

# BUILDING TOMORROW

2018 ANNUAL REPORT

CALIFORNIA PRIMARY CARE ASSOCIATION



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“ THIS PAST YEAR WAS AN EXCITING ONE for the California Primary Care Association (CPCA), our members, and our staff. Our organization and industry continue to grow and evolve as we look to the future in a forward-thinking manner. I’m proud of the role our health centers have played in stretching the boundaries of health care delivery – making our communities stronger and healthier. Community health centers serve nearly 7 million Californians. I applaud the great work health centers are doing in their communities and look forward to working with them as we move into the next era in community health. ”



Carmela Castellano-Garcia, Esq.  
President and CEO  
California Primary Care Association

## Mission

*The mission of the California Primary Care Association is to lead and position community clinics, health centers, and networks through advocacy, education and services as key players in the health care delivery system to improve the health status of their communities.*





## Board Members

### CHAIR

Scott McFarland, CEO  
*Western Sierra Medical Center*

### CHAIR-ELECT

Kerry Hydash, President & CEO  
*Family HealthCare Network*

### SECRETARY

Jane Garcia, CEO  
*La Clinica de la Raza, Inc.*

### TREASURER

David Vliet, MBA, CEO  
*Tiburcio Vasquez Health Center, Inc.*

### SPEAKER

Kevin Mattson, President & CEO  
*San Ysidro Health*

### VICE-SPEAKER

Britta Guererro, CEO  
*Sacramento Native American  
Health Center*

### MEMBER-AT-LARGE

Doreen Bradshaw, Executive Director  
*Health Alliance of Northern California*

### MEMBER-AT-LARGE

Daneille Myers, MD,  
Director of Health Informatics  
*Golden Valley Health Centers*

### MEMBER-AT-LARGE

Richard Veloz, MPH, JD, CEO  
*South Central Family Health Center*



Scott McFarland, CEO  
*Western Sierra Medical Center*  
*2017-18 CPCA Board Chair*

### COMMITTEE MEMBERS

Robin Affrime, CEO  
*CommuniCare Health Centers*

Isabel Becerra, BA, CEO  
*Coalition of Orange County Community Clinics*

Debra Farmer, President & CEO  
*Westside Family Health Center*

Benjamin Flores, MPH, President & CEO  
*Ampla Health*

Cathy Frey, MHA, Amador Regional Manager  
*Wellspace Health*

Naomi Fuchs, CEO  
*Santa Rosa Community Health*

Nik Gupta, CEO  
*Mission City Community Network, Inc.*

Sherry Hirota, CEO  
*Asian Health Services*

Deborah Lerner, MD, CMO  
*Eisner Health*

Marty Lynch, Executive Director & CEO  
*LifeLong Medical Care*

Louise McCarthy, President & CEO  
*Community Clinic Association of Los Angeles County*

Anitha Mullangi, MD, CMO  
*Saint John's Well Child & Family Center*

Christine Noguera, CEO  
*Community Medical Centers, Inc.*

Tim Rine, CEO  
*North Coast Clinics Network*

Ralph Silber, Executive Director  
*Alameda Health Consortium*

Paulo Soares, CEO  
*Camarena Health*

Graciela Soto-Perez, CEO  
*Altura Centers for Health*

Mary Szecsey, CEO  
*West County Health Services, Inc.*

Henry Tuttle, CEO  
*Health Center Partners of Southern California*

Paula Zandi, Deputy CFO  
*Clinica Sierra Vista*

“

I AM SO PROUD OF CPCA as an organization and its members for all that we were able to accomplish in 2018. I continue to be impressed with the dedication and determination demonstrated by everyone I've had the pleasure of working with during my tenure as Board Chair. Working with Carmela and the CPCA staff over the past year in this capacity has really brought into focus the amount of work that is done and I want to thank them for continuing to go above and beyond my expectations – as both a member and as the Chair.

I am so proud to be a part of this organization and the work that we do and am so grateful for the opportunity to serve as the 2017-2018 CPCA Board Chair.

”

# 2018 Patient Profile

**1** OUT OF **6** Californians  
Served by community  
health centers

**22** million  
Encounters

**6.9** million  
Patients

Health  
Center  
Sites

  
**1334**

**877**

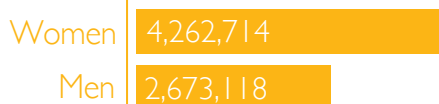
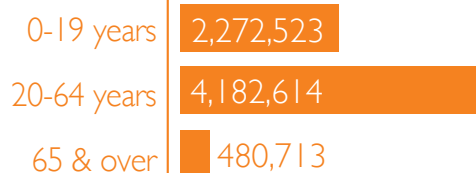
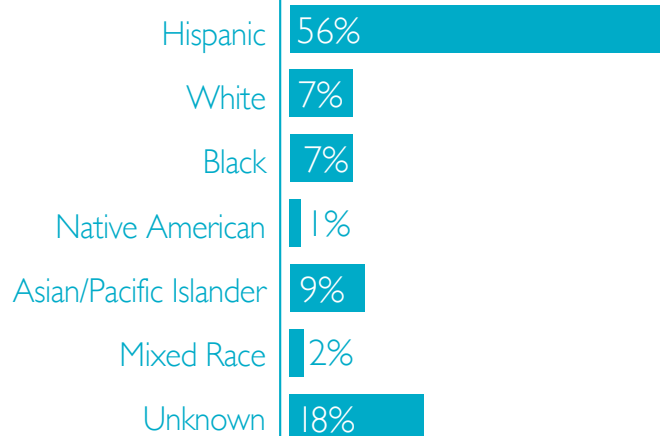
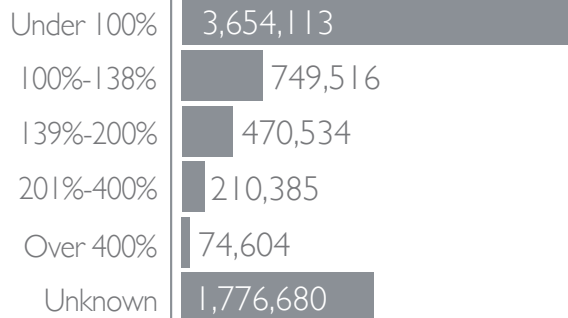
Federally  
Qualified  
Health  
Centers

**407**

Community Clinics  
and Free Sites



% of the Federal Poverty Level



50

27

Rural Health Centers

FQHC  
Look-alike Sites

# A Bold Vision

CPCA STRATEGIC PLAN 2017-2020

## THE CALIFORNIA PRIMARY CARE ASSOCIATION'S (CPCA)

current strategic plan was developed and launched in 2017 based on the feedback from over 130 health center leaders and staff, input from a dozen external stakeholders and committed partners, as well as political analysis from CaliforniaHealth+ Advocates and other trusted consultants. 2018 marked the second year of work informed by, and related to, the four Bold Steps.

These steps, working in conjunction with one another, work to ensure that CPCA continues to advance health equity for all people today, tomorrow, and into the future.



A close-up photograph of a woman and a young girl. The woman, on the right, has dark curly hair and is smiling warmly at the camera. She is wearing a brown knitted cardigan over a white top. The young girl, on the left, is also smiling and looking down. She is wearing a white top and a colorful patterned skirt. They are outdoors, with a blurred green background.

## Bold Steps

### **BOLD STEP ONE**

Be A Leader in Advocating for  
Health Access and Coverage

### **BOLD STEP TWO**

Transform The Health System

### **BOLD STEP THREE**

Cultivate A Robust Community  
Health Center Workforce

### **BOLD STEP FOUR**

Promote The Value of  
Community Health Centers

# Leading the Way

## ADVOCATING FOR THE RIGHTS OF OUR IMMIGRANT PATIENTS

This year, the California Primary Care Association took an even larger leadership role in advocating for the rights of our immigrant patients and employees. CPCA ramped up its involvement on this issue after member health centers reported an increase of fear in immigrant patients and employees due to escalating political rhetoric and policies at the federal level. As part of this work, CPCA worked to develop an immigration toolkit to provide much-needed resources to health centers and community partners and make them accessible in one place.

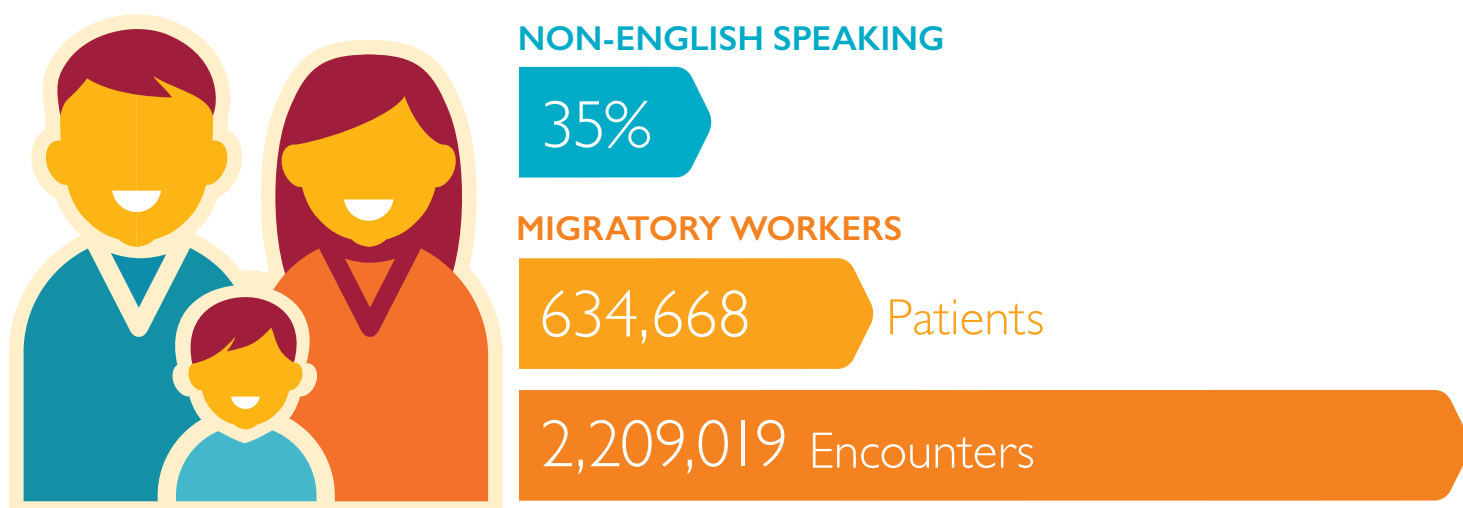
### Protecting Immigrant Families Coalition

Given our increased involvement in resource building and collaborating on this issue with our immigrant partners, CPCA was asked to be a sector lead for health centers through the Protecting Immigrant Families (PIF) Coalition. This led to the creation of the National Health Center Immigration Workgroup, and also helped positioned CPCA to be PIF grant recipients for California. With the grant funds received, CPCA was able to create the PIF-Funded Coalition that currently has over 12 membership organizations.

### National Health Center Immigration Work Group

CPCA worked with the National Association of Community Health Centers (NACHC) and the Association of Asian Pacific Community Health Organizations (AAPCHO) to create the National Health Center Immigration Workgroup, for which CPCA is a co-lead, to ensure we are aligning the health center voice on immigration issues and helping to encourage advocacy from other state Primary Care Associations and health centers. This has put CPCA at the forefront of national immigration issues impacting health centers, their staff, and their patients.

### Special Population Patient Profile





## BOLD STEP ONE

### *Be A Leader in Advocating for Health Access and Coverage*

CPCA works to support the advocacy efforts of our c(4) affiliate organization, CaliforniaHealth+ Advocates, through the development of stronger partnerships and collaborations with health advocates throughout the state. In an effort to better support this work, CPCA continues to work with coalitions to further the mission of community health centers and increase access for the patients they serve, as well as sustain a strong infrastructure to assist and promote these efforts.



*CPCA is at the forefront of national immigration issues impacting community health centers, their staff and their patients.*





## Coalitions and Partnerships

**CPCA CONTINUES TO STRENGTHEN ITS VOICE AND BROADEN ITS REACH THROUGH PARTICIPATION IN ISSUE-BASED AND POLICY ORIENTED COALITIONS.** This year, CPCA continued to focus on mental and behavioral health by building upon a strong coalition of stakeholders, including the Steinberg Institute, to allow Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) the option to provide critical behavioral health and medical services on the same day, and be reimbursed for each. This effort was led by Senate President Pro Tempore Toni Atkins in the form of her Senate Bill 1125. We were pleased that both houses of the Legislature recognized the importance of this critical policy area by passing it all the way to the Governor's desk, even though the Governor ultimately decided to deny its passage.

CPCA also partnered with consumer groups, as well as the state (Department of Managed Health Care and the Department of Health Care Services), to enhance timely access monitoring that accounts for the unique FQHC delivery model. CPCA continued its work with the "Coalition for a Healthy California" to find ways to address diabetes and heart disease by passing a Sugar Sweetened Beverage Tax at the state level. Although attempts to move a bill through the legislature were unsuccessful, CPCA and the coalition remain dedicated to a renewed effort in 2019.

# Representing the Interests of Health Centers Statewide

## STATE PLAN AMENDMENTS (SPA)

The first SPA (18-003), which is related to Federally Qualified Health Center (FQHC) payment provisions, was submitted to Center for Medicare & Medicaid Services (CMS) on March 30, 2018 and although not yet approved, has an intended effective date of January 1, 2019. CPCA was successful in securing many advancements for health centers within the SPA which include: Marriage and Family Therapists (MFTs) as billable providers in a FQHC; revised and improved productivity standards with an exception process; clarification on the effective date of an initial rate setting; and, although a provision was added to require a full fiscal year of costs and visits for a Change in Scope (CIS), the new rate will be retroactive to the date the change occurred, not the year the CIS was submitted as it is today. In addition, because of CPCA and member advocacy, the state dropped some damaging proposals that would have included a CIS taking three years for full review and audit, and a proposal to adjust every health center's Prospective Payment System (PPS) based on the audited home office allocations, regardless of which site was requesting the new rate.

The second SPA (18-0055), also referred to as the "four walls" SPA, pertains to services delivered outside of the four walls of a health center that may or may not be billed for at the PPS rate. The four walls topic was initially included in SPA 18-003, but due to CPCA advocacy, was removed so that the health centers and the state could have more time to negotiate the lengthy parameters proposed by The Department of Health Care Services (DHCS). Discussions took several months and ultimately resulted in the state shifting significantly from their original concept, and the proposed SPA contains a great deal of exceptions for how health centers can provide care to patients outside of their four walls. The state appreciates the critical role of health centers and the unique needs

of vulnerable populations like homeless, elderly in skilled nursing facilities, and migrant and seasonal farmworkers. CPCA continues to work with the state on issues that remain in the proposed SPA, which will be submitted to CMS at a future date.

In September of 2018, CMS approved SPA 18-0032 that authorizes reimbursement, under the PPS methodology, for services performed by qualifying Teaching Health Center Graduate Medical Education (THCGME) primary care resident physicians at participating FQHCs and Rural Health Centers. Initially, DHCS included only Health Resources & Services Administration (HRSA) funded THCGME programs but through CPCA's advocacy we were successful in broadening to include state sponsored Community Health Center Residency programs as well. SPA 18-0032 is effective April 1, 2018.

The commitment of time and advancement of each of the SPAs by DHCS demonstrated that the state considers health centers to be a central provider in the Medi-Cal health care delivery system, that they value the work of health centers, and that they respect the role of CPCA in representing the interests of health centers statewide.

### BOLD STEP TWO

#### *Transform the Health System*

CPCA works to ensure community health centers are in the best possible position in the ever-changing health care landscape. To that end, CPCA continues to dedicate time and resources to ensure that community health centers have a voice in the ongoing transformation of our health care system, and that they are as seen as valuable members of the system overall.

# Social Determinants of Health

Transformation to embrace a care model that more systematically and comprehensively addresses Social Determinants of Health (SDOH) will require a multi-level approach of working at the local, regional, statewide and even national levels. As the statewide association, CPCA has a central coordination role to play and is working to ensure that community health centers are best positioned for success in this future vision. CPCA staff have come together internally to form a new cross-departmental team to focus on SDOH from both policy and programmatic perspectives and better support community health centers in this area of work.

## SDOH Academy

To increase staff knowledge of SDOH issues and resources available, CPCA participated as part of the inaugural cohort of the SDOH Academy, which included 58 community health centers (CHCs) and Primary Care Associations. The Academy launched in 2017 as a HRSA-funded virtual training series designed to help staff from CHCs, health center controlled networks, and Primary Care Associations develop, implement, and sustain SDOH interventions in their sites and communities.

Social Determinants of Health

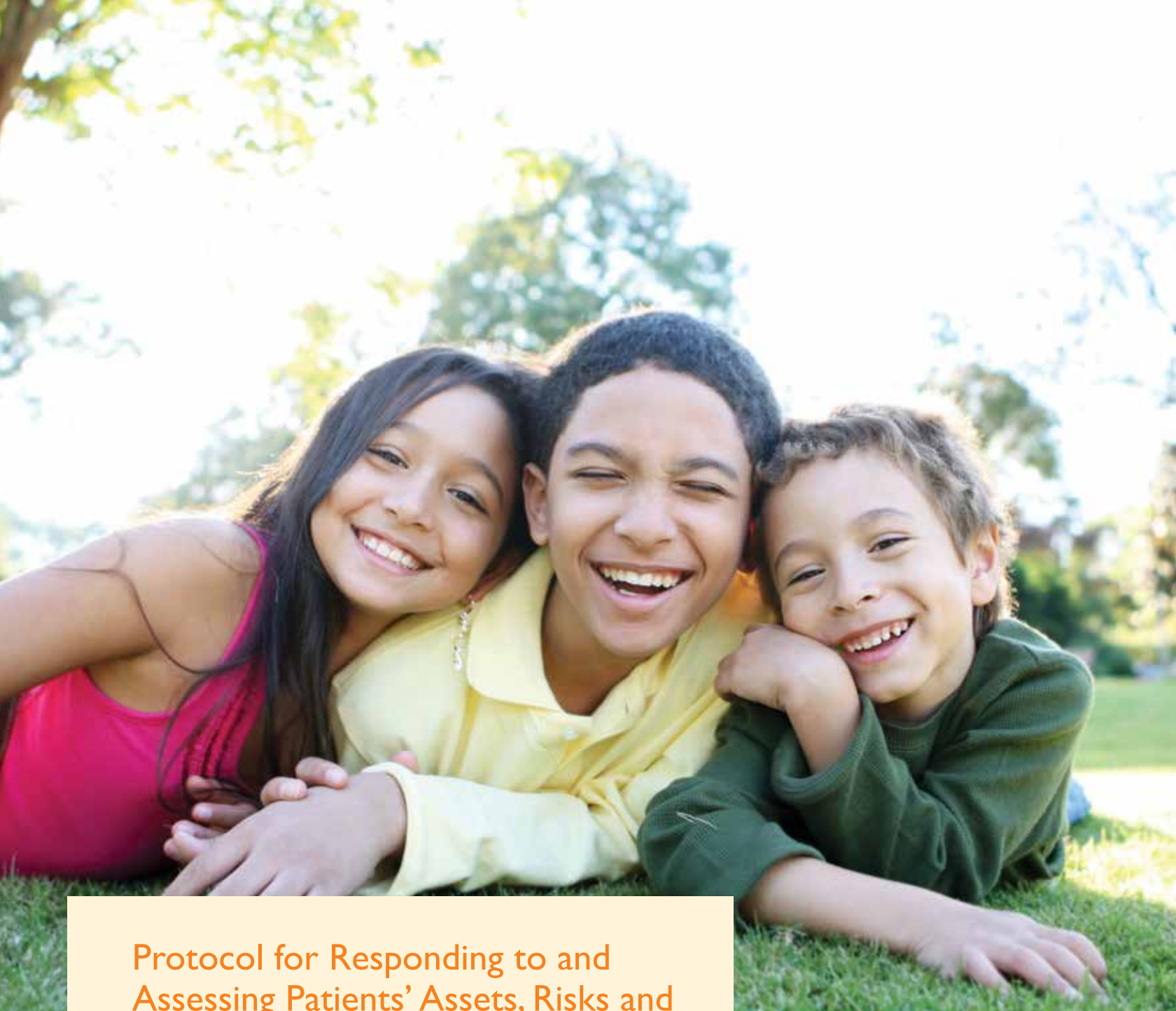


## SDOH Peer Network

Earlier this year, CPCA launched an informal SDOH workgroup recognizing the need to have a greater focus on this area to support our health center members around both policy and programmatic issues. More than 40 health center representatives were part of this workgroup and expressed interest in better assessing, tracking, and addressing SDOH by learning more about the Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PRAPARE). More recently, the SDOH Task Force has become an official Peer Network supported by CPCA staff and facilitated by CPCA members in order to strengthen sharing of strategies and best practices and provide opportunities for additional structured peer learning.

*The social determinants of health are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.*





## Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PRAPARE)

Through a grant from the Blue Shield of California Foundation, CPCA has been a partner with NACHC, four regional Consortia, and eight health centers as part of a project to test utilization and spread of the PRAPARE tool in California. In addition to this work CPCA, with funding from The California Endowment, has started to spread the implementation of social determinants of health with a cohort of 52 sites in February 2018. We plan to continue to spread implementation of PRAPARE in more health centers across the state and are also developing training and technical assistance to help health centers effectively use the tool and develop resources.

# Growing Our Workforce

## Primary Care Workforce Policy Coalition

In 2018, the Workforce Policy Coalition continued to build on the three policy priorities agreed to in 2017. These included Residency Redesign; Incentivizing Primary Care Health Professions; and, Equity in Education.

CPCA led a series of webinar calls in 2018, during which Coalition members discussed workforce activity in the Capitol and shared with each other their efforts in addressing challenges around workforce recruitment, retention and training. As a culmination to this year's activities, Workforce Coalition members met on December 4, 2018 to strategize and position themselves for both a new administration, as well as discuss the draft Workforce Masterplan being developed by the California Future Health Workforce Commission (The Commission), on which two CPCA members serve as Commissioners (Dean Germano, CEO of Shasta Community Health Center and Jane Garcia, CEO of La Clínica de la Raza).

The Commission, launched by The California Health Care Foundation, The California Endowment, Blue Shield of California Foundation, The California Wellness Foundation, and the Gordon and Betty Moore Foundation in 2017; is co-chaired by University of California President Janet Napolitano and Dignity Health President and CEO Lloyd Dean, and staffed by the Public Health Institute. The Commission has been meeting on a regular basis to develop a set of overarching recommendations that will provide a vision for growing and developing the diverse and high-quality health care workforce that California needs. CPCA has worked to ensure there is alignment between The Workforce Coalition and The Commission, and to ensure that the Coalition is well-positioned to take action on the Commission's recommendations once finalized.

### **BOLD STEP THREE**

#### *Cultivate a Robust Community Health Center Workforce*

It has long been a focus of CPCA to support the development of a strong primary health care workforce that is responsive to and reflective of California's diverse communities. CPCA is committed to helping close the primary care workforce gap by advocating for increased health care workforce investments, creating a coalition of thought leaders to influence the broader workforce conversation, and partnering on research that will impact how we come together to address the looming shortage in our future.

*The Coalition is providing a vision for growing and developing a diverse and high-quality health care workforce for California.*



# Advocating for Residency Programs

In addition to working closely with the California Future Health Workforce Commission and the Workforce Policy Coalition, CPCA had another successful year advocating strongly for CHC residency programs.

CPCA commissioned a report, Current State of California Health Center Residency Programs, with Schoen Consulting to expand the existing knowledge set around the current state of residency programs in California health centers. This data supported our efforts to secure the second third of the \$100M to the Song-Brown Commission for FY 18-19, which granted a total of \$9.3M to new, existing, and expanding CHC residency programs.

CPCA also played a key role on the 15-member Proposition 56 Graduate Medical Education (GME) Advisory Council, which refined the criteria and application that will be used to allocate the Proposition 56 GME funds. To further support the financial stability of our CHC residency programs, CPCA also advocated for the expansion of the California State Plan Amendment (SPA) 18-0032 to include HRSA and state-funded CHC residency programs. This SPA was approved by CMS on September 21, 2018 and authorizes reimbursement under the Prospective Payment System (PPS) methodology for services performed by qualifying primary care resident physicians at participating Federally Qualified Health Center and Rural Health Clinic residency programs sponsored by HRSA or the state, and accredited by the Accreditation Council for Graduate Medical Education.

In order to build on these opportunities, CPCA is also developing a Residency Training and Technical Assistance Program to increase the primary care workforce capacity in California's CHCs. A 14-member Residency Advisory Group has been organized to assist in the development of several trainings and resources that will be available in 2019.

## GOALS OF THE PROGRAM

1. Develop comprehensive trainings and resources for CHCs desiring to implement or sustain residency training programs or partnerships.
2. Increase the number of new CHC residency partnerships and accredited programs to expand primary care GME in California.
3. Strengthen and sustain existing CHC residency partnerships and accredited programs to maximize ongoing efforts that train primary care residents in community-based settings and under-served areas.



# Capitated Payment Preparedness

CPCA developed the Capitated Payment Preparedness Program (CP3) with the desired outcome of having all community health centers participating in the program achieve measurable improvement in key areas to ensure optimal success in an alternative payment model (APM) pilot. Much of the program work within phase one focused on development and delivery of technical assistance and training modules critical to success under the APM and included areas such as leadership, being a learning organization, technology and financial infrastructure, population management, patient-centered care, access, and partnerships.

In addition to CPCA staff support, CP3 also offered health centers one-on-one coaching with subject matter experts across multiple industries including financial, practice transformation, information technology, and managed care. Evaluation of the health centers participating in phase one of CP3 showed marked improvement in each of the readiness domain areas, with leadership and technological infrastructure the highest percent increases in readiness.

The next phase of work will launch in 2019, and will build on the training and technical assistance foundation created during phase one to help move

participants along the change continuum and spread these innovations across new sites. Thus far, participating sites have improved in important areas because of their involvement in CP3 and are better positioned to be successful in a value-based environment. Continued preparedness efforts will include assisting sites with managing patients and encounter data, partnering with health plans, and engaging the C-Suite in these preparedness efforts. We are also focusing on incorporating the Social Determinants of Health (SDOH) data collection, analysis and integration of SDOH resources, and partnerships into the care delivery model. Peer learning, best practice sharing, and in person trainings have created a common sense of purpose and direction for health centers to recognize the collective movement towards practice transformation. Participants in the preparedness work reflect that transformation is necessary with or without an alternative payment model.

## BOLD STEP FOUR

### *Promote the Value of Community Health Centers*

As the leading voice of California's community health centers, CPCA continues to work toward identifying and articulating a shared vision that promotes the value community health centers bring to California communities and the health system as a whole. Our work in this area continues to build on the branding values developed in past years and infuse them into new areas of work with the aim of bringing our value proposition to additional audiences.

*CP3 has created a common sense of purpose and direction for health centers to recognize the collective movement towards practice transformation.*



*Ten million people were reached through digital ad placement and geo-targeted programming by the campaign.*

# Public Education Campaign

## PROMOTING THE VALUE OF HEALTH CENTERS

Thanks to grant funding from the California Wellness Foundation, the California Primary Care Association, in partnership with the Regional Associations of California (RAC), launched a public education campaign to promote and educate Californians on the value of health centers. Working together, CPCA and RAC identified areas of focus and hired a communications firm, to build an issue campaign promoting the value of health centers.

The campaign ran throughout the month of August, 2018 and leveraged targeted digital banner ads to a predetermined audience, which were linked to a page on the [CaliforniaHealthPlus.org](https://www.CaliforniaHealthPlus.org) website highlighting the value community health centers bring to their communities. The ads targeted reporters, elected officials, and leaders in the community throughout California in both English and Spanish. The ads appeared on website homepages, local news sections, health-related sections at above-the-fold locations on desktop devices, as well as premium locations on mobile devices. By using a combination of tactics including geo-targeting, demographic targeting as well as contextual targeting, the ads aimed to precisely reach influencers by providing content to them regardless of the outlets they use.

Through both the digital ad placement and the geo-targeted programming, more than 10 million people were reached. Of those, more than 12,000 individuals clicked on one of the ads which took them to the Value of Health Centers webpage. The highest number of impressions came from the Los Angeles Times and San Francisco Chronicle, both of which had larger ad buys. Our highest click rates came from the Fresno Bee followed closely by the Sacramento Bee.

# TRAINING AND TECHNICAL ASSISTANCE

CPCA has had a long and successful track record of providing timely, informative and high-quality training and technical assistance to community health centers. In 2018, CPCA hosted over 112 learning opportunities that were attended by more than 7,813 registrants, and provided 2,095 instances of phone, email, and in-person technical assistance to members. These trainings ranged in topics varying from advocacy to data to residency readiness. A combination of online and in-person trainings were provided, with a focus on topics that surfaced through needs assessments and training evaluation responses, educating members on new programs, and services being offered in 2018.

## BY THE NUMBERS

Trainings:

112

Participants:

7,813

Technical  
Assistance:

2,095

## Programs and Services

Since 2013, CPCA has offered a menu of discounted programs and services to enhance and transform the operational, financial, leadership, workforce, clinical and quality capacity of California's community health centers.

Our most successful service lines are those developed through partnerships with national industry experts. CPCA's revenue cycle management (RCM) program has seen steady growth among our members and provides them with an unmatched expertise in helping them increase revenue from third-party payers as well as help them deliver quality health care to those they serve.

CPCA's services around improving data management (DRVS) has had significant growth since its inception and is being utilized by 23 health center organizations to help facilitate care transformation, drive quality improvement, aid in cost reduction, and simplify mandated reporting. CPCA's Health Information Technology solutions, including electronic medical records support services and Chief Information Officer services uptake has doubled among our health center members.

As CPCA continues to look towards the future, we look to provide innovative solutions and assist our health center members with programs and services that help improve the patient experience.



## Leadership Development

In 2013, CPCA created the HealthManagement+ (HM+) program through a partnership with We Will, Inc. As of December 2018, HM+ has trained nine cohorts, reaching more than 200 participants. Cohort 10 finished in January 2019, and Cohort 11 began in January 2019. HM+ is a fully self-sustaining program that recently attracted philanthropic support for the first time in the form of scholarship funds for participants from Orange, Riverside, and San Bernardino counties thanks to a discretionary grant from The California Wellness Foundation.

HM+ has proven to be successful and impactful, as demonstrated by the consistently large number of applications received for each cohort along with feedback received from program graduates. However, we recognize that HM+ may not fulfill all of the needs for future health center leadership, particularly for those who actively aspire to reach the C-Suite or other executive level positions. We know that community health centers (CHCs) face challenges in developing and supporting a strong pipeline of diverse leaders who have the skills, knowledge, and passion to be at the helm of CHCs in this ever-changing health care environment.

To address this issue and seize the opportunity to provide an innovative and comprehensive new leadership pathway, CPCA will be working to develop another self-sustaining leadership program that will also include a focus on building vertical diversity with CHCs. We are excited about the opportunities for key stakeholders and philanthropic partners to join us in these efforts and hope to have the new program ready to launch in 2020.



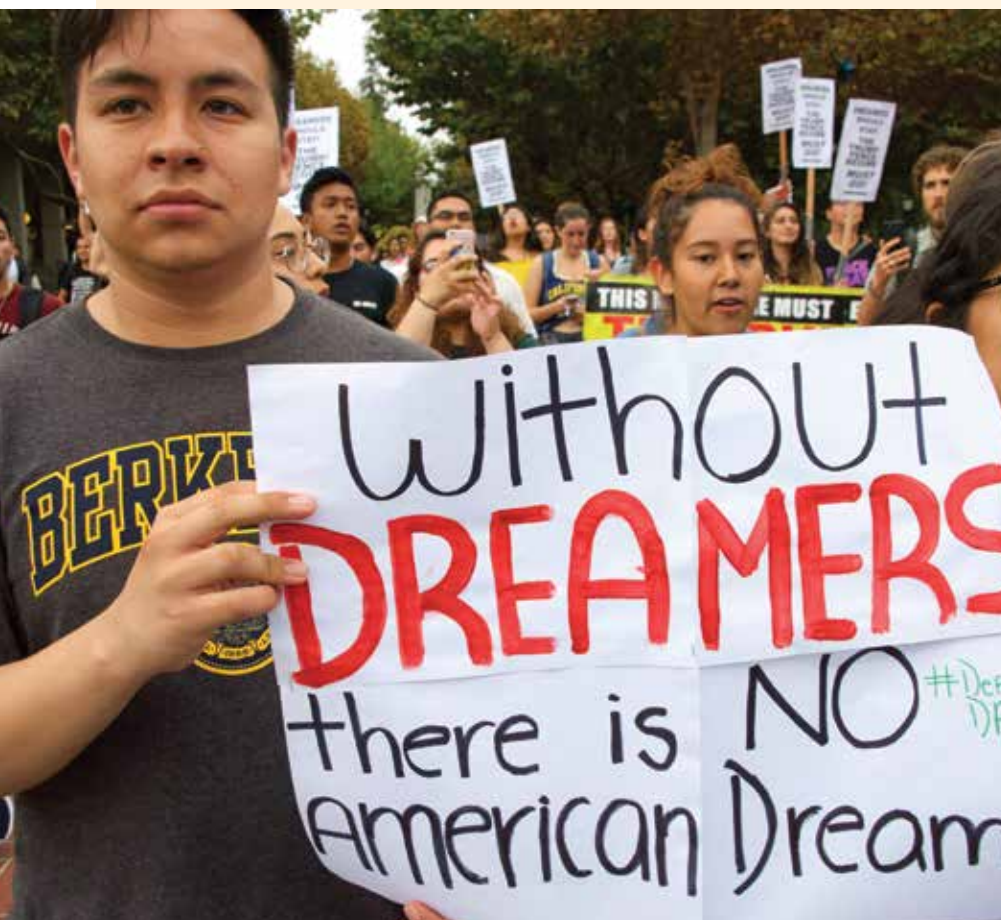
## CPCA Bolsters Immigration Technical Assistance

This past year CPCA has seen an upsurge of issues impacting our immigrant communities. In an effort to assist our members with these issues, we have worked diligently to develop an immigration toolkit to provide information on a variety of issues related to immigrant patients. We have also provided a number of trainings (both in-person and via webinar) for health center and regional consortia staff, as well as community-based organizations and coalition partners.

In January 2018, CPCA hosted a webinar in collaboration with The Children's Partnership regarding the a provider survey conducted in 2017 that looked at mental health of immigrant children and their families. With funding from the California Program on Access to Care,

we were also able to create a report with our findings. CPCA also hosted trainings concerning Immigration and Customs Enforcement (ICE) raids that included a webinar in June with legal experts to address legal concerns and an in-person training in September to help health center staff feel comfortable in responding to inquiries from immigration officials.

CPCA also hosted a number of trainings related to the Trump Administration's proposed Public Charge Rule change. When the initial draft rule was released, CPCA held a webinar in coordination with the Association of Asian Pacific Community Health Organizations (AAPCHO) for the National Health Center Immigration Workgroup. In addition, CPCA also hosted two Public Charge Workshops through efforts of the Protecting Immigrant Families Coalition that CPCA leads.







# AN EVENTFUL YEAR

Each year, CPCA hosts a number of events designed to provide our members, community partners, health center leadership and key decision makers, and health care stakeholders with the opportunity to learn from each other and share best practices.

**OVER 1,700 ATTENDEES**

## 2018 CONFERENCES

- **QUALITY CARE CONFERENCE**  
March 1-2, 2018
- **REGION IX CLINICAL EXCELLENCE CONFERENCE**  
June 3-5, 2018 (Arizona)
- **BILLING MANAGERS CONFERENCE**  
August 14-15, 2018
- **CFO CONFERENCE**  
August 16-17, 2018
- **CPCA ANNUAL CONFERENCE**  
October 4-5, 2018



# Financial Statement

Consolidated Statements of Activities CPCA and Affiliates

Summary of 2017 – 2018 (April 1, 2017 – March 31, 2018)

## Unrestricted Net Assets

### REVENUES

Grants and contributions .....	\$ 3,725,489
Membership dues .....	2,517,716
Conferences .....	966,593
Clinic support services.....	1,716,583
Training and workshops.....	1,125,976
Interest income from loans.....	184,825
Interest and investment incomes.....	12,696
Other income .....	241,009
Net assets released from restrictions.....	<u>1,464,875</u>
<b>Total Revenues.....</b>	<b><u>11,955,762</u></b>

### EXPENSES

#### Program Services

Clinic operations .....	8,736,630
Legislative.....	919,835
Information systems and loan program.....	<u>189,252</u>

**Total Program Services .....** **9,845,717**

**Management and General.....** **1,904,827**

**Total Expenses.....** **11,750,544**

Increase in unrestricted net assets..... **205,218**

## Temporarily Restricted Net Assets

Grants and contributions .....	1,200,000
Net assets released from restrictions.....	<u>(1,464,875)</u>
Increase (Decrease) in temporarily restricted net assets.....	<u>(264,875)</u>
Increase (Decrease) in net assets.....	(59,657)
Net assets, beginning of year .....	<u>15,606,668</u>
<b>Net Assets, End of Year .....</b>	<b>\$ <u>15,547,011</u></b>

## Assets

### CURRENT ASSETS

Cash and equivalents.....	\$ 4,772,972
Grants receivable.....	461,156
Dues and accounts receivable.....	785,085
Current portion of loans receivable.....	2,351,527
Prepaid expenses.....	<u>128,582</u>
<b>Total Current Assets.....</b>	<b>8,499,322</b>

### NON CURRENT ASSETS

Long-term certificates of deposit.....	849,336
Loans receivable, net.....	6,141,716
Property and equipment, net.....	4,627,660

<b>Total Assets.....</b>	<b>\$ <u>20,118,034</u></b>
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## Liabilities and Net Assets

### CURRENT LIABILITIES

Accounts payable.....	\$ 400,475
Accrued expenses.....	294,233
Deferred revenues.....	237,945
Current portion of loans payable.....	<u>138,606</u>

<b>Total current liabilities.....</b>	<b>1,071,259</b>
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Loans payable, net.....	<u>3,499,764</u>
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<b>Total liabilities.....</b>	<b><u>4,571,023</u></b>
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### NET ASSETS

Unrestricted.....	13,670,950
Temporarily restricted.....	<u>1,876,061</u>

<b>Total Net Assets.....</b>	<b><u>15,547,011</u></b>
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<b>Total Liabilities and Net Assets.....</b>	<b>\$ <u>20,118,034</u></b>
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# CPCA Members

## COMMUNITY CLINICS AND HEALTH CENTERS

AAA Comprehensive Healthcare, Inc.  
 Alexander Valley Healthcare  
 All for Health, Health for All  
 Alliance Medical Center, Inc.  
 AltaMed Health Services Corporation  
 Altura Centers for Health  
 American Indian Health & Services  
 Ampla Health  
 Anderson Valley Health Center, Inc.  
 APLA Health & Wellness  
 Arroyo Vista Family Health Center  
 Asian Americans for Community Involvement  
 Asian and Pacific Islander Wellness Center  
 Asian Health Services  
 Asian Pacific Health Care Venture, Inc.  
 Avenal Community Health Center  
 Axis Community Health  
 BAART Community Healthcare  
 Bartz-Altadonna Community Health Center  
 Big Sur Health Center  
 Borrego Community Health Foundation  
 Camarena Health  
 Camino Health Center  
 Canby Family Practice Clinic  
 Center for Comprehensive Care  
 Diagnosis of Inherited Blood Disorders  
 Central City Community Health Center, Inc.  
 Central Neighborhood Health Foundation  
 Chapa-De Indian Health Program  
 ChapCare  
 Chinatown Service Center Family Health Clinic  
 Clinica De Salud Del Valle De Salinas  
 Clinica Monsenor Oscar A. Romero  
 Clinica Sierra Vista  
 Clinicas de Salud del Pueblo  
 Clinicas del Camino Real, Incorporated  
 Coastal Health Alliance  
 CommuniCare Health Centers  
 Community Health Centers of the Central Coast, Inc.  
 Community Health Systems, Inc.  
 Community Medical Centers, Inc.  
 Comprehensive Community Health Centers, Inc.  
 Davis Street Primary Care Clinic  
 Desert AIDS Project  
 Dientes Community Dental Care  
 East Valley Community Health Center, Inc.  
 Eisner Health – Eisner Pediatric & Family Medical Center  
 El Dorado Community Health Center  
 El Proyecto del Barrio, Inc.  
 Families Together of Orange County  
 Family Health Care Centers of Greater Los Angeles  
 Family Health Centers of San Diego  
 Family HealthCare Network  
 Foothill Community Health Center  
 Friends of Family Health Center  
 Gardner Family Health Network, Inc.  
 Golden Valley Health Centers  
 Harbor Community Clinic  
 Harmony Health Medical Clinic and Family Resource Center  
 Health and Life Organization, Inc.  
 Health To Hope – Urban Community Action  
 HealthRIGHT 360 – Integrated Care  
 Hill Country Community Clinic, Inc.

Hurtt Family Health Clinic – Orange County Rescue  
 Imperial Beach Community Clinic  
 Indian Health Center of Santa Clara Valley, Inc.  
 Indian Health Council, Inc.  
 Inland Behavioral & Health Services, Inc.  
 Jewish Community Free Clinic  
 JWCH Institute  
 Kings Winery Medical Clinic / Greater Fresno Health Organization  
 La Clinica de La Raza, Inc.  
 La Maestra Community Health Centers  
 LifeLong Medical Care  
 Livingston Community Health  
 Livingstone Community Health Clinic  
 Long Valley Health Center  
 Los Angeles Christian Health Centers  
 Los Angeles Community Clinic, Inc.  
 Los Angeles LGBT Center  
 MACT Health Board, Inc.  
 Marin City Health and Wellness Center  
 Marin Community Clinic  
 MayView Community Health Centers  
 Mendocino Coast Clinics, Inc.  
 Mendocino Community Health Clinic, Inc.  
 Mission City Community Network, Inc.  
 Mission Neighborhood Health Center  
 Mountain Valleys Health Centers  
 Native American Health Center  
 Neighborhood Healthcare  
 North County Health Services  
 North East Medical Services  
 North Orange County Regional Health Foundation  
 Northeast Community Clinic  
 Northeast Valley Health Corporation  
 Northeastern Rural Health Clinics  
 OLE Health - Corporate Office  
 Omni Family Health  
 One Community Health  
 Open Door Community Health Centers  
 Operation Samahan Community Health Center, Inc.  
 Pacific Central Coast Health Centers  
 Parktree Community Health Center  
 Peach Tree Healthcare  
 Petaluma Health Center  
 QueensCare Health Centers  
 Ravenswood Family Health Center  
 Redwood Coast Medical Services, Inc.  
 Redwoods Rural Health Center  
 Ritter Health Center  
 Riverside-San Bernardino County Indian Health, Inc.  
 ROADS Community Care Clinic  
 Saban Community Clinic  
 SAC Health System  
 Sacramento Native American Health Center  
 Saint John's Well Child & Family Center  
 Salud Para La Gente  
 Samuel Dixon Family Health Center  
 San Benito Health Foundation  
 San Fernando Community Health Center  
 San Ysidro Health  
 Santa Barbara Neighborhood Clinics  
 Santa Cruz Community Health Centers  
 Santa Rosa Community Health  
 School Health Clinics of Santa Clara County  
 Share Our Selves  
 Shasta Cascade Health Center  
 Shasta Community Health Center  
 Shingletown Medical Center  
 Sierra Family Medical Clinic  
 Sonoma Valley Community Health Center

South Bay Family Healthcare Center  
 South Central Family Health Center  
 South of Market Health Center  
 Southern California Medical Center  
 Southern Trinity Health Services  
 St. Jude Neighborhood Health Center  
 T.H.E. Health & Wellness Center  
 Tarzana Treatment Center  
 The Children's Clinic, Serving Children & Families  
 Tiburcio Vasquez Health Center, Inc.  
 Tri-City Health Center  
 Tri-State Community Healthcare Center  
 Unicare Community Health Center  
 United Health Centers of the San Joaquin Valley, Inc.  
 Universal Community Health Center  
 University Muslim Medical Association (UMMA) Community Clinic  
 Valley Community Healthcare  
 Valley Health Team, Inc.  
 Venice Family Clinic  
 Via Care Community Health Center  
 Vista Community Clinic  
 Watts Healthcare Corporation  
 WellSpace Health  
 West County Health Centers, Inc.  
 West Oakland Health Council, Inc.  
 Western Sierra Medical Clinic  
 Westside Family Health Center  
 White Memorial Community Health Center  
 Wilmington Community Clinic  
 Winters Healthcare Foundation  
 Yehowa Medical Services

## COMMUNITY HEALTH CENTER CONSORTIA AND ASSOCIATIONS

Alameda Health Consortium  
 California Consortium for Urban Indian Health  
 Central Coast Health Network  
 Central Valley Health Network  
 Coalition of Orange County Community Clinics  
 Community Clinic Association of Los Angeles County  
 Community Clinic Consortium  
 Community Health Association Inland Southern Region  
 Community Health Partnership  
 Essential Access Health  
 Health Alliance of Northern California  
 Health Center Partners of Southern California  
 North Coast Clinics Network  
 Planned Parenthood Affiliates of California  
 Redwood Community Health Coalition  
 San Francisco Community Clinic Consortium  
 Southside Coalition of Community Health Centers

## EMERITUS MEMBERS

Carl Coan  
 Irma Cota  
 Susan Fleischman  
 Harry Foster  
 Jose Joel Garcia  
 C. Dean Germano  
 John Gressman  
 Ray Hamby  
 Roberto Juarez  
 Mike Kirkpatrick  
 Michael Lovdal  
 Gladys Sandlin  
 Stephen Schilling  
 Mike Sullivan



## CPCA Staff

### Executive Leadership

Carmela Castellano-Garcia, *President & CEO*  
Robert Beaudry, *Executive Vice President & COO*  
Michael Witte, *Vice President & CMO*

### Finance

Sandy Birkman, *Director of Finance & Operations*  
Robin Concannon, *Assistant Director of Accounting*  
Heather Wright Barclay, *Senior Administrative Coordinator*

### Internal Services

David (Buddy) Orange, *Vice President  
Human & Organizational Development*  
Cathy Cooke, *Administrative Assistant*  
Glenna Davido, *Senior Member Services Representative*  
Jeanita Harris, *Senior Data Analyst*  
Jodi Johnson, *Deputy Director of Operations*  
Shadi Kanaan, *Senior Coordinator*  
Janelle Mollgaard, *Senior Administrative Assistant*

### Government Affairs

Andie Martinez Patterson, *Director of Government Affairs*  
Kelley Aldrich, *Senior Administrative Coordinator*  
Janalynn Castillo, *Advocacy Coordinator*  
Victor Christy, *Assistant Director of Legislative Affairs*  
Michael Helmich, *Senior Policy Analyst*  
Beth Malinowski, *Deputy Director Government Affairs*  
Liz Oseguera, *Senior Policy Analyst*  
Daisy Po'oi, *Administrative Coordinator*

### Member Services

Val Sheehan, *Director of Development & External Relations*  
Ginger Smith, *Director of Health Center Operations*  
Allie Budenz, *Associate Director of Quality Improvement*  
Andrea Chavez, *Senior Coordinator of Public Affairs*  
Kelly Cimino, *Associate Director of Marketing & Branding*  
Nataly Diaz, *Senior Program Coordinator of Workforce  
Development*  
Peter Dy, *Program Coordinator*  
Emily Henry, *Project Coordinator*  
Christina Hicks, *Deputy Director of Programs & Evaluation*  
Isaias Iniguez, *Program Coordinator of Workforce  
Development*  
Cynthia Kelter, *Deputy Director of Health Center  
Transformation*  
Nicole Key, *Senior Administrative Assistant*  
Lucy Moreno, *Data Informaticist*  
Meghan Nousaine, *Assistant Director of Quality & Care  
Delivery*  
Lindsey Ono, *Associate Director of Events*  
Erin Perry, *Assistant Director Education & Training*  
Charlotte Reische, *Senior Administrative Assistant*  
Courtney Rodseth, *Senior Administrative Assistant*  
Tiffany Ruvalcaba, *Senior Multimedia Developer*  
Jodi Samuels, *Deputy Director of Development & Training*  
Kearsten Shepherd, *Deputy Director of Communications and  
Marketing*  
Emily Shipman, *Senior Program Coordinator*  
Nenick Vu, *Associate Director of Managed Care*  
Amanda Willard, *Senior Program Coordinator*  
Bao Xiong, *Associate Director of Health Center Operations*

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