Board of Directors
Monthly Meeting

COMTREA Anderson Building
Arnold, MO
COMTREA's mission is to be an innovative, effective, and responsive comprehensive health center which exists to serve those in need; we believe that our clients are entitled to the best professional care, in the most comfortable surroundings, at the most reasonable price possible. This we pledge to do.
AGENDA

7:30 am – Meeting Open

Approval of Agenda and Minutes

Closed Session

Financials

CEO’s Report

Action Items

Discussion Items

Board Member Recruitment Discussion

Old Business

Adjournment
Approval of Agenda and Meeting Minutes

MOTION: “I, ___, move that the Board approve the April 10, 2017 Meeting Agenda”

MOTION: “I, ___, move that the Board approve the March 13, 2017 Meeting Minutes”
A  Meeting Open
B  Mission Statement

COMTREA's mission is to be an innovative, effective, and responsive comprehensive health center which exists to serve those in need; we believe that our clients are entitled to the best professional care, in the most comfortable surroundings, at the most reasonable price possible. This we pledge to do.

C  Approval of Agenda
D  Approval of Minutes
   (a)  March 13, 2017
E  Closed Session
   •  Real Estate
   •  Personnel

E  Financials
F  CEO's Report
   (a)  Metrics Reporting
       •  Revenue Cycle Dashboard
       •  Division Dashboards
       •  Board Members using FQHC Services
   (b)  MHP 2017 Clinical Quality Incentives
   (c)  PDMP Update
   (d)  Volunteers

G  Action Items (Anything that requires a vote)
   (a)  Leadership Council Reports
   (b)  Board Work Plan FY 2018
   (c)  Age requirement amendment to Board Bylaws
   (d)  Board Approval for change of scope on Form 5A
       1)  Align form 5A to our service delivery methods
       2)  Under the HRSA grant for:
           a.  110 S. Second for a Dental Clinic
           b.  112 S. Second for an Administrative Site
           c.  Hillsboro Treatment Center for primary care and dental services
   (e)  Policy Approvals
       1)  GI4.3.01 Fundraising/Special Events Guidelines
       2)  Personnel Handbook, Section 12.3 Addition of Floating Holiday
       3)  Personnel Handbook, Section 6.11 Felony
       4)  Health & Safety Manual, Ch 3, TB Policy and Procedure
       5)  Health & Safety Manual, Ch 2, Sect VII Needle stick Policy and Procedure
   (f)  Credentialing & Privileging
   (g)  New Position Approvals
       1)  Medical Central Admissions Secretary (Centralized Intake for CCBHC)
       2)  Dental Central Admissions Secretary (Centralized Intake for CCBHC)
       3)  Dental Secretary (Expansion)
       4)  Quality Assurance Nurse (Quality – HRSA: MHP Incentive Quality Program)
       5)  Behavioral Health AVP (Restructure and Growth)
       6)  Mo Recovery Support Specialist (Change .50 to FTE per DMH Recommendation)

(h)  QIQA Coordinating Council Report
(i)  Charter Approvals
   1)  Family Advisory Council
   2)  HIPAA Privacy Board
H Discussion Items (Informational; no action taken)
   (a) Annual Board Review of Program Requirements (PR)
   (b) Designated Subcommittees of the Board
   (c) Board Member participation in committees
   (d) Telephone System Concerns
   (e) Building and Grounds
   (f) Community Relations – Fundraising, Foundation
   (g) CCBHC Overview

I Board Member Recruitment Discussion

J Old Business

L Next Scheduled Board Meeting
   (a) Monday, May 8, 2017

M Adjournment
Meeting Date: 03/13/2017  Time: 7:30 am  
Chairperson/President/Facilitator: Jerry Rogers, Chairperson

Attendees: Jerry Rogers (Board Chair); Kathryn Ellis (Board Vice Chair - Community Development and Fundraising Committee Chair); John Lamping (Board Treasurer); Martha Maxwell; Jane Sullivan; Mark Mertens; Stan Stratton; Cliff Lane; Audrey Mitchell; Vicky James; Katherine Hardy-Senkel; Ken Waller; Kelly Steffens and Kyle Gowen.

Not in Attendance: Elizabeth Diveley (Board Secretary); Dayle Burgdorf and Dr. Steven Crawford

Staff in Attendance: Susan M. Curfman, MA (President & CEO); Tracy Wiecking (COO); Amy Rhodes (CFO); Margo Pigg (EVP Adult Behavioral Health Services); Nathan Suter (Clinical Director-Oral Health); Kevin Turner (PC Medical Director); Ghada Sultani-Hoffman (EVP Children & Youth Behavioral Health Services); Kim Elbl (VP of Marketing); Donna Harris Brekel (VP of HR); Lisa Rothweiler (AVP of IT); Patty Vanek (AVP of PCHH/CDM); Cindy Vessell (VP of Community Services) and Katy Murray (VP Corporate Compliance/QM).

Jerry Rogers called the meeting to order at 7:36 am. Jerry recommended that the Board make a motion to change the order of items E and F on the Agenda.

Agenda Item #1 Approval of Agenda

Recommendations: "I, Mark Mertens, move we approve the March 13, 2017 Agenda with the change of items E and F switching spots." Stan Stratton seconded the motion. The motion carried.

Agenda Item #2 Approval of the February 13, 2017 Board Meeting Minutes

There were no corrections or additions to the February 13, 2017 Board Meeting Minutes.
Recommendations: “I Kathy Ellis, move that we approve the February 13, 2017 Board Meeting Minutes”. Cliff Lane seconded the motion. The motion carried.

**Action Items**

1. Mr. Rogers signed the final version of the February 13, 2017 Board Meeting Minutes.
   
   Committee member(s) responsible: Jerry Rogers

**Agenda Item #3 Retirement Plan Presentation**

Kyle Gowen introduced Kirk Tebo, VP Retirement Sales (Principal) and Marc Parson, Financial Advisor (Wells Fargo). Mr. Tebo presented the retirement plan to the Board, showing the resources that would be available to employees enrolled.

Kyle Gowen reported that the current 403(b) plan Comtrema has in place allows for a maximum employer match of 10% for no participation. The proposed new plan would limit the employer match to a maximum of 4%. Mark Mertens asked about the vesting schedule for the new plan and whether it would be 4 years. Kyle Gowen reported that the plan would have a 5 year vesting schedule. Mr. Tebo (Principal) reported that most plans are set up as a 3 year cliff with $0 vested until year 3 or with a 5 year grade with 20% vested each year. Jerry Rogers asked if there was any additional questions. Mark Mertens asked to change the employer match to a maximum of 5% instead of 4%.

**Recommendations:** “I, Kyle Gowen, move that the Board authorize the Finance Subcommittee of the Board in collaboration with the CFO to assign the employer match percentage of the retirement plan up to a maximum contribution of 5%.” John Lamping seconded the motion. The motion carried.

**Action Items**

1. Finance Subcommittee and CFO to meet.
   
   Committee member(s) responsible: John Lamping
Agenda Item #4 Financial Report

John Lamping reported that revenues and expenses are continuing on track.

Net income has improved to 5.2%. Mr. Lamping reported that the cash continues to grow and was $2.9 Million after Friday’s payroll.

Amy Rhodes is continuing to monitor expenditures:
- Overtime – All areas are being closely monitored.
- Repairs and Maintenance – includes cost for A Safe Place playground and replacement of hvac unit for Arnold.
- Fundraising Expenses – timing issue for Mardi Gras and CAC Champion for Children events.

Mr. Lamping reported that there will be some upcoming expenses of (3) new vehicles and for the purchase of new computers.

Recommendations: “I, John Lamping, move that the Board approve the attached financials for the month of January 2017.” Kyle Gowen seconded the motion. The motion carried.

Agenda Item #5 CEO’s Report

1. Metrics Reporting
   a. Division Dashboards: Ms. Curfman reviewed the division dashboards, pointing out the pertinent information and major improvements made in each division.

   b. Board Members using FQHC Services: A review of the recent report showed that as of Friday, March 10, 2017, 47% of Board Members or their dependents are using FQHC services. HRSA requires 51%. This requirement must be met by the end of March. Ms. Curfman reported that the visit must be a face to face visit with a dental, primary care, or behavioral health provider, this % is important since it is one of the requirements to be a FQHC. Jerry Rogers reported that the services must be within the last year to count. Signs have been posted in waiting rooms and interviews with potential new Board members are being coordinated.
2. PDMP: Ms. Curfman reported that Jefferson County Council will be voting on PDMP. Ken Waller suggested that 1 or 2 individuals speak at the meetings and a large crowd be in attendance. Ms. Curfman reported that on March 27, 2017 Laura Casey will speak about her cousin. The 2nd Monday (April 10th) the 1st reading will take place, on the 4th Monday (April 24th) the 2nd and 3rd reading will take place along with the vote. Ken Waller also reported that individuals can send emails to County Council prior to April 10th.

3. Volunteers: Ms. Curfman reviewed the Volunteer Report, the increase in employee volunteers for the month of February 2017 was due to the Mardi Gras event.

Agenda Item #6 Action Items

1. Leadership Council Report: There were no questions or additions to the Leadership Council Reports.

   Recommendations: "I, Kathy Ellis, move that the Board approve the February 2017 Leadership Council Report." Kyle Gowen seconded the motion. The motion carried.

2. Legal Counsel: Ms. Curfman reported that legal counsel Megan Breeze has moved to a new firm, Kramer & Hand LLC Attorneys at Law.

   Recommendations: "I, Mark Mertens, move that the Board continue its engagement of Megan Breeze as legal counsel at her new firm, Kramer & Hand, LLC." Ken Waller seconded the motion. The motion carried.

3. Mardi Gras Residual funds allocation: Ms. Curfman discussed that the 2016 Mardi Gras funds were raised to build a playground at A Safe Place. In addition to the money raised a grant of $20,000 was awarded. After the purchase of the playground and equipment and the operating expenses there are funds remaining.
Recommendations: “I, Audrey Mitchell, move that the Board approve the transfer of 2016 Mardi Gras residual funds after operating expenses to the transitional housing building fund.” Mark Mertens seconded the motion. The motion carried.

4. Advocacy Subcommittee of the Board:
   a. Advocacy Policy Revisions: Ms. Cufman reported that we needed to add the revised G3.3 and G3.3.03 policies to our governance manual. Under federal law Comtrea may campaign, but cannot use Federal money to do so. Jerry Rogers reported to the Board that Ms. Cufman is doing a wonderful job with Advocacy.

Recommendations: “I, Mark Mertens, move that the Board approve the revision of policies G3.3 and G3.3.03 in the Governance Manual.”

Action Items
1. Policies to be added to Governance Manual
   Committee member(s) responsible: Vicki James with assistance of Katy Murray

b. Approval of Minutes from March 03, 2017 Meeting: There were no corrections or additions to the March 03, 2017 Advocacy Subcommittee Meeting Minutes.

Recommendations: “I, Kathy Ellis, move that the Board approve the March 03, 2017 Advocacy Subcommittee Meeting Minutes.” Audrey Mitchell seconded the motion. The motion carried.

c. Advocacy Updates: Ms. Cufman reported that there is a greater need for advocacy. The current laws regarding APN’s was discussed, Missouri is currently one of the most restrictive states.
5. Credentialing & Privileging: The Board reviewed the list of new staff and interns requiring privileges during the month of February. The list composed of the following individuals:

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<th>Title</th>
<th>Division</th>
<th>Date of Board Signature</th>
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<tr>
<td>Elizabeth Abe</td>
<td>Dentist</td>
<td>Dental</td>
<td>2/22/2017</td>
</tr>
<tr>
<td>Kimberly Kemerer</td>
<td>CAC Therapist</td>
<td>CAC</td>
<td>2/22/2017</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Division</th>
<th>Date of Board Signature</th>
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</thead>
<tbody>
<tr>
<td>Valerie Beckett</td>
<td>PSR Assistant</td>
<td>BH</td>
<td>2/22/2017</td>
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<tr>
<td>Jennifer Brewer</td>
<td>CSS</td>
<td>BH</td>
<td>2/22/2017</td>
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<tr>
<td>Patricia Culbertson</td>
<td>Case Manager</td>
<td>BH</td>
<td>2/22/2017</td>
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<tr>
<td>Paula Gannon</td>
<td>RN</td>
<td>BH</td>
<td>2/22/2017</td>
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<tr>
<td>Christian Klamert</td>
<td>LPN</td>
<td>PC</td>
<td>2/22/2017</td>
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Recommendations: "I, Kathy Ellis, move that the Board accept this report and these staff as presented." Kyle Gowen seconded the motion. The motion carried.

Action Items
1. Jerry Rogers signed the HR Credentialing and Re-Privileging Report
   Committee member(s) responsible: Jerry Rogers

6. Staff Retention Plan G4.13: Ms. Curfman reported that a Staff Retention Plan was created and needed approval to place in the Governance Manual. Donna Harris – Brekel reviewed the plan and stated that most of the strategies listed Comtre already uses.
**Recommendations:** "I, John Lampe, move that the Board approve the addition of Staff Retention Plan to G4.13 in the Governance Manual." Audrey Mitchell seconded the motion. The motion carried.

7. **New Position Approvals:** Ms. Curfman reported that 2 new positions needed approval. The Tails with Tales Basic Obedience Trainer, this individual will be an independent contractor and receive 50% of the fees we charge for classes. The second position, Centralized Intake and Admissions Manager will be located in the new Festus spaces recently acquired. The efficiencies gained in this position will pay for the salary.

**Recommendations:** “I Victoria James, move that the Board approve the addition of a Tails with Tales Basic Obedience Trainer and a Centralized Intake and Admissions Manager.” Cliff Lane seconded the motion. The motion carried.

8. **QIQA Committee:** Vicky James reported that 257 members of the staff completed the recent annual staff satisfaction survey. $5,000 was also recently received as an incentive payment for improvement in quality measures.

**Recommendations:** “I Vicky James, move that the Board accept this report as presented by the QIQA Committee.” Ken Waller seconded the motion. The motion carried.

**Agenda Item #6 Discussion Items**

1. **Charters for Subcommittees of Board:** The charters are in development and are expected to be on the April Agenda for approval.

2. **Building and Grounds:**
   
   a) **A Safe Place Water and Sewer Line Project.** R & K Excavation of Festus has begun excavation work, clearing trees and brush, mulching and removing from the site. The water and sewer is expected to be connected by the end of the week, weather permitting.
b) Hickory Plaza. Bid spec books and engineered drawings have been created to bid the additional parking lot at Hickory. It will be a 22 space parking lot. Bids are due and we will open them on Friday, March 17 and award the project.

c) Valley. We should have substantial completion of Phase Three in time for our visit with Rep. Dan Shaul on Friday, March 17.

d) “A” Building. The CAC, Human Resources and the COO have been moved to their new location. There are a few tweaks to finish up in the building and we are waiting for the CAC digital recording system to come in and be installed. An Open House is being planned and the date/time will be announced soon.

e) Dental Office/Centralized Admissions office in Festus. We have the keys for the two offices located at 110 and 112 S Second Street in Festus. Rent will be $500 per a month. Jerry Rogers reminded the Board that the purchase of $80,000 in dental equipment was approved by the Board at the February 2017 meeting.

3. Expected Staffing Needs: The following positions are going to be needed in the future, its unsure if they will be needed before the new budget year or not.

   a) Dental Secretary (2)
   b) Medical Secretary
   c) Billing IT Specialist
   d) IT Analyst

4. Community Relations:

   a) The Mardi Gras profit update is $38,037.82 with $1,000 still pending. A thank you reception for the donors and sponsors was held March 2 at Petit Paree in Festus. Next Year’s ball is scheduled for Saturday, February 8, 2018. The event will be at the Quality Inn again with Butch Wax & The Hollywood’s returning again for the entertainment.
b) The groundbreaking for Mary's House of Hope at A Safe Place will be Friday, March 17 at 1:30 p.m. The ceremony will take place at Bridle Ridge Acres due to the confidentiality of the Safe Place location.

c) Tails with Tales is hosting a Dog-Aritaville fundraising event on Saturday, April 29 from 6 to 11 pm at Fredericks in Festus.

d) The 12th Annual CAC fundraising golf tournament is scheduled for Friday, August 18 at Union Hills Golf Course. Information on the tournament will be forthcoming.

5. **Trauma Informed Education for the Board:** Ms. Curfman reminded the Board of the Trauma Informed Training being held on Saturday, April 1, 2017 in the Arnold Café at 8:30 am.

**Agenda Item #7 Board Member Recruitment Discussion:** Ms. Curfman reported that she has been reaching out to consumers.

**Agenda Item #8 Old Business:** There was no old business to discuss.

**Agenda Item #9 Closed Session - Legal:** "I, Mark Mertens move that the Board enter into closed session." Cliff Lane seconded the motion. The motion was carried by a voice vote from: Jerry Rogers (Board Chair); Kathryn Ellis (Board Vice Chair - Community Development and Fundraising Committee Chair); John Lamping (Board Treasurer); Martha Maxwell; Jane Sullivan; Mark Mertens; Stan Stratton; Cliff Lane; Audrey Mitchell; Vicky James; Katherine Hardy-Senkel; Ken Waller; Kelly Steffens and Kyle Gowen.

**Agenda Item #11: Adjournment**

**Discussion:** No further business to discuss.

**Recommendations:** With there being no further business to discuss, Mark Mertens moved for adjournment. Cliff Lane seconded the motion. The motion carried.
Notes: FY17, the Board will meet every 2nd Monday of the month at 7:30 am in the Arnold Suburban Office, Anderson Building.

Next Meeting Date: 4/10/2017   Time:  7:30 am    Location:  Arnold Suburban Office

☐ Minutes approved  ____________________________  (Date)

(Signature of Committee Chair)
CLOSED SESSION
Real Estate/ Personnel
FINANCIAL REPORT

CASH ON HAND
$ 2,518,074.92

ACCOUNTS RECEIVABLE
$ 3,629,649.16

MOTION: “As a member of the Finance Committee, I __________, move that the Board approve the attached financials for the month of February, 2017.”
CEO’s Report

- Metrics Reporting
  - Revenue Cycle Dashboard
  - Division Dashboards
  - Board Members using FQHC Services
- MHP 2017 Clinical Quality Incentives
- PDMP (Prescription Drug Monitoring Program) Update
- Volunteers
Revenue Cycle Dashboard
(not included in packets)
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<td>BofA Operating</td>
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<td>63.11</td>
<td>38.68</td>
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Division Dashboards
(not included in packets)
## DIVISION: BH PSYCHIATRY

### FINANCIAL DATA

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<th>Dec-16</th>
<th>Jan-17</th>
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### STAFFING EFFICIENCY

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NOTES: McGrath was out one day, Ellis was out one day, Sherwood and Whitley were both out 1.5 days.
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<td>2.1</td>
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<td></td>
</tr>
<tr>
<td><strong>SCHEDULING &amp; RESPONSIVITY</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>First Call to Appointment Time (adult)</td>
<td></td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Referrals on Waiting List</td>
<td></td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>% Capacity in Open Access</td>
<td></td>
<td>29.4</td>
<td>50.4</td>
<td>49.4</td>
<td>50.4</td>
<td>29.4</td>
<td></td>
</tr>
<tr>
<td>Total Number Unduplicated Patients</td>
<td></td>
<td>1,245</td>
<td>1,245</td>
<td>1,245</td>
<td>1,245</td>
<td>1,245</td>
<td></td>
</tr>
<tr>
<td>New Patients Seen</td>
<td></td>
<td>1,245</td>
<td>1,245</td>
<td>1,245</td>
<td>1,245</td>
<td>1,245</td>
<td></td>
</tr>
<tr>
<td>% New Patients/Growth</td>
<td></td>
<td>14.3</td>
<td>18.446</td>
<td>11.9</td>
<td>12.1</td>
<td>10.9</td>
<td></td>
</tr>
<tr>
<td>% Cancellation</td>
<td></td>
<td>7.7</td>
<td>6.9</td>
<td>7.3</td>
<td>7.4</td>
<td>7.7</td>
<td></td>
</tr>
<tr>
<td>% No Shows</td>
<td></td>
<td>17.56</td>
<td>20.23</td>
<td>20.4%</td>
<td>17.42%</td>
<td>17.03%</td>
<td></td>
</tr>
<tr>
<td>Total % Cancellation &amp; No Show</td>
<td></td>
<td>17.56</td>
<td>20.23</td>
<td>20.4%</td>
<td>17.42%</td>
<td>17.03%</td>
<td></td>
</tr>
</tbody>
</table>
Board Members using FQHC Services

59% (51% required)

% Reflects a 24 month period look back
MHP 2017
Clinical Quality Incentives
2017 Incentive Distribution Methodology

Citizenship-50%
• Health Center’s participation on MHP Board or Committee
• Health Center staff’s participation in Pop Health Collaborative
• Health Center staff’s use of MHP’s Pop Health systems

Quality Performance-50%
• 14 HEDIS measures, benchmark is the 50th NCQA percentile for Medicaid plans

Bonus Quality Performance- All Remaining Funds
• 14 HEDIS measures, benchmark is the 75th NCQA percentile for Medicaid plans
# 2017 HEDIS Quality Measures

<table>
<thead>
<tr>
<th>Measure Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Childhood Immunization Status (CIS)</strong> - % of before their 2nd birthday who had: 4 DTaP, 3 IPV, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 PCV, 1 HepA, 2 RV and 2 flu (combo 10)</td>
</tr>
<tr>
<td><strong>Immunization of Adolescents</strong> – % of adolescents (13 years old) who had: 1 meningococcal vaccine, 1 Tdap or 1 Td (combo 1)</td>
</tr>
<tr>
<td><strong>Well-Child Visits</strong> - children who have had at least 6 well-child visits during their first 15 months of life</td>
</tr>
<tr>
<td><strong>Well-Child Visits</strong> - % of patients 3 - 6 years of age who had one or more well-child visits during the measurement year</td>
</tr>
<tr>
<td><strong>Adolescent Well Care</strong> – % of patients (12-21 years) who had a least 1 comprehensive well-care visit during the measurement year</td>
</tr>
<tr>
<td><strong>Follow-Up care for Children with ADHD Medications (Continuation &amp; Maintenance)</strong> - % of children newly prescribed ADHD medications who had a least 2 or more follow-up care visits within 9 months of their 1st visit</td>
</tr>
<tr>
<td><strong>Adult Access to Preventive/ Ambulatory Health Services (AAP)</strong> - % of patients (20 years or older) who had an ambulatory or preventative care visit during the measurement year</td>
</tr>
<tr>
<td><strong>Antidepressant Medication Management (Effective Continuation Phase Treatment)</strong> - % of members (18 years or older) who were treated with antidepressant medication, had a diagnosis of major depression and remained on an antidepressant medication treatment for at least 180 days</td>
</tr>
<tr>
<td><strong>HbA1c test:</strong> The percentage of diabetic patients who had a HbA1c test during the period.</td>
</tr>
<tr>
<td><strong>Cervical Cancer Screening</strong> - % of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:</td>
</tr>
<tr>
<td>Age 21-64 who had cervical cytology performed every 3 years</td>
</tr>
<tr>
<td>Age 30-64 who had cervical cytology/human papillomavirus co-testing every 5 years</td>
</tr>
<tr>
<td><strong>Frequency of ongoing prenatal care (FPC):</strong> % of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received greater than or equal to 81% of the expected number of prenatal care visits.</td>
</tr>
<tr>
<td><strong>Medication Management for People with Asthma</strong> - The percentage of patients 5-85 years of age who were identified as having persistent asthma and were dispensed appropriate medications, which they remained on during the treatment period.</td>
</tr>
<tr>
<td><strong>Lead Screening:</strong> Assesses children 2 years of age who had one or more blood tests for lead poisoning by their second birthday.</td>
</tr>
<tr>
<td><strong>Annual Dental Visit:</strong> 2-20 years of age with dental benefits, who had at least one dental visit during the year.</td>
</tr>
</tbody>
</table>
PDMP Update
Prescription Drug Monitoring Program
JEFFERSON COUNTY PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

BACKGROUND

Jefferson County Health Department, Mercy Jefferson, COMTREA and Jefferson County Drug Prevention Coalition began work in August 2016 to develop an ordinance that would allow our county to join with the St. Louis County Department of Health's PDMP program.

Missouri is the only state in the nation that does not have a statewide program in place. St. Louis County Health Department has taken the lead to create their own PDMP and has opened the opportunity for other counties to join their program. We have resolutions from the 9 independent Jefferson County municipalities that unanimously support the County passing an ordinance to join.

We have spent the last four months educating the council through work sessions and open meetings, but have not been able to get the item on the agenda for vote. At a work session on Monday the 3rd, Councilman Bob Boyer proposed a piece of legislation that includes a comprehensive approach to the prescription drug problem including education, treatment and Narcan distribution. It also contains a very stripped down PDMP in Section 6 of the document. The proposed PDMP legislation will not be accepted by St. Louis County, so we DO NOT want this piece of legislation to go through as written. It was also noted at the April 3rd meeting that County Executive Waller will present a PDMP specific piece of legislation at the April 24th County Council Meeting. This piece of legislation is written to align with the St. Louis ordinance and will be accepted. **We WANT Mr. Waller’s legislation to pass or we need the language changed in Mr. Boyer’s Section 6 to assure acceptance by St. Louis County.**

WHAT WE NEED

- We need as many people as we can to attend the April 24th County Council Meeting to show support for the PDMP. Supporters are asked to wear yellow t-shirts as a visual sign of support.
- We need 2-5 individuals to provide supportive comments prior to the meeting. You will likely be given 3 minutes in anticipation of a large number in attendance.
- We need Jefferson County residents to contact their Councilmembers prior to the meeting to express their support of a PDMP ordinance that will coincide with St. Louis County’s regulations.

DATES AND CONTACT INFORMATION

- First reading of the PDMP: April 24th, 6:30 p.m., Jefferson County Administration Center, 729 Maple Street, Hillsboro, Missouri. **Arrive by 6:15 to fill out card if you plan to speak.**
- Second and third readings of the PDMP: May 8th at 6:30 p.m., Jefferson County Administration Center, 729 Maple Street, Hillsboro, Missouri. **Arrive by 6:15 to fill out card if you plan to speak.**
1. District 1: Don Bickowski, (636) 797-5312, dbickowski@jeffcomo.org
2. District 2: Renee Reuter, (636) 797-5345, rreuter@jeffcomo.org
3. District 3: Bob Boyer, (636) 797-5351, rboyer@jeffcomo.org
4. District 4: Charles Groeteke, Office: (636) 797-5352, Cell: (314) 835-7685, cgroeteke@jeffcomo.org
5. District 5: Jim Kasten, (636) 797-5353, jkasten@jeffcomo.org
6. District 6: Dan Stallman, (636) 797-5377, dstallman@jeffcomo.org
7. District 7: Jim Terry, (636) 797-5384 (Office), (636) 232-5971 (Cell), jterry@jeffcomo.org
8. Pat Schlette, Administrative Assistant to the Council, (636) 797-5517, pschlette@jeffcomo.org
<table>
<thead>
<tr>
<th>Location</th>
<th>JULY</th>
<th>AUG</th>
<th>SEPT</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>TOTAL HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridle Ridge</td>
<td>179.5</td>
<td>126</td>
<td>81</td>
<td>74</td>
<td>40.5</td>
<td>40.5</td>
<td>45</td>
<td>40.5</td>
<td>24.5</td>
<td>689.5</td>
</tr>
<tr>
<td>A Safe Place</td>
<td>6.25</td>
<td>10</td>
<td>8</td>
<td>8.5</td>
<td>12</td>
<td>8.5</td>
<td>10</td>
<td>11</td>
<td>10</td>
<td>83.75</td>
</tr>
<tr>
<td>CAC</td>
<td>3</td>
<td>160.75</td>
<td>25</td>
<td>0</td>
<td>18</td>
<td>7</td>
<td>13</td>
<td>14</td>
<td>0</td>
<td>240.75</td>
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<tr>
<td>Employees (Feb=Mardi Gras)</td>
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<td>40.75</td>
<td>24</td>
<td>0</td>
<td>10</td>
<td>6</td>
<td>17</td>
<td>10</td>
<td>169</td>
<td>29</td>
</tr>
<tr>
<td>Board Members</td>
<td>61.5</td>
<td>126</td>
<td>131</td>
<td>118</td>
<td>86</td>
<td>76</td>
<td>77.5</td>
<td>116</td>
<td>123.5</td>
<td>945.5</td>
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<td>Adult Div.</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>C&amp;Y Div.</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
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<tr>
<td>Tails with Tales</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Community Outreach</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Job Shadowing</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL Hours</td>
<td>250.25</td>
<td>463.50</td>
<td>303.5</td>
<td>301.75</td>
<td>312</td>
<td>302.5</td>
<td>203.5</td>
<td>391.5</td>
<td>405</td>
<td>2933.5</td>
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</tbody>
</table>
Leadership Council Reports
(not included in packets)

MOTION: "I, ___ , move that the Board approve the March 2017 Leadership Council Report."
COMTREA
Comprehensive Health Center

FY 2018
Board Work Plan

MOTION: “I, ___, move that the Board approve the FY 2018 Board Work Plan.”
<table>
<thead>
<tr>
<th>#</th>
<th>Title</th>
<th>Description</th>
<th>LEAD</th>
<th>REVIEW MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Needs Assessment:</td>
<td>Health center has a documented assessment of the needs of its target population, and has updated its service area when appropriate.</td>
<td>Sue</td>
<td>May</td>
</tr>
<tr>
<td>2</td>
<td>Required and Additional Services</td>
<td>Health center provides all required primary, preventative, and enabling health services and provides additional health services as appropriate and necessary, either directly or through established written arrangements and referrals.</td>
<td>Amy</td>
<td>February</td>
</tr>
<tr>
<td>3</td>
<td>Staffing</td>
<td>Health center maintains a core staff as necessary to carry out all required primary, preventative, enabling health services and additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately licensed, credentialed and privileged.</td>
<td>Kristy Neuman &amp; Katie Harmon</td>
<td>March</td>
</tr>
<tr>
<td>4</td>
<td>Accessible Hours of Operation / Locations</td>
<td>Health center provides services at times that assure accessibility and meet the needs of the population to be served. Health center provides services at locations that assure accessibility and meet the needs of the population to be served.</td>
<td>Amy &amp; Amanda Beffa</td>
<td>April</td>
</tr>
<tr>
<td>5</td>
<td>After Hours Coverage</td>
<td>Health center provides professional coverage for medical emergencies during hours when the center is closed.</td>
<td>Amy; Katy M.</td>
<td>April</td>
</tr>
<tr>
<td>6</td>
<td>Hospital Admitting Privileges and Continuum of Care</td>
<td>Health center physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, the health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.</td>
<td>Amy &amp; Sue</td>
<td>April</td>
</tr>
<tr>
<td>7</td>
<td>Sliding Fee Discounts</td>
<td>Health center must assure that no patient will be denied services due to their inability to pay for such services. Health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient’s ability to pay.</td>
<td>Amy, Lisa Uzzle, Katy</td>
<td>December</td>
</tr>
<tr>
<td>8</td>
<td>Quality Improvement / Assurance Plan</td>
<td>Health center has an ongoing Quality Improvement/Quality Assurance (QI/QA) program that includes clinical service and management, maintains the confidentiality of patient records, includes a clinical director whose focus of responsibility is to support the QI/QA program and the provision of high quality patient care, and includes periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by the health center.</td>
<td>Katy Murray</td>
<td>October</td>
</tr>
<tr>
<td>9</td>
<td>Key Management Staff</td>
<td>Health center maintains a fully staffed health center management team as appropriate for the size and needs of the center.</td>
<td>Amy &amp; Donna</td>
<td>March</td>
</tr>
<tr>
<td>10</td>
<td>Contractual / Affiliation Agreements</td>
<td>Health center exercises appropriate oversight and authority over all contracted services.</td>
<td>Amy &amp; Tracy</td>
<td>August</td>
</tr>
<tr>
<td>#</td>
<td>Title</td>
<td>LEAD</td>
<td>REVIEW MONTH</td>
<td></td>
</tr>
<tr>
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<td>-------------------------------------------</td>
<td>-----------------</td>
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<td></td>
</tr>
<tr>
<td>11</td>
<td>Collaborative Relationships</td>
<td>Amy, Sue</td>
<td>August</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health center makes effort to establish and maintain collaborative relationships with other health care providers, including other health centers, in the service area of the center. Health center secures letters of support from existing health centers (section 330 grantees and FQHC look-alikes) in the service area or provides an explanation for why such letter(s) of support cannot be obtained.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Financial Management and Control Policies</td>
<td>Amy</td>
<td>December</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health center maintains accounting and internal control systems that are appropriate to the size and complexity of the organization, reflect Generally Accepted Accounting Principles (GAAP), separate functions in a manner appropriate to the organization's size in order to safeguard assets and maintain financial stability. Health center assures that an annual independent financial audit is performed in accordance with Federal audit requirements and a corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report is submitted.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Billing and Collections</td>
<td>Amy, Cindy, Kristy</td>
<td>July</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health center has systems in place to maximize collections and reimbursement for its costs in providing health services.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Budget</td>
<td>Amy</td>
<td>June</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health center has developed a budget that reflects the costs of operations, expenses, and revenues (including the Federal grant) necessary to accomplish the service delivery plan, including the number of patients to be served.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Program Data Reporting System</td>
<td>January</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health center has systems in place which, accurately collect and organize data for program reporting and support management decision making.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Scope of Project</td>
<td>Amy</td>
<td>May</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health center maintains its funded scope of project (sites, services, service area, target population, and providers), including any increases based on recent grant awards.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Board Authority</td>
<td>Sue, Lisa Wigger, Katy</td>
<td>August</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Title</td>
<td>Program Requirement Compliance Review</td>
<td>LEAD</td>
<td>REVIEW MONTH</td>
</tr>
<tr>
<td>----</td>
<td>------------------------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>18</td>
<td>Board Composition</td>
<td>The health center's governing board meets the following requirements: a majority of the board members are individuals served by the organization, as a group, these “patients” or “consumer” board members represent the individuals being served by the health center in terms of demographic factors such as race, ethnicity, and sex. The board has at least 9, but no more than 25 members, as appropriate for the complexity of the organization. The remaining non-consumer board members shall be representative of the community in which the center’s service area is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community. No more than half (50%) of the non-consumer board members may derive more than 10% of their annual income from the health care industry.</td>
<td>Sue, Lisa Wigger, Amy</td>
<td>September</td>
</tr>
<tr>
<td>19</td>
<td>Conflict of Interest Policy</td>
<td>Health center’s bylaws or written, corporate-board-approved policy includes provisions that: prohibit conflict of interest by board members, employees, consultants and those who furnish goods or services to the health center, state that no board member shall be an employee of the health center or an immediate family member (i.e., spouse, child, parent, brother or sister by blood, adoption or marriage) of an employee, state that the Chief Executive may serve only as a non-voting, ex-officio member of the board, and will address such issues as: disclosure of business and personal relationships, extent to which board members can participate in board decisions where the member has a personal or financial interest, using board members to provide services to the center, board member expense reimbursement policies, acceptance of gifts and gratuities, personal political activities of board members and, statement of consequences for violating the conflict policy.</td>
<td>Sue, Lisa Wigger, Amy</td>
<td>October</td>
</tr>
</tbody>
</table>
Amendment to Board Bylaws

MOTION: "I, ____________, move that the Board amend the Board Bylaws to remove the minimum age restrictions for Board Officer positions."
BY-LAWS
COMMUNITY TREATMENT, INC. (COMTREA)
Approved March 14, 2016

ARTICLE I.

SECTION 1. The legal name of the organization is Community Treatment Inc., dba. COMTREA.

SECTION 2. The primary purpose of COMTREA shall be to serve as a community health agency; making policy, planning, and delivering services, including primary health care, dental services, behavioral health care, a suitable residential Program for substance abusers, mentally ill, and treatment for victims of spouse abuse. The goal will be to provide professional services at a reasonable cost to those people who desire our services. In addition, the organization seeks to assist in community education concerning physical health, behavioral health and substance abuse problems.

SECTION 3. The corporation also has such powers as are now or may hereafter be granted by the GENERAL NOT FOR PROFIT CORPORATION ACT OF THE STATE OF MISSOURI.
3.1 The Board shall comply with the guidelines relating to the selection of its membership to represent the seven Jefferson County Districts as practicable.

ARTICLE II.

Offices

The corporation shall have and continuously maintain in this state a registered office and a registered agent as per statute whose office is identical with such -registered office, and may have other offices within or without the State of Missouri as the Board of Directors may from time to time determine. Notice of change of office or registered agent shall be transmitted to the Secretary of State, as per statute.

ARTICLE III.

SECTION 1. GENERAL POWERS. The Board shall be responsible for the development of policies and for the general supervision of their implementation and will manage the business of the Corporation by delegation and will exercise all of the powers that may be authorized by the Corporation under the statutes of the State of Missouri, the Articles of Incorporation of these By-Laws. Members may not act or speak on behalf of the entire Board without express Board approval/consent.

The Board has the following ultimate responsibilities:
1. Developing, adopting, and periodically updating Health Center policies for financial management practices, including
   a. a system to assure accountability for corporate resources
   b. long-range financial planning
c. approval of the annual project budget submitted as part of the 330 grant application, and the annual budget procedures;

d. budget priorities

e. eligibility for services, including criteria for partial payment schedules

2. Developing, adopting, and periodically updating Health Center health care policies, including

a. scope and availability of services

b. location and hours of services

c. undertaking a quality of care audit

3. Assuring that Health Center activities are conducted in compliance with applicable federal, state, and local laws.

4. Evaluating Health Center achievements at least annually, and using the knowledge gained to revise its mission, goals, objectives, plans, and budgets as may be appropriate and necessary

5. Selecting the independent auditor and officially accepting the annual audit report

6. Evaluating itself periodically for efficiency, effectiveness, and compliance with all Section 330 requirements.

7. Hiring, annually evaluating, holding independent investigations of any alleged wrongdoing and termination of the President/CEO.

8. Assisting in fund raising, serving on appropriate governance committees, raising community awareness, and needs assessment

SECTION 2. COMPOSITION. The composition of the COMTREA Board may not conflict with any Federal law or guideline as to representation of minorities. The members will be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community.

2.1 The total number of directors shall be between 15 and 24.

2.1.1 A majority of the members will be recipients of the services funded by HRSA.

2.1.2 Up to nine Members of the board of trustees of the Jefferson County Community Mental Health Fund

Board may serve at the pleasure of the JCCMHFB and COMTREA 2.1.3

All board appointments are for three years.

2.1.4 Appointees may serve three consecutive three year terms (effective July 1, 2014)

2.1.5 Up to three “Member Emeritus” positions may be designated by the Board as special recognition of past service.

2.2.5.1 These members may not be counted for purposes of determining a quorum.

2.2.5.2 These members may not vote on any issue.

2.2.5.3 These members may participate in open and/or closed sessions and are bound by confidentiality.

2.3 Each director will serve until s/he shall resign or until three-fourths of the directors present at any regular meeting shall remove him/her from the board of directors.

2.4 Directors may be residents of the county or surrounding counties where services or liaison is provided. 2.5 A legal guardian of a consumer who is a dependent child or adult or a legal sponsor of an immigrant consumer, may be considered a consumer for purposes of representation.

2.6 No more than one-half of the non-user members of the Board may be individuals who derive more than ten-percent of their annual income from the health care industry.

2.7 The remaining “non-user” members will be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns or social service agencies within the community.

2.8 No member of the Board may be an employee of the center, or a spouse, child, parent, or sibling by blood or marriage of such an employee.

SECTION 3. REGULAR MEETINGS. Meetings of the board of directors shall be monthly or more frequently as approved by resolution of the board of directors.
3.1 Written, e-mail, and or telephone notice of such meetings shall be given no less than ten (10) days prior to the meeting.

3.2 The Jefferson County Community Mental Health Fund Board shall meet with the COMTREA Board and ratify all actions which use CMHFB moneys.

3.3 The June meeting each year shall be a designated "Annual Meeting."

3.4 At least 10 days before an/or special meeting, the secretary will send a notice of the meeting to each Board Member. The notice must be sent by first class mail or by e-mail and must state the time and place of the meeting. For a special meeting, the notice must also include the purposes of the meeting; no action can be taken at a special meeting except as stated in the notice, unless all Board Members consent.

3.5 If necessary in case of an emergency, upon proper notice, meetings may be called by the chairman or the CEO. Said notice shall state briefly the time, place and subject matter of the meeting.

3.6 Board meeting minutes will be kept at the Corporation’s main office in a secure manner and may not be disposed of. Closed meeting minutes are retained in the CEO’s office in a secure manner; open meeting minutes will be placed on the public section of the Web site.

3.7 Up to 15 minutes at the beginning of board meetings will be available for public comment. Potential speakers must fill out a “speaker’s form” and submit it to the board secretary prior to the beginning of the meeting. Each speaker may have up to a maximum of three minutes to address the board. However, presentations may be further limited dependent upon the number of people applying to speak.

SECTION 4. QUORUM. One-third of the board of directors shall be a quorum of the board of directors. The act of the majority of the directors present at a meeting at which a quorum is present shall be the act of the board of directors. Proxies will be allowed.

Section 4A Board Members may, by written consent, take any action required or permitted to be taken at a Board Members' meeting. Such action may be taken without prior notice to the Board Members. The written consent must:

* state the action taken, and
* be signed and dated by at least the number of Board Members whose votes would be needed to take such action at a meeting.

Section 4B If the written consent is not signed by all Board Members, the secretary will, within three days, send a copy of the written consent to the Board Members who did not sign it.

* Board Members may meet or participate in meetings by telephone or other electronic means as long as all Board Members are continuously able to communicate with one another.

SECTION 5. COMPENSATION. Directors shall receive no compensation for their services.

SECTION 6. COMMITTEES OF DIRECTORS. The board of directors by resolution adopted by a majority of the directors in office, may designate one or more committees, each of which shall consist of two or more directors, which committees to the extent provided in said resolution, shall have and exercise the authority of the board of directors in the management of the corporation upon authorization by the Board.

SECTION 7. ATTENDANCE. Any member of the board who shall be absent from 3 consecutive meetings without cause or 50 percent of special or regular meetings within a 12 month period, shall be removed from the administrative board. Prior to removal, the board chairperson or vice chairperson shall contact the member to ascertain if there are extenuating circumstances which would take precedence over this requirement. The chairperson, with vice-chairperson concurrence, can overrule this requirement.
SECTION 8. CONFLICT OF INTEREST. No member of the council, a committee, or any advisory groups as may be established, shall vote on any matter which would involve a conflict of interest, monetary, professional or in any other fashion.

SECTION 9. RULES OF ORDER. All members of the council and of committees or advisory groups which shall be established in accordance with the latest edition of Robert’s Rules of Order.

ARTICLE IV

SECTION 1. OFFICERS. The officers of the corporation shall be a chairperson, vice-chairperson, a treasurer, a secretary and such other officers as may be elected in accordance with the provisions of this article. The board of directors may elect or appoint such other officers as it shall deem desirable, such officers to have the authority and perform their duties prescribed from time to time, by the board of directors.

1.1 Said officers shall be citizens of the State of Missouri and registered voters in their place of residence over the age of 35 years.

1.2 Officers of the Board may not usurp or unnecessarily impinge on the CEO’s authority for the day to day management of the Health Center’s operations.

SECTION 2. ELECTION AND TERM OF OFFICE. The officers of the corporation shall be elected at the first regular meeting of the board of directors each fiscal year. Vacancies may be filled or new offices created and filled at any meeting of the board of directors.

2.1 Each officer shall hold office for a term of three years unless he is unable or unwilling to act, or removed from office.

2.2 Officers may serve “3” consecutive terms.

SECTION 3. REMOVAL. Any officer or agent elected or appointed by the board of directors may be removed by the board of directors whenever in its judgment the best interests of the corporation would be served thereby, but such removal shall be without prejudice to the contract rights, if any, of the person so removed.

3.1 Notification to the board member being removed shall be accompanied by a letter from the Board Chairperson to the person with a copy to the CEO.

3.2 Removal from the board automatically includes removal as an officer.

SECTION 4. VACANCIES. A vacancy in any office because of death, resignation, removal, disqualification or otherwise, may be filled by the board of directors at any regular or special meeting.

4.1 Resignations should be sent to the board president via or concurrently to the CEO.

4.2 See SECTION 3. REMOVAL.

SECTION 5. CHAIRPERSON. The chairperson shall supervise all of the business and affairs of the corporation. S/He shall preside at all meetings of the members and of the board of directors. S/He may sign, with the secretary or
any other proper officer of the corporation authorized by the board of directors, any deeds, mortgages, bonds, contracts, or other instruments which the board of directors have authorized to be executed, except in cases where the signing and execution thereof shall be expressly delegated by the board of directors or by these by-laws or by statute to the chairperson/CEO, some other officer or agent of the corporation; and in general shall perform all duties incident to the office of chairperson and such other duties as may be prescribed by the board of directors from time to time.

SECTION 6. VICE-CHAIRPERSON. In the absence of the chairperson or in the event of his/her inability or refusal to act, the vice-chairperson [(or in the event there be more than one vice chairperson, the vice chairpersons, in the order designated, or in the absence of any designation, then in the order of their election)] shall perform the duties of the chairperson, and when so acting, shall have all the powers of and be subject to all the restrictions upon the chairperson. The Vice-chairperson shall perform such other duties as from time to time may be assigned to him/her by the chairperson or by the board of directors.

SECTION 7. TREASURER. If required by the board of directors, the treasurer shall give a bond for the faithful discharge of his duties in such sum and with such security or securities as the board of directors shall determine. S/He shall have charge and custody of and be responsible for all funds and securities of the corporation and assure the deposit of all such monies in the name of the corporation in such banks, trust companies or other depositories as shall be selected in accordance with the provisions of Article V of these by-laws; and in general perform all the duties incident to the office of treasurer and such other duties as from time to time may be assigned to her/him by the chairperson or by the board of directors.

SECTION 8. SECRETARY. The secretary shall see to it that minutes of the meetings of the members and of the board of directors are kept. The secretary shall implement the retention of the records of the meetings of the Board of Directors pursuant to Sunshine Laws. All notices are duly given in accordance with the provisions of these bylaws or as required by law; there is a custodian of the corporate records and of the seal of the corporation and see that the seal of the corporation is affixed to all documents, the execution of which on behalf of the corporation under its seal is duly authorized in accordance with the provisions of these by-laws; a register of the post office address of each member which shall be furnished to the secretary by such member is prepared; and, in general, assure that all duties incident to the office of secretary and such other duties as from time to time may be assigned to him/her by the chairperson or by the board of directors are performed.

SECTION 9. President/CEO. The directors shall appoint a salaried chief executive officer (CEO) who shall serve as President of the corporation and a non-voting ex officio Board member. The Board shall require the President/CEO to:

a. Carry out the policies of the Board of Directors and the policies and purposes enumerated in the charter.
b. Develop, adopt, and periodically updating the Health Center's personnel policies and procedures, including:
   a. Selection and dismissal procedures
   b. Salary and benefit scales
   c. Employee grievance procedures
   d. Equal opportunity practices
c. Oversee the day to day operations of the organization
d. Evaluate Health Center activities including
   a. Service utilization patterns
   b. Productivity
   c. Patient satisfaction
   d. Achievement of project objectives
e. Developing and overseeing the process for hearing and resolving patient grievances
e. Develop, adopt, and periodically updating Health Center policies for financial management practices, including:
   a. a system to assure accountability for corporate resources
   b. long-range financial planning
   c. approval of the annual project budget submitted as part of the 330 grant application, and the annual budget procedures;
   d. budget priorities
   e. eligibility for services, including criteria for partial payment schedules
f. Develop, adopt, and periodically updating Health Center health care policies, including
   a. scope and availability of services
   b. location and hours of services
   c. undertaking a quality of care audit

g. Sign or cause to be signed contracts on behalf of the organizations under the authority of the Board of Directors.
h. Serve as ex-officio participant of the Board and all Board committees
i. Serve as a salaried employee of said corporation and be entitled to all employee benefits and emoluments. His/her employment shall be reflected by written contract, a copy of which should be approved by the Board and contain the Corporate Seal.

Section 10. STANDING COMMITTEES. The following standing committees act for the corporation but only the Executive Committee may act for the entire Board:
   Executive Committee
   Finances
   Community Development Building
   and Grounds

ARTICLE V.

Contracts, Checks, Deposits and Funds

SECTION 1. CONTRACTS. The board of directors may authorize the chairperson/CEO, any officer or officers, agent or agents of the corporation in addition to the officers so authorized by these by-laws, to enter into any contract or execute and deliver any instrument in the name of and on behalf of the corporation as authorized or imposed by the Board.

SECTION 2. CHECKS, DRAFTS, ETC. All checks, drafts or other orders for the payment of money, notes or other evidences of indebtedness issued in the name of the corporation except for payroll which is automatically deposited in employee's respective accounts, shall be signed by the Corporation CFO and countersigned by the President/Chief Executive Officer.

SECTION 3. DEPOSITS. All funds of the corporation shall be deposited to the credit of the corporation in such banks, trust companies or other depositories as the board of directors may select
   a. From time to time available corporate funds may, upon authorization of the Board, may be placed in investments of a secure nature. Such investments may be subject to advice and scrutiny of an accredited professional security advisor, upon the request of the standing board finance committee or a majority of the Board.
SECTION 4. GIFTS. The board of directors may accept on behalf of the corporation any contribution, gift, bequest or devise for the general purposes or for any special purpose of the corporation. Gifts can be in kind or barter and may be characterized as deductible as a contribution for Internal Revenue purposes.

4.1 Board members may make gifts monetarily, in-kind, or services.

ARTICLE VI.

Books and Records

The corporation shall keep correct and complete books and records of account and shall also keep minutes of the proceedings of its members, board of directors and committees having any of the authority of the board of directors, and shall keep at the registered or principal office a record giving the names and addresses of the members entitled to vote. All books and records of the corporation may be inspected by any member, or his/her agent or attorney for any proper purpose at any reasonable time.

ARTICLE VII.

Fiscal Year: The fiscal year of the corporation shall begin on the first day of July and end on the last day of June in each year.

ARTICLE VIII.

Seal: The board of directors shall provide a corporate seal which shall be in the form of a circle and shall have inscribed thereon the name of the corporation and the words "Corporate Seal, Missouri."

ARTICLE IX.

Waiver of Notice: Whenever any notice whatever is required to be given under the provisions of the General Not For Profit Corporation Act of Missouri or under the provisions of the articles of incorporation or the by-laws of the corporation, a waiver thereof in writing signed by the person or persons entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

ARTICLE X.

Amendments to By-Laws: These by-laws may be altered, amended or repealed and new by-laws may be adopted by a majority of the directors present at least two days' written and/or e-mail notice is given of intention to alter, amend or repeal or to adopt new by-laws at such meeting.
Board President ________________________ March 14, 2016
Change of Scope Form 5A

- Align form 5A to our service delivery methods
- Under the HRSA grant for:
  a. 110 S. Second for a Dental Clinic
  b. 112 S. Second for an Administrative Site
  c. Hillsboro Treatment Center for primary care and dental services

MOTION: “I, ___, move that the Board approve the Change of Scope for Form 5A for 110 S. Second for a Dental Clinic, 112 S. Second for an Administrative Site and the Hillsboro Treatment Center for primary care and dental services.”
Policy Approvals - Additions

- G14.3.01 Fundraising/Special Events Guidelines -
  No Fundraising during United Way black-out dates

- Personnel Handbook, Section 12.3 - Holidays
  Addition of (1) Floating Holiday PTO Day

MOTION: “I, ___, move that the Board approve the addition of Fundraising/Special Events Guidelines to G14.3.01 of the Governance Manual and the revision of Employee Handbook, Section 12.3 with the addition of (1) Floating Holiday PTO Day as presented.”
Policy Approvals - Revisions

- Personnel Handbook, Section 6.11 Felony
- TB Policy and Procedure
- Health & Safety Manual, Ch. 3
- Health & Safety Manual, Ch. 2 Sect VII
- Needlestick Policy and Procedure

MOTION: "I move that the Board approve the revision of Employee Handbook 6.11 - Felony and the revision of Health & Safety Manual Ch. 3 TB Policy and Procedure and Ch. 2 Sect VII Needlestick Policy and Procedure as presented."
1) **G14.3 Fundraising/Special Events Guidelines**

The special events guidelines request form will be reviewed by the VP Marketing/Fundraising and the Community Relations/Development team for approval for any Fundraising or Special Event. Special consideration will be given to the sponsor of the event. If external entities, the sponsoring organization Certificate of Insurance will be requested naming COMTREA as “additionally insured.” This is a mandatory requirement of all external entities.

In addition, The Community Relations/Development team will collaborate with the Program support staff or external entity in order to plan, implement and track special event opportunities that involve fundraising.

**No fundraising or special events may be scheduled for during United Way Black-out dates annually during the months of September/October. Check with VP Marketing for exact dates.**

Community Relations/Development Core team consists of:

- Vice President (VP) Marketing/Fundraising – Team lead
- Chief Financial Officer (CFO)
- Chief Executive Officer (CEO)
- Executive Vice Presidents (EVPs)
- Chief Operations Officer (COO)
- Other appropriate program and support staff.

2) **12.3 HOLIDAYS**

Seven days leave shall be taken on federal holidays when COMTREA is closed. These federal holidays include: (1) New Year’s Day; (2) Memorial Day; (3) Independence Day; (4) Labor Day; (5) Thanksgiving Day; (6) Friday after Thanksgiving Day; (7) Christmas Day. Eight hours of leave time will be assessed for most employees.

Full time employees will automatically be paid for each holiday whether or not they work on the holiday. Part time employees will be paid holiday pay prorated by the number of hours they are scheduled to work each week.

**Proposed for Board:**

Additionally, every full time employee will receive an eight (8) hour Floating Holiday each calendar year (part time employees’ floating holiday will be prorated). It may be used for an inclement weather day, a low census day, or any other time off an employee chooses. This year it will be effective May 1, 2017 through December 31, 2017. Next year and ongoing it will be effective January 1 through December 31 each year. Employees may use their floating holiday in increments less than the full allotment as needed and approved.

3) **PERSONNEL HANDBOOK 6.11 FELONY**

Conviction of a felony while employed shall constitute grounds for automatic termination.

**Applicants** convicted of, found guilty of, pled guilty to or “nolo contendere” to a felony are disqualified from holding a direct care position in the agency.

Procedure: HR will attempt to notify the applicant of discovery of the felony described above and allow five working days following the initial contact for the applicant to respond. The applicant will be contacted in three ways: by phone, by e-mail with a read receipt, and by (certified) letter. If the applicant fails to respond according to these provisions, HR will withdraw the offer letter.
CHAPTER 3
PREVENTING THE TRANSMISSION OF TB
AND OTHER AIRBORNE PATHOGENS

I. Risk Reduction Procedures

Risk Factor - Transmission of tuberculosis (TB) is a recognized risk in health care facilities. Individuals at high risk for developing TB are those recently infected, out of remission with latent disease, and individuals with medical conditions that weaken the immune system. Transmission is most likely to occur from consumers with unrecognized pulmonary or laryngeal TB who are not on effective anti-tuberculosis therapy and have not been placed in airborne droplet respiratory isolation. Populations with increased risk of TB infection include those with close contact with a person infected with TB, persons immigrated from areas of the world with high TB rates, children less than age 5 with a positive TB test, sub-cultures with high TB transmission rates (i.e., homeless persons, intravenous drug users and persons positive for HIV), and individuals working with high risk populations (i.e., health care providers). Other individuals at high risk for contracting or transmitting TB are babies and young children, those which are HIV positive, individuals with chronic illness (i.e., renal disease, diabetes mellitus), those on immunosuppressant therapy (corticosteroids or organ transplant clients), and those undergoing immunotherapy for conditions such as rheumatoid arthritis or Crohn’s disease. (CDC, 2016). The agency shall be particularly alert to the need for preventing TB transmission in settings in which persons with HIV infection receive care or work.

A. TB Symptom Checklist FMPRS0082

Anyone entering a COMTREA Comprehensive Community Health Center (COMTREA) facility who exhibits any of the following signs and symptoms will be referred for evaluation as suspected cases for TB and has had a positive MST, per the CDC:
1. Persistent cough for greater than two (3) weeks
2. Pain in the chest
3. Coughing up blood or sputum
4. Weight loss not due to dieting
5. Loss of appetite
6. Lethargy/weakness
7. Night Sweats
8. Chills
9. Unexplained Fever (> 101 F° for more than one week)

The above screening criteria will be applied to applicant consumers, existing consumers, employees, volunteers, medical staff and others entering the COMTREA facility.

B. Engineering and Work Practice Controls
1. Facial Tissues are readily available along with containers (wastepaper)

2. Personal Protective Equipment (PPE) shall be provided to employees without charge. All employees shall wear masks if exposure to airborne pathogens is suspected. PPE is available at the Keaton Center RCF, Athena Center Adolescent and Adult Residential programs, A Safe Place, Emerson, Hickory Plaza and nursing offices in Festus and Arnold and Byrnes Mill/Bridle Ridge Health Centers. **Or is available at all COMTREA facilities.**

II. Employee Exposure Prevention

A. All employees shall be screened annually for TB infection using the Mantoux skin test (MST). This will be documented on Annual Employee Tuberculin PPD Mantoux Test Log, FMPRS0137 and the individual Annual Employee TB Test HR notification form. Form, will be forwarded to Human Resources Department to be filed in the employee's record. The test is provided free of charge. The Mantoux skin test shall be used to determine whether an employee tests positive for Tuberculosis. All test procedures shall be conducted in accordance with standard medical practice. Employee testing will be done yearly in the month of March. All new employees will be tested at the time of hire and then rotated into the annual March schedule. Testing will be available Monday through Friday at the Arnold Facility during regular business hours. Additional sites will be selected and posted as needed.

B. Frequency of TB screening shall be as follows:

1. **At the time of hire,** all new employees or interns, including those with a history of Bacille Calmette Guerin (BCG) vaccination (the only vaccination available against tuberculosis today), will receive a Mantoux skin test (MST) per COMTREA’s Employee Handbook, Section 6.9.2.

   If the employee is positive on the two-step they shall:
   a. Complete the TB Symptom Checklist (FMPRS0082).
   b. The employee shall be counseled by the designated employee health nurse when positive test assessed, to seek appropriate treatment or provide a Statement from their Primary Care Physician indicating no active TB. The staff will sign Employee Agreement and Statement of Understanding Requirements for a Positive TB MST (FMPRS0136).
   c. The designated employee health nurse will report the finding to the Jefferson County Health Department if a positive diagnosis is made by the physician.
   d. The COMTREA VP Human Resources will also be informed.

The employee must be evaluated as non-infectious for TB by their physician before re-entering the workplace. Further employment will be based on COMTREA’s Employee Handbook, sections 10.10 and 12.6.8.
2. Annually, all employees, will receive a Mantoux skin test (MST). All Keaton Center staff will receive a two-step MST per Division of Aging Regulations.

   a. Employees who have tested positive previously need not be re-tested, but will be required to:
      1) Provide a Statement from their Primary Care Physician indicating no active TB.
      2) Sign Employee Agreement and Statement of Understanding Requirements for a Positive TB MST (FMPRS0136).
      3) Complete the TB Symptom Checklist (FMPRS0082) annually.

   b. If the employee is newly positive they shall complete the TB Symptom Checklist (FMPRS0082) and sign Employee Agreement and Statement of Understanding Requirements for a Positive TB MST (FMPRS0136). The employee will be counseled by the designated employee health nurse to seek appropriate treatment and provide a Statement from their Primary Care Physician indicating no active TB. The designated employee health nurse will report the finding to the Jefferson County Health Department if a positive diagnosis is made by the physician. The COMTREA VP Human Resources will also be informed. The employee must be evaluated as non-infectious for TB by their physician before re-entering the workplace.

   c. Those staff pregnant may opt out if OB supports not testing. Education will be provided to those pregnant indicating no harm to the fetus. A physician statement for any person opting out to be required. Positive TB tests will need one x-ray with subsequent annual completing of the questionnaire. This statement must be turned into the Human Resources Office before the annual TB test is due. The employee will then be added to the next annual schedule to have the test completed.

   d. If the employee is exposed to an individual who has Active TB the employee is required to immediately provide notification to the Vice President (VP), Human Resources. In the absence of the VP, Human Resources the immediate notification of the Executive Vice President/Assistant CEO is required.

   The employee will obtain a Skin Mantoux test immediately, or as soon as they have been informed of exposure.

   i. If the employee results read negative the employee is required to follow up with their Primary Care Physician in 3 months from date of exposure for additional testing as recommended by their physician. COMTREA will offer the 3 month Mantoux testing free of charge. The employee will be required to follow up with the Vice President (VP), Human Resources and provide a statement from their physician indicating no active TB.
ii. If the employee results read positive the employee will complete the TB Symptom Checklist (FMPRS0082) and sign Employee Agreement and Statement of Understanding Requirements for a Positive TB MST (FMPRS0136). The employee will be counseled by the designated employee health nurse to seek appropriate treatment and provide a Statement from their Primary Care Physician indicating no active TB. The designated employee health nurse will report the finding to the Jefferson County Health Department if a positive diagnosis is made by the physician. The COMTREA VP Human Resources will also be informed. The employee must be evaluated as non-infectious for TB by their physician before re-entering the workplace.

C. If Tuberculosis infection is diagnosed at any other time, the employee is required to complete the TB Symptom Checklist (FMPRS0082), and sign Employee Agreement and Statement of Understanding Requirements for a Positive TB MST (FMPRS0136). The employee is to be counseled by the designated employee health-nurse to seek appropriate treatment and provide a Statement from their Primary Care Physician indicating no active TB. The designated employee health nurse will report the finding to the Jefferson County Health Department. Regulations state, “Private providers in the community...in Missouri are required by the Missouri Department of Health & Senior Services Regulation 19 CSR20-20.020 to report within twenty-four (24) hours to the Department of Health and Senior Services or local health authority any suspected or confirmed tuberculosis disease and within three (3) days for tuberculosis infection. The employee affected must be evaluated as non-infectious for TB by their physician before re-entering the workplace. See COMTREA’s Employee Handbook, sections 10.10 and 12.6.8.

D. At any time, if a YES response to symptoms on the TB Symptom Checklist (FMPRS0082), immediately notification to the Vice President (VP), Human Resources. In the absence of the VP, Human Resources the immediate notification of the Executive Vice President/Assistant CEO is required. The employee will be counseled to seek appropriate treatment. The completed checklist will be forwarded to the VP, Human Resources. The employee must be evaluated as non-infectious for TB by their physician before re-entering the workplace. See COMTREA’s Employee Handbook, sections 10.10 and 12.6.8.

E. Employees who are suspected to have active TB by MST test or symptoms must be evaluated as non-infectious for TB by their primary care physician before re-entering the workplace. See on COMTREA’s Employee Handbook, sections 10.10 and 12.6.8.

F. Employees who are exhibiting symptoms of active TB shall be excluded from work until medical evaluation is completed and certification from a physician that she/he is not infectious is provided. Missouri State law states, “Any person who knowingly conceals tuberculosis disease or infection may be deemed guilty of a class A misdemeanor. The penalties for such misdemeanors include a fine not to exceed $1000 and/or imprisonment for a term not to exceed one year. (see 192.320; 560.016.1.(1); and 558.011.1.(5), RSMo (1994) in Section X). See on COMTREA’s Employee Handbook,
sections 10.10 and 12.6.8.

G. The calculated TB infection and incidence rates for employees will be reported on OSHA Form 300A, completed by the staff nurses administering the MST, and turned into the VP of Human Resources and presented to the Health and Safety Committee for review on an annual basis or when a cluster presents itself.

H. Accountability for staff who missed their TB test is recommended. Staff that are due for testing are given a one month time frame to get their test completed, if they do not comply then they should be placed on suspension with no pay until they do comply.

ENVIRONMENTAL CONTROLS FOR POTENTIAL TUBERCULOSIS EXPOSURE

For individuals presenting with signs and symptoms of tuberculosis, the additional following precautions should be observed:

For clients with known active Tuberculosis infections who are engaged in appropriate practices from when they walk in the door for services. Staff are advised to avoid skin contact with the client (such as shaking hands) and to walk clients to the clinic office to schedule appointments instead of giving the client an appointment slip. Clinical staff are advised to spray the chair that the client sits in with disinfectant spray (COMTREA uses Lysol and Zep Venture) and wash their hands immediately after the appointment. When using aerosol disinfectant spray, the spray needs to air dry on the surface to be effective.

Clinical staff will inform office staff to contact housekeeping to have the lobby and bathrooms off the lobby sanitized. Clinical staff will complete terminal clean on exam room using agency approved cleansers. In cases where housekeeping is unavailable, office staff will sanitize the lobby areas. This includes wiping down surfaces such as door handles and the ledges where appointments are scheduled using disinfectant wipes and spraying down the chairs and any other surfaces with which the client may have come in contact. If the client used a bathroom other than the lobby, that area will be sanitized by housekeeping (including wiping down door handles and spraying down all other surfaces). In cases where housekeeping is unavailable, clinical staff will sanitize the interior bathroom area. Clinical staff will additionally use disinfectant spray on the chairs and other surfaces in their office and will wash their hands after the appointment.

A. Other Airborne Pathogens Communicable Diseases. The Chapter 3 Appendix describes diseases which require immediate medical evaluation. Each disease is identified, occurrence of the disease is provided along with information on mode of transmission, incubation period, if applicable, communicability, and isolation required, whether disease is reportable and recommended medical follow up.

1. If an employee exhibits symptoms of any disease it is reportable and recommended medical follow up.
2. All employees must be medically cleared to be free of infectious disease by a physician, before being assigned back to programming and to kitchen duties. See COMTREA’s Employee Handbook, sections 10.10 and 12.6.8.

III. MRSA (Methicillin-Resistant Staphylococcus Aureus) Outpatient Policy

Also see Chapter 2 Infection Control Plan Bloodborne Pathogens

Comtrea will provide routine outpatient behavioral health services to clients with an active MRSA (methicillin-resistant Staphylococcus aureus) skin infection or pneumonia caused by MRSA as long as clients engage in efforts to prevent the spread of MRSA to others. These efforts include A) Covering areas of the skin affected by MRSA, B) Keeping MRSA wounds that are draining or have pus covered with clean, dry bandages, and C) Wearing a mask to prevent droplet contamination in cases of pneumonia caused by MRSA.

Clients who are not following these practices will be educated on the importance of preventing the spread of MRSA and provided with bandages and tape (if in office) to cover skin areas or with a face mask (if the issue is pneumonia). These items are available from nursing staff. Clients will also be offered a referral to the Byrnes Mill Medical Center for further treatment if they are not being actively treated. Bandages or tape can be discarded with regular trash though the trash should be immediately closed up and thrown away. Clients who decline to assist with preventing the spread of MRSA will be informed that the service they are attending is being immediately discontinued and that all future services will be held via phone until the infection/pneumonia is no longer active or the client is willing to cover the wound/wear a mask.

The additional following precautions should be observed:

Office based staff

For clients with known MRSA infections who are engaged in appropriate practices from when they walk in the door for services. Staff are advised to avoid skin contact with the client (such as shaking hands) and to walk clients to the clinic office to schedule appointments instead of giving the client an appointment slip. Clinical staff are advised to spray the chair that the client sits in with disinfectant spray (Comtrea uses Lysol and Zep Venture) and wash their hands immediately after the appointment. When using aerosol disinfectant spray, the spray needs to air dry on the surface to be effective.

For clients with known active MRSA who have uncovered wounds, bandages that are saturated and weeping, or an uncovered mouth and nose (in cases of pneumonia caused by MRSA) at any time from when they walk in the door for services. Staff are advised to avoid skin contact and to walk clients to the clinic office to schedule appointments instead of giving them an appointment slip. Clinical staff will inform office staff to contact housekeeping to have the lobby and bathrooms off the lobby sanitized. In cases where housekeeping is unavailable, office staff will sanitize the lobby areas. This includes wiping down surfaces such as door handles and the ledges where appointments are scheduled using disinfectant wipes and spraying down the chairs and any other surfaces with which the client may have come in contact. If the client used a bathroom other than the lobby, that area will be sanitized by housekeeping (including wiping
down door handles and spraying down all other surfaces). In cases where housekeeping is unavailable, clinical staff will sanitize the interior bathroom area. Clinical staff will additionally use disinfectant spray on the chairs and other surfaces in their office and will wash their hands after the appointment.

**Community based staff**
Community-based clinical staff may inform clients with active MRSA that they will not meet in the client’s home if there are concerns about housekeeping and contamination. Clinical staff will inform clients that the affected skin areas must be covered by dry bandages or that the client must wear a face mask in cases of MRSA-caused pneumonia prior to the client getting in the car. Clients with active MRSA may be asked to sit in the back seat of the car if the clinician has concerns about the MRSA spreading. Clinical staff will spray the car seat and surface areas of the car using disinfectant spray and will use alcohol-based sanitizer after the appointment. Each company car will have face masks, gloves, and sanitizer in the glove compartment. Disinfectant spray will be available at office locations to be taken into the community for use when needed.

**All staff**
Individuals with a higher risk of MRSA infection are those with skin breaks, depressed immune systems, and chronic diseases. Staff members who are in these categories are advised to request that a client with active MRSA be transferred to another staff member for treatment.

**Additional Information**
Contrea no longer purchases fabric chairs and are in process of replacing existing fabric chairs, beginning with those in the lobbies.

Sources:
http://www.medicinenet.com/mrsa_infection/page4.htm#how_is_mrsa_infection_transmitted_or_spread

*Please note that some information included in this memo was taken verbatim from these websites*

**CHAPTER 3 Preventing Transmission of TB and Other Airborne Pathogens Appendix – Forms**

Employee Agreement and Statement of Understanding- Requirements for a Positive TB MST-FMPRS0136

New Employee Monthly Drug Testing and TB Log, FMMSC0078

TB Symptom Checklist FMPRS0082

Other Airborne Pathogens – Communicable Diseases -
Health and Safety Manual Chapter 2

Section VII Needle Stick Policy and Procedure

Treatment of Percutaneous Injury Or Other Inadvertent Tissue/Mucous Membrane Inoculation

PURPOSE: To define the process for treating a percutaneous injury (e.g. needle stick or cut with a sharp object) or contact of mucous membrane or non-intact skin with blood, tissue, or other body fluids.

POLICY:

i. Section A: Injury/Exposure Initial Treatment
   a. In the event of a needle stick, the employee is to immediately wash the area aggressively with soap and water.
   b. Flush exposed mucous membranes with water.
   c. Flush exposed eyes with water or saline solution.
   d. DO NOT apply caustic agents, or inject antiseptics or disinfectants.

ii. Section B: Injury/Exposure Documentation and Baseline Data
    a. Incident Notification:
       i. The Employee or their representative shall contact the designated employee health nurse (health nurse) as soon as possible.
       ii. The Employee or their representative shall contact their supervisor as soon as possible.
       iii. All occurrences shall be reported within 24 hours. In the event of a potential HIV exposure the health nurse shall be contacted immediately.

    b. Incident Documentation:
       i. The health nurse or the employee’s supervisor will ensure the Employee Accident or Illness Incident Report Forms (FMPRS0073) are properly and accurately completed.
       ii. A written occurrence report must be completed and should include: source patient and details about the occurrence. DO NOT fill out the occurrence report on line.

    c. Baseline Data:
       i. The employee shall be available for blood drawn by Comtreas’s designated facility. Blood samples will establish baseline results of Hepatitis B surface antibody, Hepatitis C antibody, HIV antibody, and additional tests as warranted.
       ii. Health nurse shall obtain consent forms from the patient and employee prior to collection of blood samples.
iii. Blood Collection:
   1. Source Patient:
      I. Hepatitis B surface antigen (HBsAG).
      II. Antibody to Hepatitis C (anti-HCV) and HIV
   2. Exposed Employee:
      I. Antibody to Hepatitis B surface antigen (anti-HBs)
      II. Antibody to Hepatitis C (anti-HCV)
      III. Baseline HIV
      IV. CBC with Autodiff
      V. Hepatic function

d. Blood Sample Labeling:
   i. Label all specimens in the following manner using a blank label:
      1. Date
      2. Time
      3. Initial of person drawing blood
      4. Source/employee’s Date of birth

e. Confidentiality
   i. All test results are confidential and will be treated in a confidential manner.
   ii. Exposed employee will be notified of source patient’s results.
   iii. Source patient’s attending physician will be notified of positive results.

iii. Recommended Post exposure Treatment:
   a. Hepatitis B exposure:
      i. If source patient is HBsAG positive and exposed employee has not been vaccinated or has not completed the series then the designated employee health nurse will administer Hcp B vaccine.
         1. Single dose of HBIG (0.06 ml/kg should be administered within 24 hours.
         2. First dose of Hepatitis B vaccine should be given at same time as HBIG or within 7 days of exposure.
         3. If the employee has not completed vaccine series, 1 dose of HBIG should be administered immediately and the vaccination should be completed as scheduled.

      ii. If source patient is HBsAG positive and exposed employee is vaccinated but has not responded to the vaccine.
         1. Give a single dose of HBIG and a dose of Hepatitis B vaccine as soon as possible, Or;
2. One dose of HBG as soon as possible after exposure and another
dose of HBG one month later. (Recommended for known
nonresponses after 2 series of Hep B vaccine).

iii. If source patient is HBsAG positive and exposed employee has adequate
antibody response no additional treatment is necessary.

iv. If source patient is unknown or unavailable and exposed employee has not
been vaccinated or has not completed the series.
   1. If unvaccinated, give the first dose of Hepatitis B vaccine within 7
days and complete the series as recommended.
   2. If incomplete series, complete the series as scheduled.

v. If source patient is unknown or unavailable and exposed employee is
vaccinated but has not responded to the vaccine then a single dose of
HBIG and a dose of Hepatitis B vaccine as soon as possible.

vi. If source patient is unknown or unavailable and exposed employee has
adequate antibody response the no additional treatment is necessary.

b. Hepatitis C exposure:
   i. If source patient is anti-HCV negative and perceived to be at risk the
   exposed employee should have a baseline anti-HCV.

   ii. If source patient is HCV positive or perceived to be at risk (e.g. liver
   transplant recipient, history of hepatitis of unknown origin). The employee
   should have anti-HCV and ALT and HCV RNA checked at 2 weeks and 6
   weeks following the exposure. A Hepatitis C antibody should be done in 3
   months and 6 months. LFT's should be done in 2 weeks, 6 weeks, 3
   months and 6 months.

c. HIV exposure:
   i. If source patient is HIV negative and not perceived to be a risk exposure,
   then:
      1. The employee should be screened for HIV at 6 weeks, 3 months, 6
         months, and 12 months following the exposure.
      2. If the employee requests to start immediate prophylactic
         medication the COMTREA Medical Director will be contacted.
      3. The drug regimen should be started within 2 hours after exposure
         and up to 36 hours.

   ii. If the source patient is HIV positive or perceived to be at risk (e.g. IV drug
   user, risky sexual behavior, recent immigrant from Africa, Asia, or
   Caribbean), then:
1. Exposed employee should be screened for HIV, and retesting, at 6 weeks, 3 months, 6 months, and 12 months following the exposure.
2. If the employee requests to start immediate prophylactic medication the COMTREA Medical Director will be contacted.
3. The drug regimen should be started within 2 hours after exposure and up to 36 hours.

**d. Blood Borne Exposure from an Employee to a Patient:**
   i. Notify the designated employee health nurse immediately.
   ii. Occurrence report must be filled out at time of incident.
      1. Incident reports will be sent to the Health and Safety Committee.
   iii. Collect blood work from the employee and the patient:
      1. Hepatitis B surface antigen (HBsAG), antibody to Hepatitis C (anti-HCV), baseline HIV.

**iv. Counseling:**
   a. Employee counseling shall be provided by the designated health professional as requested.
### Credentialing & Privileging

#### New Staff / Interns

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Division</th>
<th>Date of Board Signature</th>
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<tbody>
<tr>
<td>Jessica Busam</td>
<td>MA</td>
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#### Current Staff Re-Privileged

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<tr>
<td>Ashley Whitley</td>
<td>APRN</td>
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<td>Jeneane Hunter</td>
<td>LPC</td>
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<tr>
<td>John Empkey</td>
<td>Dentist</td>
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<td>Brooke Hogrefe</td>
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MOTION: “I, ___, move that the Board accept the March Credentialing & Privileging Report as presented.”
New Position Approvals

- Medical Central Admissions Secretary (*Centralized Intake for CCBHC*)
- Dental Central Admissions Secretary (*Centralized Intake for CCBHC*)
- Dental Secretary (*Expansion*)
- Quality Assurance Nurse (*Quality – HRSA: MHP Incentive Quality Program*)
- Behavioral Health AVP (*Restructure and Growth*)
- Mo Recovery Support Specialist (*Change .50 to FTE per DMH Recommendation*)

MOTION: “I, __, move that the Board approve the revision to the budget to allow for the addition of the following positions, Medical Central Admissions Secretary, Dental Central Admissions Secretary, Dental Secretary, Quality Assurance Nurse, Behavioral Health AVP and Mo Recovery Support Specialist.”
Department: Operations  
FLSA Status: Non-Exempt  
Grade/Level:  
Job Type: Regular  
Work Schedule:  

Job Status: Full Time  
Reports To: Office Manager  
Amount of Travel Required: None  
Positions Supervised: None

POSITION SUMMARY
To schedule clients with appropriate providers according to their Primary Care needs and fund sources through all facility locations.

ESSENTIAL FUNCTIONS

Reasonable Accommodations Statement
To accomplish this job successfully, an individual must be able to perform, with or without reasonable accommodation, each essential function satisfactorily. Reasonable accommodations may be made to help enable qualified individuals with disabilities to perform the essential functions.

Essential Functions Statement(s)
- Obtain referral/demographic information on potential clients by phone or in person, enter in Athena.
- Schedule initial appointment for new and current clients/patients with providers to meet clients Primary Care needs coordinated with appropriate fund source.
- Send appointment confirmation letters for initial appointments.
- Verify insurance benefits by phone and insurance portals.
- Obtain and print Medicaid strip from EMOMED, checking to confirm eligibility.
- Prepare intake packets to include all necessary forms required.
- Send out, approve and collect the necessary proofs required for the sliding fee scale applications to determine payment.
- Schedule DFS/DYS appointments, obtaining signatures and collecting legal papers prior to client appointments.
- Answer and return all incoming calls to the intake department.
- Cross train on Dental and Behavioral Health
- All other duties as assigned.

POSITION QUALIFICATIONS

Competency Statement(s)
* Accountability - The extent to which an individual is willing to accept responsibility.
* Communication, Oral - Verbal expression of communication (with clarity) so others understand clearly the message of intent. Receives and processes feedback also with clarity and clear understanding.
* Communication, Written - Ability to communicate in writing clearly and concisely.
* Accuracy - Ability to perform work accurately and thoroughly.
* Detail Oriented - Ability to pay attention to the minute details of a project or task.
* Organized - Possessing the trait of being organized or following a systematic method of performing a task.
* Customer Oriented - Ability to take care of the customers' needs while following company procedures.

SKILLS & ABILITIES

Education: High School Graduate or General Education Degree (GED): Preferred

Experience: Medical or Health Insurance office preferred, but not required. Scheduling; customer relations.

Computer Skills: Basic Computer Skills

Certifications & Licenses: Proper phone etiquette; data entry; organization and planning skills; HIPPA knowledge/training; ability to stay focused in a demanding multi-task environment.

PHYSICAL DEMANDS

N (Not Applicable) Activity is not applicable to this position.
O (Occasionally) Position requires this activity up to 33% of the time (0 - 2.5+ hrs/day)
F (Frequently) Position requires this activity from 33% - 66% of the time (2.5 - 5.5+ hrs/day)
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COMMUNITY TREATMENT INC
Dental Central Admissions Secretary

Department: Operations
FLSA Status: Non-Exempt
Grade/Level:
Job Type: Regular
Work Schedule:
Job Status: Full Time
Reports To: Office Manager
Amount of Travel Required: None
Positions Supervised: None

POSITION SUMMARY
To schedule clients with appropriate providers according to their Dental needs and fund sources through all facility locations.

ESSENTIAL FUNCTIONS

Reasonable Accommodations Statement
To accomplish this job successfully, an individual must be able to perform, with or without reasonable accommodation, each essential function satisfactorily. Reasonable accommodations may be made to help enable qualified individuals with disabilities to perform the essential functions.

Essential Functions Statement(s)
- Obtain referral/demographic information on potential clients by phone or in person, enter in Dentrix
- Schedule initial appointment for new and current clients/patients with providers to meet their Dental Health needs coordinated with appropriate fund source.
- Send appointment confirmation letters for initial appointments.
- Verify insurance benefits and obtain authorizations by phone and insurance portals.
- Prepare intake packets to include all necessary forms required.
- Send out, approve and collect the necessary proofs required for the sliding fee scale applications to determine payment.
- Collect all new patient paperwork and medications list and enter into Dentrix
- Answer and return all incoming calls to the intake department.
- Cross train for the medical and behavioral health department.
- All other duties as assigned.

POSITION QUALIFICATIONS

Competency Statement(s)
- Accountability - The extent to which an individual is willing to accept responsibility.
- Communication, Oral - Verbal expression of communication (with clarity) so others understand clearly the message of intent. Receives and processes feedback also with clarity and clear understanding.
- Communication, Written - Ability to communicate in writing clearly and concisely.
- Accuracy - Ability to perform work accurately and thoroughly.
- Detail Oriented - Ability to pay attention to the minute details of a project or task.
- Organized - Possessing the trait of being organized or following a systematic method of performing a task.
- Customer Oriented - Ability to take care of the customers' needs while following company procedures.

SKILLS & ABILITIES

Education: High School Graduate or General Education Degree (GED): Preferred

Experience: Dental, Medical, or Health Insurance office preferred, but not required. Scheduling; customer relations.

Computer Skills: Basic Computer Skills

Certifications & Licenses: Proper phone etiquette; data entry; organization and planning skills; HIPPA knowledge/training; ability to stay focused in a demanding multi-task environment.

PHYSICAL DEMANDS

N (Not Applicable) Activity is not applicable to this position.
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Push/Pull
COMMUNITY TREATMENT INC

Dental Secretary

Department: Oral Health Services
FLSA Status: Non-Exempt
Grade/Level: High School Diploma or GED
Job Type: Regular
Work Schedule: 40 hours per week

Job Status: Full Time
Reports To: Office Manager
Amount of Travel Required: None
Positions Supervised: None

POSITION SUMMARY
Maintain direct contact with patients on a daily basis and perform in-person and telephone reception for Center. Serve as Cashier. This position is expected to possess excellent and empathetic service skills, maintain composure in difficult situations, and have general knowledge of Center’s operations.

ESSENTIAL FUNCTIONS
Reasonable Accommodations Statement
To accomplish this job successfully, an individual must be able to perform, with or without reasonable accommodation, each essential function satisfactorily. Reasonable accommodations may be made to help enable qualified individuals with disabilities to perform the essential functions.

Essential Functions Statement(s)
- Perform general office/clerical duties i.e. operate multi-line telephone system; sort and distribute all incoming department mail and faxes; assist on outgoing faxes; apply postage and mail out all outgoing mail.
- Schedule appointments for patients according to established procedures.
- Maintain front office inventory and keeping storage area in an orderly manner.
- Coordinate copier, postage, credit card, shredder and fax machine maintenance.
- Determine the financial and insurance eligibility status of all patients prior to every encounter.
- Prepare receipts for patient payments received.
- Prepare and balance daily financial registers of all monies received from patients, maintain and report statistics as required.
- Maintain forms required for front desk activities.
- Secure the building at the close of each working day; turn off or unplug appliances and machines according to protocol and lock all entrances.
- Assure the readiness of the reception area for each working day; open the building at the designated time and have all front desk activities fully operational at the start of business hours.
- Assist with pre-certifications and referrals.
- Scanning Record Releases (copying, recording and maintaining related billing fees).
- Adhere to all HIPAA guidelines/regulations. Respect and maintain privacy and dignity of patients: assure client confidentiality at all times.
- Assist patients with questions and form requests or direct and coordinate patients to the appropriate individual or department.
- Register patients according to Center’s protocols.
- Monitor the safety, cleanliness and professionalism of the waiting room at all times.
- Participate in staff and educational meetings.
- Develop and apply basic understanding of Rural Health Clinic regulations.

POSITION QUALIFICATIONS
Competency Statement(s)
* Active Listening - Ability to actively attend to, convey, and understand the comments and questions of others.
* Analytical Skills - Ability to use thinking and reasoning to solve a problem.
* Communication, Oral - Verbal expression of communication (with clarity) so others understand clearly the message of intent. Receives and processes feedback also with clarity and clear understanding.
* Customer Oriented - Ability to take care of the customers' needs while following company procedures.
* Friendly - Ability to exhibit a cheerful demeanor toward others.
* Organized - Possessing the trait of being organized or following a systematic method of performing a task.

**SKILLS & ABILITIES**

**Education:**
High School Graduate or General Education Degree (GED): Required

**Experience:**
6 months to one year related experience.
Dental office experience preferred.

**Computer Skills:**
Requires knowledge of modern office practices and equipment including computer basics.
Word experience and able to type 35WPM. Knowledge of patient billing procedures.

**Other Requirements:**
Requires ability to deal with the public in a tactful, pleasant and courteous manner.
Requires considerable knowledge of business English, spelling, grammar and correct composition.
This position does not provide a supervisory role on any level, such as delegation of job duties among their co-workers. It does however; require the necessary interpersonal skills to effectively work with clinicians, co-workers and patients in the delivery of quality healthcare including coordinating tasks with co-workers.
Occasional overtime may be required and/or hours may be shortened as business needs dictate.

**PHYSICAL DEMANDS**

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<td>Climb</td>
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<td>Crawl</td>
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<td>Squat or Kneel</td>
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<td>Bend</td>
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<td>Grasp</td>
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<td>41-100 lbs</td>
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<tr>
<td>Speak</td>
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**Other Physical Requirements**

- Vision (Near, Distance, Color, Peripheral, Depth)
- Sense of Sound - Normal
- Sense of Touch

**WORK ENVIRONMENT**

Normal office work environment
QUALITY ASSURANCE NURSE

COMPREHENSIVE HEALTH CENTER

COMMUNITY TREATMENT INC

Department: FQHC Health Clinic
FLSA Status: Exempt
Grade/Level:
Job Type: Regular
Work Schedule: 
Job Status: Full Time
Reports To: VP of Corporate Compliance and Quality Management
Amount of Travel Required: As needed
Positions Supervised: None

POSITION SUMMARY
The Quality Assurance Nurse works closely with the Vice President of Corporate Compliance/Quality Management as well as the Medical Director in maintaining compliance with all regulatory federal, state and local municipalities.

ESSENTIAL FUNCTIONS

Reasonable Accommodations Statement
To accomplish this job successfully, an individual must be able to perform, with or without reasonable accommodation, each essential function satisfactorily. Reasonable accommodations may be made to help enable qualified individuals with disabilities to perform the essential functions.

Essential Functions Statement(s)

- Manage the Quarterly Peer Review process from selection to follow-up for primary care, oral health and behavioral health providers using EMRs and Survey Monkey following agency Performance Improvement Operations Plan.
- Work with the Medical Director and Chief Behavioral Health Officer to improve performance using the Plan, Do, Study and Act (PDSA) model.
- Interpret and implement quality assurance standards and evaluate the adequacy of such criteria.
- Document internal audits and other quality assurance activities.
- Analyze data to identify areas for improvement in the quality system.
- Develop, recommend and monitor corrective and preventative actions.
- Develop, recommend, and monitor corrective and preventative actions.
- Identify training needs and organize training interventions to meet quality standards.
- Coordinate and support on-site audits conducted by external providers.
- Coordinate and support on-site audits conducted by external providers.
- Assure ongoing compliance with quality and industry regulatory requirements.
- All other duties as assigned.

POSITION QUALIFICATIONS

Competency Statement(s)

- Accountability - The extent to which an individual is willing to accept responsibility.
- Knowledge - Appraise familiarity with techniques and procedures needed to complete the work.
- Productivity - Asses the amount of work completed in relation to expectations.
- Communication, Written - Ability to communicate in writing clearly and concisely.
- Detail Oriented - Ability to pay attention to the minute details of a project or task.
- Teamwork - Assess the ability to work with others, when appropriate, to attain organizational goals and objectives.
- Initiative - Ability to make decisions or take actions to solve a problem or reach a goal.
- Judgment - The ability to formulate a sound decision using the available information.

SKILLS & ABILITIES

Education: Associate's Degree (two year college or technical school) Required, Field of
Study: Nursing
Bachelor's Degree (four year college or technical school) Preferred, Field of Study: Nursing

Experience:
1 plus years of experience in Behavioral Health setting
5 years as RN in a medical setting, preferred. Familiar with standard concepts, practices, and procedures within a community health care facility, preferred.

Computer Skills:
Advanced analytical skills (nurse informatics)

Certifications & Licenses:
Current Missouri License to practice as a Registered Nurse (RN)

Other Requirements:
Preferred: 2-4 years of experience in quality assurance and corporate compliance.

PHYSICAL DEMANDS

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<tr>
<td>F (Frequently)</td>
<td>Position requires this activity from 33% - 66% of the time (2.5 - 5.5+ hrs/day)</td>
</tr>
<tr>
<td>C (Constantly)</td>
<td>Position requires this activity more than 66% of the time (5.5+ hrs/day)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Demands</th>
<th>Lift/Carry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stand</td>
<td>O</td>
</tr>
<tr>
<td>Walk</td>
<td>O</td>
</tr>
<tr>
<td>Sit</td>
<td>F</td>
</tr>
<tr>
<td>Manually Manipulate</td>
<td>O</td>
</tr>
<tr>
<td>Reach Outward</td>
<td>O</td>
</tr>
<tr>
<td>Reach Above Shoulder</td>
<td>O</td>
</tr>
<tr>
<td>Climb</td>
<td>O</td>
</tr>
<tr>
<td>Crawl</td>
<td>N</td>
</tr>
<tr>
<td>Squat or Kneel</td>
<td>O</td>
</tr>
<tr>
<td>Bend</td>
<td>O</td>
</tr>
<tr>
<td>Grasp</td>
<td>O</td>
</tr>
<tr>
<td>Speak</td>
<td>F</td>
</tr>
<tr>
<td></td>
<td>10 lbs or less</td>
</tr>
<tr>
<td></td>
<td>11-20 lbs</td>
</tr>
<tr>
<td></td>
<td>21-50 lbs</td>
</tr>
<tr>
<td></td>
<td>51-100 lbs</td>
</tr>
<tr>
<td></td>
<td>Over 100 lbs</td>
</tr>
<tr>
<td></td>
<td>Push/Pull</td>
</tr>
<tr>
<td></td>
<td>12 lbs or less</td>
</tr>
<tr>
<td></td>
<td>13-25 lbs</td>
</tr>
<tr>
<td></td>
<td>26-40 lbs</td>
</tr>
<tr>
<td></td>
<td>41-100 lbs</td>
</tr>
</tbody>
</table>

WORK ENVIRONMENT

Community Health Center Environment

Employee Signature: ___________________________ Date: __________________

Supervisor: ___________________________ Date: __________________

The company has reviewed this job description to ensure that essential functions and basic duties have been included. It is intended to provide guidelines for job expectations and the employee's ability to perform the position described. It is not intended to be construed as an exhaustive list of all functions, responsibilities, skills and abilities. Additional functions and requirements may be assigned by supervisors as deemed appropriate. This document does not represent a contract of employment, and the company reserves the right to change this job description and/or assign tasks for the employee to perform, as the company may deem appropriate.
Department: Adult  
FLSA Status: Exempt  
Grade/Level:  
Job Type: Regular  
Work Schedule:  
M-F

Job Status: Full Time  
Reports To: VP-Adult Behavioral Health  
Amount of Travel Required: as needed  
Positions Supervised: Behavioral Health Clinicians

POSITION SUMMARY
Provide administrative supervision and training to ensure that behavioral health clinicians provide quality services that meet all state and federal requirements as well as ensure that clinicians achieve productivity expectations. Work with agency staff in development and implementation of programming. Provide direct clinical services as needed.

ESSENTIAL FUNCTIONS

Reasonable Accommodations Statement
To accomplish this job successfully, an individual must be able to perform, with or without reasonable accommodation, each essential function satisfactorily. Reasonable accommodations may be made to help enable qualified individuals with disabilities to perform the essential functions.

Essential Functions Statement(s)

1. Provide group and individual supervision to clinicians addressing substance use, mental health, physical health, and functioning.
2. Assure that all services are welcoming, recovery-oriented, strength-based, collaborative, medically necessary, and empirically supported to the extent possible.
3. Oversee client progress towards achieving treatment plan goals and objectives ensuring that services are meeting the needs of the client and are reflected in clinical documentation.
4. Complete expectation worksheets with clinicians and review productivity monthly. Assist clinicians who are not meeting expectations with developing a plan of action to increase productivity.
5. Complete Rehabilitation Program assessments and treatment plans as needed. Complete modifications for all Rehabilitation Program treatment plan goals and objectives. Coordinate client and treatment team review of client assessments and treatment plans to ensure that all reviews are complete within 45 days of the assessment interview.
6. Coordinate or provide direct client services based on staffing and client needs.
7. Ensure that clinicians update demographic information, coverage plans, program assignments, and annual paperwork for their clients.
8. Monitor all chart and EMR documentation and provide feedback to staff to ensure that documentation meets requirements per program manual.
9. Plan and conduct education and advocacy programs for the agency and community.
10. Remain knowledgeable on new information in the behavioral health field through internal and external trainings.
11. Work collaboratively with Adult Division Managers and other agency staff to implement initiatives and improve current service delivery.
12. Meet all expectations and guidelines identified in Comtreas's Code of Conduct.
13. Other duties as assigned.

POSITION QUALIFICATIONS

Competency Statement(s)

- Accountability - The extent to which an individual is willing to accept responsibility.
- Coaching and Development - Ability to provide guidance and feedback to help others strengthen specific knowledge/skill areas.
- Judgment - The ability to formulate a sound decision using the available information.
- Leadership - Ability to influence others to perform their jobs effectively and to be responsible for making decisions.
- Management Skills - Ability to organize and direct oneself and effectively supervise others.
- Relationship Building - Ability to effectively build relationships with customers and co-workers.

SKILLS & ABILITIES

Education: Master's Degree Required, Field of Study: mental health, social work or psychology

Experience: Two to four years related experience with regard to administrative/clinical supervision

Computer Skills: Microsoft Office programs, EMR, Missouri web-based programs

Certifications & Licenses: Licensed by the State of Missouri as either LPC or LCSW. Missouri Substance Abuse Professional Credentialing Board certification preferred.

Other Requirements: Experience in co-occurring disorders, supervision of clinical staff, community support, case management, and individual and group therapy.

PHYSICAL DEMANDS
Position Summary
The Recovery Specialist is responsible for delivery of individual/group services which support recovery from mental illness, substance use and physical health needs through training, role modeling and sharing of lived experiences.

Essential Functions
Reasonable Accommodations Statement
To accomplish this job successfully, an individual must be able to perform, with or without reasonable accommodation, each essential function satisfactorily. Reasonable accommodations may be made to help enable qualified individuals with disabilities to perform the essential functions.

Essential Functions Statement(s)

- Participate fully as a member of the treatment team. Attends all department meetings, trainings and staffings for client care as required.
- Actively outreach and engage clients including those with co-occurring issues into agency treatment services.
- Work with clients to identify and develop positive role models and support systems from all areas of life (work, church, family, 12 step support groups etc...)
- Provides services, using a strengths based approach, to develop and supervise activities that address the needs of clients as they relate to the 8 dimensions of wellness.
- Complete documentation and report service activities accurately, comprehensively, and within required standards outlined per agency guidelines.
- Understands and utilizes stages of recovery concepts and what helps the client at each stage.
- Complete required training hours as outlined by employee handbook, and maintain any licensure requirements if needed and provide timely documentation to HR Office.
- Other duties as assigned by Vice President.

Position Qualifications
Competency Statement(s)

- Teamwork - Assess the ability to work with others, when appropriate, to attain organizational goals and objectives.
- Accountability - Ability to accept responsibility and account for his/her actions.
- Communication, Oral - Verbal expression of communication (with clarity) so others understand clearly the message of intent. Receives and processes feedback also with clarity and clear understanding.
- Adaptability - Ability to adapt to change in the workplace.
- Interpersonal - Ability to get along well with a variety of personalities and individuals.
- Organized - Possessing the trait of being organized or following a systematic method of performing a task.
- Relationship Building - Ability to effectively build relationships with customers and co-workers.
- Time Management - Ability to utilize the available time to organize and complete work within given deadlines.

Skills & Abilities

Education: High School Graduate or General Education Degree (GED): Required

Experience: None
Computer Skills: Basic computer skills

Certifications & Licenses: Must have completed State of Missouri's Department of Mental Health approved training program and standardized exam and maintain certification.

Other Requirements: Former or present consumer of mental health services and/or a consumer of substance use services. Valid driver's license and insurance. Excellent analysis, problem solving, documentation, word processing ability; Good communication and presentation; able to represent agency within the community as required.

PHYSICAL DEMANDS

<table>
<thead>
<tr>
<th>Activity</th>
<th>Lift/Carry</th>
<th>Push/Pull</th>
</tr>
</thead>
<tbody>
<tr>
<td>N (Not Applicable)</td>
<td>10 lbs or less</td>
<td>12 lbs or less</td>
</tr>
<tr>
<td>O (Occasionally)</td>
<td>11-20 lbs</td>
<td>13-25 lbs</td>
</tr>
<tr>
<td>F (Frequently)</td>
<td>21-50 lbs</td>
<td>26-40 lbs</td>
</tr>
<tr>
<td>C (Constantly)</td>
<td>Over 100 lbs</td>
<td>41-100 lbs</td>
</tr>
</tbody>
</table>

Employee Signature: ___________________________ Date: ____________

Supervisor Signature: ___________________________ Date: ____________

The company has reviewed this job description to ensure that essential functions and basic duties have been included. It is intended to provide guidelines for job expectations and the employee's ability to perform the position described. It is not intended to be construed as an exhaustive list of tasks for the employee to perform, as the company may deem appropriate.
POSITION APPROVAL AND PROCESSING FORM

TITLE OF POSITION: Medical Central Admissions

REPORTS TO: Office Manager

POSITION HOME LOCATION: Festus

Secretary

DIVISIONS/DEPARTMENTS:

☐ Behavioral Health
☐ Primary Care
☐ Operations

☐ Adult
☐ Oral Health
☐ Fiscal

☐ Children/Youth
☐ Human Resources

☐ Psychiatric
☐ Special Projects

POSITION STATUS:

☐ NEW
☐ EXISTING-VACATED BY:

☐ FULL-TIME
☐ PART-TIME - NUMBER OF HOURS PER PAY PERIOD:

☐ PRN/TEMP

STARTING SALARY:

☐ EXEMPT: $ ____________ PER YEAR

☐ NON EXEMPT: $ ____________ PER HOUR

Weekly Schedule:

______________________________

______________________________

______________________________

______________________________

______________________________

CREDENTIALS REQUIRED FOR POSITION:

DEGREE: ____________________________

LICENSE: ____________________________

CERTIFICATIONS: ____________________________

YEARS OF EXPERIENCE: ____________

______________________________

CREDENTIALS PREFERRED FOR POSITION:

DEGREE: ____________________________

LICENSE: ____________________________

CERTIFICATIONS: ____________________________

YEARS OF EXPERIENCE: ____________

OTHER:

______________________________

______________________________

______________________________

______________________________

PLEASE ATTACH CURRENT JOB DESCRIPTION AND SUBMIT WITH THIS FORM OR CONTACT HR FOR JOB DESCRIPTION REVISIONS.

SUPERVISOR IS RESPONSIBLE FOR OBTAINING ALL REQUIRED SIGNATURES.

Angie Bella
2/27/17

Kathy Kellers
3/15/17

Linda M. Anderson
3/20/17

HR USE ONLY: DATE FORM RECEIVED: ___________________ POSTING DATE: ___________________ NEW HIRE NAME: _____________________

START DATE: ___________________ SPECIAL NOTES: ___________________
POSITION APPROVAL AND PROCESSING FORM

TITLE OF POSITION: Dental Central Admissions

REPORTS TO: Office Manager

POSITION HOME LOCATION: Festus

DIVISIONS/DEPARTMENTS:
☐ Behavioral Health ☐ Adult ☐ Children/Youth ☐ Psychiatric
☐ Primary Care ☐ Oral Health
☐ Operations ☐ Fiscal ☐ Human Resources ☐ Special Projects

POSITION STATUS:
☐ NEW ☐ EXISTING-VACATED BY: ________________________________
☐ FULL-TIME ☐ PART-TIME – NUMBER OF HOURS PER PAY PERIOD: ________ ☐ PRN/TEMP

STARTING SALARY:
☐ EXEMPT: $ ___________ PER YEAR ☐ NON EXEMPT: $ ___________ PER HOUR

Weekly Schedule: Monday – Friday 8 am – 4:30 pm

CREDENTIALS REQUIRED FOR POSITION:
DEGREE: __________________________________ license: __________________________

CERTIFICATIONS: __________________________________ YEARS OF EXPERIENCE: ______

CREDENTIALS PREFERRED FOR POSITION
DEGREE: __________________________________ license: __________________________

CERTIFICATIONS: __________________________________ YEARS OF EXPERIENCE: ______

OTHER: ______________________________________________________________

PLEASE ATTACH CURRENT JOB DESCRIPTION AND SUBMIT WITH THIS FORM OR CONTACT HR FOR JOB DESCRIPTION REVISIONS.

SUPervisor is responsible for obtaining all required signatures.

Amanda Buff 2/7/17

Department Director Signature: 3/14/17

Rhonda Womble 3/15/17

VP Human Resources Signature: 3/15/17

CEO Signature (required for new positions, not in budget): 3/20/17

HR USE ONLY: DATE FORM RECEIVED: __________________ POSTING DATE: ____________ NEW HIRE NAME: __________________

START DATE: __________________ SPECIAL NOTES: __________________

FMPRSC022
(Revised 01/28/2016)
POSITION APPROVAL AND PROCESSING FORM

TITLE OF POSITION: Dental Secretary  REPORTS TO: DM

POSITION HOME LOCATION: Festus

DIVISIONS/DEPARTMENTS:
- Behavioral Health
- Primary Care
- Operations
- Adult
- Oral Health
- Fiscal
- Children/Youth
- Psychiatric
- Human Resources
- Special Projects

POSITION STATUS: □ NEW  EXISTING-VACATED BY: ____________________________
□ FULL-TIME  PART-TIME - NUMBER OF HOURS PER PAY PERIOD: ________  □ PRN/TEMP

STARTING SALARY: □ EXEMPT: $ 12.00 PER YEAR  □ NON EXEMPT: $ _________ PER HOUR

Weekly Schedule: M- F 8 – 4:30 p

CREDENTIALS REQUIRED FOR POSITION: DEGREE: ____________________________ LICENSE: ____________________________

CERTIFICATIONS: ____________________________ YEARS OF EXPERIENCE: ____________________________

CREDENTIALS PREFERRED FOR POSITION DEGREE: ____________________________ LICENSE: ____________________________

CERTIFICATIONS: ____________________________ YEARS OF EXPERIENCE: ____________________________

OTHER: ____________________________

PLEASE ATTACH CURRENT JOB DESCRIPTION AND SUBMIT WITH THIS FORM OR CONTACT HR FOR JOB DESCRIPTION REVISIONS.

SUPERVISOR IS RESPONSIBLE FOR OBTAINING ALL REQUIRED SIGNATURES.

Amanda Buffa  3/14/17
Dentist

Amy Kekedich  3/16/17
HR Coordinator

Susan M. Burfenc  3/21/17
CEO Signature (Required for New Positions Not in Budget)

HR USE ONLY: DATE FORM RECEIVED: ____________________________ POSTING DATE: ____________________________ NEW HIRE NAME: ____________________________

START DATE: ____________________________ SPECIAL NOTES: ____________________________

FMPS0022
(Revised 01/18/2016)
QIQA COORDINATING COUNCIL REPORT

- Annual Staff Satisfaction Survey
- Patient Satisfaction Survey
- PDSA Discussion - PLAN, DO, STUDY, ACT!
- Quality Measures Work plan
- Peer Reviews

MOTION: "I, ______, move that the Board approve the April 2017 QIQA Coordinating Council Report."
Charter Approvals

- Family Advisory Council
- HIPAA Privacy Board

MOTION: “I, ___, move that the Board approve the addition of the Family Advisory Council Charter and the HIPAA Privacy Board Charter.”
CHARTER

COMTREA’S Patient Family Advisory Council

Purpose:

To provide a mechanism for feedback and input to the COMTREA Board of Directors related to patient and family experience of services. This group will consist of those persons and or family members receiving behavioral health services, oral health and primary care services. This is a requirement for our Certified Community Behavioral Health Center as well as ethical assurances that persons served (patients and families) have a voice for input with the board for strategic planning on a regular basis. This input will be shared with the board on a quarterly basis at the regular board meetings. Minutes and Board feedback will be reported back to Council members.

Type of Committee and Program Area:

Standing Committee within the Administration Program entitled Patient Family Advisory Council.

Membership:

Composition: Members have been nominated by the clinicians and interviewed by the Chief Behavioral Health Officer, Director of Oral Health and Primary Care Medical Director based on member role. Members shall serve a two year term congruent with the company’s fiscal years and may be extended for one additional year at the member’s discretion, with the exception of the Facilitator, which would provide continuity as the committee members rotate in and out. The Facilitator will be a member of Management Team within Behavioral Health currently. Oral Health and Primary Care can also be Facilitator of this standing committee.

Charter Members: Margo Pigg, Patty Vanek and four patients representing primary care and behavioral health. Additional member is sought to represent Oral Health.

Size: Typically, group size will be between six and eight members in regular attendance, with total census up to twelve, representing children and families; adults; mental health and substance use treatment services; oral health and primary care service systems. This is strictly a feedback group to provide regular input to COMTREA’s Board of Directors.

Facilitator:

The facilitator will guide the council. The members, once all in full attendance, will determine a chair to facilitate the subsequent meetings.

Activities, Duties and Responsibilities:

Chairperson: Facilitates the quarterly meetings; works with staff facilitator to determine standing agenda. The staff facilitator will take notes and upon review with council members, present the meeting agenda and minutes to the CBHO for submission to Board during regular meetings. Staff facilitator will serve as liaison between committee and Leadership Council as well as Board of Directors.
Staff Facilitator: Works with Chairperson to establish Charter from draft for and works with agency staff and council members assure feedback procedure. Along with Chairperson, serves as liaison between committee and Leadership Council.

Standard Committee Procedures:

- Meetings will be initially scheduled every quarter.
- Each council member shall attend or participate (by phone) in meetings when called unless there are unforeseen circumstances.
- Each year, prior to the COMTREA Management Summary/Annual Report, an Annual Report (usually September or October) will be provided to the Leadership Council. This report will provide the comprehensive feedback received over the course of that year. Feedback will also be shared with Leadership Team and Board of Directors prior to finalizing strategic planning for the upcoming fiscal year.

Primary Author(s): Margo Pigg, Chief Behavioral Health Officer

Charter Member Signatures:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Date this charter was approved initially by the Board of Directors: ______________________________
CHARTER
COMTREA'S PRIVACY BOARD

Purpose:
To review and approve (or disapprove) proposed research studies at COMTREA. The committee reviews proposed studies based on standard criteria which are approved by universities IRB’s in support of HIPAA privacy statute.

Type of Committee and Program Area:
Standing Committee within the Administration Program entitled “COMTREA Privacy Board.”

Membership:

Composition: Members have been nominated by the Leadership Council.
Charter Members: San Mueller, Katy Murray, Margo Pigg and Catherine Lindquist.
Size: Typically, voting members shall number 4-6 and will include Charter Members and depending on project and location of project, may include 1 or 2 additional members representing that area/location.

Chairperson:
Chairperson and other officers are elected by committee members and serve year to year. Members shall serve until they withdraw or are replaced by the Leadership Council.

The current composition of the committee is as follows:
Chairperson: San Mueller
Secretary: Katy Murray
Leadership Council Member: Margo Pigg
Member-at-Large (from community): Cathy Linquist (Mercy-Jefferson Hospital)

Activities, Duties and Responsibilities:

Chairperson duties and responsibilities include accepting proposed research studies comparing them to standard criteria (a privacy board checklist developed in accordance with HIPAA standards), forwarding the checklist along with accompanying research data and information, including approved university IRB, to other committee members for review and approval. Reviewing questions or comments by members and obtaining any missing information. Scheduling a meeting in person or online and receiving Approval/Disapproval forms by members. Projects may be approved fully or pending IRB approval.
Secretary duties and responsibilities include assisting Chairperson, reviewing approving/disapproving proposed studies and completing Minutes and/Letter of Recommendation at disposition.

Leadership Council Member provides internal oversight and reviews, approves or disapproves research studies.

Member-at-Large provides outside oversight and reviews, approves or disapproves research studies.

Authority Delegated or Retained

No financial authority rests in this committee. This committee does have authority to approve or disapprove proposed research studies in accord with HIPAA compliance guidelines.

Standard Committee Procedures

- Meeting are scheduled whenever there is a proposed research study or project is presented to the board.
- Committee members shall attend or participate (in person, by phone or via email) in meetings when called unless there are unforeseen circumstances.
- All members assigned (permanent and ad hoc) shall participate prior to approval or dis-approval of a proposed study.
- Each year, prior to the COMTREA Management Summary/Annual Report, an Annual Report will be provided to the Leadership Council. This report will provide the total number of requests for approval of proposed research projects/studies were submitted and approved as well as any that were disapproved and reason for dis-approval as of June 30 each year.

Primary Authors: San Mueller, Therapist/President, and Katy Murray, Secretary/Vice President of Corporate Compliance and Catherine Linhorst, Member at Large, Mercy-Jefferson Hospital

Charter Member Signatures

_________________________________________  ________________________________

_________________________________________  ________________________________

_________________________________________  ________________________________

Date this charter was approved initially by the Board of Directors: ____________________
Discussion Items
Annual Board Review of Program Requirements (PR)
<table>
<thead>
<tr>
<th>HRSA 19 PROGRAM REQUIREMENTS</th>
<th>YES</th>
<th>NO</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SECTION II: SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Accessible Hours of Operation/Locations:</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health center provides services at times that assure accessibility and meet the needs of the population to be served. Health center provides services at locations that assure accessibility and meet the needs of the population to be served.</td>
<td>x</td>
<td>1 Scope of Project Information and Policies: <a href="http://bphc.hrsa.gov/about/requirements/scope/">http://bphc.hrsa.gov/about/requirements/scope/</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOCUMENTS TO REVIEW ON-SITE</th>
<th>Assigned To:</th>
<th>Comments / Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Hours of operation for health center sites</td>
<td>Amanda B.</td>
<td>Amanda has reached out to all the office managers regarding the hours of operation being posted on their doors. Hickory and Emerson do have them and Northwest, Valley, Arnold, Fox, and Festus do not. Those that do not are putting in a work order immediately to have them placed on the front door. Amanda will be following up.</td>
</tr>
<tr>
<td>2 Most recent Form 5B: Service Sites (Note that the form lists only the TOTAL number of hours per week each site is open, not the specific schedule)</td>
<td>Amy</td>
<td>Review complete of form 5B. All sites are listed and accurate. Need to remove Health Department as Mobile Dental address. This was moved to Fox address. Festus Dental Clinic will be added as Change in Scope is completed.</td>
</tr>
<tr>
<td>3 Form 5C: Other Activities/Locations</td>
<td>Amy</td>
<td>Review complete of form 5C. All services provided are covered as described for dental and primary care.</td>
</tr>
<tr>
<td>4 Service area map with site locations noted</td>
<td>Amy</td>
<td>I will produce a map for UDS Mapper identify our locations and service area.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SURVEYOR QUESTIONS</th>
<th>Documents &amp; Sample Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Are the times that services are provided at sites reasonably appropriate to ensure access for the population to be served?</td>
<td>Hours of operations for sites; Form 5B</td>
</tr>
<tr>
<td>2 Is the location(s) (as documented on Form 5B) at which services are provided accessible to the population to be served?</td>
<td>Form 5C</td>
</tr>
<tr>
<td>3 For health centers that receive targeted funding/designation to serve public housing residents: Has the health center made services available in areas immediately accessible to the targeted public housing communities?</td>
<td>We do not have funds designated for public housing residents.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial review of HRSA Program Requirement #4 completed with summary comments noted in the column F, Comments/Updates. The areas of non-compliance have been identified with steps 1-3 initiating steps for full compliance.</td>
</tr>
</tbody>
</table>

(1) Update Form 5B on site locations; and
(2) ending approval of two additional sites added under scope including the Dental office and the Administrative office (Centralized Intake/Admissions) on S. 2nd Street in Festus.
(3) Post hours of operation at the following sites - Northwest, Valley, Arnold, Fox, and Festus.
<table>
<thead>
<tr>
<th>HRSA 19 PROGRAM REQUIREMENTS</th>
<th>YES</th>
<th>NO</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SECTION II: SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5 After Hours Coverage:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health center provides professional coverage for medical emergencies during hours when the center is closed</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Form 5A Service Descriptors: <a href="http://bphc.hrsa.gov/about/requirements/scope/form5aservicedescriptors.pdf">http://bphc.hrsa.gov/about/requirements/scope/form5aservicedescriptors.pdf</a></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>DOCUMENTS TO REVIEW ON-SITE</th>
<th>Assigned To</th>
<th>Comments / Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Health center’s after hours coverage policies and/or procedures</td>
<td>Katy</td>
<td>All services have a policy for After Hours Coverage. Policies are in each Medical Manual and are OHS 2, MED 27, and PC0002. Each are approved by Board 12/13/2016 as a part of the CARF Manual Review.</td>
</tr>
<tr>
<td>2 Agreements, systems and/or contracts that support after hours coverage, if applicable</td>
<td>Primary Care - Lisa Uzzle</td>
<td>After-hours coverage provided internally by providers with annual calendar year on-call schedule. Copy retained in HRSA prep files.</td>
</tr>
<tr>
<td>Oral Health - Nicole Bollinger</td>
<td></td>
<td>After hours, COMTREA’s phones will be answered by an answering service which will take information from patients with emergencies. The answering service will contact the dentist on call and give the dentist the name and phone number of the patient. The dentist on call will call back all patients with a dental emergency, and proceed as follows: a. Determine if the patient is a COMTREA patient; b. If the patient is not a COMTREA patient, the dentist should refer the patient to the emergency room, or advise them of the next time COMTREA is open; c. If the patient is a COMTREA patient, the dentist will triage the emergency on the phone, and determine the treatment needed; 5. After hours treatment will include answering questions, prescribing or renewing prescriptions for pain medications or antibiotics, advising the patient of the next available emergency appointment, and referring the patient to the emergency room.</td>
</tr>
<tr>
<td>Behavioral Health - Margo Pigg</td>
<td></td>
<td>Psychiatric and behavioral health coverage for after hours, weekend and holiday crisis call coverage is with Behavioral Health Response (BHR) through a contractual relationship. BHR also provides the mobile, face to face outreach and next day urgent referrals to each of our BH locations (Festus, Arnold and High Ridge). We are provided detailed records of the call and/or mobile outreach for our clients and those who would become our clients via referral. Also, for purposes of CCBHC, they are now our formal DCO (Designated Collaborative Organization). The contract that supports this after-hours coverage could not be located. The CEO has reached out to Pat Coleman, President/CEO at Behavioral Health Response to see if they have a signed copy of the contract between COMTREA and BHR that can be sent to COMTREA. Additionally, a new contract needs to be executed with the advent of CCBHC, which Margo is pursuing.</td>
</tr>
<tr>
<td>HRSA 19 PROGRAM REQUIREMENTS</td>
<td>YES</td>
<td>NO</td>
</tr>
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<tr>
<td>Most recent Form 5A: Services Provided, see &quot;Coverage for Emergencies During and After Hours&quot;</td>
<td>Amy</td>
<td>Review completed of 5A - question regarding policy after hours for medical and dental. BHR is after hour contract for behavioral health. Need to pull contract for BHR. Assure that all patients are aware of the services that can be received after hours.</td>
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### SURVEYOR QUESTIONS

<table>
<thead>
<tr>
<th>Documentation &amp; Sample Response</th>
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<tbody>
<tr>
<td>1 Is professional coverage for medical emergencies available to health center patients after the center's regularly scheduled hours through clearly defined arrangements?</td>
</tr>
<tr>
<td>Agreements, systems and/or contracts for same</td>
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| 2 Are patients made aware of the availability of, and procedures for, accessing professional coverage after hours, including patients with LEP or disabilities (e.g., health center provides information/instructions on how to access after hours coverage in the appropriate language(s)/literacy levels for the health center's patient population)? | Form 5A |

### NOTES

- Initial review of HRSA Program Requirement #5 completed with summary comments noted in the column F, Comments/Updates. The areas of non-compliance have been identified with steps 1-3 initiated for full compliance.

1. Obtain copy of signed agreement between COMTREA and BHR.
2. Review the BHR contract to assess compliance with the following factors that must be considered by both parties:
   - Health centers are responsible for maintaining oversight over all sites and services within their federally approved scope of project, including assuring that patients have access to the health center’s full range of services;
   - Health centers must assure that all services included under their federally approved scope of project, including those performed under contract, are available to patients regardless of their ability to pay;
   - Health Center Program grantees must comply with section 330 of the PHS Act and the HHS grant regulations, including those specific to the provision of required services (and payment for those services to the extent that they are not provided directly by the health center) and to procurement of goods and services, as outlined in 45 CFR § 74.40 through 74.48 or 45 CFR § 92.36(b) through (l), as applicable; and
   - Benefits that are afforded to health centers from programs other than under Section 330 (i.e., Federal Tort Claims Act coverage, 340B pricing, reimbursement as a FQHC under Medicare/Medicaid/CHIP) are determined by the applicable laws and rules of the respective programs. Therefore, the terms of the contractual agreement should be constructed accordingly.
Designated Subcommittees of the Board
<table>
<thead>
<tr>
<th>BOARD MEMBER</th>
<th>CMHF</th>
<th>EXEC.</th>
<th>FIN.</th>
<th>ADVOCACY</th>
<th>B&amp;G</th>
<th>HR/CRED</th>
<th>QA/QI</th>
<th>BYLAWS</th>
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<td>TOTAL BOARD MEMBERS ON COMMITTEE</td>
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<td>2</td>
<td>3</td>
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Some concerns have been raised regarding phone access and transferring of calls to the “right” staff. We have formulated the following solutions to review and push forward.

1) Our phone system needs updating. This will be a cost factor and pushed forward in the budget proposal for FY ’18.

2) We are proposing a transfer of the 1-866-COMTREA number to Central Admissions. We can advertise this as “to make an appointment, call.....” We will utilize our individual office phone numbers for follow-up appointments.

3) Concerns have been expressed that Court Services are not getting calls. We have purchased a cell phone for Traci James (Court Advocate in the Court House) for immediate access and will provide Direct Inward Dial lines (phone numbers that will directly dial the party requested-no extensions) for staff in our Court Services building.

4) We will make sure our phone lists are updated and reviewed monthly at our Office Managers meetings to review with secretarial support staff.
Building and Grounds

Hickory Plaza. A contract has been awarded for a 22 space parking lot to be constructed. We have negotiated a new 3 year lease agreement with the landlord. The landlord has consented to the parking lot and the engineer, contractor and I will meet early next week to review.

Northwest Office. Plans are finished and sealed. We are awaiting funding availability to provide secured egress from the lobby and expansion of the secretarial area with additional safe emergency exit.

Festus “B” Building. Plans for additional office spaces on the 2nd floor and a larger waiting room are finished and sealed. We are awaiting funding availability to proceed.

Arnold. We will divide Ghada’s former office into two offices. The current Intake Office will also be divided into two offices when they move to Festus. Additional plans for more offices are being developed, including a new SAEP visitation area which will free up the current office for use as group space.

Bridle Ridge. Development of mid-range plans for Bridle Ridge, including the development of a comprehensive health center and court services.
Building and Grounds

“A” Building. The CAC, Human Resources and the COO have been physically moved from across the street into their new location at 106 N. Mill. We are communicating with the founders of the CAC program to coordinate an open house/ribbon cutting date. We are looking at an Open House in April.

Dental Office/Centralized Admissions office in Festus. We have built the office for the Office Manager and will cut the interior door between the two offices. We finish painting and cleaning the areas in the next week. We will be utilizing extra partitions for the work spaces shortly. We have hired the Central Admissions Office Manager. Kim Harris, currently the Valley Office Manager has accepted the position.

Valley. We have almost completed Phase Three and plans are being finalized for Phase Four.

A Safe Place Water and Sewer Line Project. A Safe Place is now on sewer. The rains have hindered water hook up, but we are very close to having the project completed.
Fundraising/Community Relations

- Tails with Tales is hosting a Dog-Aritaville fundraising event on Saturday, April 29 from 6 to 11 pm at Fredericks in Festus.
- The 12th Annual CAC fundraising golf tournament is scheduled for Friday, August 18, 9 am at Union Hills Golf Course. Information on the tournament will be forthcoming.
Central Admissions. This is necessary to assure access to five target populations in timely manner to screening and service delivery.

Programming: Work groups have been set up, cross discipline, to address and implement each factor. The workgroups address weekend hours, staffing, evidenced based practices, crisis intervention; medication assisted treatment and best practice prescribing, peer and recovery supports and staffing, training and competency in clinical practice; family advisory council; trauma informed care and addition of tools to our assessments-depression screening-risk assessment-substance use screen-primary care screen-evaluation of daily living/functioning.

Care pathways: establishment of true clinical care pathways in behavioral health. Not just our physical workflows, but the full experience of client care throughout the system and identification of each of the “touchpoints”. We need to identify what/when those are-who provides those-how is the client as well as the provider impacted. Improved client outcomes are the goal. Quality measures: many that we must report on through captured fields in the EMR. As we go, we would also choose to identify specific outcomes that we as an agency want to tackle (such as one or more of the social determinants of health) that we can impact and improve.

Financials: with the PPS rate structure, clinical services will have the charge to continue to provide excellent services in the most efficient and effective way possible. We will be looking at services a bit different as we go, more from an independent service base and match intervention and intensity of those services to client care rather than simply a package deal for services.
# State of Missouri

## CCBHC Cost Report Analysis

**All Clinics**

### Blended Rate Differences

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Current Blended Rate</th>
<th>Previous Blended Rate</th>
<th>Difference</th>
<th>Current Total Rate</th>
<th>Previous Total Rate</th>
<th>Difference</th>
<th>Current Medicaid Only Rate</th>
<th>Previous Medicaid Only Rate</th>
<th>Difference</th>
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<td>$200.42</td>
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<td>$4.56</td>
<td>$237.26</td>
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<td>Upper Bound set to 75th Percentile</td>
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</table>

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Current Blended Rate</th>
<th>Previous Blended Rate</th>
<th>Difference</th>
<th>Current Total Rate</th>
<th>Previous Total Rate</th>
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<th>Current Medicaid Only Rate</th>
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**Notes:**
1. Results include current submissions through March 10, 2017 and previous submissions through October 24, 2016.
2. Upper bound includes figures above the 75th percentile and the lower bound includes figures below the 25th percentile.
3. If the rates are within the lower bound and upper bound, then the font will be green. Otherwise, the font will be red.
Old Business?