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***Vote required**

Attachments:

- *FCHC EHR Downtime Policy and Procedure
- *Dental Policy and Procedures - Section A

***HEALTHCARE CONNECTIONS REPORT, Dennis Torres, Chief Health Officer**

The last few weeks have been very busy at all our sites. Starting with SBHC, things always seem to ramp up, and amp up, this time of year, especially before the Spring Break, which is such a well-earned week off for students, faculty, and of course, our staff. The return from break starts the rapid movement toward the end of the school year. The sun is shining, it's warm again, and all seems good with the world from a student's perspective.

Compared to last year's monthly total, February saw increased productivity in FCHC medical, SBHC Medical and SBHC Mental Health. We are still lagging in Outpatient Behavioral Health because of staffing shortages. We have been working with an hourly recruiter who is helping us do more target employment searches. This effort is showing some early success, and we are hopeful that by June we can be fully staffed.

At 75 Holly Hill, we have been working with the YW in Greenwich, particularly with their Harmony Project. There are women in our community who need medical care because of interpersonal violence occurring at home, however, cannot use their own insurance for fear of paper trails going to a home which could exacerbate already exacerbated circumstances. We can accomplish most of our goals within our four walls however sometimes the women need further care, like x-ray or labs that would be done out of Greenwich Hospital but would require the same privacy provided at 75 HH. Part of this effort includes finding funding to cover the costs of services for which GH and FCHC are unable to bill. The YW has agreed to provide some joint efforts to create a medical fund for these women. We will report more on this as it progresses.

This past month, HRSA announced the coming availability of federal funds to support the implementation of nutritional approaches in our centers. This is very exciting as the funding would be used to implement nutritional support services that will be supplemented by the grant dollars should we be successful in our application. We need board permission to apply and that will be included in today's vote.

Family Centers CARES program continues to flourish under Ruth Pennachia's leadership. Both our care numbers and our prevention numbers are improved over last year as we continue to maintain this vital service in our community. Family Centers CARES now funds services in 75 Holly Hill, 111 Wilbur Peck, 986 Bedford and 20 Bridge, and of course our medical case management at the Government Center. This is very exciting for our healthcare programs to have all these HIV services in one program. This is in addition to the emergency funds we provide for food, housing, and utilities.

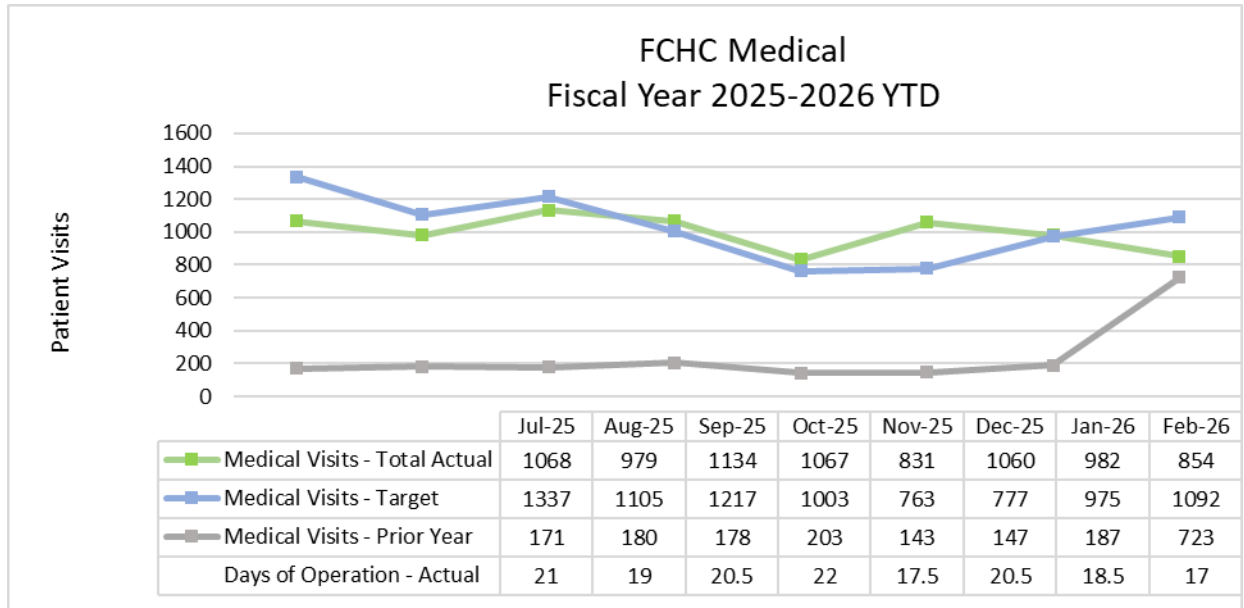
FAMILY CENTERS HEALTH CARE REPORT – Medical/Dental/Mental Health

John Midy, Director of Outpatient Medical and Dental Services

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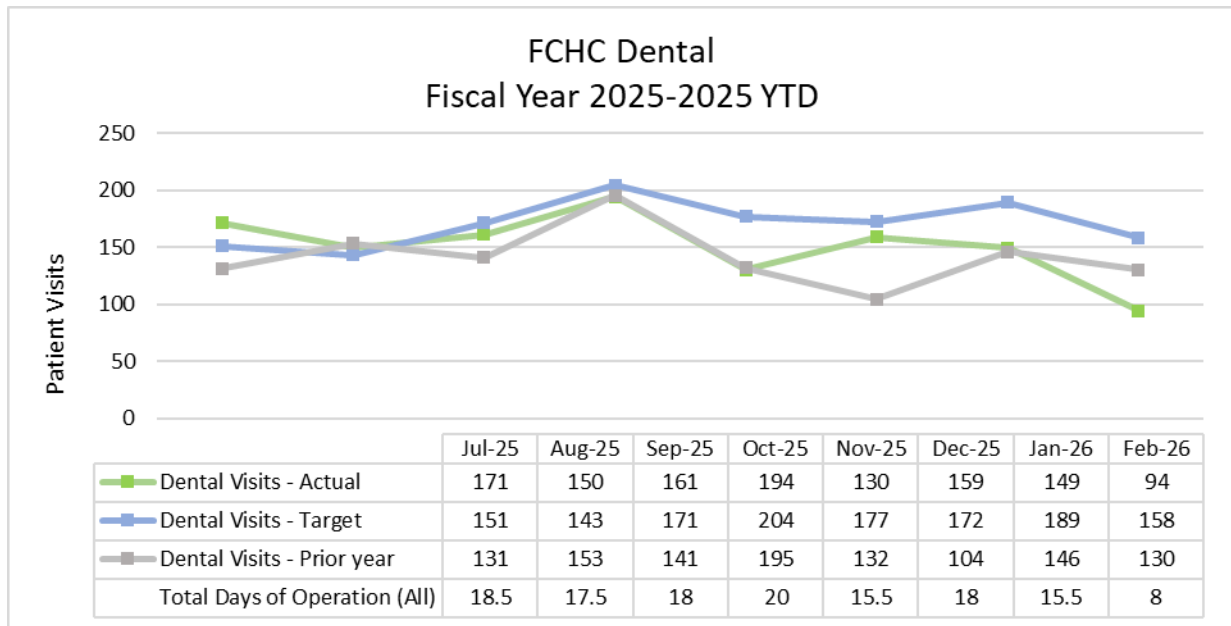
*FCHC MEDICAL: 75 Holly Hill and WPC



Operations

Staffing	Open Positions: 1 Mental Health Clinician; 1 Medical Assistant Recently Hired: Site Manager (Dorinda Catino) & 1 Patient Navigator (Rosemay De Leon)
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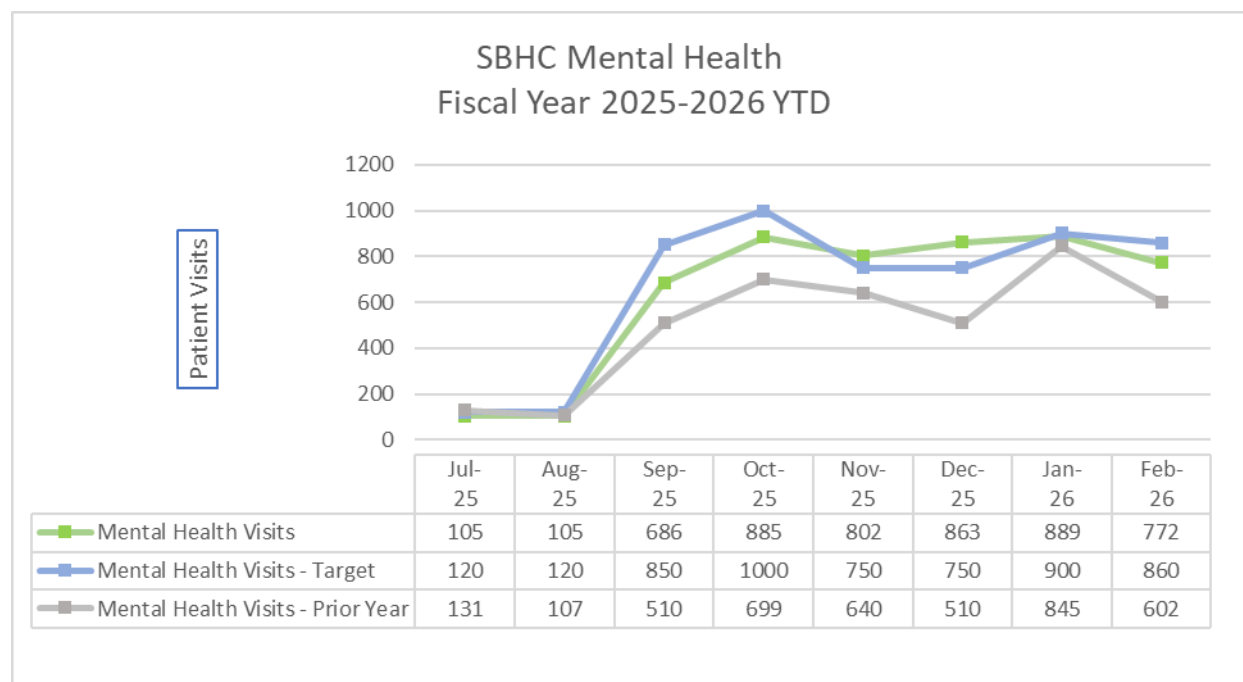
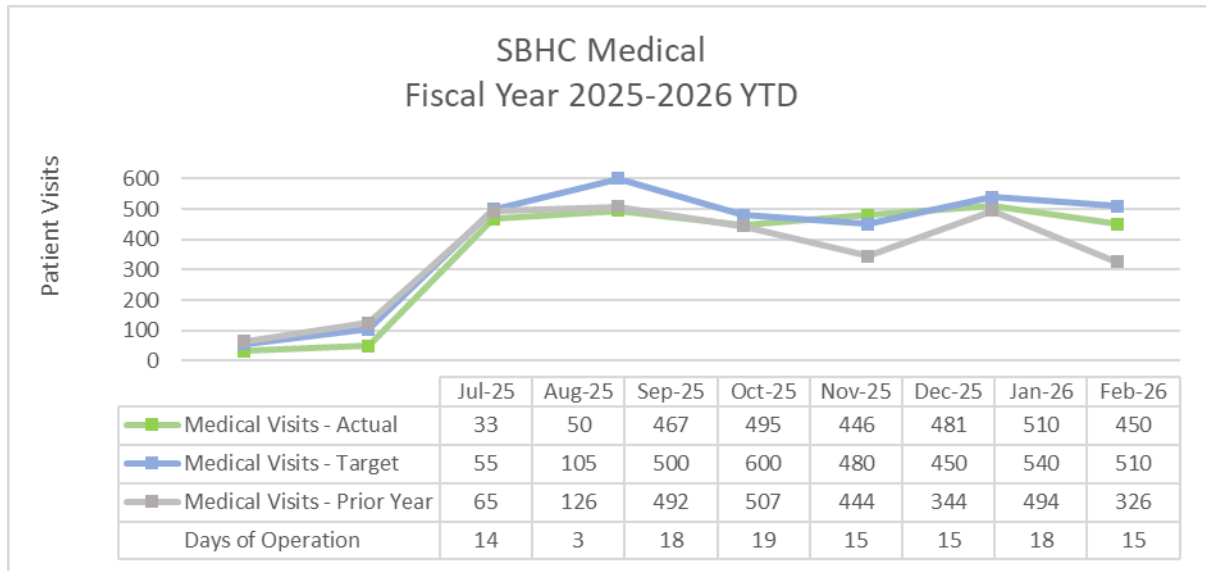
***FCHC DENTAL - WILBUR PECK**



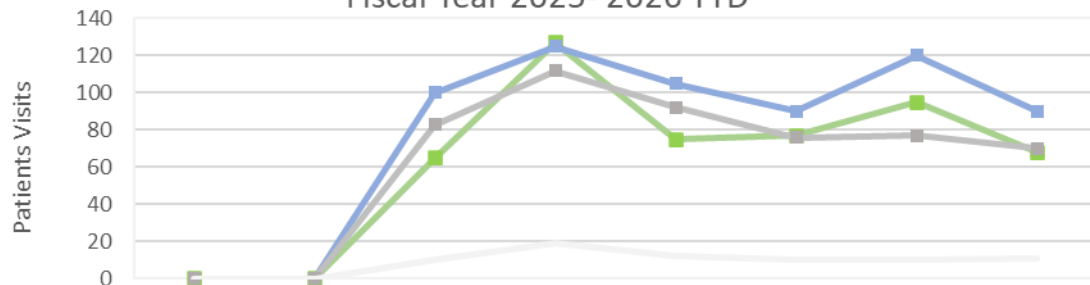
Operations

Staffing	Open Positions: 1 hygienist, 1 patient support specialist Recent Hired: 1 dental assistant
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***SCHOOL BASED HEALTH CENTERS: Medical, Mental Health, and Dental**

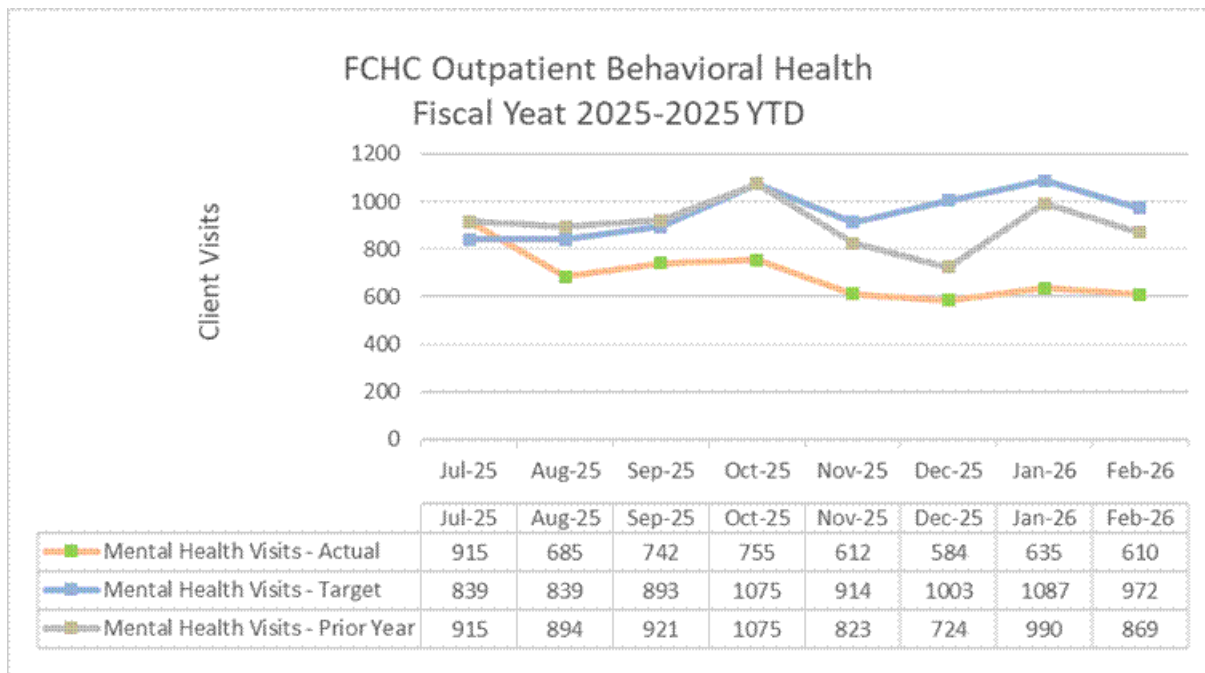


SBHC Dental Fiscal Year 2025- 2026 YTD



	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
Dental Visits - Actual	0	0	65	127	75	77	95	68
Dental Visits - Target	0	0	100	125	105	90	120	90
Dental Visits - Prior Year	0	0	83	112	92	76	77	70
Total Days of Operation (All)	0	0	10	19	12	10	10	11

***FCHC MENTAL HEALTH**



Operations

Staffing	Open Positions: 3 Clinical Supervisors, 3 Clinician positions, 1 HH Clinician Part Time Clinician starting early May
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*FCHC ACESSS, OUTREACH, & ENGAGEMENT

We are planning to do another round of Patient Satisfaction Survey collection from clients of Medical, Dental, and OBH during a 2-week timeframe in April, with the goal of collecting 150 surveys in total. Results from this survey will be shared in the May board report.

In the month of March, Family Centers attended 9 outreach community events. These included food distributions with Building One Community, presentations at the Wallace Center, resource distribution and sharing to residents of public housing facilities, and others. Approximately 2,500 individuals from Greenwich, Stamford and Darien were reached through these outreach efforts. In more than one event, we focused on scheduling screenings for colorectal cancer because it was National Colorectal Cancer Awareness Month.

THE CENTER FOR HOPE: THE DEN, TRAUMA RESPONSE & WLS

Operations

- Evening Den: Ran 2 nights in February (4th and 25th) - 10 groups each night, 67 participants total, 18 total volunteers
- Open positions: Director/Manager of The Center for HOPE, Den Program Coordinator
- School Den: 14 groups running in 11 schools (Stamford – 4 schools/5 groups, Norwalk – 7 schools/9 groups)
- 3 new school groups began in February.

Total School Based Den November 2025: 11 schools, 14 groups		
Stamford (4 schools, 5 groups)	Norwalk (7 schools, 9 groups)	Greenwich (school, group)
ES: 1 groups	ES: 4 groups	ES: x groups
K-8: x groups	K-8: 2 groups	K-8: x groups
MS: 2 group	MS: 1 groups	MS: x groups
HS: 2 groups	HS: 2 groups	HS: group

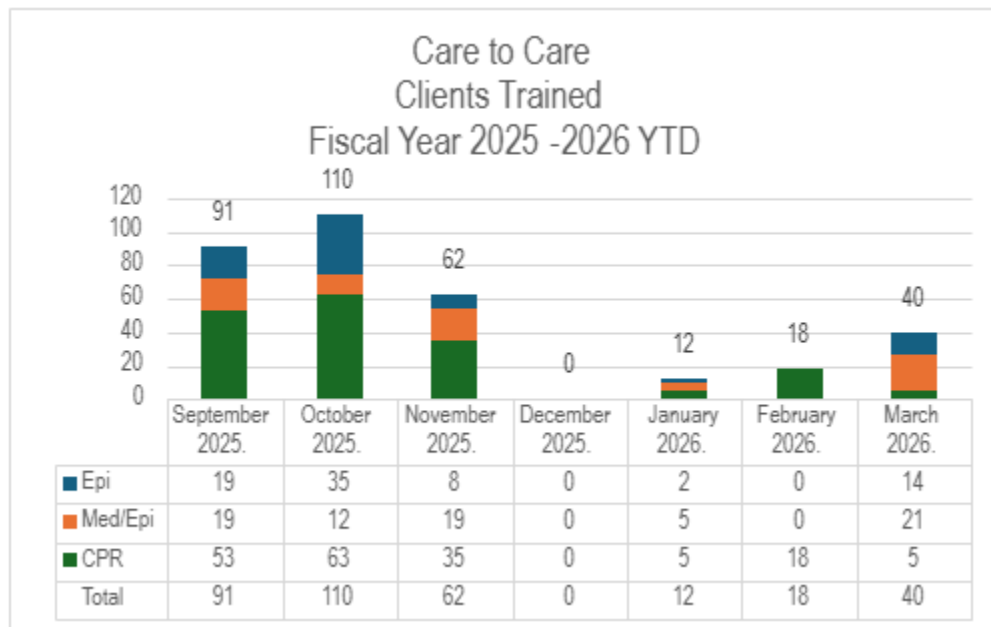
***FCHC QA/QI/COMPLIANCE REPORT, Melissa Schreff, Sr. Director, Quality, Compliance and Analytics**

2026 Clinical Performance To-Date		
Clinical Quality Measures	Feb 2026	2026 Targets
Child 2+ immunizations	65.4%	70.0%
Child BMI + Nutritional Counseling	71.9%	86.0%
Adult BMI + Nutritional Counseling	47.9%	68.0%
Smoking Screening + Cessation Counseling	62.5%	85.0%
Depression Screening + Referrals	47.0%	70.0%
HIV Screening	57.6%	58.0%
Controlled Hypertension	73.0%	80.0%
Controlled Diabetes (Inverse measure)	47.6%	89.0%
Colorectal Cancer screenings	58.5%	60.0%
Cervical Cancer screenings	68.5%	80.0%
Breast Cancer screenings	63.6%	75.0%
Statin Therapy	74.2%	80.0%
IVD: use of aspirin or another antiplatelet	83.3%	80.0%

Compliance Key Performance Indicators

Metric	#	As of: February 2026	Completion Target	Status
Incident & Near Misses Corrective Action within 30 days	1	100%	100%	On Track
Complaint & Grievances resolution within 30 days	0	No reported	100%	On Track
HIPAA Incidents, Violations, Breaches within 30 days	0	No reported	100%	On Track

CARE TO CARE, Nathalie Tocci, RN Manager



Additional Training: Literacy Volunteer Clients CPR training- 15 clients trained

FAMILY CENTERS CARES (formerly Stamford CARES), Ruth Pennacchia, Manager

Overview:

In February, Medical Case Management provided comprehensive services, including care coordination, access to treatment, ambulatory medical care, behavioral health, and oral health services. The team also assisted clients with unmet needs such as housing and utilities, health insurance, medication access, and food support.

Health Outcomes:

Cervical cancer screening rates among eligible clients were maintained through ongoing outreach and collaboration with providers. A PDSA cycle aimed to increase the cervical cancer screening rate from a baseline of 70% to a target of 72%. Through focused outreach, patient identification, and provider engagement, the organization successfully improved screening rates. By the end of FY25, the rate reached 77%, exceeding the established goal. These results demonstrate the effectiveness of the implemented interventions and support continued efforts to maintain and further improve preventive screening rates.

Additionally, the rate of medical gap visits improved to 9%, surpassing the EMA benchmark of 14%. The program also submitted the Ryan White Service Report on time. This report systematically documents and tracks services provided to people living with HIV, ensuring accountability, improving care, and complying with federal program requirements.

	25-Jul	25-Aug	25-Sep	25-Oct	25-Nov	25-Dec	26-Jan	26-Feb	Total
Medical Case Management	417	349	305	297	216	97	160	256	2097
Medical Transportation	103	57	79	79	44	63	73	63	561
Food	36	35	35	20	40	19	34	31	250
Mental Health Services	30	14	22	26	21	29	3	8	153
Oral Health Care	27	20	25	17	15	13	8	9	134
Ambulatory Medical Care	25	11	11	9	18	18	13	10	115
Intensive Case Management	8	9	13	26	7	8	9	10	90
Emergency Financial Assistance	15	1	5	7	3	4	11	13	59
Health Insurance Assistance	1	14	5	2	6	3	5	15	51
Housing	3	0	1	2	2	8	3	4	23

Prevention Overview:

Our prevention team has built a community-driven, multi-channel approach that integrates testing, education, harm reduction, and digital outreach. This work supports early intervention and strengthens connections to care, including PrEP and outpatient referrals. Additional services, such as condom distribution and syringe exchange to further expand access and help meet the diverse prevention needs of the community.

Social Media & Digital Outreach

- The Family Centers CARES website is live and updated, improving access to services and information.
- Published 111 Instagram posts and 63 Facebook posts to increase awareness and share prevention resources.
- Maintained weekly engagement on dating apps to deliver prevention messaging and connect individuals to services.

In-Person Outreach

- Conducted outreach at high-traffic locations, engaging 155+ clients this month.
- Provided mobile testing, flyering, and at-home HIV test kits in collaboration with partners to expand access and connect individuals to care.
- Delivered high school presentations on safe sex, STIs education, and available services.

From July through February, outreach efforts resulted in 87 HIV tests, 52 Hepatitis C tests, and 86 PrEP engagements, along with 69 events, presentations, and educational sessions and 140 SSP transactions.