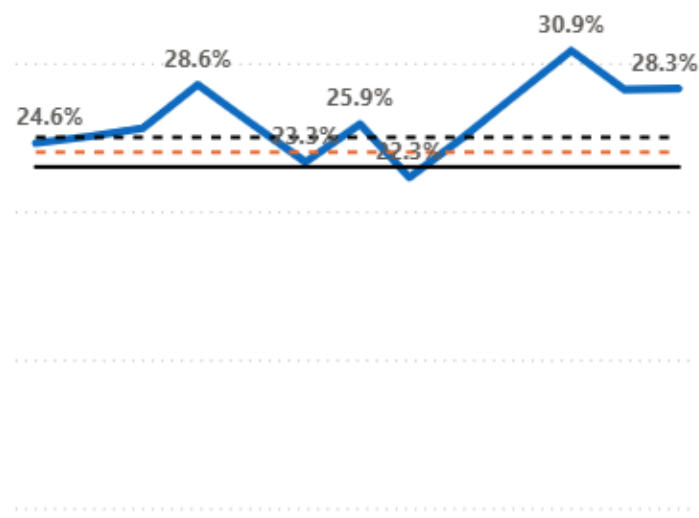
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No Show % by Department

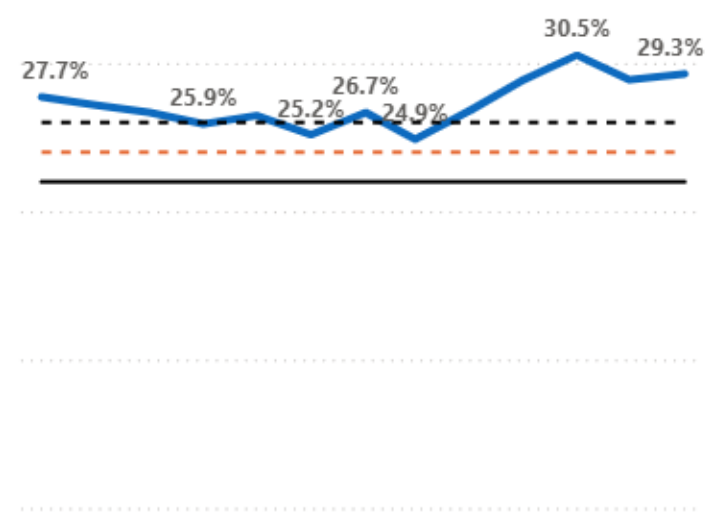
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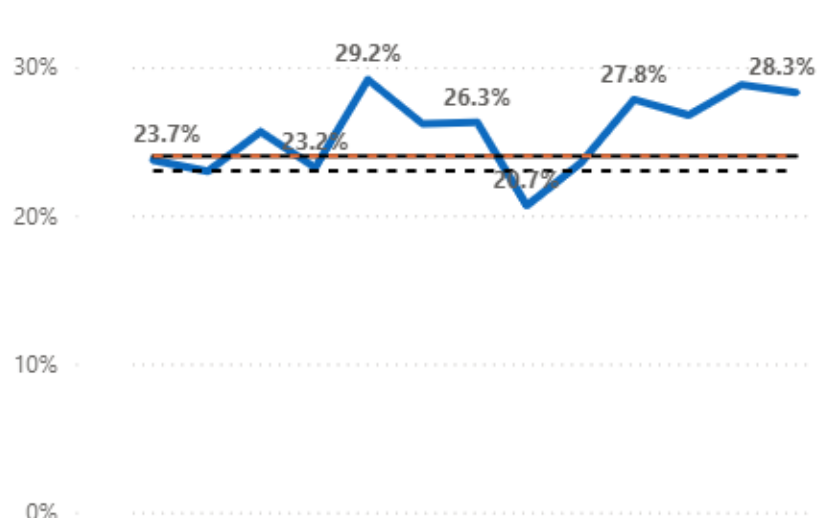
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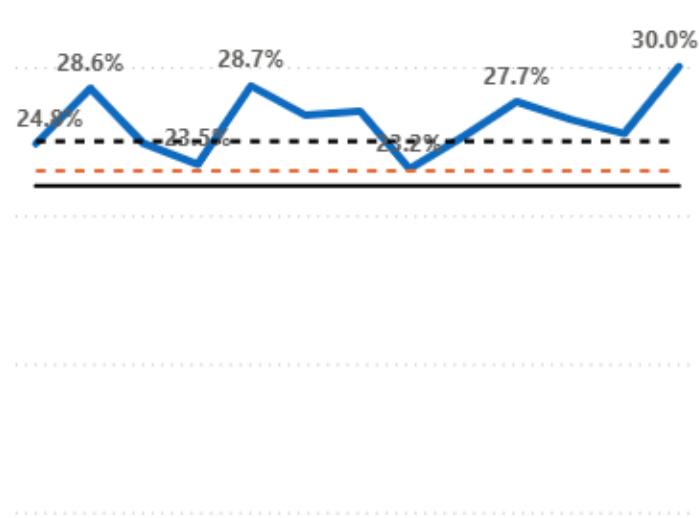
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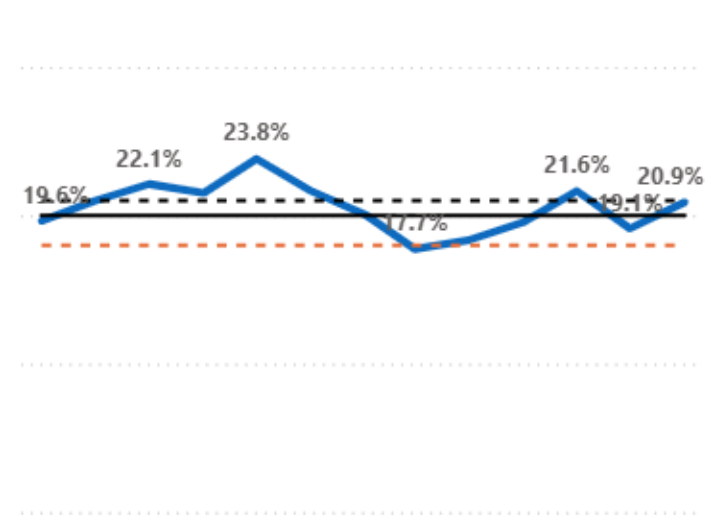
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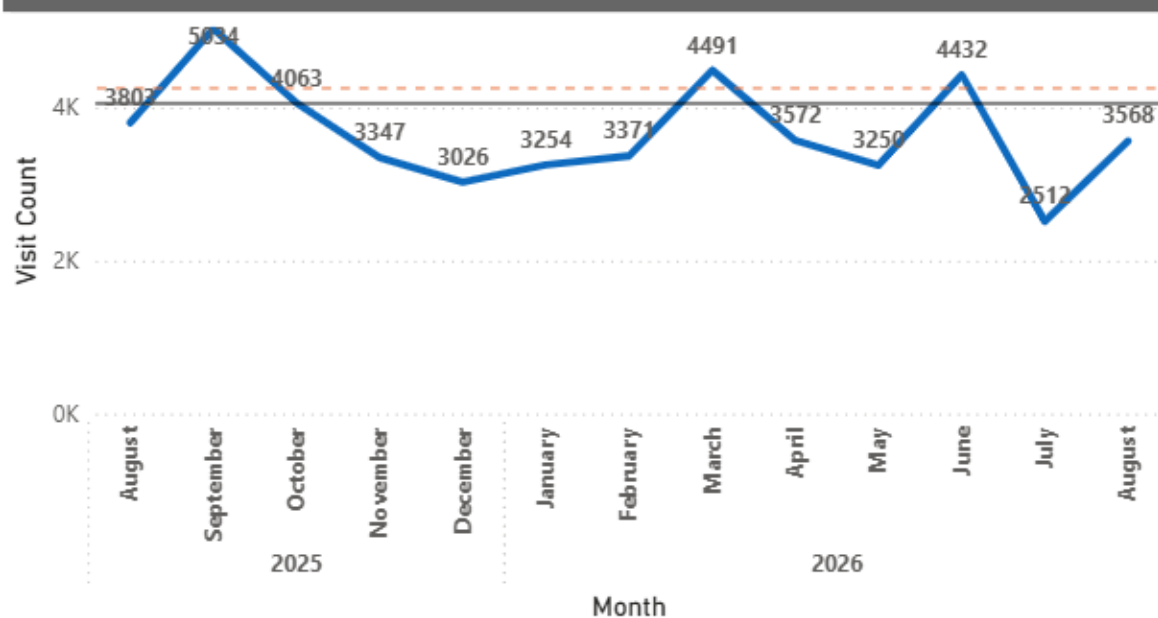
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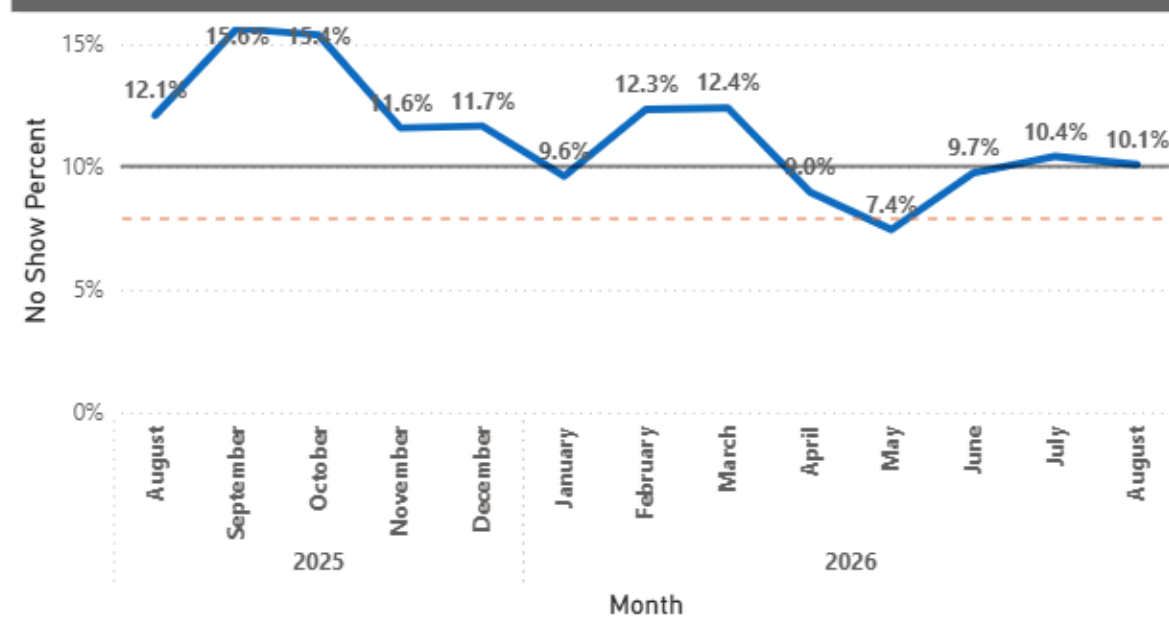
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Dental

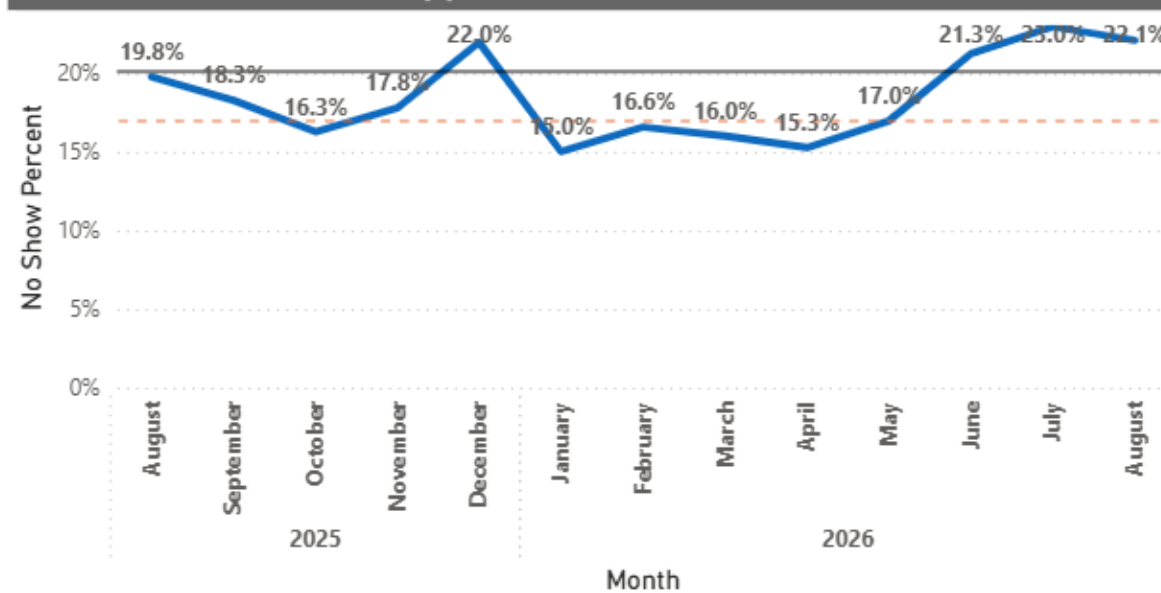
Total Visits - All Dental Locations



New Patient % - All Dental Locations



Broken Appt % - All Dental Locations

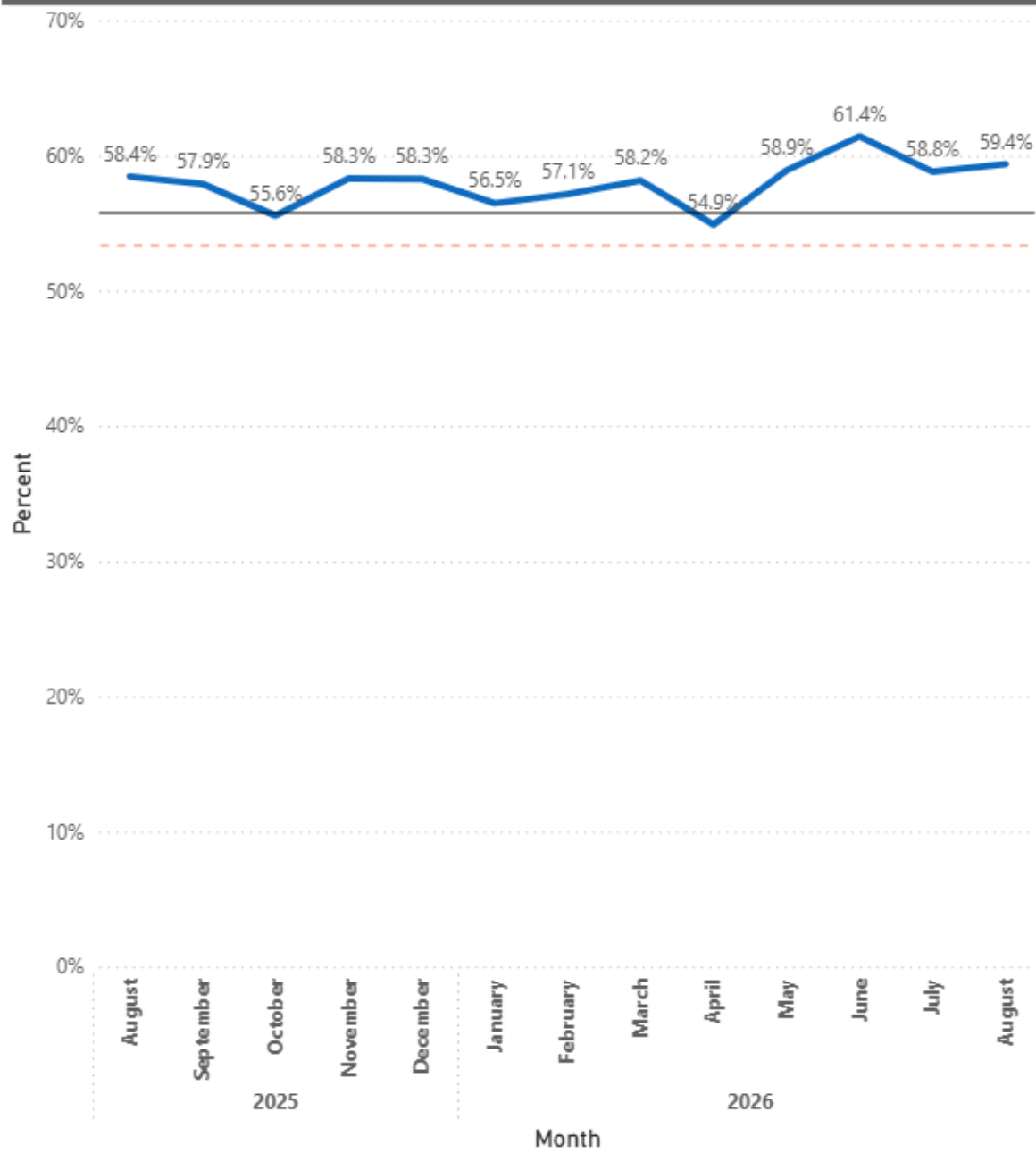


--- Current FY26 Median — FY25 Median - - - FY24 Median

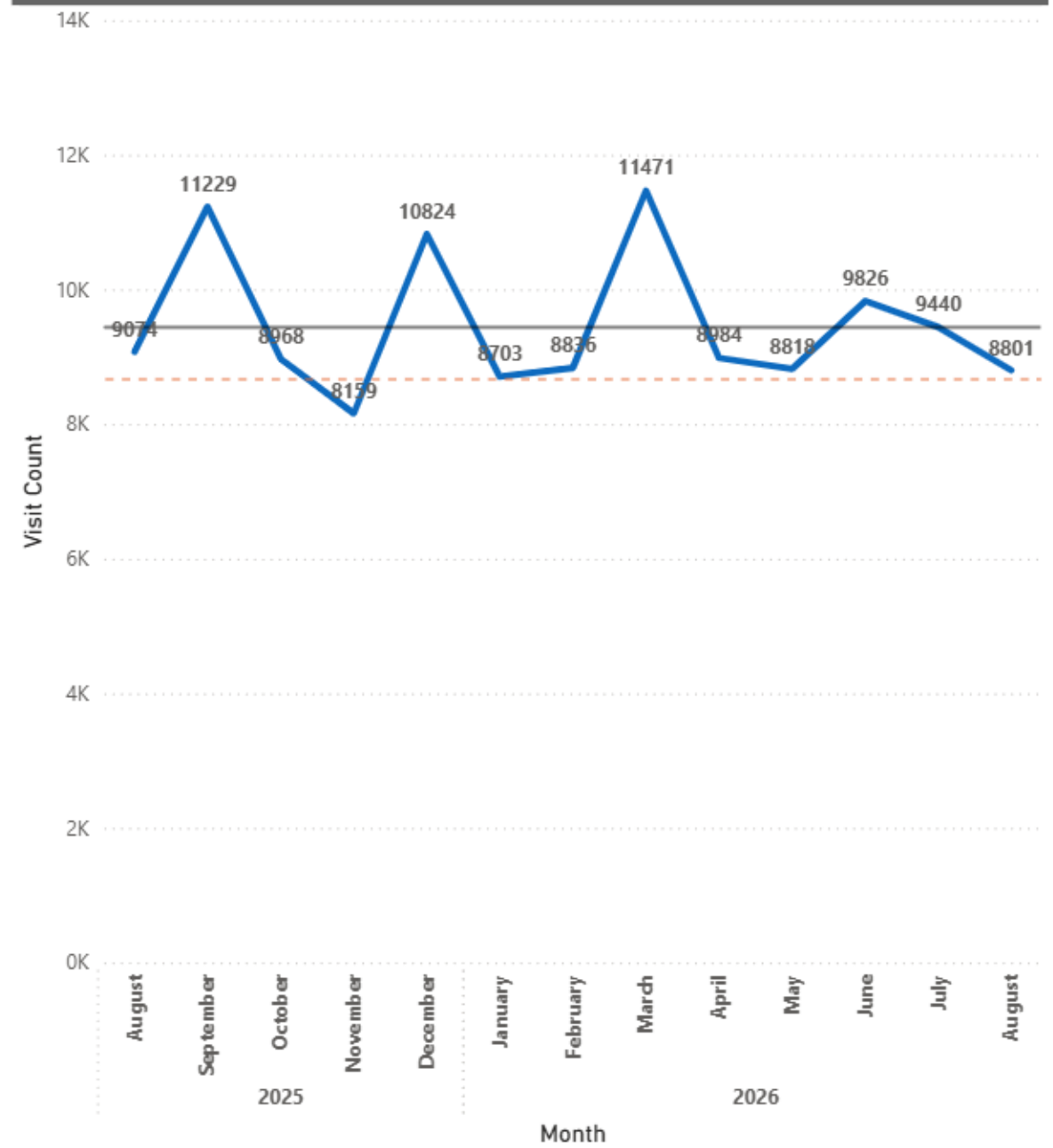


Pharmacy

Pharmacy Escribe % - All Locations



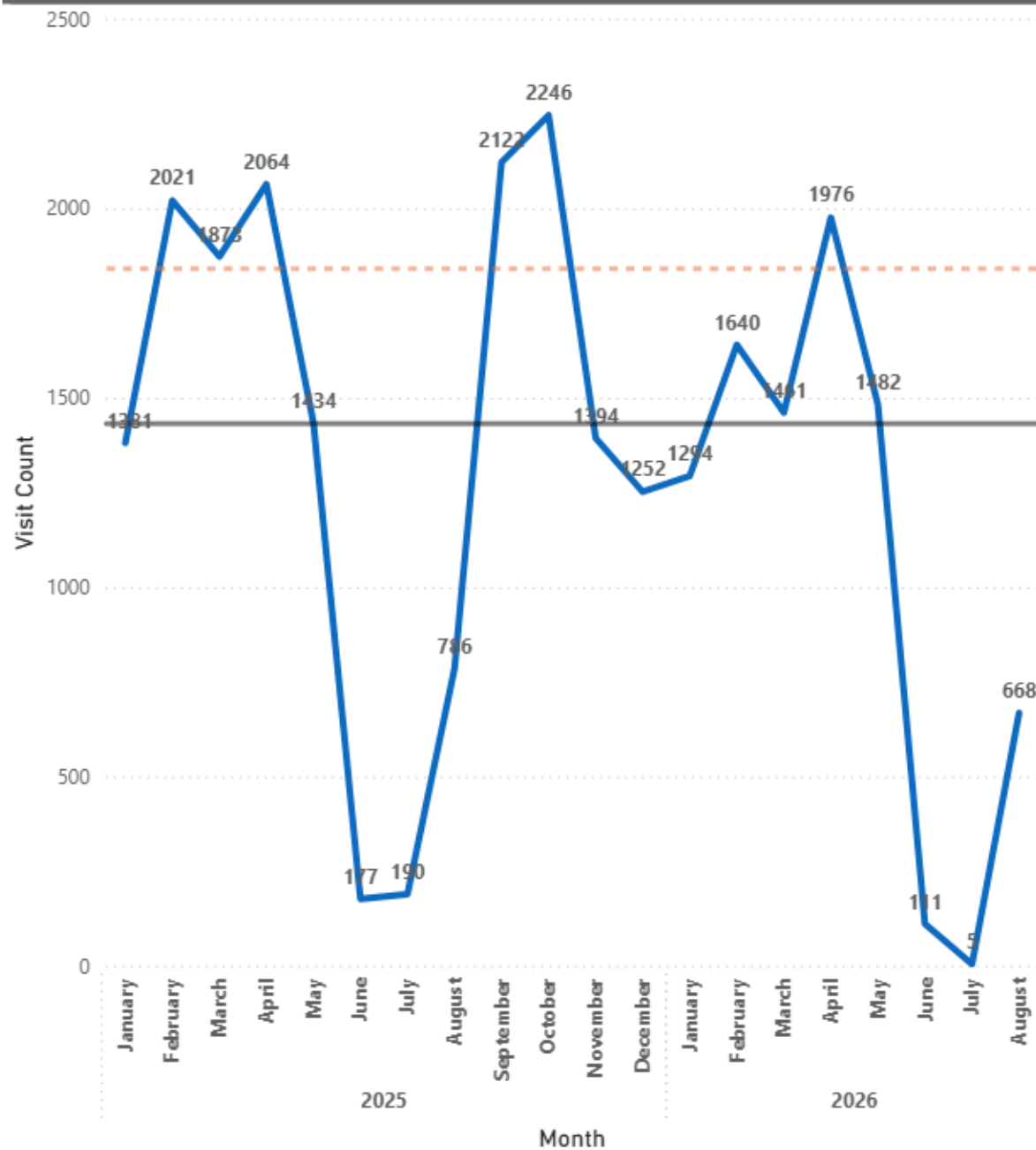
Total Fills - All Locations



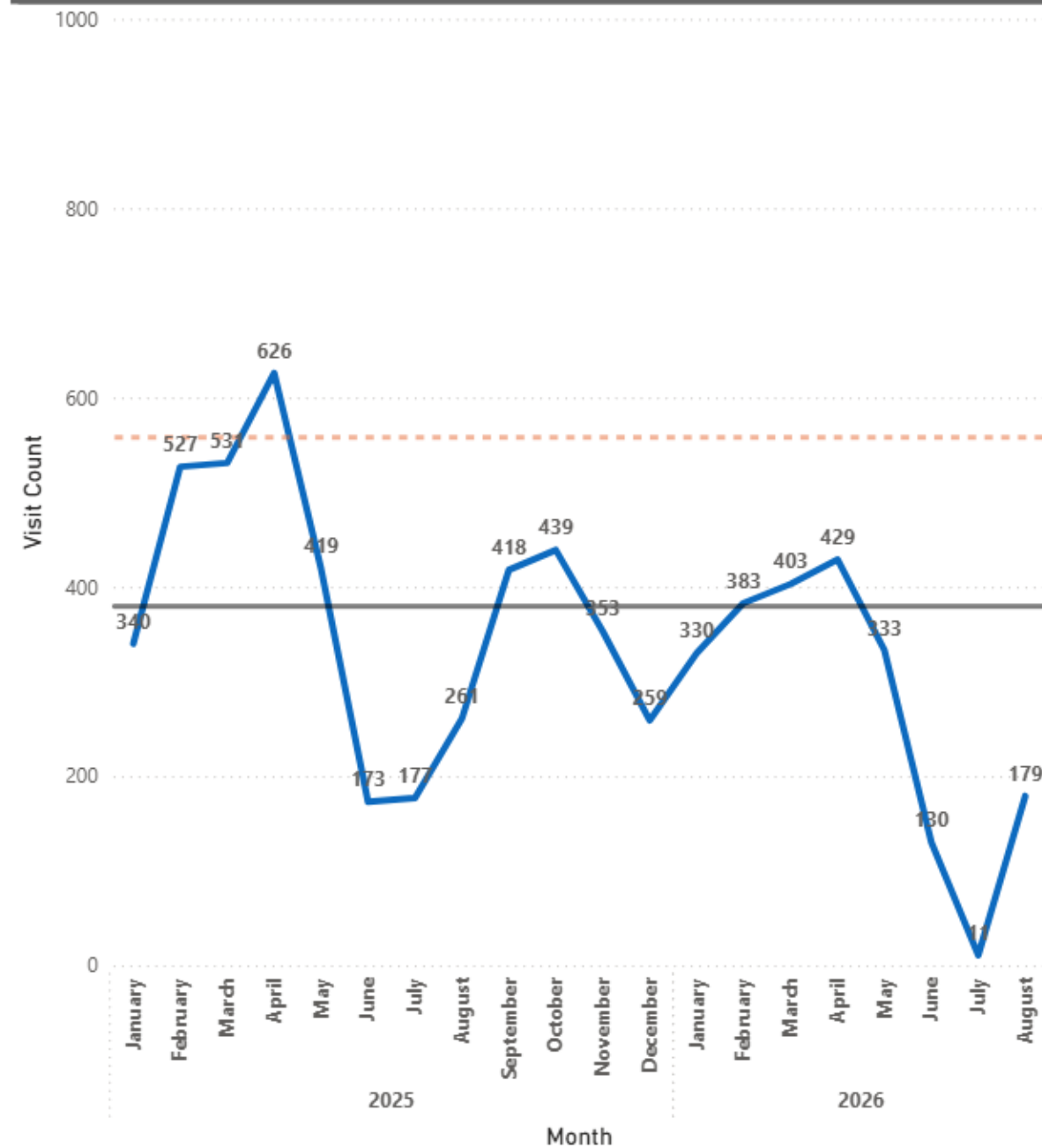
--- Current FY26 Median — FY25 Median - - - FY24 Median

School Based Health Centers

SBHC Visits - All Locations



Vision Visits - All Locations



--- Current FY26 Median
 — FY25 Median
 --- FY24 Median