



June 2026 Board Report

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Attachments:

Updated Policies and Procedures:

- *FCHC Local Anesthesia Management
- *FCHC Medication Reconciliation
- *FCI Acceptable Use Policy
- *FCI Device and Media Controls Policy

***Vote required**

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

This has been a difficult month for staff as they cope with the profound loss suffered by a colleague. Everyone is grieving in their own way and carries that loss each day. Even so, we continue to move forward and do the work that is needed.

Since the last board meeting, several important developments have taken place. Most recently, we completed a DCF relicensing audit. Although the audit identified a few findings, none were significant; they were primarily minor documentation issues related to specific DCF requirements. For example, one treatment plan was missing a child's signature, even though the parent had signed it; the child is five years old. While some requirements may seem unusual, we are addressing all findings and making the necessary corrections. Jill Winner, Francia Garcia, and Melissa Schreff were instrumental in supporting the audit process over the past several weeks.

We also had a DPH site visit at four of our school-based health centers. Overall, the visit went well, with only two minor findings at the Dolan Middle School SBHC, both of which have already been corrected. Heather Dawson and Francia Garcia played key roles in working with the auditor and ensuring the process was completed successfully.

In mid-May, the final delivery of furniture and equipment was made at Wilbur Peck Dental Health Center. We are looking forward to the ribbon cutting/grand reveal of the expansion project on 6/22 and dedicating the newly named Mark Family Dental Health Center after Arlene and Reuben Mark, who have been instrumental in our FQHC work from the beginning.

Administratively, we are in the process of employee evaluation completion. This process is a good one for the supervisors and the workers. The feedback is invaluable and gives a sense of what's going well and what areas may need improvement.

Additionally, I have been working with the Husky Stay Connected Task Force in developing a strategy to make sure clients and patients on Husky D do not lose coverage because of bureaucratic hurdles. It's an exciting collaboration that will be an effective and preventive outreach campaign for many of our clients and patients. The planning and strategizing is happening now, the final plan will start to be implemented in September. Essentially, beginning with "In-reach" through all our partners, then outreach to certain census tracts. We are gathering demographic data to guide the outreach work so that we are not panicking the wrong cohort. There are seasoned professionals on the planning team and it's going to be our best effort to prevent any loss of coverage for our patients.

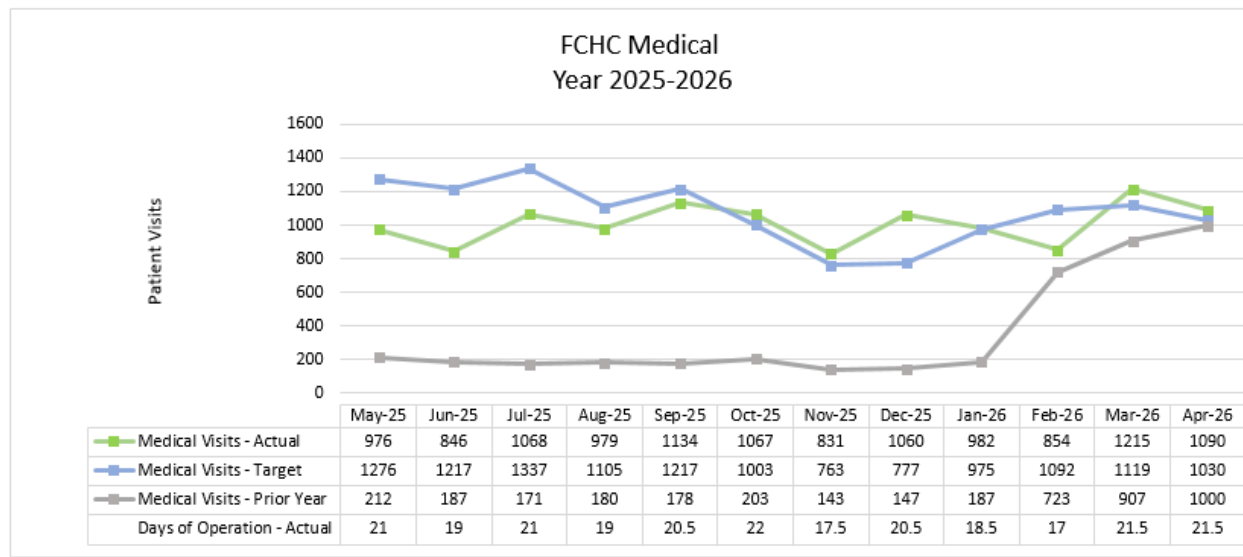
FAMILY CENTERS HEALTH CARE REPORT – Medical/Dental/Mental Health

John Midy, Director of Outpatient Medical and Dental Services

Heather Dawson, DNP, Director of School Based Health Centers

Jill Winner, Senior Director of Outpatient Behavioral Health

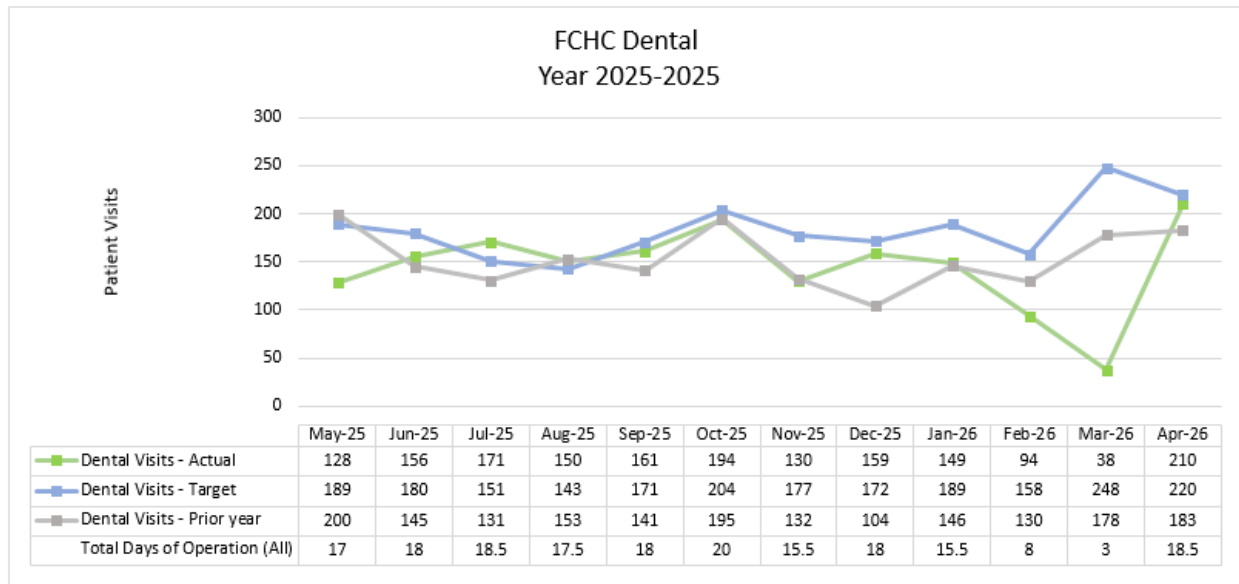
*FCHC MEDICAL: 75 Holly Hill and WPC



Operations

Staffing	Open Positions: 1 Medical Assistant and 1 Licensed Practical Nurse
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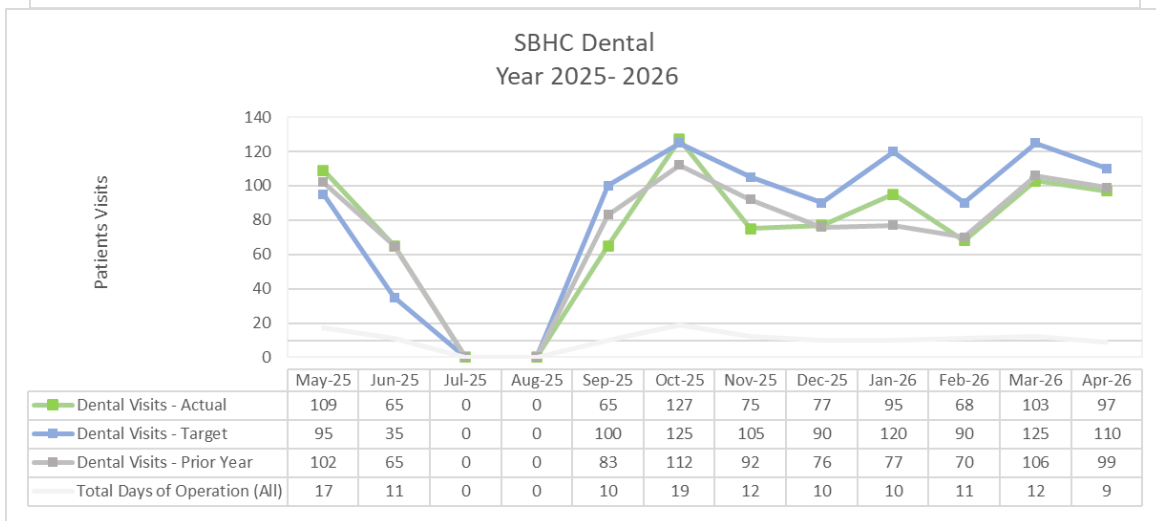
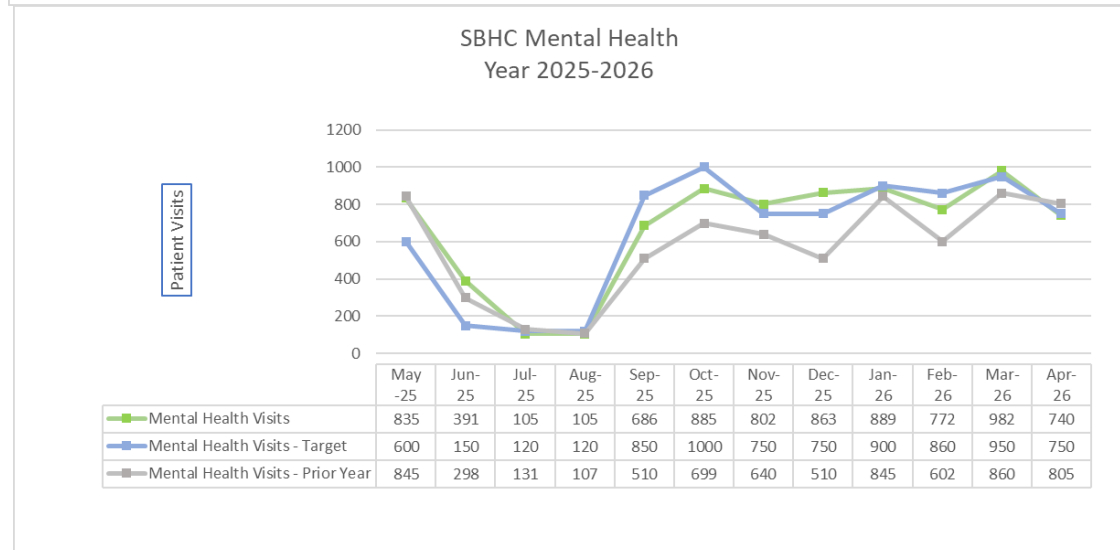
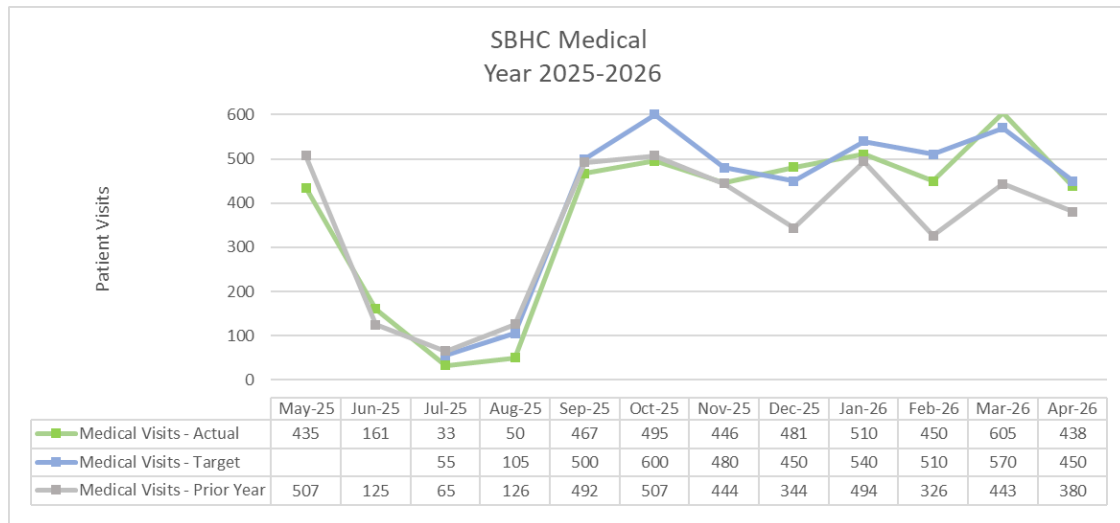
***FCHC DENTAL: Wilbur Peck**



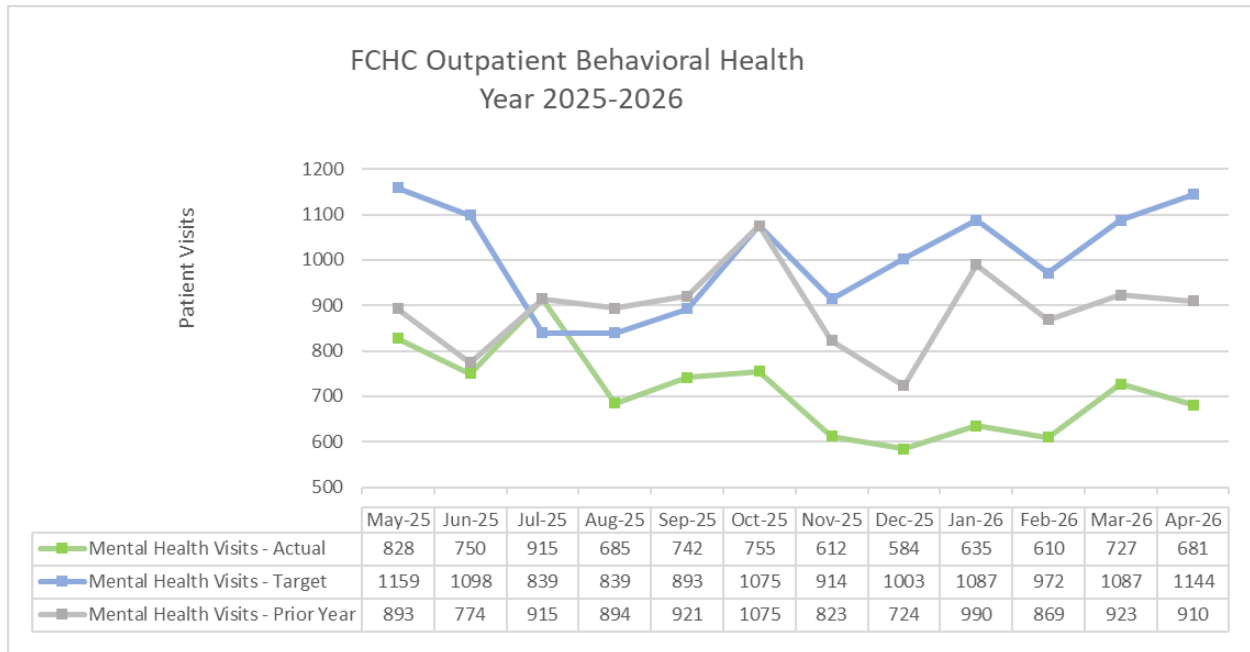
Operations

Staffing	Open Positions: 1 hygienist Recent Hired: 1 dental assistant (Ana Arcos)
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*SCHOOL BASED HEALTH CENTERS: Medical, Mental Health, and Dental



*FCHC MENTAL HEALTH



Operations

Staffing	Open Positions: 3 Clinical Supervisors, 3 Clinician positions, HH Clinician starting mid-May Part Time Clinician starting early May (Darien)
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***FCHC ENROLLMENT, ADMINISTRATION, & OUTREACH**

In the month of May, Family Centers conducted 26 outreach efforts and participation in community events. These included food distributions with Building One Community, Mental Health Awareness Month resource fairs, flyer distribution to recipients of Meals on Wheels, and discussion panels with partners and community members. Over 3,000 individuals from Greenwich, Stamford and Darien were touched in these outreach efforts, although without considering repeats.

Family Centers presented on our programs as part of a speaker series known for featuring respected community leaders and organizations that address important local issues. The opportunity began with an invitation from a long-standing volunteer who has worked with the FQHC Director and Outreach team for years to help raise awareness of our services. This was a great PR opportunity to highlight Family Centers' impact and strengthen community visibility. The article that followed the presentation to the Retired Men's Association appeared in the Greenwich Sentinel. See below.

Greenwich's Best-Kept Secret May Be Its Lifeline for Thousands

By JOHN REESE

Many Greenwich residents may know the name Family Centers, but far fewer may understand the scale of what the organization does. At last week's Greenwich RMA program, its leaders described an institution that is at once a health-care provider, early-childhood educator, counseling and bereavement resource, literacy program, family-support agency, workforce-development partner and volunteer hub.

The thread running through all of it was simple: people rarely arrive with just one problem. A patient with dental pain may also be isolated, uninsured and unable to afford treatment. A new immigrant learning English may also need childcare and job training. A senior may need more than a medical appointment; she may need transportation, follow-up and someone who understands the financial barriers standing between her and care.

That whole-person model was the central message of "Family Centers Incorporated: Driving Results for Greenwich and Beyond for Over 135 Years," presented by Louis Josephson, president and CEO; Dennis Torres, chief health officer; and John Midy, director of medical and dental services.

Torres opened by acknowledging that Family Centers is not easy to summarize. Its history reaches back to the 1890s, with roots in the Stamford Welfare Society, Greenwich Aid Society and Stamford Children's Home. Those roots have grown into a modern network serving more than 26,000 people last year.

Today, Family Centers operates across more than 60 sites, with more than 300 professionals and 500 volunteers. In 2016, it qualified as a Federally Qualified Health Center, strengthening its ability to serve patients who might otherwise fall through the cracks.

A current example is the expanded health-care operation at 75 Holly Hill Lane, developed in partnership with Greenwich Hospital and Yale New Haven

Health. Torres explained that the transition grew out of years of planning, slowed by COVID, and ultimately placed Family Centers in the lead role managing outpatient clinic operations. The hospital and Family Centers were serving many of the same people, he said, but Family Centers could bring a broader wraparound model and the resources available through its health-center status.

At Holly Hill, Midy said, patients have access to a 15-exam-room facility combining Greenwich Hospital and Yale New Haven Health with Family Centers' care coordination and navigation model. The clinic looks beyond a diagnosis, asking whether a patient can pay, travel, understand the treatment plan, return for follow-up and manage the other pressures that often determine whether care succeeds.

Dental care, Midy said, shows why that matters. People often separate dental care from health care, but the ability to eat, speak and smile affects physical health, mental health and dignity. Greenwich has thousands of residents on Medicaid, he said, along with uninsured residents and seniors without dental coverage because Medicare generally does not cover routine dental care. Family Centers is one of the few general dental providers in Greenwich serving Medicaid patients and offering affordable rates to uninsured patients.

The emotional center of the presentation was the story of "Mary," a pseudonym for a woman in her early 70s living alone in senior housing. She had endured months of mouth pain, was losing weight, and had been quoted nearly \$300 for an exam and X-ray and then \$1,600 for treatment. Living on Social Security and Medicare without dental insurance, she postponed care because she could not afford it.

A volunteer flyer eventually brought her to Family Centers. Staff assessed not only her dental needs, but also her finances, health and isolation. After four visits, Midy said, she was free of pain and able to eat again.

The story also showed the



Louis Josephson



Dennis Torres



John Midy

role the community can play. Family Centers could provide the care, but someone first had to carry the information to a person who needed it. Again and again, the speakers returned to that theme: Family Centers has services available, and even some unmet capacity, but people cannot use what they do not know exists.

Josephson then turned to strategy. Family Centers' next phase, he said, begins with "fortifying the foundation." That means recruiting and retaining clinicians, teachers, social workers, nurses, dentists, administrative staff and volunteers. It also means strengthening less visible infrastructure: billing systems, coding, documentation, Epic, telehealth and IT. A clinic cannot sustain compassionate care if it cannot collect the reimbursements it has earned.

Even after more than 130 years of service, Josephson described Family Centers as something close to "the best-kept secret" in town. The morning's discussion was partly an introduction, partly a history lesson and partly a request: know what Family Centers does, and help others find it before their problems become emergencies.

Family Centers has services available, and even some unmet capacity, but people cannot use what they do not know exists.

Audience questions underscored the organization's practical reach. Josephson said eligibility is broad: Family Centers serves families with means and families with very little, depending on the need. Its roughly \$27 million budget is supported by service fees, foundations, individual donors and government grants. He said the Greenwich Hospital partnership allows the hospital to continue serving an underserved population while Family Centers brings its broader support system.

Other answers highlighted workforce development, specialist referrals and transportation support for seniors. Torres also said federally qualified health centers have historically enjoyed bipartisan support because they exist in every congressional district, though Family Centers monitors risks and has contingency plans if federal support

changes. Family Centers is mission-driven, but also operationally practical. Its work is not only to treat illness, grief, poverty or isolation after they have hardened, but to intervene early enough so that people can keep eating, working, learning, parenting and living with dignity.

For Greenwich and nearby communities, the takeaway was direct: the help is already here. The challenge is making sure people know where to find it.

The talk can be viewed by going to the RMA website at <https://greenwichrma.org>, clicking on "Speakers," then "Past Speakers," and then "RMA Vimeo Library."

The RMA's next presentation, "Skin Disorders: From the Commonplace to the Critical" by the renowned dermatologist Dr. Richard Connors, is scheduled for 11 AM on Wednesday, May 27, 2026. RMA presentations are held at Christ Church

Greenwich, Parish Hall, 254 E. Putnam Avenue, Greenwich, CT 06830. To stream the presentation by Dr. Connors at 11 AM on Wednesday, May 27, click on <https://bit.ly/301Bj21>. This presentation will also be available on local public access TV channels, Verizon FiOS channel 24 and Optimum channel 79.

Note: The views expressed in these presentations are those of the speakers. They are not intended to represent the views of the RMA or its members.

R M A s p e a k e r presentations are presented as a community service at no cost to in-person or Zoom attendees, regardless of gender. Any member of the public who would like to receive a weekly email announcement of future speakers should send a request to members@greenwichrma.org. The RMA urges all eligible individuals to consider becoming a member of our great organization, and thereby enjoy all the available fellowship, volunteer, and community service opportunities which the RMA offers to its members. For further information, go to <https://greenwichrma.org/>, or contact info@greenwichrma.org.

Awe & Wonder

COME CREATE, HAVE FUN, AND LEARN ABOUT GOD

Free Event • Dinner & Activities Included • Ages 4-14

CENTER FOR HOPE/THE DEN, TRAUMA RESPONSE & WLS

Operations

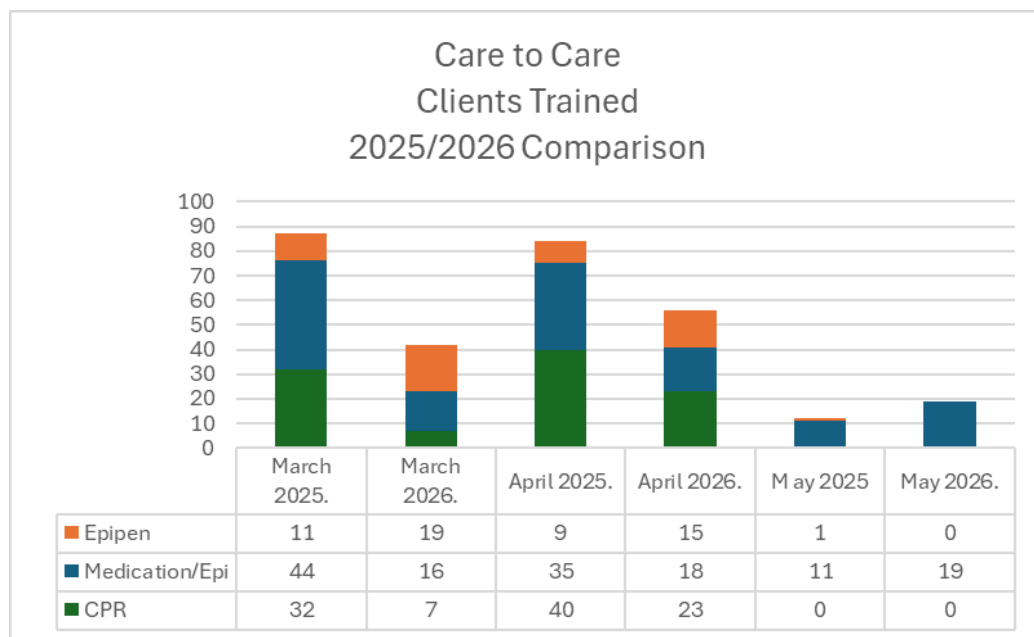
- Evening Den: Ran 2 nights in April (15th and 19th) - 10 groups each night, 48 participants total, 17 total volunteers
- Open positions: Director/Manager of The Center for HOPE, Den Program Coordinator
- School Den: 14 groups running in 11 schools (Stamford – 4 schools/5 groups, Norwalk – 7 schools/9 groups)

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; Francia Garcia, Director, Compliance**

2026 Clinical Performance To-Date			
Clinical Quality Measures	Apr 2026	2026 Targets	
Child 2> immunizations	67.6%	70.0%	
Child BMI + Nutritional Counseling	78.7%	86.0%	
Adult BMI + Nutritional Counseling	60.3%	68.0%	
Smoking Screening + Cessation Counseling	75.6%	85.0%	
Depression Screening + Referrals	57.2%	70.0%	
HIV Screening	58.8%	58.0%	
Controlled Hypertension	78.9%	80.0%	
Controlled Diabetes (Inverse measure)	64.8%	89.0%	
Colorectal Cancer screenings	57.6%	60.0%	
Cervical Cancer screenings	71.4%	80.0%	
Breast Cancer screenings	67.5%	75.0%	
Statin Therapy	74.6%	80.0%	
IVD: use of aspirin or another antiplatelet	72.9%	80.0%	
Compliance Key Performance Indicators	#	Completion and follow-up as of April	Status
Number of Incidents - Corrective Action within 45 days	4	100 %	On Track
Number Near Misses and Adverse Events Corrective Action within 45 days	2	100%	On Track -
Number of Medication errors Corrective Action within 45 days	0	-	-
Number of Complaint & Grievances Resolution within 30 days	1	100%	On Track
Number of HIPAA Incidents, Violations, Breaches Corrective Action within 30 days	1	100%	On Track
Number of Staff Safety Incidents / Workers Compensation Corrective Action within 30 days	0	-	-
Staff files Audit Completion (Expected 10 per quarter)	13	100%	On Track
Risk assessment activities status (Expected 1 full assessment per quarter)	2	100%	On Track

CARE TO CARE, Nathalie Tocci, RN Manager



FAMILY CENTERS CARES, Ruth Pennacchia, Manager

Overview:

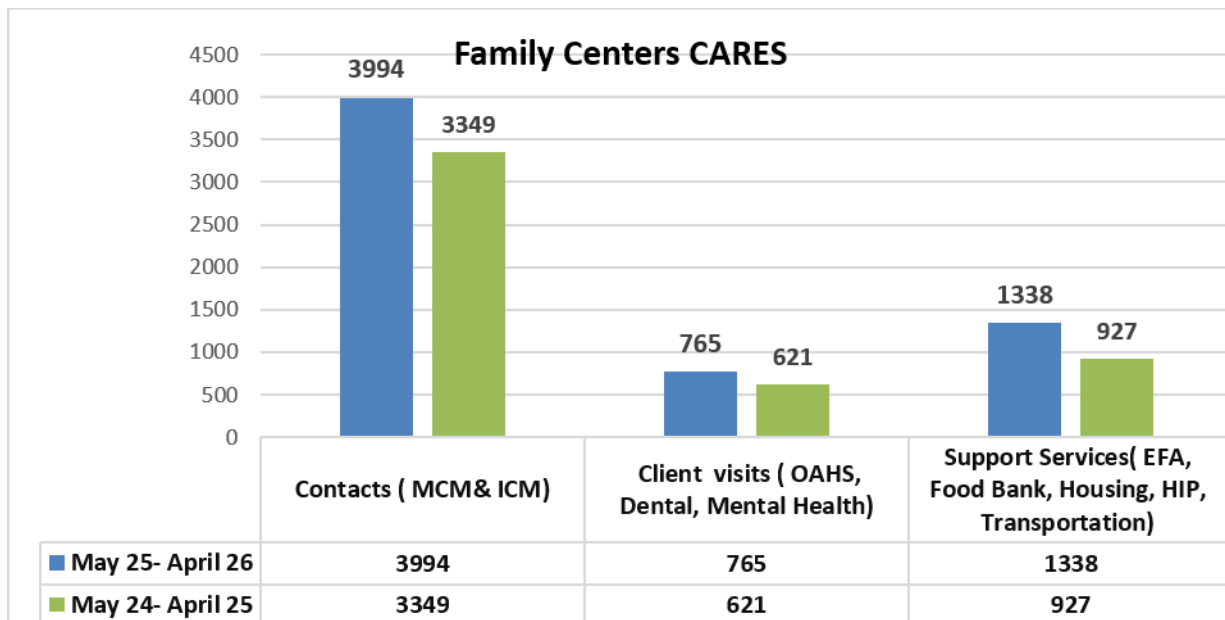
In April, Medical Case Management (MCM) provided comprehensive services, including care coordination, access to treatment, ambulatory medical care, oral health, and behavioral health services. The team also supported clients in addressing unmet needs such as housing and utilities, health insurance, medication access, and food assistance.

Health Outcomes:

FC CARES has identified a staff member to fill the ICM position, with an expected start date in July. We look forward to their input and contribution to the team. While MCM staff are supporting this vacancy, they have successfully managed all existing cases. MCM staff have maintained a consistent presence within the FQHC clinic to support clients during their appointments, ensuring continuity of care and real-time assistance. The team continues to collaborate to enhance client support and increase awareness of services among enrolled clients who may not yet be fully engaged.

For the RWPA EMA performance measure goal is related to oral health visits, we plan to collaborate closely with sub-recipients, the oral health clinic, MCM staff, and clients to meet our target.

Finally, the office is preparing for the upcoming HRSA site visit scheduled for June. All required program, clinical, fiscal, and compliance documentation have been updated and submitted. The office is coordinating visit logistics to ensure readiness, including organized records, staff availability, and support for the review process.



Total (EFA, Food Bank, Housing, HIP, Transportation)

May 25- April 26 \$105,034.00

May 24- April 25 \$113,666.00

Prevention Overview:

This month, Prevention successfully completed its youth education goal by conducting over 24 events at Westhill, AITE, and UConn. Educational sessions focused on STIs, prevention, PrEP, and risk reduction strategies.

We continue to expand social media and digital outreach through Instagram and Facebook, increasing SSP-related posts to reach populations who may not be aware of these services and to encourage greater utilization.

- Conducting weekly dating app outreach to connect individuals to services
- Increasing testing engagement this month through outreach at high-traffic locations and events
- Preparing for May's Hep C testing day in collaboration with the homeless shelter population
- Implementing engagement strategies for the event, including targeted giveaways addressing client needs, such as sock distribution, warm quilts, and gift cards for food to encourage participation

