



City of Cincinnati Primary Care Board of Governors Meeting

December 11, 2024

Agenda

Renu Bahkshi	Michelle Burns	Timothy Collier	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 November 13, 2024, CCPC Board Meeting.**

Leadership Updates

- 6:10 pm – 6:30 pm Ms. Joyce Tate, Chief Executive Officer
 - CEO Report
 - Proposed Meeting Time Change
 - Vote: Motion to approve the proposed CCPC Board meeting time change**
 - Care of A Minor without Parental/Guardian Consent Policy & Procedure
 - Vote: Motion to approve the Care of a Minor without Parental/Guardian Consent Policy & Procedure**
 - Personnel Actions – **document**
- 6:30 pm – 6:40 pm Mr. Mark Menkhaus Jr., Chief Financial Officer
 - CFO Report – **documents**

New Business

- 6:40 pm – 6:45 pm Public Comments
- 6:45 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 – January 15, 2025

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

CCPC Board of Governors Meeting Minutes

Wednesday, November 13, 2024

Call to order at 6:00 pm

Roll Call

CCPC Board members present – Ms. Renu Bahkshi, Ms. Michelle Burns, Mr. Timothy Collier, Mr. Robert Cummings, Ms. Alexius Golden Cook, Dr. Angelica Hardee, Dr. Camille Jones, Mr. John Kachuba, Dr. Phillip Lichtenstein, Ms. Luz Schemmel, Ms. Debra Sellers, Ms. Erica White-Johnson, Dr. Bernard Young

CCPC Board members absent – Ms. Jen Straw


Others present – Ms. Sa-Leemah Cunningham, Ms. Joyce Tate, Mr. Mark Menkhaus Jr, Dr. Edward Herzig, Mr. David Miller, Dr. Yury Gonzales, Ms. Abria Drummonds, Ms. Alvenia Ross, Ms. Angela Mullins, Ms. Angela Robinson, Dr. Michelle Daniels, Ms. LaSheena White



CCPC Board
Meeting Agenda Page




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. M	n/a	Mr. Tim Collier
Roll Call	13 present; 1 Absent	n/a	Ms. Sa-Leemah Cunningham
Minutes	Motion: the City of Cincinnati Primary Care Board of Governors approves the minutes of October 9, 2024, CCPC Board Meeting. <i>(Mr. Cummings, Dr. Hardee, and Ms. White-Johnson joined after this vote)</i>	M: Dr. Camille Jones 2nd: Dr. Phillip Lichtenstein Action: 8 Yes, 2 abstain Passed	Mr. Tim Collier
<i>Executive Committee</i>			
Mayor Health Center Site Visits	<ul style="list-style-type: none"> • Mr. Collier thanked Dr. Mussman and the staff who worked on the site to visit Mayor Pureval to a few CCPC sites. The mayor visited the health centers to learn more about the services and CCPCs role in governing and policy as it relates to the health centers. • Mr. Collier also informed that he will be meeting with city officials to discuss CCPC and its role in governing and policy as it relates to the health centers. • Mr. Collier acknowledged the existing gap of what CCPCs presence is and what it means when there is decision making processes with the city or anything regarding the health centers. • No additional commentary from the board. 	n/a	Mr. Tim Collier

Special Presentation

<p>Call Center Presentation</p>	 <p>CSU Board Presentation.pptx</p> <p>Ms. Abria Drummonds, Senior Administrative Specialist/new CCPC Call Center Manager, gave a Call Center Operations Presentation to the Board.</p> <ul style="list-style-type: none"> • Please see the presentation included in the agenda packet. <p>Highlights</p> <ul style="list-style-type: none"> • Ms. Drummonds shared the Central Scheduling call center serves as CCPC’s first line of contact when patients, partners, or providers call. Our CRRs field inquiries, appointments need and aid in resolving any challenges patients might be experiencing. Patients who call in are often dependent on the agent on the other end of the line, and a single negative interaction can easily send a patient into the arms of a competing healthcare provider. Therefore, we understand how incredibly important it is to run efficiently and provide excellent service. She also discussed some of the negative connotations and misconceptions that can be out there regarding call centers. • The Call Center upgraded to the Genesys phone system in August 2024 to streamline operations and improve patient experience. • Ms. Drummonds shared that according to research, scheduling appointments over the phone takes more than 8 minutes and are transferred out 63% of the time while CCPC call center representatives handle ALL CALLS TO THE ENTIRETY. • Ms. Drummonds shared a view of the provider list for each site that the call center representatives’ reference. • Ms. Drummonds shared a view of the Epic system used for appointment scheduling. • Ms. Drummonds discussed the following factors that the call center representatives consider when scheduling: <ul style="list-style-type: none"> ○ The patient’s needs and preferences ○ The availability of equipment and personnel ○ The capacity, requirements, and preferences of the scheduler. • Ms. Drummonds gave some call center data for the previous 12 months (October 2023-October 2024) <ul style="list-style-type: none"> ○ 94,887 Calls were received ○ The Average call duration was 3 minutes and 58 seconds. ○ 34% of calls were above Service level • Ms. Drummonds shared Call Center Rep Lunch schedules, Performance indicators: Calls 	<p align="center">n/a</p>	<p align="center">Ms. Abria Drummonds</p>
--	--	---------------------------	---

	<p>Answered, Calls Abandoned, Abandoned Rate. Percent in Service Level, Service Level Calls, Average speed of answer, average talk time, average wrap time, longest wait/Max Hold, Virtual Queue Calls, VQ+ Calls Answered.</p> <ul style="list-style-type: none"> • Ms. Drummonds discussed and noted areas of improvement for the call center which included abandoned calls, in service level, and average wrap time. • Ms. Drummonds shared the call center annual performance report. • Ms. Drummonds informed the board that some of the challenges the call center staff faces are: chronic absenteeism, time off queue, unscheduled time from workstation, capacity, and unbalanced workload. • Ms. Drummonds discussed strategies for continuous improvements: Regular Training updates, staff & one-on-one meetings; team building, feedback from health centers, implementation of advanced call routing, enhancement of self-service options, monitoring and improving call quality, optimizing scheduling and staffing. • Dr. Jones asked what counts an “answered call”? <ul style="list-style-type: none"> ○ Ms. Drummonds answered that whenever a call is answered with a greeting from a representative, that counts as an answered call. • Dr. Lichtenstein asked if there was a way to break out the data of foreign language calls. <ul style="list-style-type: none"> ○ Ms. Drummonds answered yes, that can be done. • Ms. Tate thanked Ms. Drummonds for her leadership and contribution to the team. She also acknowledged Ms. Schemmel for bringing awareness to the language in Spanish on the call in prompts not being correct. Ms. Drummonds was able to assist in correcting that. 		
--	--	--	--

Old Business

<p>CEO Report</p>	<p>Ms. Tate gave her CEO Update and shared the latest CHD Personnel Actions with the Board.</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  CEO Report 11.13.24.docx </div> <div style="text-align: center;">  Mayor Visits to Health Centers.pptx </div> <div style="text-align: center;">  2024 Ambrose Community Day Flye </div> </div> <ul style="list-style-type: none"> • Please see the memo with outline included in the agenda packet <p>Facility Planning Updates</p> <ul style="list-style-type: none"> • Ms. Tate updated that the team has been meeting with the Commissioner (Dr. Mussman), CFO (Mr. Menkhous), CCPC board chair (Mr. Collier) and city manager’s office to discuss the facility plan. • The purpose of the meetings was to strategize on how to engage (and encourage people to engage) patients in the community around health center 	<p align="center">n/a</p>	<p align="center">Ms. Joyce Tate</p>
--------------------------	--	---------------------------	--

locations.

Capital Projects Update

- Ms. Tate updated on the current capital projects that are stemming from the million-dollar capital grant awarded to CHD.
- The three big projects are the renovation of the waiting area at Price Hill Health Center, relocation of Crest Smile Shoppe, and expanding the call center.
 - Call Center expansion is no longer moving ahead with capital funds due to the call center being located at Burnet & King administrative location, which HRSA does not want to allocate the resources to update the call center. Leadership will investigate other means of funding that project.
 - Working on securing architect bids to begin the Price Hill waiting area renovation.
 - Also, continue to work the process with HRSA on the relocation of Crest Smile Shoppe.

Mayor’s Visit to the Health Centers – Pictures included in Packet

- Ms. Tate expressed excitement and gratitude to Mayor Pureval for his recent visits to the CCPC Health Centers (Ambrose Clement and Price Hill Health Centers).
- Site Staff, Dr. Goode, Dr. Gonzales, Dr. Mussman, and Mr. Marques were present along with staff from the mayor’s office.

CEO Performance Evaluation-





- Ms. Tate reminded the Board that it is time for her annual CEO Performance evaluation. Board members can send comments and recommendations as deemed appropriate.



Ambrose Clement Health Center Fall Festival – Community Day


- Ms. Tate announced that the annual Ambrose Clement Health Center Fall Festival—Community Day is coming up on Saturday, November 23, 2024, from 10am-1pm.
- Ms. Tate encouraged board members to come out and attend. Ms. Tate expressed her gratitude to the community partners that helped sponsor that event.

Braxton Cann Signage

- Ms. Tate updated that the Braxton Cann signage is still in production.
- The target completion date is sometime in

	<p>December 2024. The installation date will be announced once the sign is completed.</p> <p>NCQA Renewal Level 3 Recertification</p> <ul style="list-style-type: none"> Ms. Tate congratulated the CCPC staff on achieving their Level 3 NCQA renewal and recertification for Patient Center Medical Home. <p>Personnel Actions</p>  <p>BOH Personnel Actions_10.22.pdf</p> <p>Ms. Tate shared the CCPC Personnel Actions passed by the Board of Health on October 22, 2024.</p> <ul style="list-style-type: none"> A list of Personnel Actions was included in the agenda packet. CCPC New Hires includes 3 Medical Assistants (Ashley Boyd, Melanie Lallathin, Alyssa Smith), 1 Public Health Nurse 2 (Jazmin Johnson), 1 Customer Relations Representative (Anders Martin). 		
<p>Finance Update</p>	<p>Mr. Mark Menkhaus Jr. reviewed the financial data variance between FY24 and FY25 for the month of September 2024.</p>    <p>September Report CCPC 11.1.24.docx September Committee Revenue Finance Update CCPC as of Septemb</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 hours continue to be low. School Based Disaster Hours continue to be low. Revenue was decreased by 21.65%. <ul style="list-style-type: none"> Self-paid patients decreased by 2.23%. Medicare decreased by 2.04%. Medicaid decreased by 91.61%. Private Pay decreased by 5.99%. Medicaid managed care increased 10.45%. 416—Offset increased by 4.79%. Expenses increased by 4.38%. <ul style="list-style-type: none"> Personnel expenses increased by 5.94%. Material expenses decreased 2.26%. Contractual Costs increased by 7.31%. Fixed costs increased 0.81%. Fringes increased 2.82%. Net Gain was -\$2,728,425.84; decreased 243.88%. <ul style="list-style-type: none"> Invoices greater than 90 days were at 26%; (below 20% is the goal). Invoices greater than 120 days were at 18%: (below 	<p>n/a</p>	<p>Mr. Mark Menkhaus Jr.</p>

	<p>10% is the goal).</p> <ul style="list-style-type: none"> ○ Average Days in Accounts receivable were 4.2 days. ● No additional commentary from the board. 		
<p>Accommodation of Service Animals in Health Centers Policy</p>	<p>Ms. Angela Mullins, Nursing Supervisor, presented the Accommodation of Service Animals in Health Centers Policy update to the Board.</p>  <p>Accommodation of Service Animals in H</p> <p>Please see the policy included in the agenda packet.</p> <ul style="list-style-type: none"> ● The purpose of this policy is to establish a process by which the City of Cincinnati Primary Care (CCPC) personnel will address the presence of a service animal (SA) and emotional support animals (ESA) on the premises of healthcare facilities. ● This policy streamlines the processes and includes letter templates that are sent to health center patients regarding service animal accommodations. <p>Motion to approve the Accommodation of Service Animals in Health Centers Policy</p>	<p>M: Ms. Renu Bakhshi 2nd: Ms. Luz Schemmel Action: 10-0 Passed</p> <p>(Ms. Burns, Ms. Golden Cook, Ms. White-Johnson, does not present for vote)</p>	<p>Ms. Angela Mullins</p>
<p>Drug Supply Chain Security Act (DSCSA) Compliance Policy and Procedure</p>	<p>Mr. David Miller, Pharmacy Director, presented the Drug Supply Chain Security Act (DSCSA) Compliance Policy and Procedure update to the board.</p>  <p>DSCSA policy and procedure chd ccpc.</p> <p>Please see the policy included in the agenda packet.</p> <ul style="list-style-type: none"> ● The DSCSA is a federal law which became effective on January 1, 2015, requiring all pharmacies, pharmaceutical wholesalers, and manufacturers (each a “Trading Partner”) to maintain and share information on the purchasing history of pharmaceutical products. The purpose of the law is to create a secure drug supply chain and a standard industry process for identifying and quickly locating any potential counterfeit or adulterated products which might enter the supply chain. The goal of the law is to ensure patient safety and prevent fraudulent medications from being dispensed. ● The purpose of this policy is to provide a formal outline of procedures to follow to ensure compliance with the dispenser requirements under DSCSA. ● The policy provides insurance that CCPC/CHD complies with the Drug Supply Chain Security Act (DSCSA) to enhance the security of the pharmaceutical distribution supply chain. 	<p>M: Dr. Camille Jones 2nd: Dr. Phillip Lichtenstein Action: 10-0 Passed</p> <p>(Ms. Burns, Ms. Golden Cook, Ms. White-Johnson, not present for vote)</p>	<p>Mr. David Miller</p>

	Motion to approve the Drug Supply Chain Security Act (DSCSA) Compliance Policy and Procedure		
<i>New Business</i>			
Future of Public Health Discussion	 Now What for Public Health.docx Ms. Tate and Mr. Kachuba led a discussion regarding the future of public health. <ul style="list-style-type: none"> • Article to Reference included in the agenda packet. • Mr. Kachuba shared the article “Now What for Public Health” which discusses the future of public health. He also spoke about the uncertainties of public health going into a new federal administration. • Mr. Kachuba gave three areas of concern that the board should keep in mind, further discuss in future meetings, and have eyes open of these effects on CCPC: <ul style="list-style-type: none"> ○ How revenue & Medicaid will be affected or minimized. ○ Possibility of the disband of the Affordable Care Act, which would increase the uninsured population and cause a burden/strain on health care system. ○ Lack of allowance of immigrants • Dr. Lichtenstein asked if there has been talk amongst the department and FQHCs about FQHC importance amongst the population at large. <ul style="list-style-type: none"> ○ Ms. Tate answered that she will be engaging soon and having prep calls for strategies in how FQHCs reach out to the new administration—whether in person or virtual. 	n/a	Ms. Joyce Tate/Mr. John Kachuba
Public Comments	<ul style="list-style-type: none"> • No Public Comments. 	n/a	Mr. Tim Collier
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: 7:45 pm

Next meeting: December 11, 2024, at 6:00 pm.

The meeting can be viewed and is incorporated in the minutes: <https://fb.watch/wn-4TqwcYU/>

Date: 11/13/2024
Clerk, CCPC Board of Governors




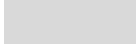
Date: 11/13/2024
Dr. Angelica Hardee, Secretary

CCPC Board of Governors

Cincinnati Health Department

November 13, 2024

Board Members	Roll Call	10/9/2024 Minutes	Approval of Accomodation of Service Annimals in Health Centers Policy	Approval of Drug Supply Chain Security Act (DSCSA) Comnpliance Policy
Ms. Renu Bakhshi	X		M	
Ms. Michelle Burns	X			
Mr. Timothy Collier-Chair	X			
Mr. Robert Cummings	X			
Ms, Alexius Golden Cook	X			
Dr. Angelica Hardee	X			
Dr. Camille Jones	X	M (abstained)		M
Mr. John Kachuba	X			
Dr. Philip Lichtenstein	X	2nd		2nd
Ms. Luz Schemmel	X	Abstained	2nd	
Ms. Debra Sellers	X			
Ms. Jen Straw				
Ms Erica White-Johnson	X			
Dr. Bernard Young	X			
Motion Result:	Quorum	8 Yes, 2 Abstain Passed	Passed	Passed

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

STAFF/Attendees

Sa-Leemah Cunningham (clerk)	X
Joyce Tate	X
Mark Menkhaus Jr	X
Edward Herzig, MD	X
David Miller	X
Yury Gonzales, MD	X
Abria Drummonds	X
Alvenia Ross	X
Angela Mullins	X
Angela Robinson	X
Michelle Daniels, DNP	X
Lasheena White	X

DATE: December 11, 2024
TO: City of Cincinnati Primary Care Board of Governors
FROM: Joyce Tate, CEO
SUBJECT: CEO Report for December 2024

The CEO Report for December 2024

Meeting Time Change

- Meeting time change poll was sent out. The results have indicated that 5pm and 5:30pm start times are the times that are the preference of the majority. We will discuss and take a vote on which time would work best to change the board meeting start time.

Florist Delivery for Ms. Schemmel

- Flowers were sent to Ms. Luz Schemmel for the loss of her loved one

Dental Director change in leadership

- Dr. Anna Novais will be stepping down from her roll as Dental Director. Dr. Nick Taylor will be appointed as Interim Dental Director.

Crest Smile Shoppe and Roberts Academy update

- The Crest Smile Shoppe move to Avondale Towne Center is moving along. There is a meeting scheduled with an architect to discuss the plans.
- Roberts Academy is scheduled for January but may experience some slight delays.

2025 CCPC Board Training

- We are looking to set up a 2025 CCPC Board Training.
- With new officers coming in April and several new board members, it is necessary for an educational update for board members. The date is coming soon.

OACHC and NACHC—yearend focus and handouts

- Here are some Legislative priorities and links to the National Association of Community Health Centers' policy papers for Health Centers
 - [Health Center Funding](#)
 - **Request:** Strengthen Health Centers by allocating \$5.8 Billion in base funding for CHCs in the year-end package and dedicating majority of funding to stabilization fund to maintain and expand patient access and services as well as adjust for rising costs around workforce, technology, cyber security.
 - [Telehealth](#)
 - **Request:** support at least a two-year extension to Medicare telehealth flexibilities

as part of a year-end health package. Support Key legislation includes the CONNECT for Health Act (H.R. 4189/S. 2016) and the Telehealth Modernization Act (H.R. 7623) These bills modernize Medicare policy by recognizing health centers as “distant sites” and removing “originating site” restrictions, allowing telehealth coverage wherever the patient or provider is located, and harmonizing payment between in-person and virtual visits. Additionally, the Telehealth Modernization Act includes coverage of audio-only care.

- [Workforce](#)
 - **Request:** Support \$950M per year for National Health Service Corps, \$300M over five years for Teaching Health Center GME Program and support legislation such as the Health Care Workforce Innovation Act (H.R. 7307 / S. 4957), and the Senate Bipartisan Primary Care and Health Workforce Act (S. 2840) that funds important grants and programs for preceptorship and healthcare career ladder programs.
- [340B](#)
 - **Request:** Support comprehensive 340B legislation in 2025 that protects the viability of the program for health centers and patients.



Date: 12/3/2024

To: MEMBERS of the BOARD of HEALTH

From: Grant Mussman, MD MHSA, Health Commissioner

Copies: Leadership Team, HR File

Subject: **PERSONNEL ACTIONS for December 3, 2024 BOARD of HEALTH MEETING**

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

ALEXANDRIA ASHRAF

EPIDEMIOLOGIST

CHES

(Promotional vacancy)

Salary Bi-Weekly Range:

\$2,577.67 to \$3,464.17

Revenue Fund

Alexandria Ashraf received her bachelor's degree in biology from West Virginia University in 2013 and her master's degree in public health Genetics from University of Pittsburgh in 2016. She is currently finishing her master's in Epidemiology at Oregon Health and Science University. She has several years of experience in applied epidemiology at large universities and has training in collecting and analyzing data, reporting findings to stakeholders, and providing programmatic support. She has also worked with medical records, including emergency room data, and previously served as a patient family liaison. Her experiences make her an excellent candidate for the epidemiologist position working with our clinical data.

ASHLEY BACHER

OPTOMETRIC TECHNICIAN

CCPC

(Resignation vacancy)

Salary Bi-Weekly Range:

\$1,802.50 to \$2,462.69

Revenue Fund

Ashley Bacher is an optometric technician with over 12 years of experience in the optometric field. She is currently working in a optical office, serving patients of all ages, including pediatrics. The office primarily serves patients with Medicaid giving Ms. Bacher strong experience with the various Medicaid vision plans. She has strong pediatric experience. Ms. Bacher has a passion for working with underserved populations and will provide valuable services to Cincinnati Health Department dental patients.

PERSONNEL ACTIONS for December 3, 2024 , BOARD of HEALTH MEETING
Page 2 of 4

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

YASMINE BERNARD

MEDICAL ASSISTANT

CCPC

(Resignation vacancy)

Salary Bi-Weekly Range:

\$2,052.24 to \$2,167.95

Revenue Fund

Yasmine Bernard graduated with a medical assistant certification, from Good Samaritan College of Nursing in 2019.

Ms. Bernard has been working as a medical assistant since she graduated at multiple locations across the city of Cincinnati. She has experience in family practice at TriHealth Family Medical Group and Kenwood Family Medicine. She has worked in pediatrics as a medical assistant at Cincinnati Children’s Hospital and as a scheduler at Hyde Park Pediatrics. Ms. Bernard also has experience in customer service as an administrative representative at CXR since 2015.

The skills and experience Ms. Bernard has will bring a wealth of knowledge to the medical assistant position in the School Based Health Center Program. Ms. Bernard has a desire to serve students and the community. Her skills and knowledge will be an added benefit for both the Cincinnati Health Department and the School Based Health Centers.

TONYA BEST

PUBLIC HEALTH NURSE 2

CCPC

(Promotional vacancy)

Salary Bi-Weekly Range:

\$2,374.81 to \$3,206.05

Grant Fund

The Cincinnati Health Department - City of Cincinnati Primary Care (CCPC) wishes to hire Tonya Best, RN - at Bobbie Sterne Health Center. Ms. Best attended Mount Saint Joseph where she received a bachelor’s degree in nursing in 1997. Ms. Best has 27 years of nursing experience with various age groups, from pediatrics to adulthood. Ms. Best is currently employed by Necco serving children in the community that have behavioral/mental health challenges. Her clinical nursing skills include assessing patient’s conditions, gathering information on their medical history, and providing necessary health care. Ms. Best is well-rounded, having clinical experience working in a hospital, clinic, and school setting. Ms. Best has experience with Epic, Microsoft Word, Excel, and accessing ImpactSIIS.

During her interview Ms. Best expressed a desire to serve a broader population and her advocacy for the underserved.

We are requesting our Board of Health, to approve Ms. Best for the Public Health Nurse 2 position here at Bobbie Sterne Health Center.

PERSONNEL ACTIONS for December 3, 2024 , BOARD of HEALTH MEETING
Page 3 of 4

SHAKIYLA CUNNINGHAM MEDICAL ASSISTANT CCPC
(Transfer vacancy)

Salary Bi-Weekly Range: \$2,052.24 to \$2,167.95 Revenue Fund
Ms. Cunningham has a varied background working in customer service and the medical field. Her customer service background includes working as a shuttle driver at Cincinnati Children’s Hospital and Talbert House, and customer service representatives at varied places of business. Her medical field experience began in 2022 as a patient care assistant at UC Health’s Daniel Drake Center and The Little Clinic. She has been working at St. Elizabeth Physicians Women’s Health. Ms. Cunningham has experience in all aspects of caring for a patient, both in the inpatient and outpatient setting.

Ms. Cunningham will bring enthusiasm to learn and grow to her role as a medical assistant in the School Based Health Center Program. Ms. Cunningham has a desire to work more closely with students and the community. Her skills and knowledge will be an added benefit for both the Cincinnati Health Department and the School Based Health Centers.

TANARA ELLIS PHARMACIST CCPC
(New Position)

Salary Bi-Weekly Range: \$5,607.18 to \$6,500.26 Revenue Fund
Dr. Tanara Ellis is a registered Clinical Pharmacist. She received her Doctor of Pharmacy from Oklahoma University in 2023 and completed her PGY1 Residency from the University of Cincinnati (UC) in 2024. Tamra was the Health Departments resident for 2023 and 2024. She was instrumental in helping develop the startup of our Clinical Pharmacy Program and is passionate about patient counseling, has excellent attendance, and strong organizational skills. She also has a good understanding of FQHC finances as she completed a residency project with HRSA back in 2022. She comes to us highly recommended from the UC Pharmacy program. She will be an asset to the city’s Clinical Pharmacy program and impact the quality improvement for patients.

During her interview Ms. Best expressed a desire to serve a broader population and her advocacy for the underserved.

We are requesting our Board of Health, to approve Ms. Best for the Public Health Nurse 2 position here at Bobbie Sterne Health Center.

KANY SOW PHARMACY TECHNICIAN CCPC
(New Position)

Salary Bi-Weekly Range: \$2,024.09 to \$2,125.13 Revenue
Kany is a Registered Certified Pharmacy Technician with 8 years of pharmacy experience and a BS degree. Kany comes to us from Good Sam Hospital where she served as a Certified Tech since 2019 in various capacities. Her references indicate that she has great experience in customer service, excellent attendance, strong organizational skills, and clinical services. She is also fluent in French. She will be an asset to the city’s Pharmacy program.



City of Cincinnati Primary Care (CCPC)
Care of A Minor without Parental/Guardian Consent
Policy & Procedure

Effective Date: December 05, 2024

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: 12/24

Biennial review 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 uniform procedure for City of Cincinnati Primary Care (CCPC) personnel to determine whether a minor may consent to CCPC behavioral/mental and reproductive health services in compliance with the state of Ohio and federal laws (see Appendix A).

II. POLICY

CCPC providers are authorized to offer care, including behavioral/mental and reproductive health services, to minors without parental or guardian consent under specific circumstances, as permitted by state and federal legislation (see Appendix B).

III. PROCEDURE

A. Behavior/Mental Health Care of A Minor without Parental/Guardian Consent

[Ohio Revised Code § 5122.04](#) permits minors to receive, without the knowledge or consent of a parent or guardian, outpatient counseling and mental and behavioral health services. This law applies to the following:

- a. A minor 14 years of age or older can request outpatient mental/behavioral health services from a mental/behavioral health professional without parental consent or knowledge, *excluding* the prescribing of medication.
- b. A patient aged twelve and older may consent to confidential diagnosis or non-pharmaceutical treatment for any condition resulting from drug or alcohol abuse. The law in Ohio safeguards the confidentiality of information obtained during the treatment of a patient for drug or alcohol abuse.
- c. Except for conditions detailed in this section, the minor's parent or guardian should not be notified about the services without the minor's consent unless the mental/behavioral health professional treating the minor deems it necessary due to a significant likelihood of harm to the minor or others. In such cases, the minor should be informed of the mental/behavioral health professional's intention to notify their parent or guardian.
- d. Services provided to a minor under this section shall be limited to up to six sessions or thirty days of services, whichever occurs sooner.
 - i. After the sixth session or thirty days of services, the mental health professional shall terminate the services or, with the minor's consent, notify the parent or guardian to obtain consent to provide further outpatient services.
 - ii. Situations requiring a counselor to notify a parent or guardian and other professionals include reasonable suspicion of child abuse, patient posing a danger to others, risk of self-harm, valid court orders, and seeking medication as part of treatment.
 - iii. After six sessions or 30 days, whichever occurs first, a minor patient may choose to terminate therapy services or obtain parent/guardian consent.
 - iv. As consent for counseling sessions does not necessitate informing the parent or guardian, any documentation recorded in the minor's electronic medical record relating to these sessions and their content is inaccessible to the parent or guardian.
- e. Fees for Services: CCPC services are free of charge when a minor or student is exercising the legal option to obtain counseling services without parent/guardian notification. This process ensures:

- i. Therapy is time-limited under these conditions.
 - ii. Billing processes will not compromise patient confidentiality.
 - 1. Standard billing practices will apply if a minor or student continues counseling with parent or guardian consent, after six sessions, or up to thirty days of services, whichever occurs first.
 - f. Clients are responsible for scheduling appointments and complying with their counselor's treatment recommendations.
 - g. If clients fail to comply, services may be terminated.
 - h. In the event that CCPC is not the appropriate agency to meet a patient's needs, referrals will be provided.
- B. Reproductive Health Care of A Minor without Parental/Guardian Consent
- As CCPC reproductive health services receive funding through the federal [Family Planning Program, Title X of the Public Health Service Act 42 U.S.C. §§300 to 300a-6](#), CCPC personnel are not obligated to acquire written consent from parents or guardians prior to providing these services to minors aged 12 and older.
- a. CCPC providers may offer pregnancy testing services to minor patients without requiring parental consent as it is not mandated by federal or state legislation.
 - b. CCPC providers may provide contraceptive services to patients aged 12 and older without parental or guardian consent.
 - c. Under Title X, there is no minimum age for a clinician to provide care without parental consent.
 - d. *However, if the patient is under 12, the clinician must report to [Child Protective Services](#).*
 - e. Under [Ohio Revised Code § 3709.241](#), CCPC providers may offer a minor evaluation and provide treatment of any sexually transmitted infections (STIs) without the written or expressed consent of a parent or guardian.
 - i. Clinicians are required to [report incidents of STIs](#) to the Hamilton County Public Health, where the report shall remain confidential.
 - ii. The state of Ohio requires patients to notify their sexual partners of their disease.
 - f. CCPC clinicians who suspect incidents of child molestation, sexual abuse, rape, statutory rape (refer to Appendix C), incest, intimate partner violence, sexual exploitation, or trafficking are [mandated](#) by [Ohio Revised Code § 2151.421](#) to report their concerns.
 - g. CCPC clinicians must contact Ohio's Public Children Services Agency at 1-855-642-4453 or reach the [Ohio Department of Job & Family Services](#) at 855-O-H-CHILD (855-642-4453).

REFERENCES

- Adler, A., Biggs, M. A., Kaller, S., Schroeder, R., & Ralph, L. (2023). Changes in the frequency and type of barriers to reproductive health care between 2017 and 2021. *JAMA Network Open*, 6(4), e237461-e237461. <https://tinyurl.com/4hmuph28>
- Buse, K., Mays, N., Colombini, M., Fraser, A., Khan, M., & Walls, H. (2023). *Making Health Policy*. McGraw Hill.
- Campbell, N. (2022). *Effective policies and procedures: A step-by-step resource for clear communication*. Harper Collins Leadership.
- Haapanen, K. A., Christens, B. D., Speer, P. W., & Freeman, H. E. (2024). Narrative change for health equity in grassroots community organizing: A study of initiatives in Michigan and Ohio. *American Journal of Community Psychology*, 73(3-4), 390-407. <https://tinyurl.com/yckvsk49>
- Hall, M. A., Bobinski, M. A., Orentlicher, D., Cohen, I. G., Bagley, N., & Sawicki, N. N. (2024). *Health care law and ethics*. Aspen Publishing.
- Pasternak, R. H., Alderman, E. M., & English, A. (2023). 21st Century Cures Act ONC rule: implications for adolescent care and confidentiality protections. *Pediatrics*, 151(Supplement 1). <https://tinyurl.com/yzw2ry5e>
- Radez, J., Reardon, T., Creswell, C., Lawrence, P. J., Evdoka-Burton, G., & Waite, P. (2021). Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *European child & adolescent psychiatry*, 30(2), 183-211. <https://tinyurl.com/bdsp8u7c>
- Seavey, J. W., Aytur, S. A., & McGrath, R. J. (2023). *Health policy and analysis: Framework and tools for success*. Springer Publishing Company.
- Sharko, M., Jameson, R., Ancker, J. S., Krams, L., Webber, E. C., & Rosenbloom, S. T. (2022). State-by-state variability in adolescent privacy laws. *Pediatrics*, 149(6), e2021053458. <https://tinyurl.com/5tfh5c2x>
- Thannhauser, R. E., Morris, Z. A., & Gamble, N. (2022). Informed consent, confidentiality, and practitioner disclosure in therapeutic work with youth: A systematic review of practitioners' perspectives. *Adolescent Research Review*, 7(3), 355-382. <https://tinyurl.com/45d8xk3a>
- White, K. M., Dudley-Brown, S., & Terhaar, M. F. (Eds.). (2024). *Translation of evidence into nursing and healthcare*. Springer Publishing Company.
- Wu, X., Ramesh, M., Howlett, M., & Fritzen, S. A. (2023). *The public policy primer: Managing the policy process*. Routledge.

APPENDIX A

In the State of Ohio

Definitions

A **minor** is typically defined as an individual under the age of majority, which is when a person is considered an adult with the same legal rights and responsibilities. The age of majority is commonly 18, but certain states, such as Indiana and Mississippi, set it at 21, while others, including Alabama, Colorado, Maryland, and Nebraska, set it at 19.

Informed consent is an agreement to an interaction or action made with an understanding of relevant facts, including potential risks and available alternatives. This concept is frequently discussed in the context of legal ethics, medical treatment, and the [waiver of constitutional rights](#).

Confidentiality concerning the care of a minor without parental consent is rooted in the 1996 [Health Insurance Portability and Accountability Act](#) (HIPAA). The privacy rule and patient confidentiality serve as protections against parental or guardian access to protected health information in various scenarios. These include situations involving adolescents aged 18 years and older, emancipated minors, minors capable of legally consenting to services or receiving them without parental consent, or when a parent or guardian agrees to a confidentiality arrangement between the minor and a healthcare provider.

Key Points

- Minors who possess a thorough understanding of the risks, benefits, and alternative options associated with specific health services mentioned in this document have the right to provide informed consent.
 - This informed consent *must* be given voluntarily, either verbally or in writing, and must be documented in the patient's electronic medical record (EMR).
 - Some minors may be discouraged from seeking services due to the fear of disclosure.
 - When young people are assured that their privacy will be respected and that they will receive confidential care, they are more likely to seek care, especially reproductive healthcare.
 - When a minor's consent to treatment or testing is legally permitted, healthcare providers must maintain confidentiality.
- ✓ *Of Note:* There are situations in which maintaining confidentiality may *not* be ethical or legal, including cases of:
- suspected child abuse or neglect,
 - sexual abuse, instances of coercive sex, regardless of the age of the minor, must be reported in accordance with child abuse reporting laws.
 - Records of mental health services may be disclosed to a parent or guardian if the therapist determines that disclosure is necessary to protect the safety of the minor or another individual (such as in cases of suicidal or homicidal thoughts).
 - The minor *must* be informed of this parental disclosure.

APPENDIX B

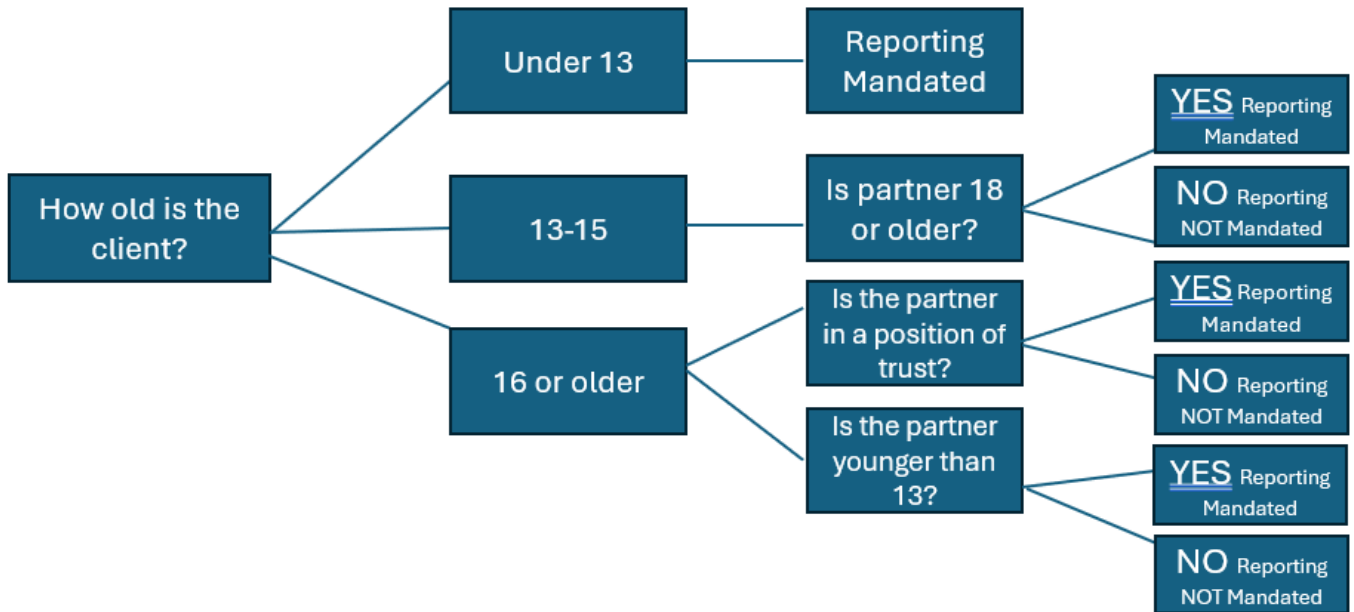
Ohio Statute

A minor may consent to the following services without parental consent to the following:

- a. Physical examination of a minor who is a victim of a sexual offense at a hospital with organized emergency services, with written notification to the parent or guardian that such examination has taken place ([ORC §2907.29](#))
- b. HIV testing ([ORC §3701.242](#))
- c. Diagnosis/treatment of any venereal disease by a licensed physician ([OR §3709.241](#))
- d. Outpatient mental/behavioral health services (excluding the use of medication) at the request of a minor fourteen years of age or older ([ORC §5122.04](#))
- e. Diagnosis/treatment for substance abuse of any condition which is reasonable to believe is caused by a drug of abuse, beer, or intoxicating liquor ([ORC §3719.012](#)).

Please Note: A minor may also receive emergency medical treatment to preserve life and prevent serious impairment without the consent of a parent or guardian. For services a. – e. above, the minor's parent or guardian is not liable for the cost of the services.

Mandated Reporting Algorithm



DATE: December 11, 2024
TO: City of Cincinnati Primary Care Governing Board
FROM: Mark Menkhaus, Jr., CFO
SUBJECT: Fiscal Presentation October 2024

Fiscal Presentation

Fiscal Presentation for October 2024.

- For FY25, as of October 2024, Cincinnati Primary Care had a net loss of \$2,960,515.98.
- In FY24, October had a net gain of \$338,606.55. Comparing FY25 with FY24 shows a decrease of \$3,299,122.53. This decrease is due to lower revenue and higher expenses.
- Revenue decreased by \$2,612,461.27 from FY24. The decrease is in Medicaid revenue. This is because the FY24 figure was inflated because CHD received several months of backlogged payments from Medicaid resulting from ODM’s transition from MITS system to the Provider Network Management System (PNM). Meanwhile, the FY25 figure is deflated because of interruptions with OBS claims going to Medicaid wrap. The issue with Medicaid wrap payments has been resolved and Medicaid payments will level out.
- Expenses increased by \$686,661.26 from FY24. The increase is due in part to COLAs and the corresponding fringes. Increases are also due to the timing of invoices paid (ex. LabCorp was paid \$283,881.97 in FY24 but was paid \$382,062.24 in FY25. Also, Cardinal Health was paid \$571,365.58 in FY24 but was paid \$664,671.79 in FY25. However, Ochin was paid \$410,431.78 in FY24 but was paid \$291,924.11 in FY25.)
- Here are charges for disaster regular hours and overtime as it relates to COVID-19 for FY25 and FY24 for October.

Clinics		
Type Labor Cost	FY25	FY24
Disaster Regular	\$6,569.73	\$ 8,344.12
Disaster Overtime	\$ 0.00	\$ 0.00
Total	\$6,569.73	\$ 8,344.12

School Based		
Type Labor Cost	FY25	FY24
Disaster Regular	\$ 0.00	\$ 82.44
Disaster Overtime	\$ 0.00	\$ 0.00
Total	\$ 0.00	\$ 82.44

October Payor Mix Highlights:

	Medicaid	Commercial	Medicare	Self-Pay
Medical	-2%	2%	-1%	12%
Dental	-2%	1%	-1%	7%
School-Based Medical	-6%	0%	0%	7%
School-Based Dental	4%	1%	0%	5%
Behavioral Health	-3%	4%	4%	6%
Vision	-13%	0%	0%	13%

Accounts Receivable Trends:

- The accounts receivable collection effort for October for 90-days is 19% and for 120-days is 11%. Our aim for the ideal rate percentage for 90-days is 20% and our 120-days is 10%. The rate for 90-days decreased by 5% from the previous month and the rate for 120-days also decreased by 5% from the previous month.

Days in Accounts Receivable & Total Accounts Receivable:

- The days in accounts receivable have increased from the month before by 1.9 days. The days in accounts receivable are above average (by 2.8 days) of the past 13 months at 39.7 days.

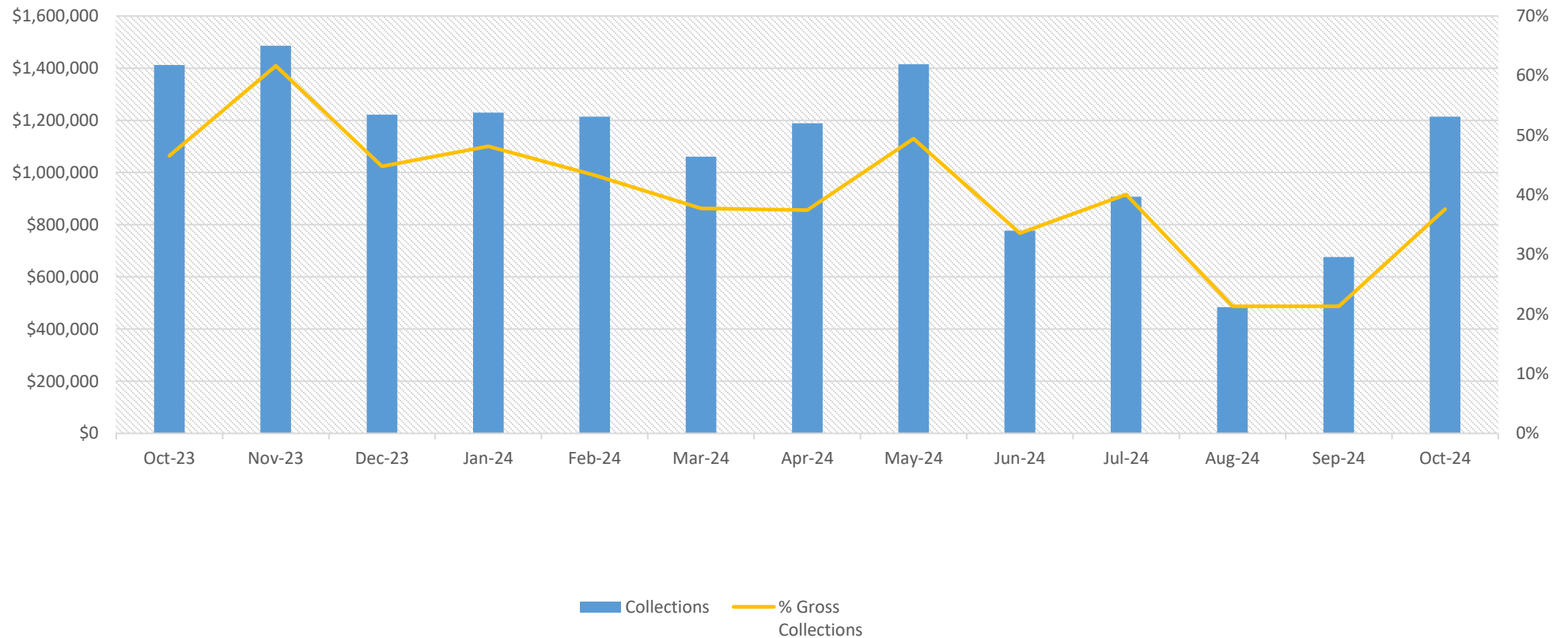
City of Cincinnati Primary Care
Profit and Loss with fiscal year comparison
October 2023 - October 2024

	FY25 Actual	FY24 Actual	Variance FY25 vs FY24
Revenue			
8556-Grants\Federal	\$1,111,592.53	\$1,794,167.98	-38.04%
8571-Specific Purpose\Private Org.	\$9,000.00	\$0.00	0.00%
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	\$304,602.00	\$300,839.64	1.25%
8734-Medicare	\$1,855,790.04	\$1,746,256.88	6.27%
8736-Medicaid	\$720,639.07	\$3,243,638.41	-77.78%
8737-Private Pay Insurance	\$406,367.88	\$438,325.39	-7.29%
8738-Medicaid Managed Care	\$2,138,872.96	\$1,722,388.34	24.18%
8739-Misc. (Medical rec.\smoke free inv.)	\$38,432.56	\$141,335.28	-72.81%
8932-Prior Year Reimbursement	\$59,229.25	\$29,945.25	97.79%
416-Offset	\$1,746,421.39	\$1,647,851.78	5.98%
Total Revenue	\$8,452,287.68	\$11,064,748.95	-23.61%
Expenses			
71-Personnel	\$5,352,429.64	\$5,090,174.88	5.15%
72-Contractual	\$1,995,472.55	\$1,765,896.63	13.00%
73-Material	\$1,116,723.23	\$935,488.89	19.37%
74-Fixed Cost	\$580,775.40	\$628,419.42	-7.58%
75-Fringes	\$2,367,402.84	\$2,306,162.58	2.66%
Total Expenses	\$11,412,803.66	\$10,726,142.40	6.40%
Net Gain (Losses)	(\$2,960,515.98)	\$338,606.55	-974.32%

CHD/CCPC Finance
Update
December 11, 2024

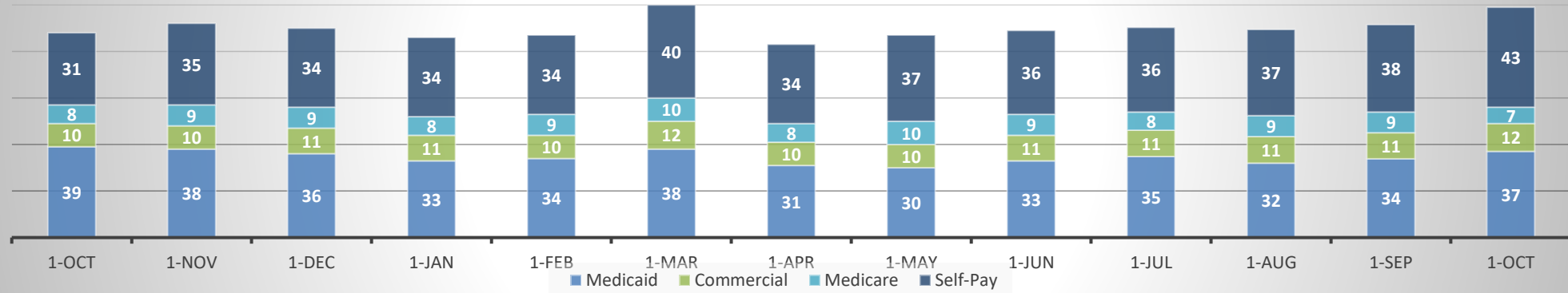
Revenue Presentation

Monthly Visit Revenue

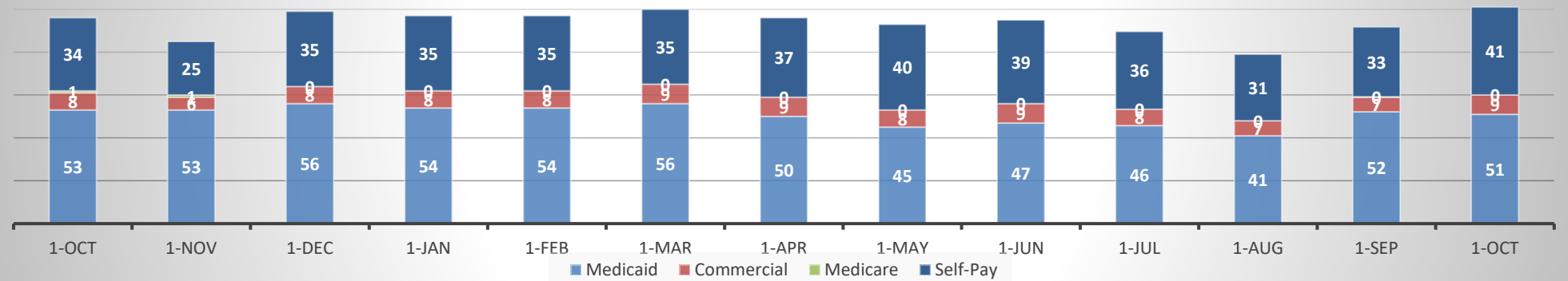


Payor Mix

Medical

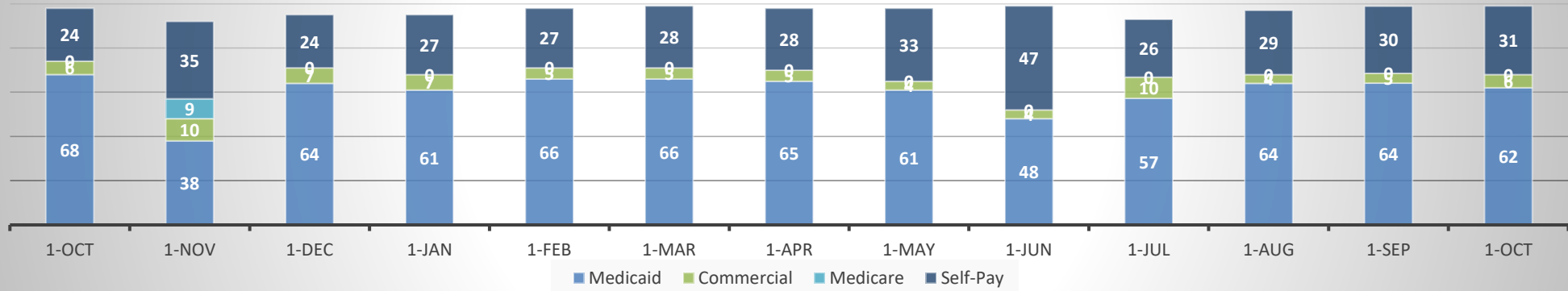


Dental

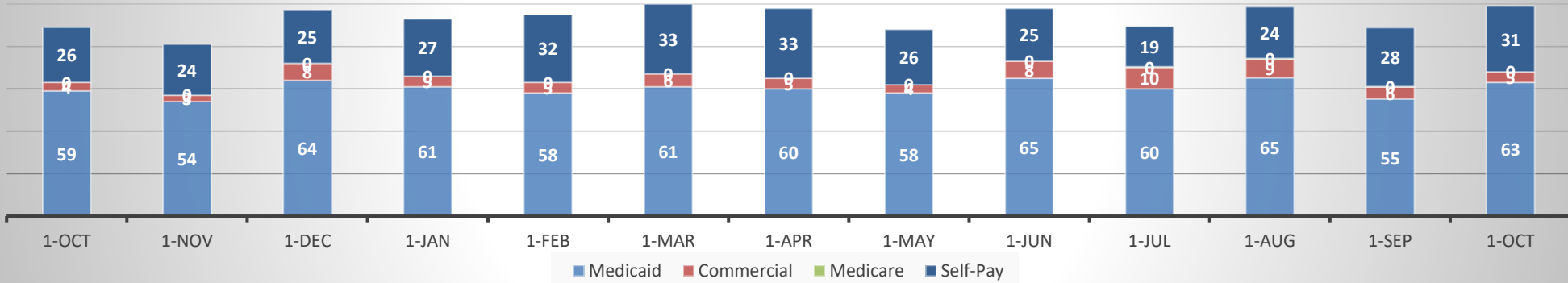


Payor Mix

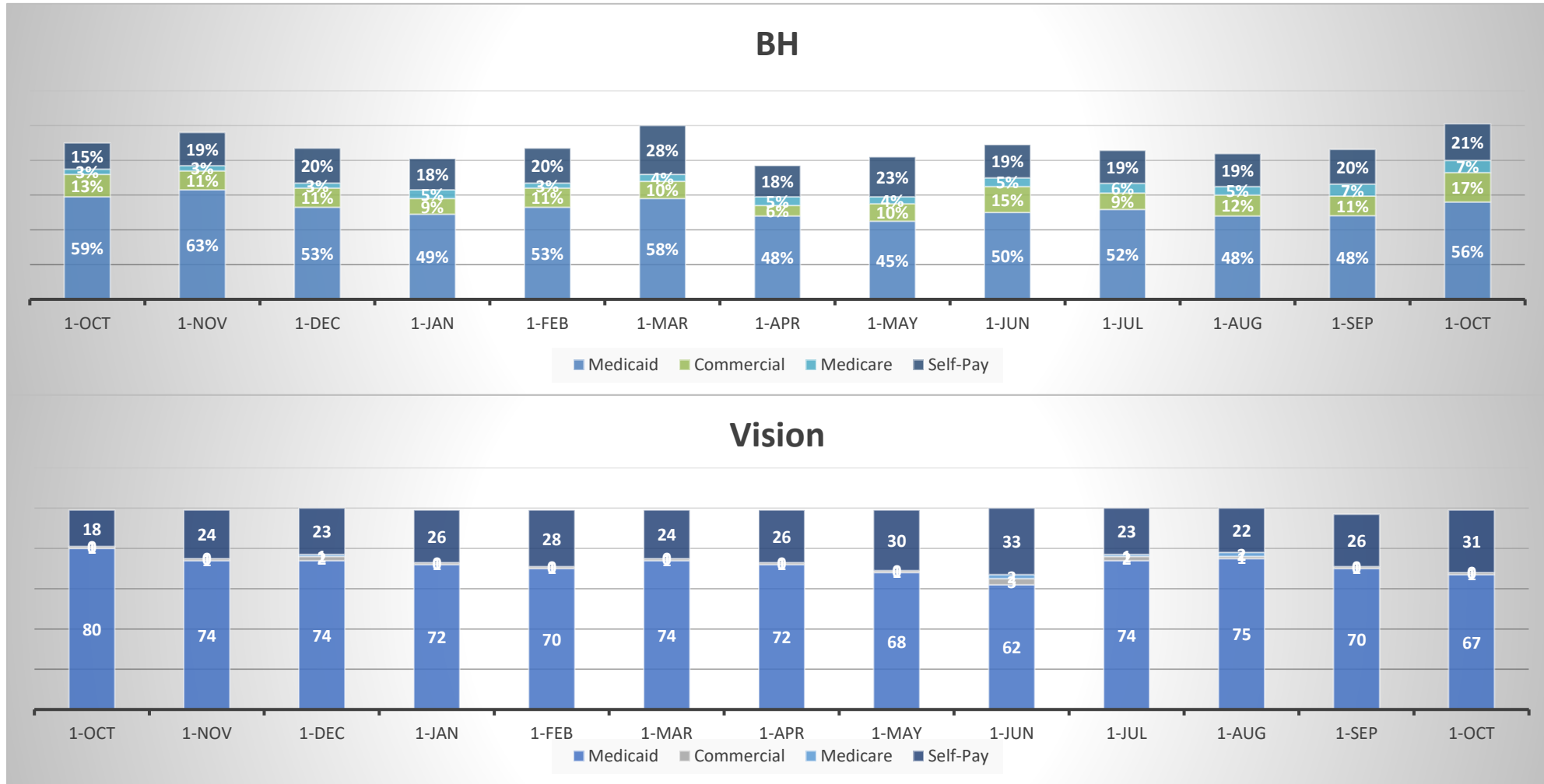
SBHC - Medical



SBHC - Dental

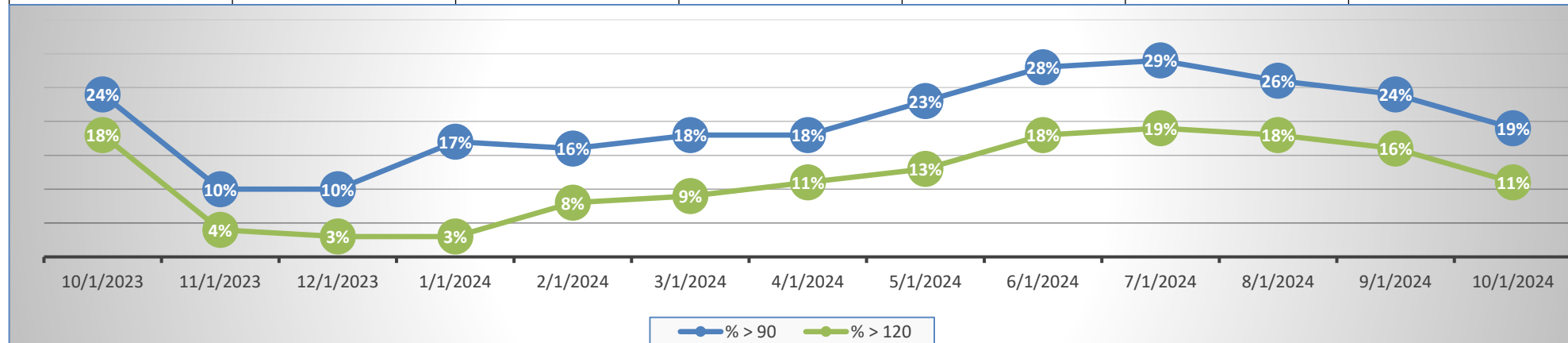


Payor Mix

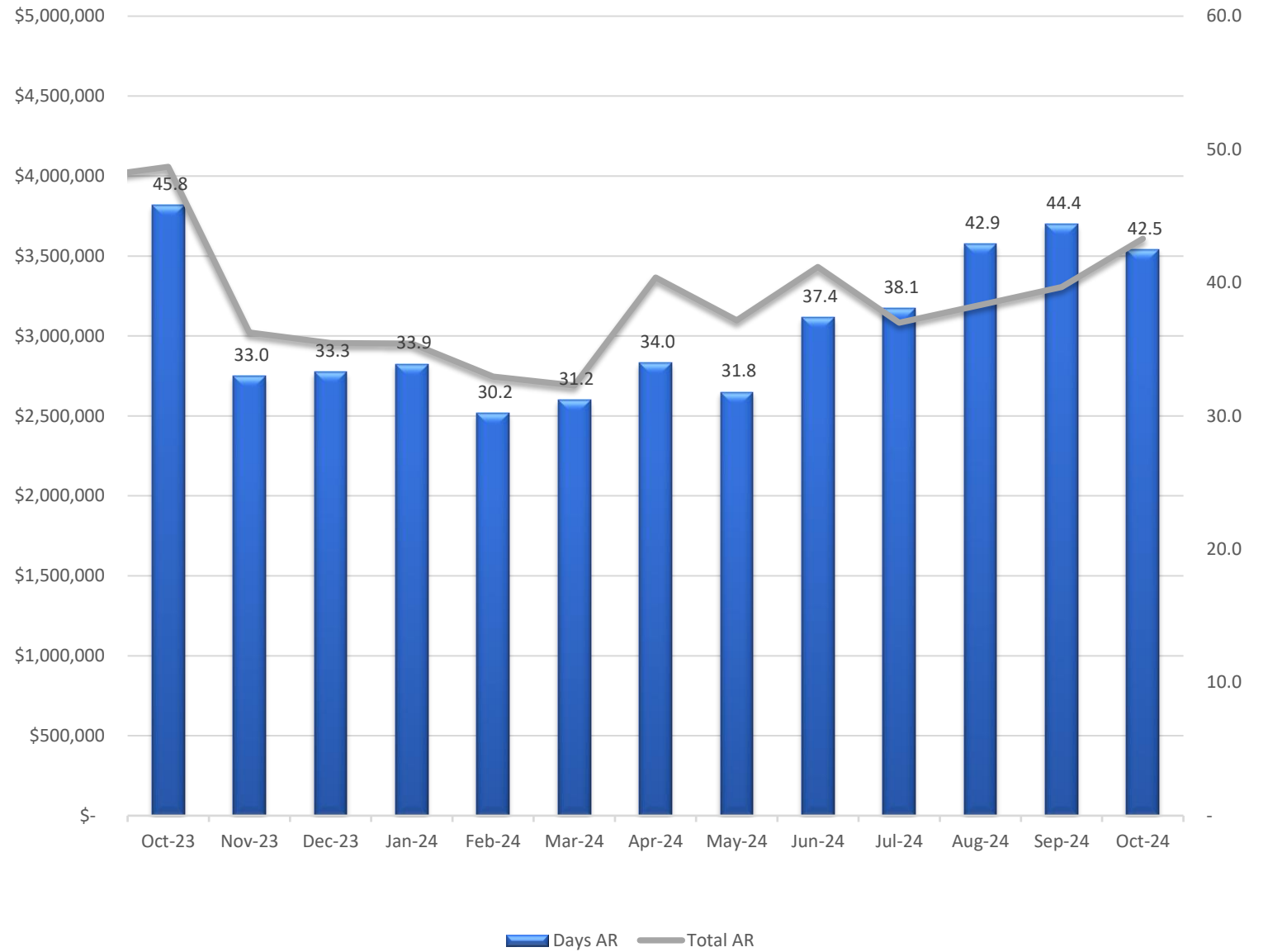


AR Trends

Ageing Period	Insurance October	Patient - All October	Patient - On Pmt Plan October	Patient - Not on Pmt Plan October	Total October	% Total October
0 - 30	\$1,594,465	\$160,162	\$492	\$159,670	\$1,754,627	48.62%
31 - 60	\$509,595	\$126,404	\$304	\$126,100	\$635,998	17.62%
61 - 90	\$435,478	\$103,500	\$309	\$103,191	\$538,978	14.93%
91 - 120	\$194,822	\$80,627	\$184	\$80,443	\$275,450	7.63%
121 - 150	\$157,751	\$12,085	\$377	\$11,708	\$169,836	4.71%
151 - 180	\$67,220	\$1,245	\$356	\$889	\$68,465	1.90%
181 - 210	\$43,104	\$4,231	\$250	\$3,982	\$47,336	1.31%
211+	\$254,981	(\$136,598)	\$1,712	(\$138,310)	\$118,383	3.28%
Total	\$3,257,417	\$351,655	\$3,983	\$347,672	\$3,609,072	
% > 90	22%	-11%	72%	-12%	19%	
% > 120	16%	-34%	68%	-35%	11%	



Day in AR & Total A/R



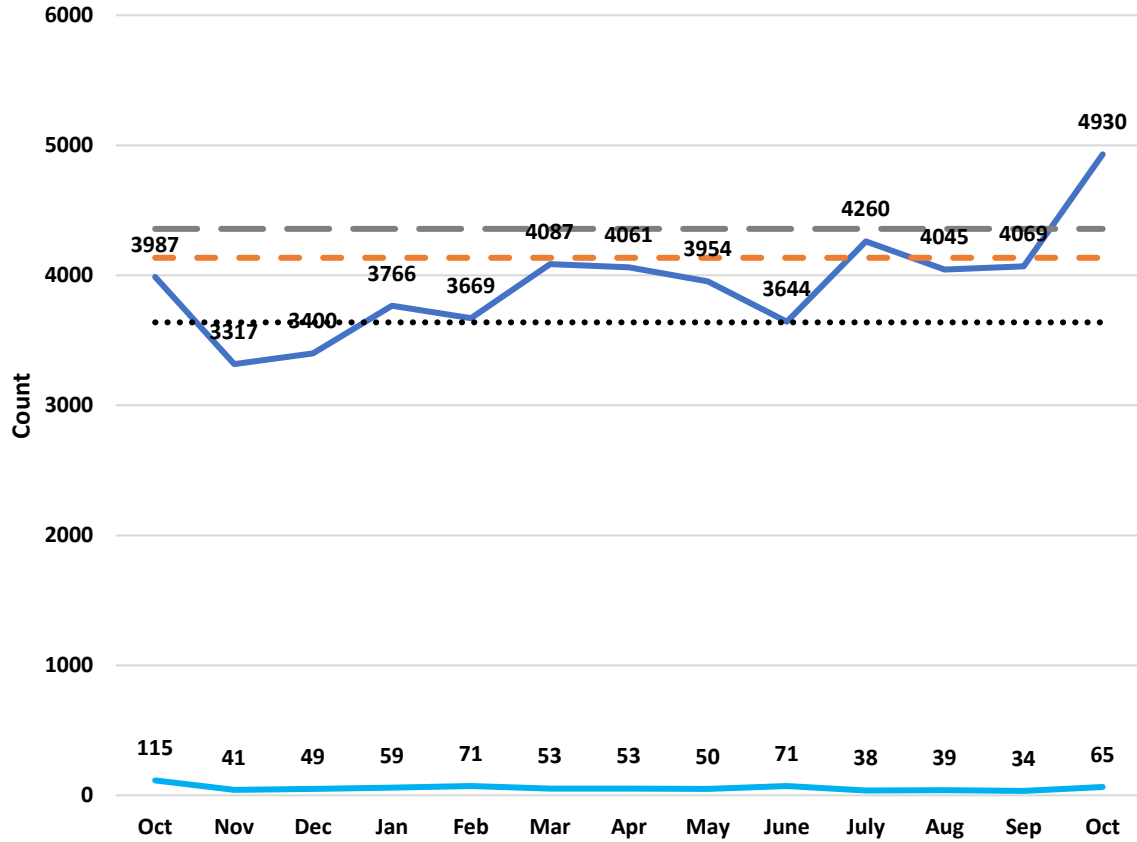


CCPC Board Meeting – Efficiency Update

December 2024

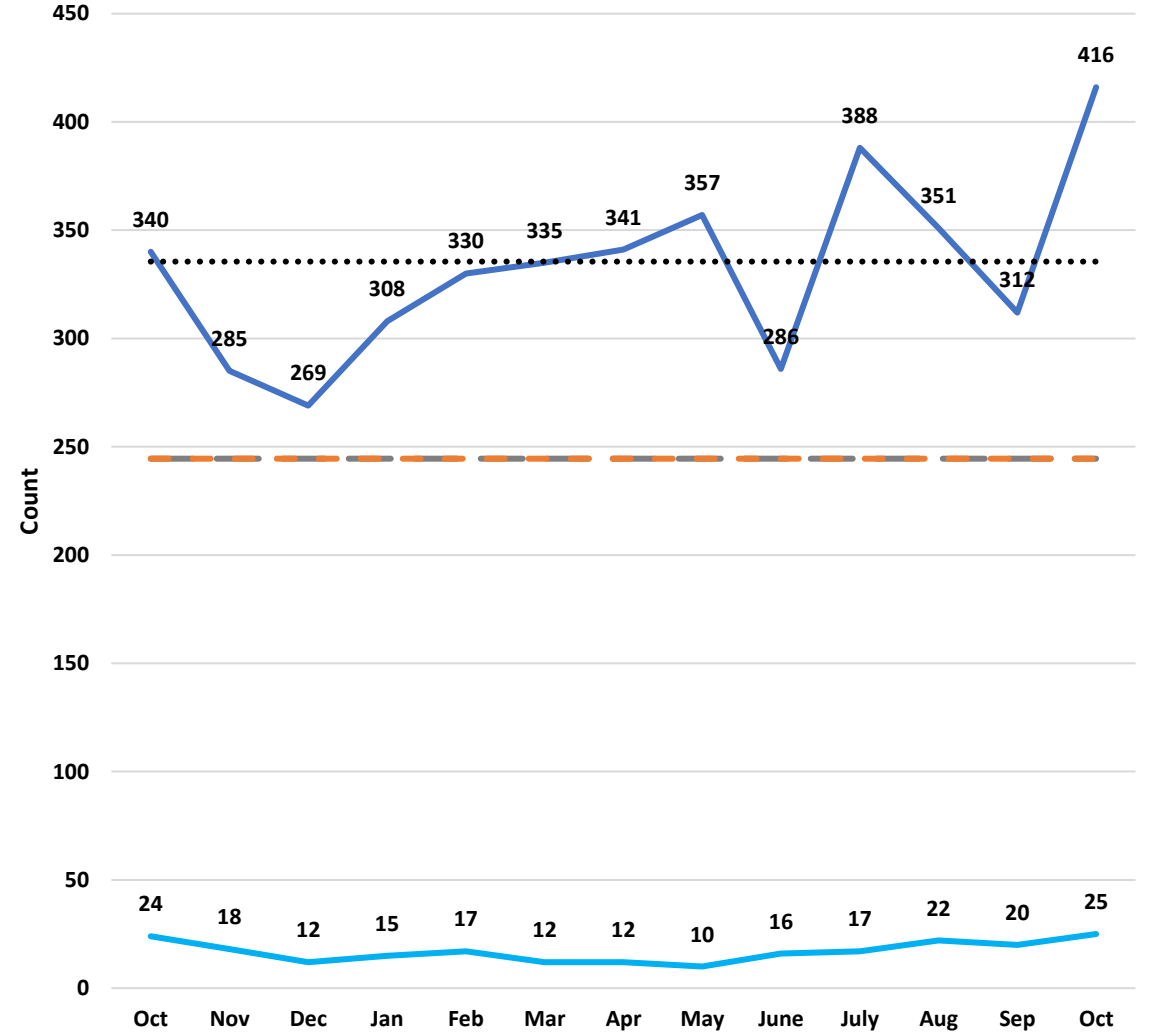
Medical/Behavioral Health

NUMBER OF VISITS - ALL LOCATIONS



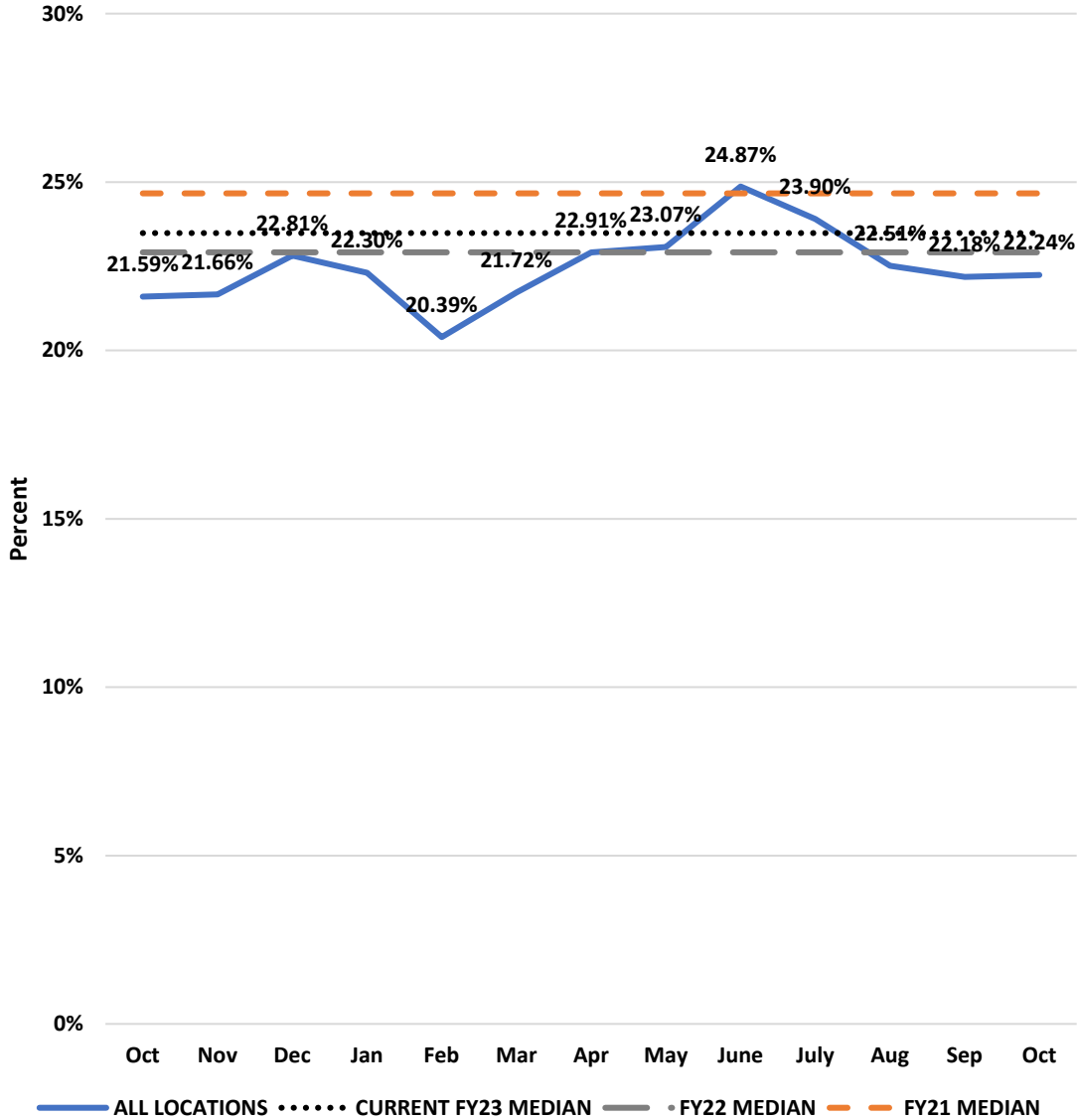
— ALL LOCATIONS — TELEHEALTH VISITS ⋯ CURRENT FY23 MEDIAN
- - - FY22 MEDIAN - - - FY21 MEDIAN

NUMBER OF VISITS - ALL BEHAVIORAL HEALTH

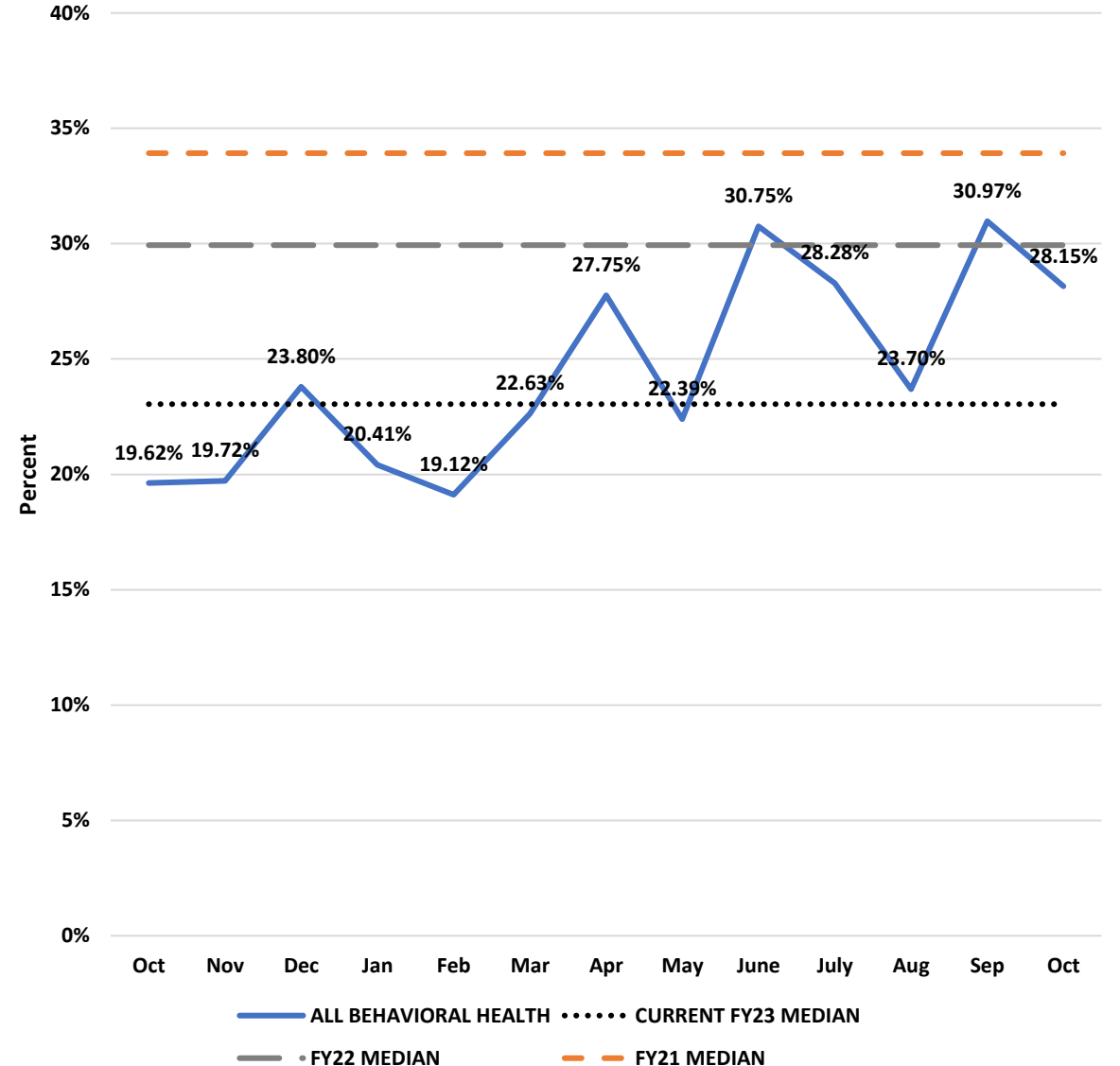


— ALL BEHAVIORAL HEALTH — TELEMEDICINE VISITS ⋯ CURRENT FY23 MEDIAN
- - - FY22 MEDIAN - - - FY21 MEDIAN

NO SHOW % - ALL LOCATIONS

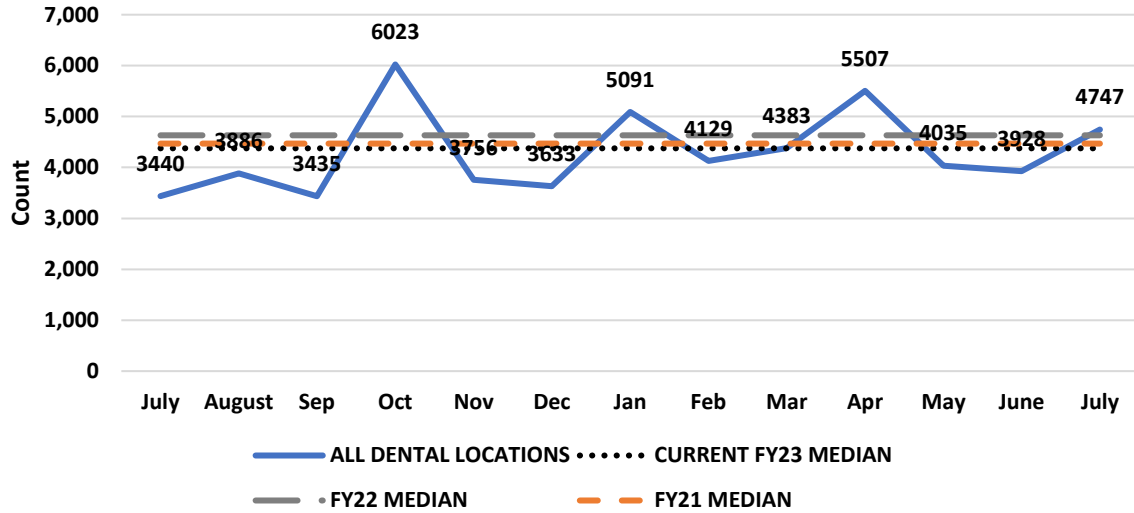


NO SHOW % - ALL BEHAVIORAL HEALTH

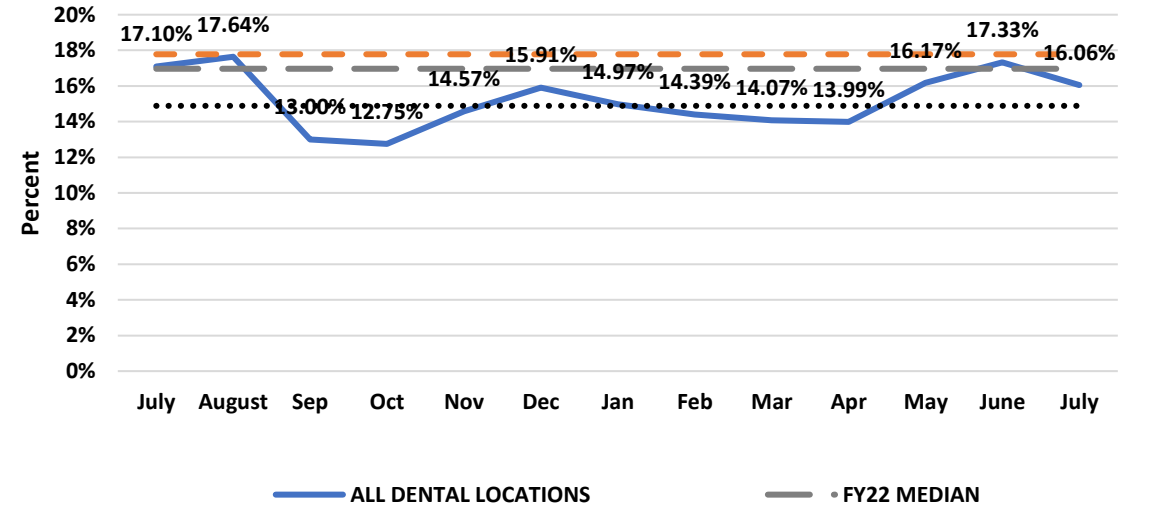


Dental

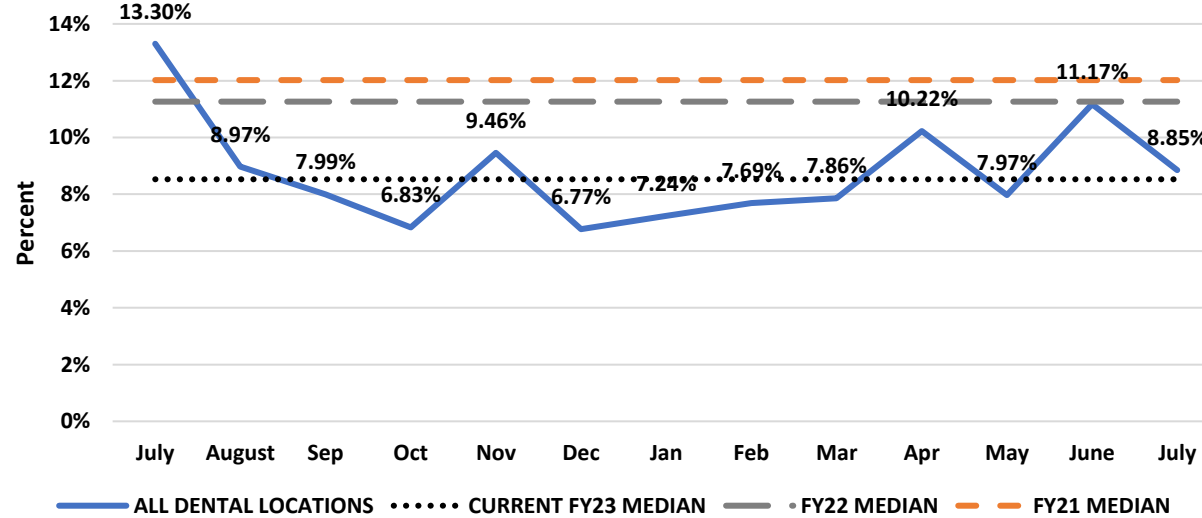
DENTAL VISITS - ALL LOCATIONS



DENTAL BROKEN APPT % - ALL LOCATIONS

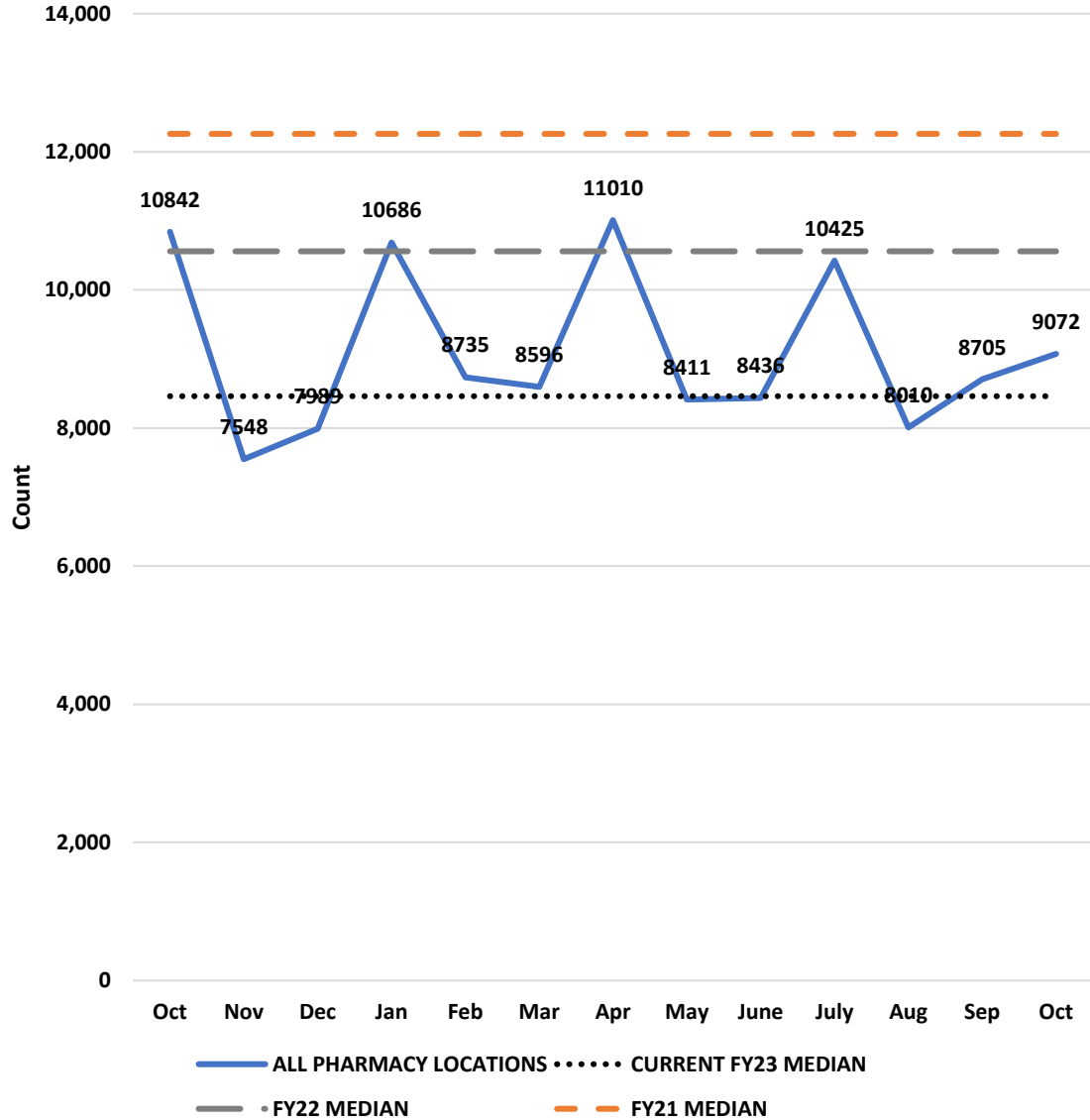


DENTAL NEW PATIENT % - ALL LOCATIONS

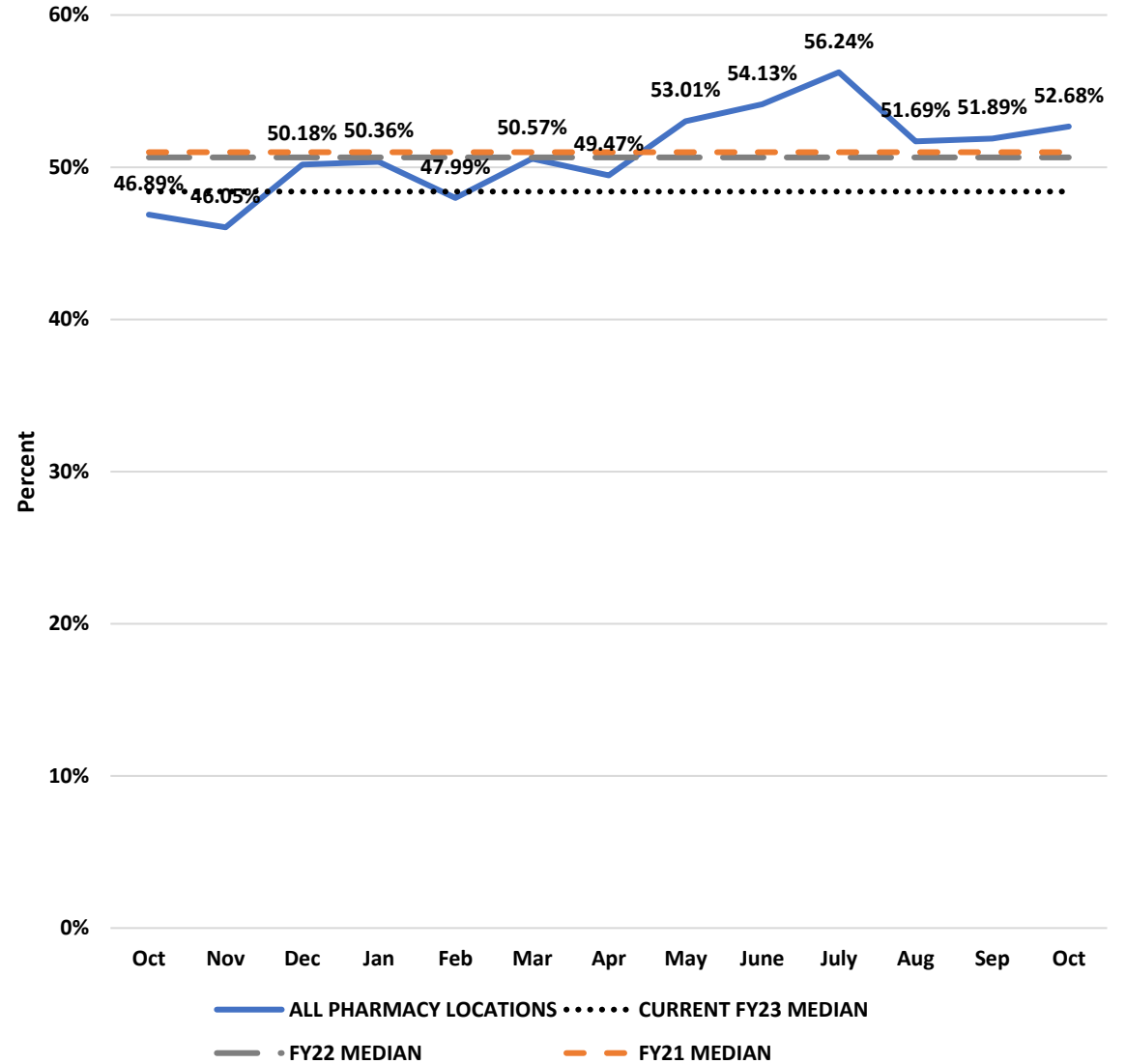


Pharmacy

PHARMACY NUMBER OF FILLS - ALL LOCATIONS

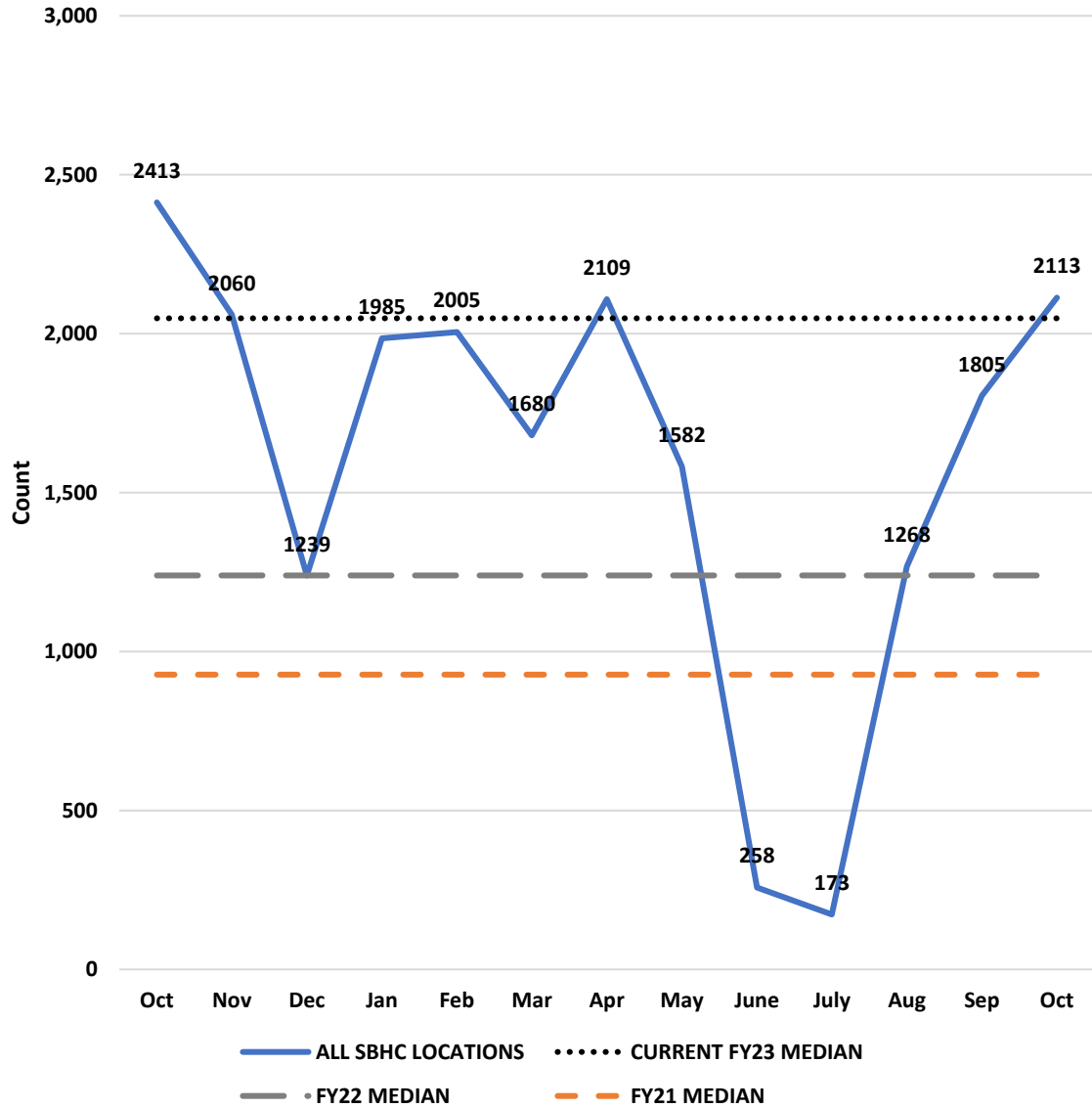


PHARMACY ESCRIBE % - ALL LOCATIONS

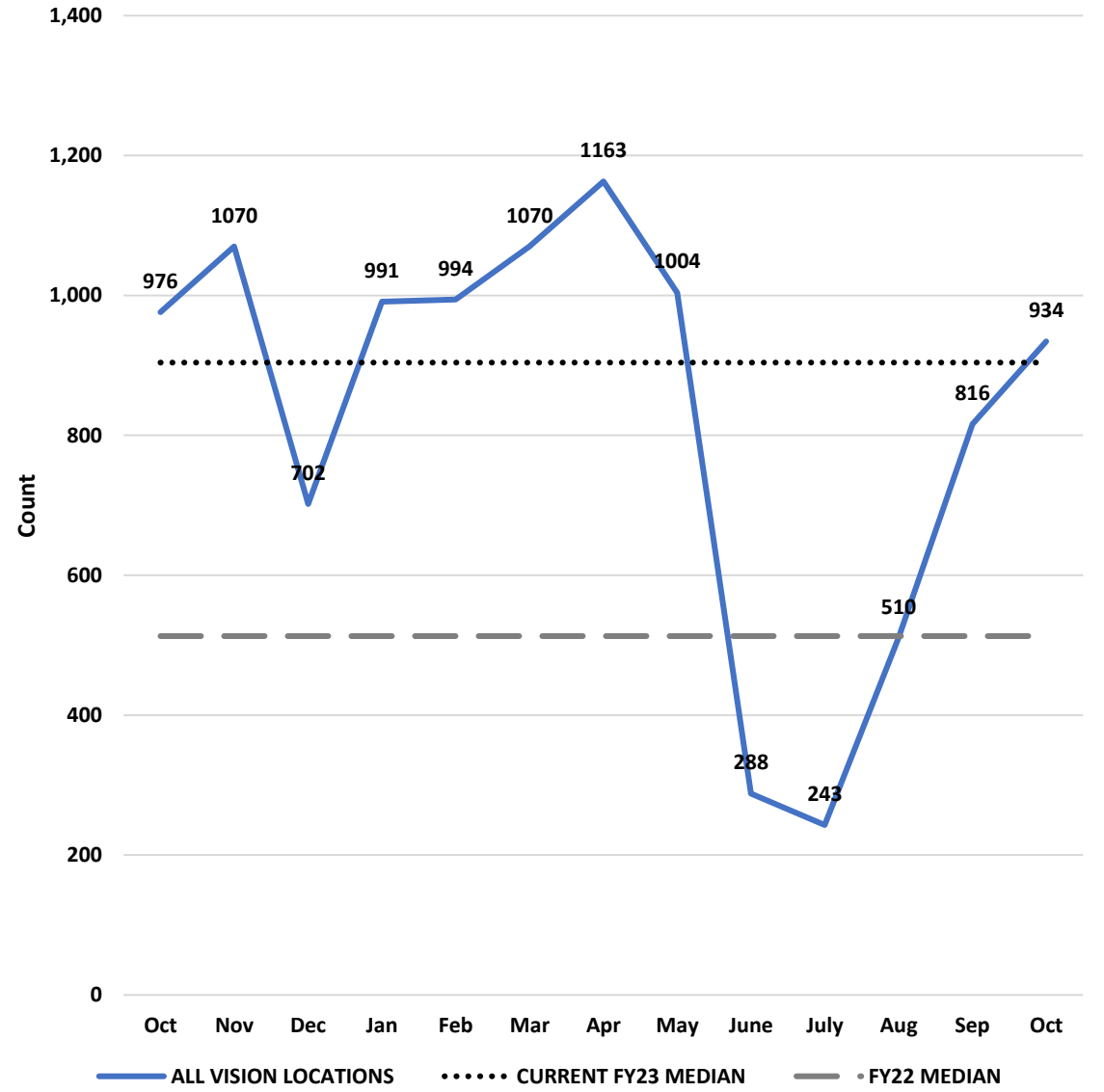


School Based Health Centers

SBHC VISITS - ALL LOCATIONS



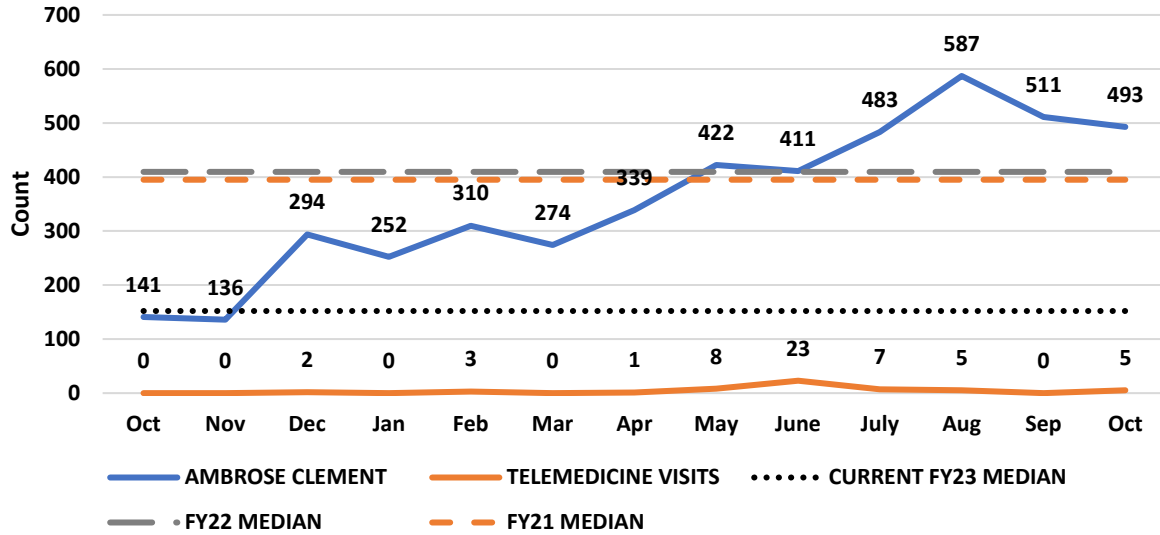
VISION VISITS - ALL LOCATIONS



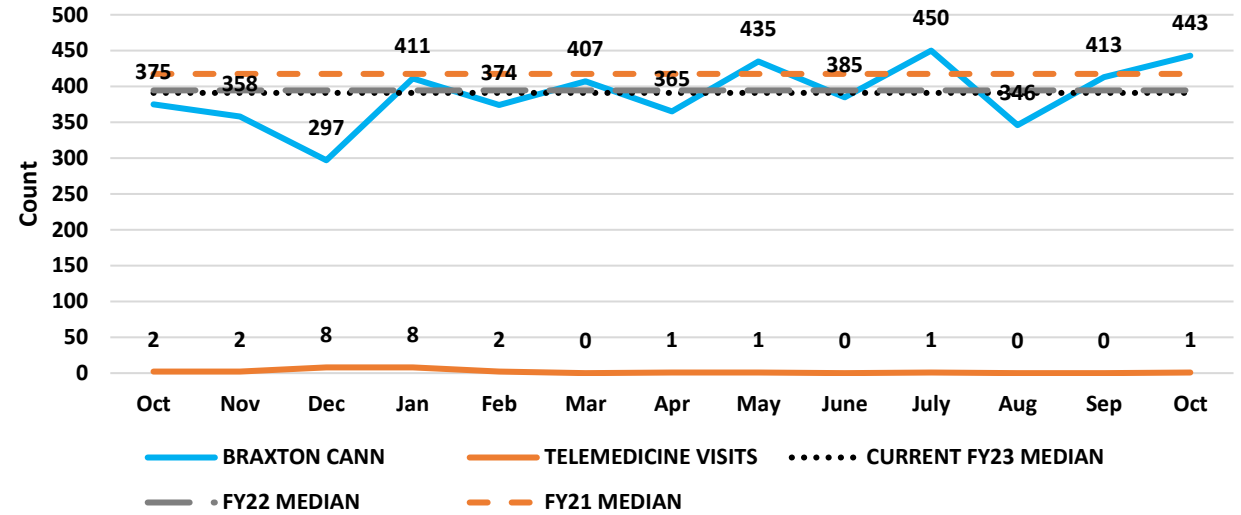
Supplemental Slides

VISITS

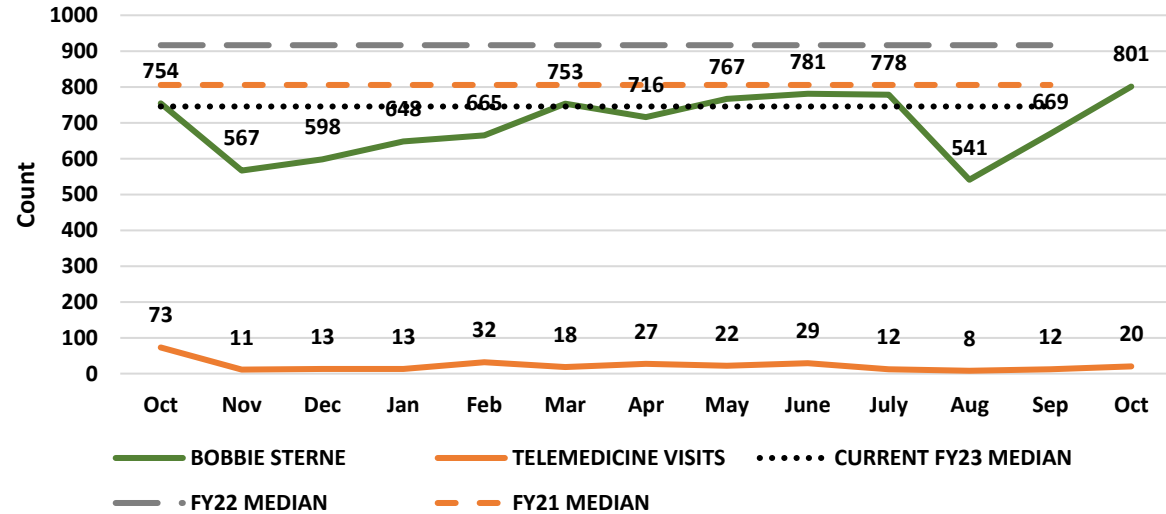
AMBROSE



BRAXTON CANN

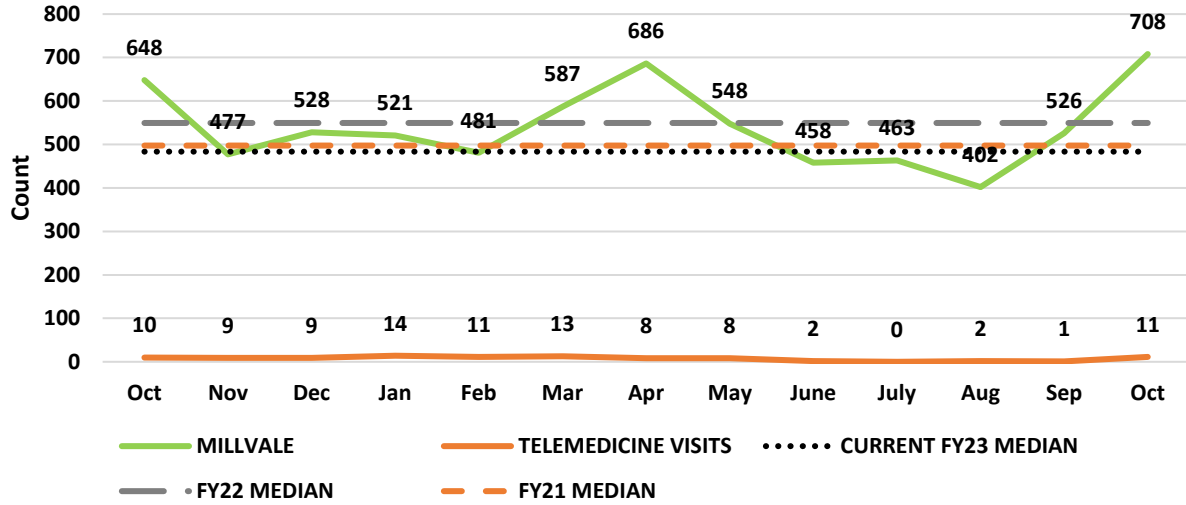


BOBBIE STERNE

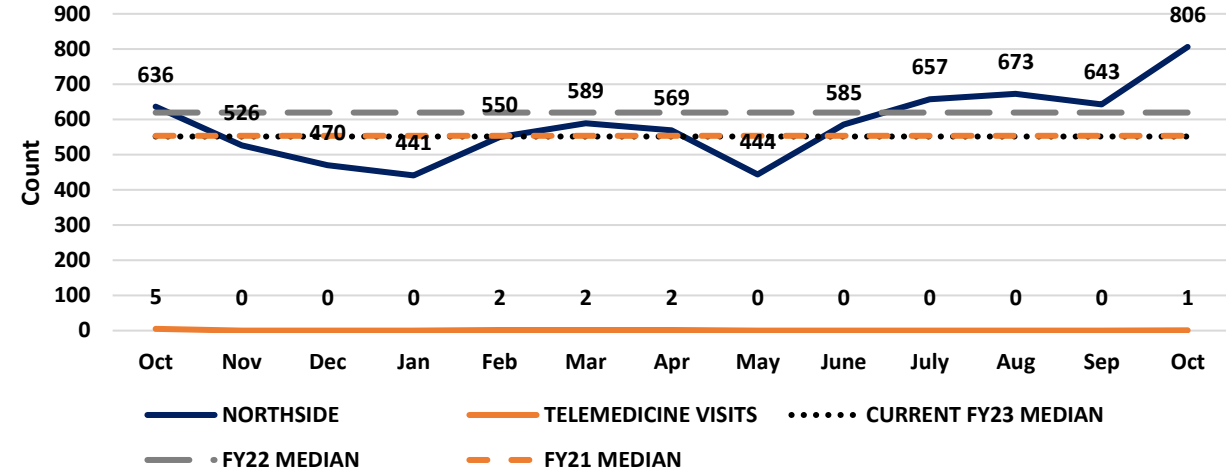


VISITS

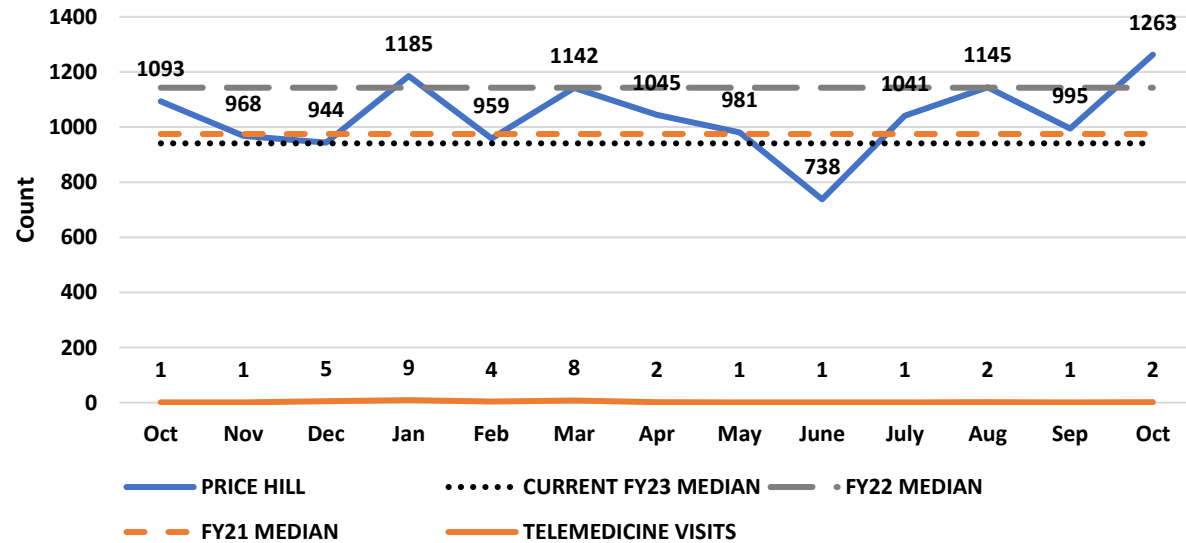
MILLVALE



NORTHSIDE

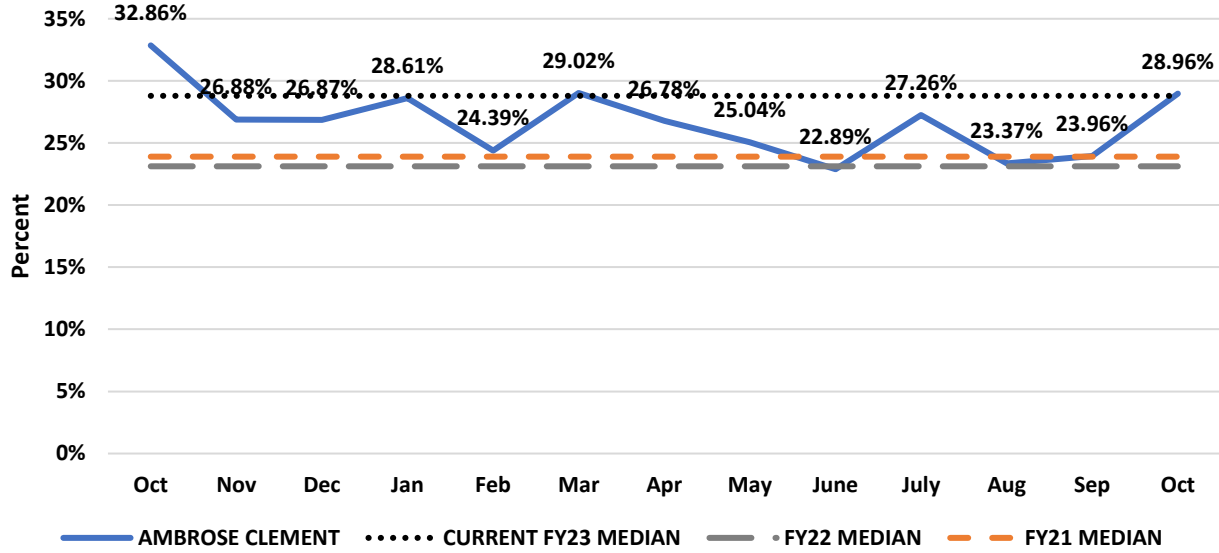


PRICE HILL

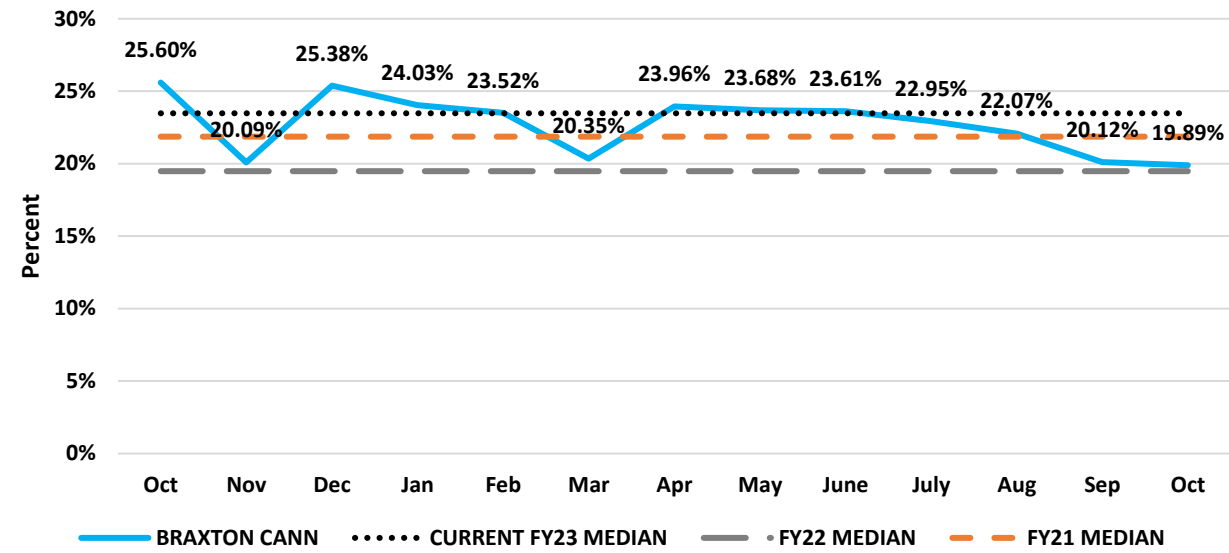


NO SHOW PERCENT

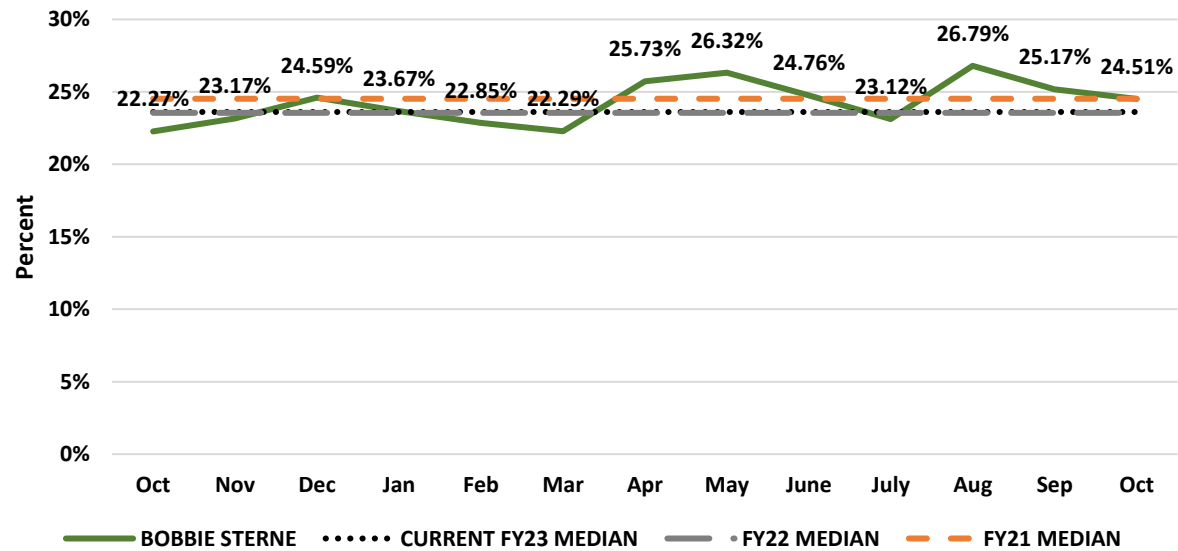
AMBROSE



BRAXTON CANN

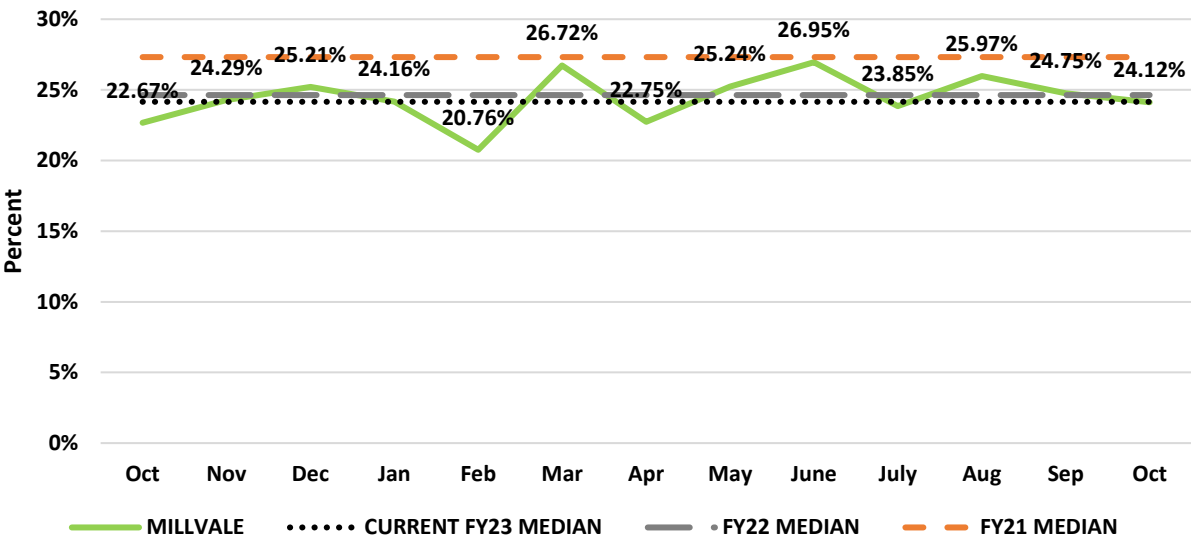


BOBBIE STERNE

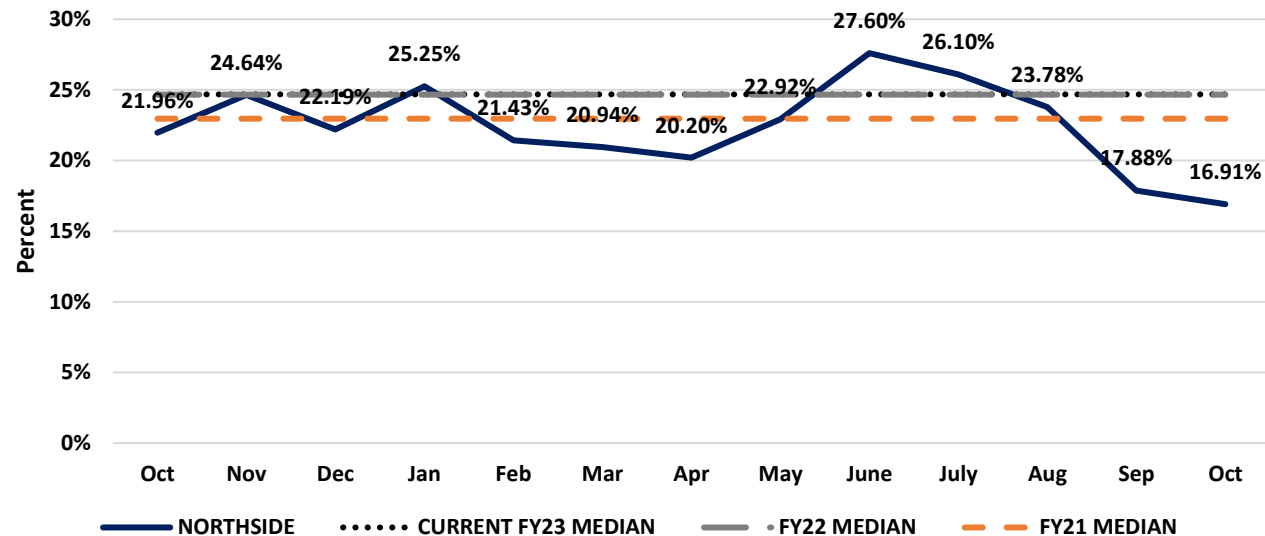


NO SHOW PERCENT

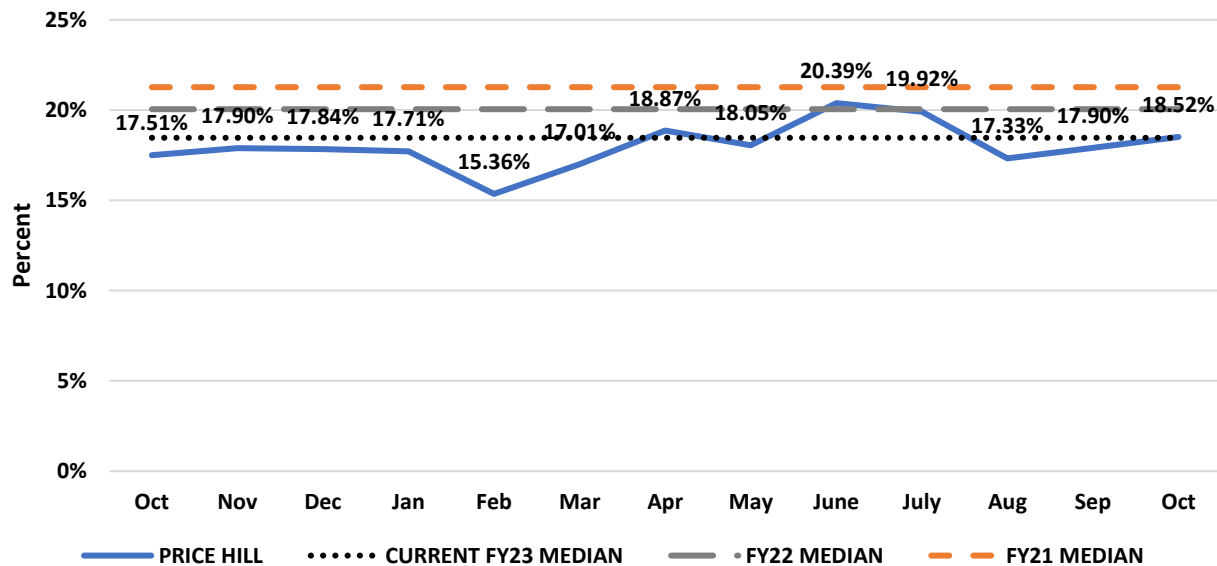
MILLVALE



NORTHSIDE



PRICE HILL



2025 CCPC and BOH Meeting Dates

DOCUMENT/PRESENTATION DEADLINES IN RED – DUE BY COB

CCPC	BOH
January 15, 2025 1/9/2025	January 28, 2025 1/22/2025
February 12, 2025 2/5/2025	February 25, 2025 2/19/2025
March 12, 2025 3/5/2025	March 25, 2025 3/19/2025
April 9, 2025 4/2/2025	April 22, 2025 4/16/2025
May 14, 2025 5/7/2025	May 27, 2025 5/21/2025
June 11, 2025 6/4/2025	June 24, 2025 6/18/2025
July 9, 2025 7/2/2025	July 22, 2025 7/16/2025
August 13, 2025 8/6/2025	August 26, 2025 8/20/2025
September 10, 2025 9/3/2025	September 23, 2025 9/17/2025
October 8, 2025 10/1/2025	October 28, 2025 10/22/2025
November 12, 2025 11/5/2025	December 2, 2025 11/25/2025
December 10, 2025 12/3/2025	