

	Goal	Objective	October 2025 Progress Report
1.a	Demonstrate that CHC provides access to high quality care to improve the individual health and well-being of individual patients and to improve the health of the population served.	Measure, monitor and improve performance in HRSA required and self-selected quality measures.	Continued work with performance measures, some adjustments along the way as needed depending on federal and commercial needs
1.b		Develop and maintain internal resources to support care coordination and improve quality as measured by Medical Loss Ratio, HEDIS measures, and other applicable criteria that may be identified.	Quality Department now stable and making improvements in most, if not all, areas. Regular meetings with CIMS, insurance companies, and Aledade (new ACO). CHC is currently the lead health center in Aledade. While not lead at CIMS, CHC's performance is greatly improved this year over last. Retinal imaging program stable. In-house chronic care management (CCM) program in development - Coordinator in place. Enhancements made to Epic to improve both CCM process and CIMS patient tracking.
1.c`		Implement a plan to eliminate gaps in health care equity that have been identified through data on access and quality outcomes.	No mention of any progress on such a collaborative and with current political climate, probably advantageous to remove item.
2.a	Address the unmet need for health care services for targeted vulnerable populations.	Expand and enhance outreach and collaboration to a) support the care the persons living with HIV/AIDS; b) increase prevention strategies including the use of PrEP; and c) support HRSA's initiative to end the HIV/AIDS epidemic.	Secured grant for HIV and PrEP treatment which was eventually rolled into the 330 grant. Infectious disease department is fully staffed and functioning, involving outreach, case management and treatment. Reporting requirements continue under the 330 grant.
2.b		Continue Controlled Substance Initiative intended to reduce opioid abuse through a multidisciplinary and multidimensional approach. Ensure patient access to comprehensive Medication Assisted Therapy (MAT) that is integrated into the primary care medical home model.	Controlled medicine stewardship committee continues and MAT program is fully functional. Next steps would be to expand reach of the program by including more providers and counselors. Program enhanced by the Greenwood County Opioid Response Fund efforts which were spearheaded by our own Director of Behavioral Health. Coordinator and Peer Support Specialist for the county are employed by CHC with funds from the county.

3.a	Increase capacity/access and expand services system-wide with a focus on meeting the continued demand for services in the Greenwood area.	Expand Village Family Practice to accommodate additional 1.0 FTE provider by 2023.	Facility renovated and new Provider is established.
3.b		Continue to monitor potential need for same day/overflow capacity and evaluate opportunities that present.	Remain in surveillance.
3.c		Provide financially viable telehealth options appropriate to patient need and preference.	Contiune to support legiaslative efforts for telehealth. Current situation: telehealth for BH is stable, telehealth for medical visits is on hold. If reimbursement resumes, consider stronger telehealth program with remote providers (both a patient benefit and a recruitment tool).
4.a	Expand the reach of the Department of Pediatrics to: a) reach underserved populations; b) create more convenient access for families in outlying communities; and c) improve overall access to high-quality pediatric care in CHC's service area.	Complete redesign and transformation of The Children's Center to support increased capacity and comprehensive team-based care model.	TCC is now up to full provider capacity.
4.b		Convert Lakelands Family Practice to Lakelands Family Medicine and Pediatric Center and add pediatrics (1.0 FTE provider).	Done
4.c		Relocate Hometown Pediatrics to accommodate current and the potential for increased demand and correlated provider capacity.	In progress. New building constrution has begun.
5.a	Expand access and enhance quality through the continued growth of Carolina Community Pharmacy and the CHC Department of Pharmacy.	Integrate pharmacy services into the primary care medical home to achieve optimal clinical benefit. Primary focus areas for clinical integration include: a) Objective 2.a HIV/AIDS and PrEP; b) Objective 2.b MAT services; and c) clinical support for Medicare Annual Wellness Visits.	This has been tabled for now.

5.b		Implement PharmD facilitated disease management at two pilot sites through collaborative relationship with Presbyterian College School of Pharmacy.	Neogiation stalled.
5.c		Develop third commercial/community pharmacy location in Clinton.	In progress.
6.a	Expand access to behavioral health services to address the barriers that are preventing CHC patients from receiving needed services	Expand integrated behavioral health model to additional CHC practice sites as indicated by demand for services and supported by available resources.	CHC received the Behavioral Health Service Expansion (BHSE) Grant and it has now been rolled over into the 330 grant. CHC now has a total of 12 clinical counselors and 2 peer support specialists, serving almost every medical site.
6.b		Implement regular meetings, shared reporting, and exchange of patient care information in order to optimize the collaborative practice model with Beckman Center for Mental Health.	The collaboration with Beckman Center for Mental Health Services (Beckman) has shifted away from the co-located model. While there are three contracts currently in place, 2 positions are vacant and a third position is staffed by a counselor only working remotely. This last contract is still active. We are now collaborating in a different way, providing primary care within the Beckman buildings in Abbeville, Greenwood, Laurens and Newberry to help them with a Certified Community Behavioral Health Center initiative from the state. While the volume is low, we are billing for our services and Beckman funds the program as well.
7.a	Ensure that facilities and services in the Clinton area of Laurens County are able to meet current demand and future growth.	Adopt a coordinated approach to addressing Objectives 4.c and 5.c that also considers capacity for family medicine and the long term viability of LC4 lease arrangement.	New HomeTown site is being built. LC4 will move to old HomeTown location with rebranding.

8.a	Enhance support services to patients and families with special needs and chronic disease, as well as families needing assistance navigating the health care system.	Develop peer support models for patient and family support and to enhance work with vulnerable populations.	
9.a	Maintain an optimal workforce to meet current patient care and business need and position the organization for future growth and expansion of services.	Develop and implement plans with the educational system (including residency training programs) to educate, engage, and secure commitments from potential future employees.	This is ongoing and we intend on continuing to leverage existing educational partnerships and clinical training initiatives to hopefully establish a continuous self-sustaining pipeline of qualified candidates that supports both immediate staffing needs and long term CHC growth.
9.b		Implement activities that provide a learning environment and promote the active engagement of the workforce at all levels in fostering change management within a respectful workplace.	The CHC Leadership Development Series was created in 2024. In the fall of 2024, about 75% of our management staff attended the Communications module of the series. We will be creating the next module of the series this fall and it will be on Conflict Resolution. Our goal is to have 100% of our management staff attend.
10.a	Maintain a corporate culture and a corresponding public profile that positions CHC as a patient centered organization that is a great place to work.	Conduct a triennial employee experience survey and develop a response plan and follow up communication plan based upon the findings.	Currently working on a new platform that will be governed by a third party and results will be benchmarked with other FQHCs in the healthcare industry. The CHRO has reached out to them and is currently working on getting them to conduct a demo of their survey services to the Leadership team.
10.b		Conduct regular reviews of online Patient Experience Survey and maintain surveillance of social media outlets to identify opportunities for improvement as well as public relations testimonials	Ongoing with results presented to Leadership Team and summarized in Development and Corporate Compliance Quarterly Report to the Board of Directors.

11.a	Ensure the uninterrupted continuation of governance and leadership.	Expand recruitment of prospective board members to include public advertising and direct solicitation of candidates from business and civic organizations that represent identified demographics or skill sets.	Internal and external campaign has currently presented 2 potential board candidates (both currently patients).
11.b		Continue the development of planned and emergency leadership transition plans for the senior management team and other key leaders.	Chris is the CEO back up with assistance from Locke. Further development will be worked on next year.
12.a	Maintain the resources and infrastructure necessary for current business operations and to position the organization for continued growth and development.	Provide necessary upgrades to facilities and equipment to support access, quality, and operational effectiveness.	This has been accomplished at all locations. Further updates are put on hold until days of cash increases.
12.b		Implement and maintain state-of-the - industry technology that enables responsiveness to emerging standards of patient care and supports efficiency and effectiveness of operations.	Windows 11 was installed this summer. New items like medication/immunization scanner, welcome tablets, and limited AI use to enhance productivtiy of staff is being or has already been implemented. MyChart direct scheduling for patients went live in October at a pilot site.
12.c		Maintain 90 days of operating cash in corporate accounts.	Current operating days of cash is 45 days. Decline is due to the lack of providers coupled with increasing costs and inflation. Provider capacity has been addressed with new hires and trends support an increase in visits over the last couple of months. ST goal is 60 days with an emphasis to get back to 90 days.
12.d		Maintain Average Days in AR at 30 days or less.	Achieved. Current AR aging is approximately 25 days.
12.e		Achieve a 2-6% operating margin annually.	A 1% to 2% margin is acheivable in the short-term with long-term goals to increase that.