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 - Items Added or Deleted

D Approval of Minutes
   (a) October 10, 2016
   (b) October 21, 2016

E Financials
   - Audit Summary

F CEO’s Report
   (a) Metrics Reporting
      - Revenue Cycle Dashboard
      - KPI Report; New Division Dashboard
      - Board Members using FQHC Services
         o Action Plan Submitted
   (b) FQHC PPS Rate Update for Missouri
   (c) Advocacy Committee - COMTREA Initiative and MPCA Focus
   (d) Board Training – December 1st and 2nd
   (e) Volunteers

G Action Items (Anything that requires a vote)
   (a) EMR Implementation Expense
   (b) Kyle Gowen – Finance Committee
   (c) Terry Crank – ASP Foundation Board
   (d) Budget Amendments
      - VOCA – CAC
      - VOCA – ASP
      - Tails with Tales
   (e) Dental Sealant Grant Opportunity
   (f) Dental Fee Schedule
   (g) Leadership Council Reports
   (h) Policy Approvals
   (i) Manual Approvals
   (j) Position Approvals
   (k) Credentialing & Privileging
   (l) QI/QA Coordinating Council Report

H Discussion Items (Informational; no action taken)
   (a) Building and Grounds
   (b) Community Relations – Fundraising, Foundation
   (c) HR Subcommittee of the Board
   (d) Family Advisory Council Update
   (e) Trauma Informed Education & Action Plan

I Board Member Recruitment Discussion – Board Member Recommendations?

J Old Business

K Next Scheduled Board Meeting
   (a) December 12, 2016

L Closed Session – Personnel
Board Meeting Minutes

Meeting Date: 11/14/2016  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); Elizabeth Diveley (Board Secretary) John Lamping (Board Treasurer); Martha Maxwell (CMHFB Chair); Jane Sullivan; Vicky James, Ken Waller; Stan Stratton; Mark Mertens; Cliff Lane; Dayle Burgdorf; Dr. Steven Crawford and Kyle Gowen.

Not in Attendance: Katherine Hardy-Senkel; and Audrey Mitchell.

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); Patty Vanek (AVP Primary Care); 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) and Katy Murray (AVP Corporate Compliance/QM).

Jerry Rogers called the meeting to order at 7:37 am.

Agenda Item #1 Approval of Agenda

There were no corrections or additions requested to the Agenda.  

Recommendations:  "I Cliff Lane, move we approve the Agenda". Kathy Ellis seconded the motion. The motion carried.

Agenda Item #2 Approval of the October 10, 2016 Board Meeting Minutes and October 21, 2016 Special Board Meeting Minutes

There were no corrections or additions to the October 10, 2016 Board Meeting Minutes or the October 21, 2016 Special Board Meeting Minutes.

Recommendations:  "I Kathy Ellis, move that we approve the October 10, 2016 Board Meeting Minutes or the October 21, 2016 Special Board Meeting Minutes". Beth Diveley seconded the motion. The motion carried.
**Action Items**

1. Mr. Rogers signed the final versions of the October 10, 2016 Board Meeting Minutes and the October 21, 2016 Special Board Meeting Minutes.  
   Committee member(s) responsible: Jerry Rogers

**Agenda Item #3 Audit Summary**
Representatives from Schowalter & Jabouri, PC gave a high level summary of the recent financial audit. No items of significance were found. The representatives reported that the finance department was very thorough.

**Agenda Item #4 Financial Report**
John Lamping reported that the Agency was at almost $2.2 million in cash. Accounts receivable had also improved due to receipt of a portion of the Mil tax. Revenues were reported at 22.82%.

**Recommendations:** “I, John Lamping, move that the Board approve the attached financials for the month of September, 2016.” Kathy Ellis seconded the motion. The motion carried.

**Agenda Item #5 CEO’s Report**

1. **Metrics Reporting**
   a. **Revenue Cycle Dashboard:** The Revenue Cycle Dashboard was reviewed with the Board.
   b. **KPI Report:** Ms. Curfman announced that the KPI report would be replaced with a new Division Dashboard. This new document, broken down by division, would show more pertinent information than the KPI Dashboard would be able to provide.

2. **Board Members using FQHC Services:** A review of the recent report showed that there are only 4 Board Members or their dependents using FQHC services. HRSA requires 51%. This requirement must be met by February 28, 2017. Ms. Curfman reported on the Action Plan she had recently submitted to remedy this issue.
3. **PPS Rate Update:** Ms. Curfman reported that Missouri is the only state without a PPS rate for FQHC’s. If a rate cannot be agreed upon, Missouri will revert back to the 2001 cost report to set the rate. FQHC’s from around the state are meeting to set a rate. Proposals are currently being written for Behavioral Health, Primary Care and Dental Rates.

4. **Advocacy Committee:** The MPCA is encouraging all FQHC’s to form an advocacy committee due to the changing political landscape. Ms. Curfman would like to see at least 2 Board Members on COMTREA’s advocacy committee. Several staff members have already expressed interest. They have even hired an individual that can help coordinate visits with legislators. This individual has scheduled a visit to COMTREA to meet with Ms. Curfman and tour the Agency.

5. **Board Training:** Ms. Curfman reminded the Board that training with MPCA attorney Ed Waters of Feldesman, Tucker, Leifer was scheduled for Thursday, December 1st at 8 am.

6. **Volunteers:** Ms. Curfman reviewed the Volunteer Report and thanked the Board Members for their service to the Agency.

**Agenda Item #6 Action Items**

1. **EMR Implementation:** Ms. Curfman reported that 1.5 years into the Agreement with Athena it has become obvious that this EMR is not going to work for Behavioral Health. The previous system Psych Consult does not meet current requirements. Therefore, a new system needs to be implemented. A workgroup met with several vendors and has selected Netsmart. They have promised to deliver a working product by the 7/1/17 CCBHC deadline. Ms. Curfman reviewed the financial proposal with the Board.

**Recommendations:** “I, Mark Mertens, move that the Board approve the expenditure necessary for implementation of the new EMR system.” Dayle Burgdorf seconded the motion. The motion carried.
2. Committee and Foundation Board Approvals: Mr. Rogers discussed Kyle Gowen's interest in joining the Finance Committee. With his background, it was felt he would be a good addition to the Committee.

Recommendations: “I, Mark Mertens, move that the Board approve the appointment of Kyle Gowen to the COMTREA Finance Subcommittee of the Board.” Ken Waller seconded the motion. The motion carried.

Ms. Curfman reported that the A Safe Place Foundation Board had recommended that Terry Crank be appointed to the Foundation’s Board of Directors.

Recommendations: “I, Mark Mertens move that the Board approve the appointment of Terry Crank to the A Safe Place Foundation’s Board of Directors.” Cliff Lane seconded the motion. The motion carried.

3. Budget Amendments: Three budget amendments were presented for approval. The amended CAC and A Safe Place budgets reflected funds received from the VOCA grant. The third, Tails with Tales, did not previously have a budget.

Recommendations: “I Mark Mertens move that the Board approve the amendment to the Budget to include the VOCA grant for the CAC and shelter and the new budget for the Tails with Tales program as presented.” Kyle Gowen seconded the motion. The motion carried.

4. Dental Sealant Grant Opportunity: Ms. Curfman reviewed the RFP that will be released by the State. COMTREA is uniquely positioned to receive this contract as we provided the highest number of sealants in the state. Dr. Suter was also consulted on the wording of this RFP. The RFP has the potential for a 2 year renewal.

Recommendations: “I, Beth Diveley, move that the Board approve Dr. Nathan Suter’s submission of the MO DHSS Office of Dental Health Sealant RFP.” Stan Stratton seconded the motion. The motion carried.
5. **Dental Fee Schedule**: Ms. Curfman reported that Dr. Suter had requested a CPT code for sealant repair be added to the dental fee schedule.

   **Recommendations**: “I, Mark Mertens, move that the Board approve the addition to the dental fee schedule as presented.” Ken Waller seconded the motion. The motion carried.

6. **Leadership Council Reports**: There were no questions or additions to the Leadership Council Reports.

   **Recommendations**: “I, Stan Stratton, move that the Board approve the October 2016 Leadership Council Report.” Ken Waller seconded the motion. The motion carried.

7. **Policy Approvals**: Four HR policies were recently updated to reflect an additional holiday, and up to date information for the implementation of the HRIS system. In updating these policies, two polices were absorbed into policy 12.5.

   **Recommendations**: “I, Ken Waller, move that the Board approve the revision of Employee Handbook Policies 12.3, 12.5, 14.2 and 16.2 and the deletion of policies 5.2 and 7.25 as discussed.” Cliff Lane seconded the motion. The motion carried.

8. **Manual Approvals**: Katy Murray presented 7 manuals with revision to insure compliance to all CARF required “written documentation”.

   **Recommendations**: “I, Mark Mertens, move that the Board approve the revisions to the S2 Mental Health Manual – Children and Youth, S3 CPRC Adult Psychosocial Rehab, S3 CPR-Jr, S4 Safe Access, S6 Athena Adolescent CSTAR Program Manual, S5 Youth Targeted Case Management Operations Manual and S37 Early Childhood Mental Health Prevention Program Manuals to insure compliance to all CARF required written documentation.” Kathy Ellis seconded the motion. The motion carried.

9. **Position Approvals**: Ms. Curfman explained the need to replace the previous critical incident reviewer with a .5 FTE. Due to issues with prior procedure, this was
inadvertently left out of the budget. Due to elimination of other positions, this would be budget neutral.

**Recommendations:** “I, Stan Stratton, move that the Board approve a revision to the budget to allow for the recruitment and hiring of a .5 FTE Critical Incident Reviewer.” Beth Diveley seconded the motion. The motion carried.

**Agenda Item #7 Credentialing & Privileging:** The Board reviewed the list of new staff and interns requiring privileges during the month of August. The list composed of the following individuals:

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<th>Name</th>
<th>Title</th>
<th>Status</th>
<th>Board Signature</th>
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<tbody>
<tr>
<td>Dr. Saba Khalil</td>
<td>Dentist II</td>
<td>Approved</td>
<td>10/25/16</td>
</tr>
<tr>
<td>Megan Dandurand</td>
<td>CSS II</td>
<td>Approved</td>
<td>10/25/16</td>
</tr>
<tr>
<td>Sharon Anderson</td>
<td>ADA CSS</td>
<td>Approved</td>
<td>10/25/16</td>
</tr>
<tr>
<td>Rachel Beasley</td>
<td>Dental Assistant</td>
<td>Approved</td>
<td>9/20/16</td>
</tr>
<tr>
<td>Amy Haas</td>
<td>Intensive In Home Specialist</td>
<td>Approved</td>
<td>10/25/16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Status</th>
<th>Board Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marsha Ivester</td>
<td>Counselor/MH Liaison</td>
<td>Approved</td>
<td>9/20/2016</td>
</tr>
<tr>
<td>Jhansi Vasireddy</td>
<td>MD/Adult Psychiatrist</td>
<td>Approved</td>
<td>10/25/2016</td>
</tr>
<tr>
<td>Dawn Hagedorn</td>
<td>Coord/Med Svcs</td>
<td>Approved</td>
<td>10/25/2016</td>
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<tr>
<td>Jennifer Beviri-Mersinger</td>
<td>Counselor</td>
<td>Approved</td>
<td>10/25/2016</td>
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<tr>
<td>Norinee Thomas</td>
<td>Counselor/ADA</td>
<td>Approved</td>
<td>10/25/2016</td>
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<tr>
<td>Lauren Fortney</td>
<td>Case Manager II</td>
<td>Approved</td>
<td>10/25/2016</td>
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<tr>
<td>Meghan Garvey</td>
<td>Counselor/ADA</td>
<td>Approved</td>
<td>10/25/2016</td>
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<tr>
<td>Ashleigh McGrath</td>
<td>Nurse Practitioner</td>
<td>Approved</td>
<td>10/25/2016</td>
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<tr>
<td>Anna Kloeppe</td>
<td>Dental Hygienist</td>
<td>Approved</td>
<td>10/25/2016</td>
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<tr>
<td>Angelica Miller</td>
<td>Hygienist I</td>
<td>Approved</td>
<td>10/25/2016</td>
</tr>
<tr>
<td>Mohammed Ashraf</td>
<td>MD/Medical Doctor</td>
<td>Approved</td>
<td>10/25/2016</td>
</tr>
<tr>
<td>Nicole Pulido</td>
<td>Counselor/Drug Ct</td>
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<td>10/25/2016</td>
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<tr>
<td>Ashley Holzmark</td>
<td>Dental Asst/Ld</td>
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<td>10/25/2016</td>
</tr>
<tr>
<td>Ashley Black</td>
<td>Dental Assistant</td>
<td>Approved</td>
<td>10/25/2016</td>
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Recommendations: "I, Mark Mertens, move that the Board accept this report and these staff as presented." Kathy Ellis 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

**Agenda Item #8 QIQA Committee:** Katy Murray reviewed the recent QIQA Committee meeting. The Staff Satisfaction Survey results would be discussed at the next meeting. Primary Care and Oral Health Quality Measures were reviewed and discussion regarding the Board Member patient count was had.

Recommendations: "I Stan Stratton, move that the Board accept this report as presented by the QIQA Committee." Kathy Ellis seconded the motion. The motion carried.

**Agenda Item #9 Discussion Items**

**A. Building and Grounds:**

1. "A" Building: Restroom fixtures and HVAC units are being installed.

2. **A Safe Place:** We are moving forward with the plans to install water/sewer construction for A Safe Place. It appears three companies are interested in bidding. A pre-bid conference was held on Monday, October 24, at the site, with two companies in attendance. Bids will be due in 3 weeks, Monday, November 7. We have received written approval by DNR of our waterline permit.

3. **Fox Dental:** Previous entry door will be moved to a location in the lobby which will access the hallway to the restroom.

4. **Bank of America/Alternate Building:** We have decided to delay the timeframe from January 2017 to projected July 2017 due to cash flow needs with new EMR.

5. **A Safe Place Well:** The chlorinator has been installed and is running. The Health Dept. came by today to test the water. By Monday, we should have the results and to test one more time. Hopefully, by the end of next week, we should be off boil alert.
6. **Drug Court:** We have had some water issues due to some issues on the roof. The landlord is aware and the roofer will do repairs on Monday.

B. **Community Relations:**

1. **Capital Campaign Update:** The consultants are in the process of interviewing, which will be completed by Thanksgiving. A report will be forthcoming with the results of those interviews. Mark Mertens reported on preliminary feedback shared at his interview as, "There is a lot of support for our campaign."

2. **Advisory Board Recruitment Event:** A recruitment meeting was held on October 20 and had over 20 community members in attendance. A follow up meeting is scheduled for Thursday, November 17 at 6pm in the Arnold Café. Attendees were given an informational packet with statistics and information on why the community needs the transitional housing project.

3. **Tails with Tales “Bales and Tales” Event:** The volunteer fundraising committee for Tails with Tales is hosting a “Bales and Tales” event at Bridle Ridge on **Saturday, December 3, 2016 from 2 to 6 pm.** There will be hayrides, DIY crafts for children, pictures with Santa, chili, chili dogs and raffle items.

4. **A Safe Place Mardi Gras Birthday Ball Update:** The date of the event had to be **changed** in order not to conflict with The Night of Superstars event. They changed the date of their event and it fell on the same night as the Mardi Gras Ball. The new date is **Saturday, February 4 at 6pm.** If anyone would like to be on the event committee please let Kim Elbl know.

C. **HR Subcommittee of the Board:** Ms. Curfman recommended that an HR subcommittee of the Board be formed. Beth Diveley was the obvious choice to sit on this subcommittee and has already been consulting with HR on certain projects.

D. **Family Advisory Council Update:** A meeting of the Patient Family Advisory Council was held on 9/6/2016. One family member was in attendance. Positive
experiences in the DBT Class, Behavioral Health, and Dental were discussed. There was a request made for an awareness program so the public understands all of the services the Agency provides. Another meeting has been scheduled for December.

10. **Board Member Recruitment Discussion:** Mr. Rogers discussed that Board Recruitment should be an ongoing process. He asked each Board Member to think of individuals who share passion for what COMTREA does and could commit the time necessary to serve on the Board. Names of those individuals could be sent to the Executive Board to reach out to. Ken Waller reported that Mark Mertens, Stan Stratton and Audrey Mitchell were up for reappointment to the Community Mental Health Fund Board.

**Agenda Item #10 Closed Session – Personnel:** “I, Stan Stratton 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); Elizabeth Diveley (Board Secretary) John Lamping (Board Treasurer); Martha Maxwell (CMHFB Chair); Jane Sullivan; Vicky James, Ken Waller; Stan Stratton; Mark Mertens; Cliff Lane; Dayle Burgdorf; Dr. Steven Crawford 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. Ken Waller 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:** 12/12/2016  **Time:** 7:30 am  **Location:** Arnold Suburban Office

☐ Minutes approved  
(Signature of Committee Chair)  
(Date)  

FMMSC 0116  
Approved 8/20/2014
Meeting Date: 10/10/2016 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); Elizabeth Diveley (Board Secretary) Stan Stratton (Board Treasurer); Jane Sullivan; Katherine Hardy-Senkel; Vicky James, Ken Waller; Mark Mertens; Cliff Lane; John Lamping and Kyle Gowen.

Not in Attendance: Martha Maxwell (CMHFB Chair); Dayle Burgdorf; Dr. Steven Crawford and Audrey Mitchell.

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); Patty Vanek (AVP Primary Care); 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) and Katy Murray (AVP Corporate Compliance/QM).

Jerry Rogers called the meeting to order at 7:37 am.

Agenda Item #1 Approval of Agenda

Recommendations: Kathy Ellis requested that discussion about the recent MPCA Conference be added to the Agenda.

"I Cliff Lane, move we approve the Agenda with the addition requested by Kathy Ellis". Mark Mertens seconded the motion. The motion carried.

Agenda Item #2 Approval of the September 12, 2016 Board Meeting Minutes

There were no corrections or additions to the September 12, 2016 Board Meeting Minutes.

Recommendations: "I Stan Stratton, move that we approve the September 12, 2016 Board Meeting Minutes". Kathy Ellis seconded the motion. The motion carried.
Action Items

1. Mr. Rogers signed the final versions of the September 12, 2016 Board Meeting Minutes.
   Committee member(s) responsible: Jerry Rogers

Agenda Item #3 Financial Report
John Lamping reported that the Agency was up to $2.2 million in cash before payroll. Our cash reserves had been increased from 30-60 days. Accounts receivable had also improved due to receipt of a portion of the Mil tax.

Recommendations: “I, John Lamping, move that the Board approve the attached financials for the month of August, 2016.” Kathy Ellis seconded the motion. The motion carried.

Agenda Item #4 CEO’s Report

1. Metrics Reporting
   a. Revenue Cycle Dashboard: Ms. Curfman reported that the Revenue Cycle Dashboard would be sent out to the Board by the end of the week.
   b. KPI Report: Revisions to the KPI report were reviewed and items of note were addressed. Ms. Curfman was tweaking the report to ensure it is the most meaningful document possible.
   c. Board Members using FQHC Services: A review of the recent report showed that there are only 4 Board Members or their dependents using FQHC services. HRSA requires 51%. This is a critical need to be addressed and Ms. Curfman informed the Board that she would be reaching out to them individually to determine which services they could utilize.

2. FQ 2017 Q.1 Strategic Plan Update: Ms. Curfman reviewed the roll-up of the first quarter strategic plan update. 57% of the Agency’s initiatives were in progress, 22% were already completed and the other 20% were in the planning stages. The Leadership Council was thanked for the hard work put into this document and on the goals thus far.
3. **Primary Care Action Plan:** Ms. Curfman reported that a recent benchmarking session held with the primary care providers had yielded several positive results. For the first time since Ms. Curfman took the CEO position, all providers came to a consensus on the number of visits per provider each day, being 20-24, which is the best practice recommendation. They also plan to implement open access for 4 hours per day, eventually moving to 8 hours per day. The next step will be to expand to after hours and weekends. She stated that we need to be able to see our patients when they are available to be seen.

4. **Volunteers:** Ms. Curfman reviewed the Volunteer Report and thanked the Board Members for their service to the Agency. She also noted that Tails with Tales had logged almost 40 hours in its first reporting month.

5. **Resolution Approval:** Ms. Curfman also described the new document in the Board packet. Starting at the November Board Meeting, all Board Members in attendance will need to sign off on each resolution as they are approved. She stated that it is their responsibility to ensure they understand the documents being approved and to ask any questions they may have. Each document would be uploaded to the Board section of the webpage prior to the meeting for review.

**Agenda Item #5 Action Items**

1. **Treasurer Position:** Discussion was had regarding a new position Stan Stratton had recently been appointed to. Unfortunately, this new role would keep him from being able to attend Executive Board Meetings. He requested that someone else be appointed as Treasurer to the COMTREA Board.

   **Recommendations:** “I, Mark Mertens, move that the Board accept Stan Stratton’s resignation from the position of Treasurer and approve the appointment of John Lamping to the position of Treasurer to the COMTREA Board of Directors.” Kathy Ellis seconded the motion. The motion carried.

2. **Leadership Council Reports:** There was no discussion with regard to the Leadership Council Report.
Recommendations: “I, Beth Diveley, move that the Board approve the September 2016 Leadership Council Report.”

3. Policy Approvals: Sue Curfman reviewed the proposed addition to G6.4 FINANCIAL OPERATIONS POLICY AND PROCEDURE MANUAL, Section 9 Billing and Collection. The proposed Hardship Policy presented was noted as a HRSA requirement. The document is circumstantial. It was noted that the most critical piece of this policy is documentation in the clinical record.

Recommendations: “I, Kathy Ellis move that the Board approve the addition of the proposed Hardship Policy to the G6.4 FINANCIAL OPERATIONS POLICY AND PROCEDURE MANUAL, Section 9 Billing and Collection.” Mark Mertens seconded the motion. The motion carried.

Ms. Curfman presented a proposed No-Show Policy. This was recommended after a consultant reviewed the policies and procedures in oral health. It was noted that exceptions would be made for patients with transportation issues. The policy would also still allow patients to be seen in open access clinics or be worked in as the daily schedule allows.

Recommendations: “I Mark Mertens, move that the Board approve the addition of the proposed Broken Appointment Policy to G8.9 as presented.” Kyle Gowen seconded the motion. The motion carried.

Ms. Curfman reviewed the results of a survey sent out to staff on the Agency’s non-smoking policy and offered 3 options to help ensure the grounds stay clean. The majority of staff would like to see COMTREA remain a non-smoking Agency and continue to offer smoking cessation services. In addition, an area would be created at each facility for smokers to utilize that includes a receptacle for proper disposal for the waste.

Recommendations: “I Beth Diveley, move that COMTREA remain a non-smoking Agency and continue to provide smoking cessation services. In addition, I move that
an area be created at each facility for smokers to utilize that will include a receptacle for proper disposal of their waste." Stan Stratton seconded the motion. The motion carried.

Agenda Item #6 Manual Approvals: Four (4) manuals were presented for approval. Each of these manuals had chances made to insure compliance to all CARF required “written documentation”.

Recommendations: “I Mark Mertens, move that the Board approve the revisions to the S5 Adult CPS Clinic-Based Treatment Services Operations Manual, the S6 Adult Division Athena CSTAR Outpatient Substance use with Drug Courts Operations Manual, S9 Health Care Home Manual and S26 Keaton Assisted Living Facility Operations Manual to insure compliance to all CARF required written documentation.” Kathy Ellis seconded the motion. The motion carried.

Agenda Item #7 Position Approvals: Two positions were brought forth for approval:

a. **MO Certified Recovery Support Specialist (.50 FTE)** – an individual with lived experience with a substance use disorder and/or co-occurring disorder that has completed the 40 hour required/sanctioned training as provided by Department of Mental Health. This individual will work within a multidisciplinary team format and accompany other staff, such as community support specialist or case manager, to assist with outreach and engagement into treatment and recovery process. This outreach is community based and referrals can come from Emergency Department; inpatient hospital and or residential treatment center; community providers or DMH Disease Management initiatives among others. This is a revenue producing position and a CCBHC requirement. Anticipated Start Date: January 2017

Recommendation: “I John Lamping, move that the Board approve a revision to the budget to allow for the recruitment and hiring of a .5 FTE Missouri Certified Recovery Support Specialist. Kyle Gowen seconded the motion. The motion carried.
b. **Registered Health Information Technician (RHIT) (1.0 FTE)** - A Registered Health Information Technician (RHIT) is responsible for assembling, organizing, and maintaining patient health information in accordance with applicable Federal, State, and accrediting agencies' requirements. RHIT's job responsibilities may vary depending on the size and requirements determined by the provider concerning all aspects of a patient record including demographic information, medical history, family history, medication history, diagnosis and treatment, test results, lab and radiology reports, and other information necessary for the providing quality patient care. This position would be budget neutral due to several budgeted positions not being filled and others reassigned.

**Anticipated Start Date:** Before end of 2016

**Recommendation:** "I, Mark Mertens, move that the Board approve a revision to the budget to allow for the recruitment and hiring of a 1.0 FTE Registered Health Information Technician." Cliff Lane seconded the motion. The motion carried.

**Agenda Item #8 Advisory Committee of the Board:** Discussion was had regarding formation of this Committee to advocate on behalf of the Agency. The group agreed that both staff and Board Members should sit on the committee and that it would report directly to the Executive Board who would then report to the full Board. With the changing political landscape, this was felt to be an important Committee to implement. Beth Dively noted that some organizations hire full-time employees to fulfill roles such as this and it would be a great benefit to COMTREA. Vicky James spoke of an incident where having the correct contacts in place helped to get one of her clients care they desperately needed.

**Recommendation:** "I, Vicky James, move that the Board form an Advocacy Committee for the purpose of addressing public issues affecting the effectiveness of COMTREA programs and services." Katherine Hardy-Senkel seconded the motion. The motion carried.
Agenda Item #9 Credentialing & Privileging: The Board reviewed the list of new staff and interns requiring privileges during the month of August. The list composed of the following individuals:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Division</th>
<th>Status</th>
<th>Date of Board Signature</th>
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<td>Rachel Beasley</td>
<td>DA</td>
<td>Dental</td>
<td>New Hire</td>
<td>9/20/2016</td>
</tr>
<tr>
<td>Megan Dandurand</td>
<td>CSSII</td>
<td>CY-BH</td>
<td>New Hire</td>
<td>9/20/2016</td>
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</table>

Current Staff Re-Privileged (during the month of September 2016)

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<tr>
<th>Name</th>
<th>Title</th>
<th>Division</th>
<th>Status</th>
<th>Date of Board Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rachel Kappelmann</td>
<td>Case Manager</td>
<td>Adult-BH</td>
<td></td>
<td>9/20/2016</td>
</tr>
<tr>
<td>Courtney Fraley</td>
<td>CSS</td>
<td>C&amp;Y-BH</td>
<td></td>
<td>9/20/2016</td>
</tr>
</tbody>
</table>

Recommendations: "I, Kathy Ellis, move that the Board accept this report and these staff as presented." Mark Mertens 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

Agenda Item #10 QIQA Committee: Vicky James reviewed the recent QIQA Committee meeting. The Annual Patient Experience Survey noted improvements. Discussions were being had about how to get the results of improvements made out to clients. She noted that the Agency had received a Level II recognition from PCMH. Peer reviews were discussed, Dr. Turner recommended that the Agency conduct 3 reviews per quarter. Vicky noted that
the agency was 1% away from achieving bronze status for the MPCA Clinical Quality Awards, quality measures would be aligned to allow the Agency to achieve gold status.

Recommendations: "I Vicky James, move that the Board accept this report as presented by the QIQA Committee." Stan Stratton seconded the motion. The motion carried.

Agenda Item #11 Discussion Items

A. Building and Grounds:

i. **"A" Building:** Flooring is laid. HVAC ductwork is being run throughout the building.

ii. **Fox Service Center:** Construction has begun on the new entrance for the Fox Dental Center. The sidewalk has been poured, steel framework for the vestibule set and the entrance cut into the current lobby. A protective, temporary wall has been set up in the current lobby to minimize dust and noise from the construction.

iii. **Valley:** We have been permitted and flooring has been taken up, which immediately led to asbestos abatement. We should be able to cut concrete floors this weekend to lay plumbing for the exam rooms.

iv. **Bank of America Building:** Tracy met with the realtor to develop a lease agreement with the owners of the building.

v. **A Safe Place:** We are moving forward with the plans to install water/sewer construction for A Safe Place. At the Building and Grounds Committee meeting this past week, the go ahead was given to the engineer to draw up specifications for the bid process. Tracy and the engineer met last week to determine timelines. Plans will be available beginning, Monday, October 17. A pre-bid conference will be held on Monday, October 24. Bids will be due Monday, November 7. Project completion date will be Tuesday, March 28, 2017. We will submit bid requests to four Jefferson County excavation firms for bid. We may consider splitting out a bid for tree removal as an alternate bid. Tracy picked up paperwork from the engineer, for property easement by the new owner of the golf course. The District Manager of Ameren MO has been contacted regarding our having access to their property.
B. Community Relations: The Capital Campaign feasibility study is underway. We developed a list of potential interviewees for EMD Consulting for the feasibility study and created an introductory letter regarding the purpose of the interviews and the interviewers. The letters to the potential interviewees were mailed out mid-September and companion piece that included a case statement describing the need for persons who are experiencing domestic violence and current efforts to address the issue, as well as the efforts to increase capacity was also included with the letter.

Friends of a Safe Place Foundation will be hosting an event on Thursday, October 20 at 6pm in the Arnold Café for individuals interested in being a part of the advisory board. This board will assist the foundation board with building awareness in the community for the need to expand a safe place with transitional housing and in fundraising.

C. HRSA 19 Program Requirements: Mr. Rogers noted the importance for the Board to understand the HRSA 19 Program Requirements. During the HRSA Site Visit the Board will meet with the auditors separately from the staff. Kathy Ellis noted that the “19 Requirements” were part of every discussion at the MPCA Conference. A PowerPoint Ms. Curfman had printed from the HRSA website was distributed to the Board Members for their review.

D. MPCA Conference: Kathy Ellis reported on several items of note that were stressed at the MPCA Conference:

Duty of care, duty of loyalty and duty of obedience, changing auditors every 3 to 5 years, consistently be on the lookout for conflicts of interest and Board Member retention and recruitment. Ms. Ellis and Mr. Rogers both reported that it was a great conference and in the future, it may become mandatory for all new Board Members to attend.
4. Board Member Recruitment Discussion: Mr. Rogers discussed that Board Recruitment should be an ongoing process. He asked each Board Member to think of individuals who share passion for what COMTREA does and could commit the time necessary to serve on the Board. Names of those individuals could be sent to the Executive Board to reach out to.

**Agenda Item #12 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); Elizabeth Diveley (Board Secretary) Stan Stratton (Board Treasurer); Jane Sullivan; Katherine Hardy-Senkel; Vicky James, Ken Waller; Mark Mertens; Cliff Lane; John Lamping and Kyle Gowen.

**Agenda Item #13 Adjournment**

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

**Recommendations**: With there being no further business to discuss, Stan Stratton moved for adjournment. Kyle Gowen 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: 11/14/2016  Time: 7:30 am  Location: Arnold Suburban Office

☐ Minutes approved _________________________________________

(Signature of Committee Chair)  (Date)
Special Board Meeting Minutes

Meeting Date: 10/21/2016  Time: 8:00 am
Chairperson/President/Facilitator: Jerry Rogers, Chairperson

Attendees: Jerry Rogers (Board Chair); Kathryn Ellis (Board Vice Chair - Community Development and Fundraising Committee Chair); Elizabeth Diviney (Board Secretary); John Lamping (Board Treasurer); Jane Sullivan; Ken Waller; Mark Mertens; Martha Maxwell (CMHFB Chair); Cliff Lane and Kyle Gowen.
Not in Attendance: Katherine Hardy-Senkel; Vicky James; Stan Stratton; Dayle Burgdorf; Dr. Steven Crawford and Audrey Mitchell.
Staff in Attendance: Susan M. Curfman, MA (President & CEO)

Jerry Rogers called the telephone meeting to order at 8:09 am.

Agenda Item #1 Approval of Training Cost: Sue Curfman requested the approval for expenditure of $10,000 to bring Edward Waters, managing partner with Feldesman Tucker Leifer Fidell LLP, which is based in Washington D.C. This firm is well-known for its work with FQHCs. The tentative date for the board training session is December 1st and 2nd. It would be optimal to have all board members in attendance. There are two topics being considered:

1. **Board Governance for Health Centers:** This training will review the governance requirements for Section 330 grant recipients but, more importantly, will focus, in practical terms, on how to function effectively, examples of what can go right and what can go wrong and how to work together with management as a team.

2. **Avoiding Malpractice for Providers:** Even with the benefit of Federal Tort Claims Act ("FTCA") coverage, health centers need to understand medical malpractice. In addition to creating potential financial risk for a health center, malpractice suits can damage a provider's career and a health center's reputation. This session will provide an overview of malpractice,
liability issues that arise in health centers and some practical tips on how to protect oneself from potential suits.

**Recommendations:** "I, Cliff Lane, move that the Board approve the expenditure of $10,000 for the training offered by Edward Waters of Feldesman Tucker Leifer Fidell, LLP." Kathy Ellis seconded the motion. The motion carried by voice vote from the following: Jerry Rogers (Board Chair); Kathryn Ellis (Board Vice Chair - Community Development and Fundraising Committee Chair); Elizabeth Diveley (Board Secretary); John Lamping (Board Treasurer; Jane Sullivan; Ken Waller; Mark Mertens; Martha Maxwell (CMHFB Chair); Cliff Lane and Kyle Gowen.

**Agenda Item #2 Adjournment:**

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

**Recommendations:** With there being no further business to discuss, Ken Waller 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:** 11/14/2016  Time: 7:30 am  Location: **Arnold Suburban Office**

☐ Minutes approved ____________________________________________________________________________

(Signature of Committee Chair)  (Date)
# MASTER AGREEMENT FOR LICENSED SOFTWARE, HOSTING, AND SERVICES

This Master Agreement for Licensed Software, Hosting, and Services sets forth the terms and conditions under which Netsmart shall license the software programs and provide hosting and support services described herein.

The term “Master Agreement” means this Signature Page, the attached Master Agreement Expenditures page, the attached Terms and Conditions, all Schedules and addendums attached hereto, the referenced BAA and SOW, and any subsequent mutually executed amendment(s) or addendum(s).

IN WITNESS WHEREOF, the parties hereto have executed this Master Agreement as of the date(s) written below.

<table>
<thead>
<tr>
<th>Netsmart Technologies Inc.</th>
<th>Comtrema Comprehensive Health Center</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BY:</strong></td>
<td><strong>BY:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>(Printed Name)</td>
<td>(Printed Name)</td>
</tr>
<tr>
<td><strong>TITLE:</strong></td>
<td><strong>TITLE:</strong></td>
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<tr>
<td></td>
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<tr>
<td><strong>DATE:</strong></td>
<td><strong>DATE:</strong></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Master Agreement Expenditures</td>
<td>Charges and payment terms</td>
</tr>
<tr>
<td>Master Agreement Terms and Conditions</td>
<td>Governing terms and conditions of the Agreement</td>
</tr>
<tr>
<td>Schedule A</td>
<td>Support Services for Licensed Software</td>
</tr>
<tr>
<td>Schedule A-1</td>
<td>Hosting Service Level Agreement (SLA)</td>
</tr>
<tr>
<td>Schedule B</td>
<td>Hardware Configuration</td>
</tr>
<tr>
<td>Schedule C</td>
<td>Changes to the Master Agreement</td>
</tr>
<tr>
<td>Netsmart Subscription Addendum</td>
<td>Supplemental terms for Subscription Products</td>
</tr>
<tr>
<td>BAA</td>
<td>Business Associate Agreement</td>
</tr>
<tr>
<td>SOW</td>
<td>Scope Document for Plexus Implementation Plan</td>
</tr>
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</table>
# Master Agreement Expenditures

## ONE-TIME CHARGES:

<table>
<thead>
<tr>
<th>Netsmart Programs</th>
<th>Qty</th>
<th>Charges</th>
<th>Payment Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>myAvatar EHR Named User Suite</strong> (Includes: Practice Management- PM, Clinical Workstation- CWS, RadPlus, Client Funds Management System- CFMS, General Ledger Interface- GLI, Incident Tracking, Chart Tracking, Electronic Signature- eSig, Addiction Severity Index- ASI, and Identity Manager)</td>
<td>250</td>
<td>$175,000</td>
<td>Due on Agreement execution</td>
</tr>
<tr>
<td><strong>myAvatar State Reporting Tool</strong></td>
<td>1</td>
<td>$5,000</td>
<td>Due on Agreement execution</td>
</tr>
<tr>
<td><strong>OrderConnect – EPCS</strong></td>
<td>1</td>
<td>$75.00</td>
<td>Due on Agreement execution</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Third Party Products and Services</th>
<th>Qty</th>
<th>Charges</th>
<th>Payment Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech Recognition powered by M*Modal Microphones</td>
<td>20</td>
<td>$4,900</td>
<td>Due on Agreement execution</td>
</tr>
<tr>
<td>Document Capture powered by Perceptive</td>
<td>1</td>
<td>$17,500</td>
<td>Due on Agreement execution</td>
</tr>
</tbody>
</table>

| Plexus Implementation Services as defined in the SOW (Services Includes: Avatar, M*Modal, Demographic and Movement, CCBHC – Value Based Care, KPI Dashboard, Primary Care, OrderConnect, OrderConnect- EPCS, CareConnect, myHealthPointe Portal, Document Capture, CarePOV Psychiatry, and Avatar State Forms Reporting) |       | $635,335 | $245,025 due on agreement execution. Balance due according to implementation milestone schedule as outlined below: 1. $97,578 due at Project Planning 2. $97,578 due at Final Review 3. $97,578 due at Go-Live 4. $19,000 due at Post Go-Live 5. $78,578 due 90 day following post go-live or January 2018 (whichever is first). |

**TOTAL ONE-TIME CHARGES** $837,810

## RECURRING CHARGES:

<table>
<thead>
<tr>
<th>Netsmart Annual Maintenance and Support Charges</th>
<th>Qty</th>
<th>Charges</th>
<th>Payment Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Netsmart Programs annual support</strong> (The minimum maintenance commitment for Netsmart Programs is 12 months and is subject to annual increases pursuant to the Master Agreement). Includes support for myAvatar and myAvatar State Reporting</td>
<td></td>
<td>$65,100</td>
<td>$5,717 due on Agreement execution. Payments due in 12 equal monthly installments thereafter</td>
</tr>
</tbody>
</table>

| Hosting                                                                        |      |          |                       |

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*Page 3 of 57*
Annual price is based upon a rate of $40 per named user per month and a minimum purchase of 250 named users per month per year.

Additional named users can be added at a rate not less than $40 per named user per month for a period of one year from the date of this Master Agreement.

<table>
<thead>
<tr>
<th>Netsmart Subscriptions</th>
<th>OrderConnect:</th>
</tr>
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</table>
| Document Capture Hosting | 250 | $120,000 | $2,238 due on Agreement execution and 12 equal monthly installments until January 2018. Starting January 2018 hosting will be broken into $11,190 equal monthly payments thereafter.

<table>
<thead>
<tr>
<th>OrderConnect Year 1 Base Fee</th>
<th>1</th>
<th>$1,125</th>
<th>Delivery will be July 2017. Annual Payment will be deferred 6 months and invoicing will begin on January 1, 2018, if product is needed prior, payment will be due and subscription term will commence upon actual delivery date. Subsequent renewal terms payable on anniversary date of Effective Date and are subject to increases as per the Master Agreement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>OrderConnect Prescribers</td>
<td>10</td>
<td>$9,360</td>
<td>Delivery will be July 2017. Annual Payment will be deferred 6 months and invoicing will begin on January 1, 2018, if product is needed prior, payment will be due and subscription term will commence upon actual delivery date. Subsequent renewal terms payable on anniversary date of Effective Date and are subject to increases as per the Master Agreement.</td>
</tr>
<tr>
<td>OrderConnect Non-Prescribers</td>
<td>200</td>
<td>$23,400</td>
<td>Delivery will be July 2017. Annual Payment will be deferred 6 months and invoicing will begin on January 1, 2018, if product is needed prior, payment will be due and subscription term will</td>
</tr>
<tr>
<td>Service Description</td>
<td>Quantity</td>
<td>Amount</td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>----------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>OrderConnect EPCS</td>
<td>10</td>
<td>$720</td>
<td></td>
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</table>

Commence upon actual delivery date. Subsequent renewal terms payable on anniversary date of Effective Date and are subject to increases as per the Master Agreement.

Delivery will be July 2017. Annual Payment will be deferred 6 months and invoicing will begin on January 1, 2018, if product is needed. Payment will be due and subscription term will commence upon actual delivery date. Subsequent renewal terms payable on anniversary date of Effective Date and are subject to increases as per the Master Agreement.

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Quantity</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>CareConnect - (Includes: HIE Connector – CCD Transactions, Immunization Connector, Direct Message Mailbox, Lab Orders – Outbound, Lab Results – Inbound)</td>
<td></td>
<td>$17,699.70</td>
</tr>
</tbody>
</table>

Delivery will be July 2017. Annual Payment will be deferred 6 months and invoicing will begin on January 1, 2018, if product is needed. Payment will be due and subscription term will commence upon actual delivery date. Subsequent renewal terms payable on anniversary date of Effective Date and are subject to increases as per the Master Agreement.

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Quantity</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>CarePOV. Psychiatry</td>
<td>10</td>
<td>$4,410</td>
</tr>
</tbody>
</table>

Delivery will be July 2017. Annual Payment will be deferred 6 months and invoicing will begin on January 1, 2018, if product is needed. Payment will be due and subscription term will commence upon actual delivery date. Subsequent renewal terms payable on anniversary date of Effective Date and are subject to increases as per the Master Agreement.

<table>
<thead>
<tr>
<th>Service Description</th>
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<th>Amount</th>
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<tbody>
<tr>
<td>CarePOV. Medical Note</td>
<td>4</td>
<td>$10,764</td>
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Delivery will be July 2017. Annual Payment will be deferred 6 months and invoicing will begin on January 1, 2018, if product is needed. Payment will be due and subscription term will commence upon actual delivery date. Subsequent renewal terms payable on anniversary date of Effective Date and are subject to increases as per the Master Agreement.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Notes</th>
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<tbody>
<tr>
<td>myHealthPointe Year 1 Base Fee</td>
<td>1</td>
<td>$18,000</td>
<td>Delivery will be July 2017. Annual Payment will be deferred 6 months and invoicing will begin on January 1, 2018, if product is needed prior. Payment will be due and subscription term will commence upon actual delivery date. Subsequent renewal terms payable on anniversary date of Effective Date and are subject to increases as per the Master Agreement.</td>
</tr>
<tr>
<td>KPI Dashboards</td>
<td>1</td>
<td>$10,647</td>
<td>Delivery will be July 2017. Annual Payment will be deferred 6 months and invoicing will begin on January 1, 2018, if product is needed prior. Payment will be due and subscription term will commence upon actual delivery date. Subsequent renewal terms payable on anniversary date of Effective Date and are subject to increases as per the Master Agreement.</td>
</tr>
<tr>
<td>Annual Escrow Program Fee</td>
<td></td>
<td></td>
<td>TBD – We can discuss during our review.</td>
</tr>
<tr>
<td><strong>Third Party Subscriptions</strong></td>
<td></td>
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</tr>
<tr>
<td>Diagnosis Content on Demand</td>
<td></td>
<td>$2,961.24</td>
<td>Delivery will be July 2017. Annual Payment will be deferred 6 months and invoicing will begin on January 1, 2018, if product is needed prior. Payment will be due and subscription term will commence upon actual delivery date. Subsequent renewal terms payable on anniversary date of Effective Date and are subject to increases as per the Master Agreement.</td>
</tr>
</tbody>
</table>
| Speech Recognition powered by M*Modal | 1        | $6,900      | Delivery will be July 2017. Annual Payment will be deferred 6 months and invoicing will begin on January 1, 2018, if product is needed prior. Payment will be due and subscription term will commence upon actual delivery date. Subsequent renewal terms
<table>
<thead>
<tr>
<th>Document Capture powered by Perceptive Maintenance</th>
<th>1</th>
<th>$3,500.04</th>
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</thead>
<tbody>
<tr>
<td><strong>TOTAL RECURRING CHARGES</strong></td>
<td></td>
<td><strong>$308,866.98</strong></td>
</tr>
</tbody>
</table>

**TRAVEL AND LIVING AND TRAVEL TIME EXPENSES**

Travel time will be billed at a rate of $150 per hour.
Billed monthly as incurred at the most economical rates.

Travel and Living Expenses are as follows:

- **Meals**: Netsmart's current daily per diem rate is $65.00. **Airling**: Coach Class on Major Airlines including any additional fees applied by the airline. **Vehicle**: Vehicle usage will be reimbursed at the current IRS allowance. **Rental Car**: Mid-Size vehicle at local rates plus fuel, tolls, parking **Hotel**: At local rates

Billed as incurred
COMMUNITY TREATMENT, INC  
FY 2017 ANNUAL BUDGET  
A SAFE PLACE

<table>
<thead>
<tr>
<th>REVENUES:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>COURT</td>
<td>$70,000</td>
<td>$70,000</td>
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<tr>
<td>SALES TAX - COVERS CHILDREN SERVICES</td>
<td>$30,548</td>
<td>$30,548</td>
</tr>
<tr>
<td>MIL TAX</td>
<td>$200,000</td>
<td>$168,875</td>
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<tr>
<td>GRANTS</td>
<td>$207,148</td>
<td>$279,485</td>
</tr>
<tr>
<td>FUNDRAISING</td>
<td>$20,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>DONATIONS</td>
<td>$67,000</td>
<td>$67,000</td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
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</tbody>
</table>

| OPERATING REVENUE                | $594,696 | $635,907 |

<table>
<thead>
<tr>
<th>EXPENSES:</th>
<th></th>
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<tbody>
<tr>
<td>SALARIES</td>
<td>$342,156</td>
<td>$368,260</td>
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<tr>
<td>PAYROLL TAXES</td>
<td>$26,004</td>
<td>$28,172</td>
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<td>BENEFITS</td>
<td>$97,509</td>
<td>$73,021</td>
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<tr>
<td>TRAINING &amp; EDUCATION</td>
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<td>$5,000</td>
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<table>
<thead>
<tr>
<th>PERSONNEL EXPENSES -- 11.35 FTE</th>
<th>$470,689</th>
<th>$474,453</th>
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<tbody>
<tr>
<td>TRAVEL</td>
<td>$12,000</td>
<td>$12,000</td>
</tr>
<tr>
<td>CLIENT TRANSPORTATION</td>
<td>$400</td>
<td>$400</td>
</tr>
<tr>
<td>BUILDING-UTIL</td>
<td>$12,500</td>
<td>$12,500</td>
</tr>
<tr>
<td>COMM-TELEPHONE</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>INSURANCE-PROPERTY/LIABILITY/WORK COMP</td>
<td>$10,000</td>
<td>$10,000</td>
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<tr>
<td>SUPPLIES</td>
<td>$12,500</td>
<td>$12,500</td>
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<tr>
<td>EQUIPMENT</td>
<td>$900</td>
<td>$36,900</td>
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<tr>
<td>VEHICLE EXPENSE</td>
<td>$1,500</td>
<td>$1,500</td>
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<tr>
<td>MARKETING</td>
<td>$600</td>
<td>$600</td>
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<tr>
<td>FUNDRAISING EXPENSES</td>
<td>$22,000</td>
<td>$22,000</td>
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<tr>
<td>REP &amp; MAINT</td>
<td>$10,000</td>
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<tr>
<td>FOOD SERVICE</td>
<td>$9,000</td>
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<tr>
<td>CONTRACTED SERVICES</td>
<td>$8,000</td>
<td>$8,000</td>
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<tr>
<td>RECREATION</td>
<td>$2,300</td>
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<tr>
<td>DEPRECIATION</td>
<td>$17,689</td>
<td>$17,689</td>
</tr>
<tr>
<td>OTHER</td>
<td>$1,700</td>
<td>$1,700</td>
</tr>
</tbody>
</table>

| OPERATING EXPENSES               | $601,758 | $641,542 |

| ADMIN. ALLOCATION                | $113,059 | $113,059 |
COMMUNITY TREATMENT, INC  
FY 2017 ANNUAL BUDGET  
CHILDREN'S ADVOCACY CENTER - ALL LOCATIONS

<table>
<thead>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
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<td>$671,037</td>
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<tr>
<td>SALES TAX</td>
<td>$29,981</td>
<td>$29,981</td>
</tr>
<tr>
<td>FUND RAISING</td>
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<td>$54,300</td>
</tr>
<tr>
<td>UNITED WAY</td>
<td>$15,400</td>
<td>$15,400</td>
</tr>
<tr>
<td>DONATIONS</td>
<td>$15,000</td>
<td>$15,000</td>
</tr>
</tbody>
</table>

| OPERATING REVENUE | $521,278 | $785,718 |

<table>
<thead>
<tr>
<th>EXPENSES:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SALARIES</td>
<td>$274,187</td>
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| PERSONNEL EXPENSES -- 7.0 FTE | $348,696 | $569,120 |

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| OPERATING EXPENSES   | $500,956 | $796,353 |

| ADMIN ALLOCATION     | $69,728  | $69,728  |
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FY 2017 ANNUAL BUDGET  
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| ADMIN ALLOCATION              |       |
Laura Casey

From: Sue Curfman
Sent: Friday, November 04, 2016 9:37 PM
To: Laura Casey
Subject: FW: Sealant Grant Opportunity

Laura – Can you please print this out for me?

From: Nathan Suter
Sent: Wednesday, November 02, 2016 4:09 PM
To: Sue Curfman <SCurfman@comtreao.org>
Cc: Amy Rhodes <ARhodes@comtreao.org>; Tracy Wiecking <TWiecking@comtreao.org>; Laura Casey <LCasey@comtreao.org>; Margo Pigg <MPigg@comtreao.org>
Subject: Sealant Grant Opportunity

Sue

I would like you to add the following to the agenda for the Board.

MO DHSS Office of Dental Health has released an RFP for a sealant program. This is a bit complicated as it is a contract with the state and not a grant. We are uniquely positioned to gain this contract. This is a program that builds upon the PSP “Tooth Ferry” Screening program that we operate in area schools for no charge. We are the states largest single provider of PSP screenings. They contacted me for thoughts on how to word this RFP.

We have two options:

Up to $50,000 - Provide less than 3,000 students with sealants within a year.
Up to $100,000 - Provide more than 3,000 students with sealants within a year.

This has the potential for two more consecutive years. Can the board allow us to proceed even though we are not sure which level we will apply for?

Thank you,

Nathan Suter, DDS
Dentist & Oral Health Director
COMTREA Comprehensive Health Center

Fox Dental Clinic
“Such is oft the course of deeds that move the wheels of the world: small hands do them because they must, while the eyes of the great are elsewhere.” — JRR Tolkien
FUNDING OPPORTUNITY
Dental Sealant Program
RFA# 1708
BID DUE DATE: December 1, 2016
Issue Date: October 31, 2016

The Missouri Department of Health and Senior Services, Division of Administration, is issuing an RFA Dental Sealant Program for the provision of providing a Dental Sealant Program to students.

This funding cycle will be Date of Award through July 31, 2017.

If you are interested in submitting a competitive proposal to provide the needed services for the Department, you may obtain a copy of the RFA document from the Department’s website at:

http://www.health.mo.gov/

The RFA #1708 document will be listed on the website http://health.mo.gov/information/publicnotices/invitations/index.php. After downloading the entire document, it will also be necessary for you to check the same website location periodically until the time of bid closing in order to obtain any amendments to the RFA that may be issued later.

In the event you are unable to download the RFA document from the Internet or have questions regarding the RFA, please contact Janett Walker at Janett.Walker@health.mo.gov and (573) 751-6032 or by fax at (573) 522-9052.
Critical Incident Reviewer

Department: Operations
FLSA Status: Exempt
Grade/Level: 
Work Schedule: Monday-Friday

Job Status: Full Time
Reports To: AVP-Quality Management
Amount of Travel Required: As needed
Positions Supervised: None

POSITION SUMMARY
Oversee the Comtrean mortality and critical incident process. Complete investigations and root cause analyses on client deaths and other critical incidents.

ESSENTIAL FUNCTIONS
Reasonable Accommodations Statement
To perform this job successfully, an individual must be able to perform each essential duty in a satisfactory manner. Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the essential functions.

Essential Functions Statement(s)
1. Develop an integrated mortality and critical incident process and policy for all COMTREAN clients in accordance with state and federal guidelines.
2. Screen all reported mortality and critical incidents to determine when further investigation is warranted.
3. Complete investigations and root cause analyses as outlined in COMTREAN policy.
4. Present information to the mortality review and critical incident committees to determine recommendations for future strategies.
5. Ensure that future strategies are implemented.
6. Examine social, economic, cultural, safety, health system and other factors associated with client mortality and other serious incidents.
7. Advocate for the support and development of prevention programs to address trends.
8. Meet all expectations and guidelines identified in COMTREA’s Code of Conduct.
9. Other duties as assigned.

POSITION QUALIFICATIONS

SKILLS & ABILITIES

Education
Masters degree in the health or human services field or RN/BSN. Demonstrated knowledge base in statistics, epidemiology, and community health services.

Experience
At least three years experience in the healthcare field.

Computer Skills
Microsoft Office programs, Electronic medical records, Missouri web-based programs

Certificates & Licenses
None

Other Requirements
Demonstrate good oral and written communication skills. Have training in investigations, mortality review, and root cause analysis (or be willing to obtain training).
POSITION APPROVAL AND PROCESSING FORM

Position Title: Critical Incident CM___________________ Dept./Location: ___BH/ float location____________________

Exempt_x Non-Exempt_____ Full-Time ___ Part-Time_x (No. Of Hrs.:____) PRN__

New___ Existing_x (Vacated by:___Michelle Thomas____________________) Date
Open:__Nov 1, 2016____________________

Weekly Schedule: ___ week days________________________

Reports To: ___CBHO (temp)________________________________ Starting Salary: ___ to be determined_________

Minimum Qualifications

Preferred Qualifications

Degrees: __LPC/LCSW/RN_______________________________

BSN

Certifications:________________________

Licenses: ___MO RN or MO LPC or LCSW active license________________________

Other: BH Inpatient or outpatient experience : 2+ years.________________________

Please attach current Job Description and submit with this form.

M Pigg 11/1/2016_______

Sup/EVP Date HR Date CFO Approval Date

New position/not in budget:

________________________ Date

CEO/President

To be Completed by Human Resources:

Job Control No.______________ EEO Category:______________ Date Form Recv’d:____________________

Job Desc. Revision Needed: (N)___ (Y)___ (Date Recv’d:________) Internal Posting Date________

Div. Emp. Sec._________ Job Ptnr._________ Job Fair_______ Educ.Pgm._________________

St. Louis Post_______________ Jeff. Co. Journals________________ Other______
COMTREA Family Advisory Council

9/6/2016


Discussion Notes/Topics

**DBT Class Experience**
“DBT classes are life changers”
“Like one big family that wants you to succeed”
“Therapists never say your wrong, the make you feel your response is valid”
“You find that you share things with others even though they have different problems”

**Request for an Awareness Program.**
“There is a lack of the community’s knowledge of mental illness”
Request that COMTREA have a role in removing the stigma within the community.
“Schools need to be more in tuned”
Perform classes on counseling and awareness of mental illness for Junior High students “sensitivity training”
My grandson told me “I know how it feels to be invisible, I say hello and no one says it back”

**Behavioral Clinical Experience**
One physician commented “I am just a glorified prescription writer”
“Dr. Delaney’s approach is dead honest”, an appreciation of the council member.
15 minutes is not enough time for the physician to do a proper visit and make sure they are on the right medicine.
Doesn’t feel the doctors read the notes the counselors write up.
“Physicians need to be brought down to a more human level”, “not compassionate”
“Compassion encourages you to stay in the program”
Council member feels that the Nurse Practitioners give better care. “More in tuned”
Suggestion came up to see the latest SSM commercial, where SSM says we want to get to know you better, so we will be asking more questions.

**Dental Experience**
Compared experience between the same patient having services at SLU and the Hillsboro locations. Pt has a history of panic attacks in the chair and where the SLU dental clinic made them reschedule, “the Hillsboro office took an additional 15-20 to help settle the patient down”.

Next meeting will be scheduled in December
COMTREA's Trauma Informed Journey

Trauma Informed Agency Definition: A program, organization, or system that is trauma informed realizes the widespread impact of trauma and understands potential paths for recovery, recognizes the signs and symptoms of trauma in clients, families, staff, and others involved in the system; and responds by and seeks to actively resist re-traumatization.

Historical Evolution

- The 1995 – 1997 ACE (Adverse Childhood Experiences) study, an outgrowth of observations made in the mid 1980’s in an obesity program that had a high dropout rate, reveals a powerful relationship between our emotional experiences as children and our physical and mental health as adults, as well as the major causes of adult mortality in the US.
- The two major findings from the ACE Study:
  - Adverse childhood experiences are vastly more common than recognized or acknowledged, and
  - Adverse childhood experiences have a powerful relation to adult health a half-century later
- As a result of the ACE study we learned that as the number of ACEs increases so does the risk for the following:
  - Alcoholism and alcohol abuse
  - Chronic obstructive pulmonary disease
  - Depression
  - Fetal death
  - Health-related quality of life
  - Illicit drug use
  - Ischemic heart disease
  - Liver disease
  - Poor Work Performance
  - Financial Stress
  - Risk for intimate partner violence
  - Multiple sexual partners
  - Sexually transmitted diseases
  - Smoking
  - Suicide attempts
  - Unintended pregnancies
  - Early initiation of sexual activity
  - Adolescent pregnancy
  - Risk for Sexual violence
  - Poor Academic Achievement

Even more disturbing is that this is not an exhaustive list. Trauma is now recognized as a major public health issue.

In FY 2010, the Department of Mental Health began working with six agencies who agreed to be “early adopters” of trauma-informed practices. These early adopters include:

- Truman Medical Center
- Ozark Center
- Bootheel Counseling Services
- Arthur Center
- Cottonwood Residential Treatment Center
Pathways Community Behavioral Healthcare, and
The Division of Youth Services (DYS)
As we work to become a “Center of Excellence” we recognize the need to become Trauma Informed not only for our clients, but also for our staff and our community.

Why the Focus on Trauma?
- Trauma is pervasive in our society and has a significant impact on productivity.
- Trauma can impact all areas of person’s functioning and can have a lifelong effect.
- There is unintentional re-traumatization by those systems (like COMTREA) designed to help.
- As you can see from the information listed above, trauma is becoming increasingly recognized as a significant factor in a wide range of health, behavioral health, and social problems. This does much to explain why the populations we serve typically die 20 – 25 years younger than the general population. Less than 3% of individuals with an ACE score of 4 or more live to age 60.
- Trauma is a central concern for all social service, mental health and public safety agencies and the one “common denominator” of all violence and disaster victims.

Why are We Doing This?
The Benefits of Becoming Trauma Informed include but are not limited to:
- Increased effectiveness of services – in engagement, retention, and outcomes (SAMHSA, 2011) - which can result in decreased no-show and cancellation rates for agencies.
- Decreased patient use of acute care and crisis services (SAMHSA, 2011).
- Increased organizational outcomes, such as: enhanced staff skills and morale; more collaboration within and outside their agencies; reduced vicarious trauma; fewer negative events (Hopper, Bassuk, Olivet, 2010).

Becoming Trauma Informed as an Agency can be the first step in becoming trauma informed as a community. COMTREA could take the initiative to partner with community leadership and agencies to begin the journey in Jefferson County. Similar initiatives have already begun in St. Louis (Alive and Well St. Louis) and Kansas City (Resilient KC). The benefits of doing so speak for themselves. In the early 1990’s Washington state set up a program to tackle issues like domestic violence, school dropouts, youth substance use and others that impact families and children. Taking a collective approach over a 10 – 15 year period, they realized the following key findings:
- Births to teen mothers went down 62% and infant mortality went down 43%
- Youth suicide and suicide attempts went down 98%
- Youth arrests for violent crime dropped 53%
- High school dropout rates decreased by 47%
- Similar results started being seen in other counties

The Self-Healing Community Model, Washington, developed strong networks that promoted much greater collaboration across sectors. They empowered local leadership and nurtured sector leaders to think about whole systems, not just their part of a system. So, maybe the better question might be:

“Why Wouldn’t We Do This?”
COMTREA TI Initiative Successes to Date – 10/31/16
Submitted to the Coalition TI Learning Collaborative

1. Original staff training (about 45 minutes).
2. Staff volunteered and committee was formed.
3. CEO’s enthusiastic buy-in.
4. Board presentation and approval to move forward with becoming trauma informed as an agency.
5. Board Member volunteered to become part of the agency Trauma Informed Committee.
6. Training by Patsy Carter.
7. The Goal to become Trauma Informed was inserted into Agency 5 year strategic Plan.
8. Becoming Trauma Informed was included as a Primary Focus for the FY 2016 agency plan.
9. COMTREA’s application to be part of a Trauma Informed Learning Collaborative was accepted!
10. Core Team Members attended a 2 day training with a national consultant from SAMHSA in September.
11. New Members have been added to the committee to represent all areas/programs within the agency.
12. Have incorporated
13. Community Trainings on Trauma Informed Principles completed and/or scheduled:
   a. Co-presented with Patsy Carter on “Trauma 101” to Juvenile Office staff
   b. Co-presented with Patsy Carter on a follow-up trauma presentation to community stakeholders working with youth in Jefferson County on “Next Steps”
   c. At Patsy Carter’s request, presented on a shortened version of “Trauma 101” to a group of Child care providers at St. Martin’s Child Care Center in Berkeley
   d. Presented on the “Impact of Trauma” to a group of foster parents
   e. Presented a shortened version of “Trauma 101” to Northwest School District Counselors
   f. Presented on the “Impact of Trauma” at the Jefferson County Principals Meeting
   g. Presented on the “Impact of Trauma” at the Jefferson County Superintendents Meeting
   h. Presented on the “Impact of Trauma” at the Jefferson County School Counselor’s Association Meeting
   i. Presented on the “Impact of Trauma” to a large group of school nurses at a conference sponsored by SSM Health Group at the St. Clare hospital conference center
   j. Presented on the “Impact of Trauma” at the annual Family Violence Council Conference
   k. Presented on “What It Means to be Trauma Informed” at the Annual Substance Abuse Awareness Day conference 2016
   l. Scheduled to present to Festus School District teachers and counselors on November 8th and again on November 29th
   m. Scheduled to co-present with CD (Children’s Division) Trauma Specialist (I don’t know exact title) to Jefferson County attorneys on February 16th, 2017.
14. Developed an agency “CARE” (Caring Available Resources Education) team policy and protocol to address vicarious trauma in staff which was approved into policy by the agency Board of Directors.
15. Incorporated Trauma training into New Hire Orientation.
16. Self-Care Tips are included in our monthly agency newsletter.
17. Reviewed trauma trainings on Relias as a first step in developing a training resource “library” for staff.
18. MHFA (Mental Health First Aid) is already being offered staff.
19. Active Shooter Training is being offered at all agency locations (addressing staff safety concerns).
20. Have begun review of agency policies to determine if they are written in alignment with Trauma Informed Principles and Practices, and making changes as needed.
21. Created a Trauma Informed email address for staff where emails can be sent to and/or sent from the mailbox.
22. Created a Trauma Informed Committee tab on SharePoint.
Excerpt from State Committee draft – HR Policy Guidance

STAGES OF EMPLOYMENT

HR activities may be divided into 4 stages of employment: pre-employment, onboarding/orientation, ongoing employment, and offboarding. Each stage offers opportunities for employees to experience a trauma informed culture. The following discussion offers trauma informed considerations and questions for each stage of employment. The information is based on the Principles.

PRE-EMPLOYMENT

Pre-employment is everything before the employee’s actual start date. This includes advertising, recruitment, job descriptions, interviews, confirmation of employment and any pre-employment activities used by the organization. Trauma informed practices at this stage take into consideration the importance of communication at every step of the process, understanding the level of anxiety that any applicant may experience and how important the environment is in allowing the applicant to be focused and calm enough to explain his unique knowledge, skills and attitude.

The Principles guide the development and review of pre-employment policies and activities. Considerations include, but are not limited to, the following:

- Do job descriptions include an accurate description of skills and attributes that support a trauma informed organization?
- Does the recruitment material clearly describe the job duties and application process in a way that promotes the Principles?
- How are time frames for interviews and selection communicated to applicants?
- How are changes in the process, if there are any, communicated to applicants?
- How are salaries and benefits established and negotiated from a lens of collaboration and choice?
- Is there an opportunity for applicants to address emotional and physical safety concerns regarding the job and its environment?
- How are applicants who are not selected for employment informed?
- During the interview process, are applicants provided a safe environment and a safe process for interviewing?
- How is the process and purpose around pre-employment testing and background checks communicated?
ONBOARDING AND ORIENTATION

This stage of employment is defined as the time between start date and initial proficiency on the job as defined by job expectations and performance reviews. Although there are many good onboarding and orientation practices that inherently support the Principles, thoughtful application may decrease time to proficiency and increase employee understanding and engagement.

The Principles guide the development and review of onboarding and orientation policies and activities. Considerations include, but are not limited to, the following:

- How are initial expectations clearly communicated between employee and supervisor?
- Does your onboarding process include the personal and agency-wide safety measures?
- What supportive measures are in place in the event there is a personal or workplace traumatic event during the employee’s orientation?
- Does onboarding information include resources for staff self-care, work life balance?
- How and when do new employees receive information about their performance?
- How do current staff meet, greet and support the new employee?
- What opportunities are available for new employees to offer observations or suggestions?
- How can the department promote collaboration and inclusion of new employees?
- Is a clear and specific outline of the onboarding plan shared with the employee at the beginning?
- Are there multiple ways that are easily accessible for the new employees to learn about their (written and unwritten) job, policies, benefits and practices?

ONGOING EMPLOYMENT

This stage of employment is defined as the time following onboarding and orientation and prior to offboarding. Using the Principles in this stage compliments good HR practices by supporting on-going retention and engagement as well as mitigating the risk of vicarious trauma and compassion fatigue.

The Principles guide the development and review of policies and activities for ongoing employment. Considerations include, but are not limited to, the following:

- What process is in place to build and support a diverse and inclusive work environment?
- How do staff have voice and choice in performing their work?
- How are the Principles incorporated into the performance management system (motivation, behavior correction...)?
- How are the Principles incorporated into the internal investigation process?
• How do employees provide feedback to the organization?
• How are employees informed of career opportunities?
• How do you show appreciation and recognition of staff?
• How does the organization assess and minimize vicarious trauma and compassion fatigue in the workplace?
• How does the organization assess safety and health risk?
• How does the organization encourage and support self-care?
• How does the organization use its benefit programs to meet the diverse needs of the employees and their families?
• What choices are available for employees in the benefit offering?
• How are decisions made in the organization and how are employees involved?
• How is information communicated to employees and how does an employee communicate to others in the organization?
• How is change processed through the organization?
• How is the employee engaged in establishing goals and objectives for their position, department and organization?
• How are the Principles incorporated into the employee learning and development processes?
• How are the Principles incorporated into the policy development and review process?
• How are employee needs assessed and addressed when a personal or work related traumatic event occurs?
• How are the Principles incorporated into determining things such as employee schedules, rewards and training needs?
• How does the organization measure and celebrate success?
• What is the process for continually reviewing the Principles?

OFFBOARDING

Offboarding is a strategic process for transitioning employees out of an organization such as retirement, pursuing a new position or involuntary separation. It provides another opportunity for the entire organization, not just HR, to practice the Principles. Creating a safe and trusting offboarding process is ideal, as the idea of moving away from a job can be traumatic and stressful for the employee. It is important to consider the potential impact on the remaining employees during offboarding. Using the Principles during offboarding also benefits the employer; given the experience will likely influence future recommendations of former and current employees.
The Principles guide the development and review of policies for offboarding. Considerations include, but are not limited to, the following:

- What is the procedure to address safe and empowering offboarding?
- What is the communication plan for sharing information with the rest of the organization? Does it present information in a neutral way?
- What is the communication plan to provide needed information in regards to the transition of job responsibilities to others?
- What is the organization’s process for knowledge transfer?
- What supports are offered to the exiting and remaining employees to address the change, such as outplacement services, resources for self-care and Employee Assistance Program?
- If a layoff of employees occurs, what is the procedure to support remaining employees, such as addressing the loss of co-workers, shifts in job responsibilities and load, goals of organization to maintain the current staff, or remaining employees’ concerns over their own job security?
- What is the process for a safe and confidential exit interview?
- What procedures are in place to commemorate or show gratitude to the exiting employee?
- What is the procedure to share offboarding information with the exiting employee such as, benefits, references, access to the organization and re-employment?
- What is the organization’s policy/procedure on providing references/information for former employees?
- How is the transition of company and personal property as well as access to the organization accomplished?
The Missouri Model: A Developmental Framework for Trauma-Informed Approaches

The comments in the body of the document below in pink type reflect where COMTREA is in reference to progress made in the identified areas.

The implementation of a trauma-informed approach is an ongoing organizational change process. A “trauma-informed approach” is not a program model that can be implemented and then simply monitored by a fidelity checklist. Rather, it is a profound paradigm shift in knowledge, perspective, attitudes and skills that continues to deepen and unfold over time. Some leaders in the field are beginning to talk about a “continuum” of implementation, where organizations move through stages. The continuum begins with becoming trauma aware and moves to trauma sensitive to responsive to being fully trauma informed.

Purpose: To ensure that agencies do no harm; to assess the implementation of basic principles of trauma-informed approaches into various organizational settings; to develop a common language and framework for discussion; to help increase the effectiveness of services, wherever and whatever they are, by increasing awareness of trauma.

Application: To a very wide range of settings, including but not limited to behavioral health services

Use:

- Not for formal evaluation or certification, but for informational purposes
- To help anyone who is interested (clients, advocates, other agencies, etc.) determine whether a particular agency or setting is meeting some basic criteria for integration of trauma principles
- To help agencies or settings identify where they are on the continuum and where they want to be. Organizations can choose the appropriate place on the continuum based on their needs and setting.

This document was developed by a group of organizations in the state of Missouri who have been active champions in addressing the impact of trauma and working towards becoming trauma informed organizations. They represent a variety of organizations that serve children, youth, families and/or adults in a variety of settings including healthcare, inpatient psychiatric, substance abuse, and community based mental health services.
<table>
<thead>
<tr>
<th>Definition</th>
<th>Processes</th>
<th>Indicators</th>
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| **Key Task:** Awareness and attitudes | Leadership understands that knowledge about trauma could potentially enhance their ability to fulfill their mission and begins to seek out additional information on the prevalence of trauma for the population served. **We are getting there, but have a significant way to go.** Trauma training for all leadership needs to be completed which should, hopefully, make a significant impact on where we stand. | Most staff:
1) know what the term trauma refers to; and
2) Are aware that knowledge about the impact of trauma can change the way they see (and interact with) others. **It is crucial that training is implemented with ALL existing staff, leadership and board members.** | **Websites:**
National Child Traumatic Stress Network (NCTSN)
http://www.nctsn.org/  
National Center on Domestic Violence, Trauma and Mental Health (trauma-aware) http://www.nationalcentervtraumamh.org/The Anna Institute http://www.theannainstitute.org/  
National Center for PTSD, U.S Department of Veterans Affairs http://www.ptsd.va.gov/  
**Documents:**
SAMHSA’s TIP 57: Trauma Informed Care in Behavioral Health Services— Chapter 2 Trauma Awareness. http://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf  
SAMHSA concept paper (trauma-aware) http://store.samhsa.gov/shin/content//SMA14-4884/SMA14-4884.pdf  
**Training:** DMH training on Trauma Awareness |
### Trauma Sensitive

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<tr>
<td><strong>Key Task:</strong> Knowledge, application, and skill development</td>
<td><strong>Processes</strong></td>
<td><strong>Indicators</strong></td>
<td><strong>Resources</strong></td>
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<td><strong>Trauma sensitive organizations have begun to:</strong></td>
<td><strong>Values of a trauma-informed approach are processed with staff.</strong> <em>This is happening only to the extent of training with new hires. Not only do we need to train all staff but we need to encourage the development of this paradigm shift across our entire system.</em></td>
<td><strong>The organization values and prioritizes the trauma lens; a shift in perspective happens.</strong> <em>This has happened in only a few staff. We have much work yet to do here. Training is key.</em></td>
<td><strong>Websites:</strong></td>
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<td>1) explore the principles of trauma-informed care (safety, choice, collaboration, trustworthiness, and empowerment) within their environment and daily work;</td>
<td><strong>Through a self-assessment process, the organization identifies existing strengths, resources and barriers to change as well as practices that are consistent or inconsistent with trauma informed care.</strong> <em>This has begun with a draft plan that was submitted to the coalition Trauma Informed Learning Collaborative.</em></td>
<td><strong>Trauma is identified in the mission statement or other policy documents.</strong> <em>This is yet to be done. The TI committee will make recommendations to leadership on inclusion of TI principles into our mission statement and other policy documents.</em></td>
<td><strong>NCTSN <a href="http://www.nctsn.org/">http://www.nctsn.org/</a></strong></td>
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<td>2) build consensus around the principles;</td>
<td><strong>Leadership prepares the organization for change and leads a process of reflection to determine readiness for change.</strong> <em>This has begun with inclusion of becoming a trauma informed agency in our strategic plan, and most recently, with the agency reorganization identifying a</em>*</td>
<td><strong>Trauma training for all staff is institutionalized, including within new staff orientation. We have this for new hires, but still need to complete for all current staff.</strong></td>
<td><strong>National Center on Trauma Informed Care (NCTIC) <a href="http://www.nasmhpdp.org/TA/nctic.aspx">www.nasmhpdp.org/TA/nctic.aspx</a></strong></td>
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<td>3) consider the implications of adopting the principles within the organization; and</td>
<td><strong>Basic information on trauma is available and visible to both clients and</strong></td>
<td><strong>Resources</strong></td>
<td><strong>Child Trauma Academy <a href="http://childtrauma.org/">http://childtrauma.org/</a></strong></td>
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<td>4) Prepare for change.</td>
<td><strong>Trauma-sensitive schools</strong></td>
<td><strong>International Society for Traumatic Stress Studies</strong></td>
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<td><strong>Toolkits and Videos:</strong></td>
<td><strong><a href="http://healingneen.com/">http://healingneen.com/</a></strong></td>
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<td><strong>SAMHSA’s TIP 57: Trauma Informed Care in Behavioral Health Services, 2014. Appendix F—Organizational Assessment for Trauma Informed Care Handbook on Sensitive Practice for Healthcare Practitioners <a href="http://www.theannainstitute.org/ITOW.pdf">www.theannainstitute.org/ITOW.pdf</a></strong></td>
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<td>The leadership position whose primary focus will be leading the agency trauma informed transformation.</td>
<td>The organization begins to identify internal trauma champions and finds ways to hire people who reflect in their attitudes and behavior alignment with the trauma informed principles. We have identified our trauma champions, who are part of our TI committee. Reviewing of hiring practices to assist in identifying applicants with attitudes and behavior that align with the TI principles is being discussed. There is also guidance coming out from the state trauma steering committee on this topic.</td>
<td>The organization examines its commitment to consumer involvement and what next steps could be taken. We are currently looking at options to include consumer involvement, as our current consumer involvement is limited.</td>
<td>The organization begins to review tools and processes for staff, through posters, flyers, handouts, etc. As previously stated, the TI committee will be working on developing tools to make this information available.</td>
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**Trauma Responsive**

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<td><strong>Key Task: Change and integration</strong></td>
<td>Planning and taking action. <em>This has begun.</em></td>
<td>Staff apply new knowledge about trauma to their specific work. The committee has evidence that this is happening and is working on how to collect more data that will confirm progress (or lack of progress).</td>
<td><strong>Website:</strong> National Child Traumatic Stress Network (NCTSN) <a href="http://www.nctsn.org/">http://www.nctsn.org/</a></td>
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<td><strong>Trauma responsive organizations have begun to change their organization</strong></td>
<td>Begin integration of principles into staff behaviors and practices. <em>There is some, but little progress in this area.</em></td>
<td>Language is introduced throughout the organization that</td>
<td><strong>Documents:</strong> SAMHSA’s TIP 57: Trauma Informed Care in Behavioral Health Services <a href="http://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf">http://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf</a></td>
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<td>Clinical culture to highlight the role of trauma. At all levels of the organization, staff begin rethinking the routines and infrastructure of the organization.</td>
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| **Addressing staff trauma**  
We have developed a policy to address this and are working on operationalizing this policy. |
| **Self-care**  
We have begun incorporation of self-care tips into the agency newsletter. We also have a Balance Committee and an Employee Appreciation Committee (both with TI committee representatives) that develop opportunities to address support and self-care for employees. This is progress. |
| **Supervision models**  
We have not yet made progress in this area. |
| **Staff development**  
Opportunities are being created for staff, but there is nothing in policy as yet. |
| **Staff performance evaluations.**  
|
| supports safety, choice, collaboration, trustworthiness and empowerment. There is much work that needs to be done here. We need to begin reviewing all agency policies to align them with trauma informed principles. |
| The organization has policies that support addressing staff's initial and secondary trauma. This has been completed. |
| All clients are screened for trauma and/or a “universal precautions” approach is used. The screening is being revised to include questions addressing trauma. |
| People with lived experience are engaged to play meaningful roles throughout the agency. (employees, board members, volunteers etc.) We have employee involvement, limited board involvement, and need to increase community involvement. |

**Engaging Women In Trauma Informed Peer Support: A Guidebook**  

**Assaulted Staff Action Program**  

**Training:**
- DMH Trauma Responsive Training – 6 hours, no cost  
  contact [patsy.carter@dmh.mo.gov](mailto:patsy.carter@dmh.mo.gov)  
  Child Welfare Trauma Toolkit (NCTSN)  
  Juvenile Detention Trauma Toolkit “Think Trauma”  
  NCTSN  

  **Educators’ Toolkit – NCTSN**  

  **Partnering with Youth and Families Toolkit (NCTSN)**  
  [http://www.nctsn.org/nctsn_assets/pdfs/Pathways_ver_finished.pdf](http://www.nctsn.org/nctsn_assets/pdfs/Pathways_ver_finished.pdf)

  **Psychological First Aid**  

  **The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic, Lanius, Vermetten & Pain (Eds)**  

**Best Practices websites:**
- Veterans Administration  
### Begin integration of principles into organizational structures:

- **Environmental review:** Not yet completed.
- **Record-keeping revised:** No progress.
- **Policies and procedures re-examined:** We are just contemplating beginning this process.
- **Self-help and peer advocacy incorporated:** We have some progress in this area, but still have much to do.

### Changes to environments are made.  
*No progress in this area, but the committee has not yet made any specific recommendations to leadership.*

- **Trauma-specific assessment and treatment models are available for those who need them (either directly or through a referral process).** We have much progress in this area.

- **Organization has a ready response for crisis management that reflects trauma informed values**  
The committee has placed a TI committee member on the agency committee that is working on crisis response to assist them in the incorporation of values that reflect a trauma informed approach.

### NCTSN  [http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices](http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices)  

### NREPP (trauma)  [http://www.nrepp.samhsa.gov/](http://www.nrepp.samhsa.gov/)  
California Evidenced Based Clearinghouse for Child Welfare  
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| **Key Task:** Leadership | Measuring impact on clients *There has been no direct progress in this area as yet.* | Leadership including hiring of new leaders demonstrate a commitment to trauma-informed values (safety, choice, collaboration, trustworthiness and empowerment) | Websites:  
National Child Traumatic Stress Network (NCTSN)  
[http://www.nctsn.org/Healthcaretoolbox.org](http://www.nctsn.org/Healthcaretoolbox.org)  
[https://www.healthcaretoolbox.org/](https://www.healthcaretoolbox.org/)  
National Technical Assistance Center for Children's Mental Health  
[http://gucchdcenter.georgetown.edu/TraumainformedCare/](http://gucchdcenter.georgetown.edu/TraumainformedCare/)  
Anna Institute video - Important Souls  
[http://www.theannainstitute.org/a-bio.html](http://www.theannainstitute.org/a-bio.html)  
Children, violence and trauma video [https://www.youtube.com/watch?v=z8vZxDa2KPM](https://www.youtube.com/watch?v=z8vZxDa2KPM)  
Men and boys as sexual abuse survivors [https://www.youtube.com/watch?v=Wx-JqBdwdAA](https://www.youtube.com/watch?v=Wx-JqBdwdAA) |
| Trauma informed organizations have made trauma-responsive practices the organizational norm. The trauma model has become so accepted and so thoroughly embedded that it no longer depends on a few leaders. The organization works with other partners to strengthen collaboration around being trauma-informed | Revision of policies and procedures *We are getting ready to begin this process.* |  |
| Implementation of the agency’s model/values is measured for fidelity to a trauma-informed model and appropriate corrective actions taken *We haven’t even started this yet, but truly have much that needs to be done before this can be addressed.* |  |
| Practice Patterns of staff *No work completed here as yet.* | Leadership including hiring of new leaders demonstrate a commitment to trauma-informed values (safety, choice, collaboration, trustworthiness and empowerment) |  |
| Program Assessments *This is in process.* |  |
| All staff are skilled in using trauma-informed |  |  |
| |  |  | **Documents:**  
SAMHSA’s TIP 57: Trauma Informed Care in Behavioral Health Organizations [http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf](http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf)  
Trauma Informed Organizational Toolkit for Homeless National Center on Family Homelessness [http://www.familyhomelessness.org/media/90.pdf](http://www.familyhomelessness.org/media/90.pdf) Working with Partners  
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<td>The TI committee has developed a system to track this once the CARE Team policy is initiated.</td>
<td>Prevention Institute – Cross Sector Collaboration <a href="http://www.preventioninstitute.org/">http://www.preventioninstitute.org/</a></td>
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<td>Focus on reduction of stigma of trauma This is happening through community education on TI principles. The impact of this training has not yet been measured, and we will need to develop methods to collect this data.</td>
<td>Disaster Preparedness and Response SAMHSA’s disaster TA center <a href="http://beta.samhsa.gov/dtac">http://beta.samhsa.gov/dtac</a> ()Public Health Emergency <a href="http://www.phe.gov/Preparedness/planning/abc/Pages/homeless-trauma-informed.aspx">http://www.phe.gov/Preparedness/planning/abc/Pages/homeless-trauma-informed.aspx</a></td>
</tr>
<tr>
<td>Human Resource policies: Support hiring staff with knowledge and expertise in trauma No work has been done on this as yet.</td>
<td>U.S. Department of Health and Human Services Office, Disaster Response for Homeless Individuals and Families: A Trauma-Informed Approach <a href="http://www.phe.gov/Preparedness/planning/abc/Documents/homeless-trauma-informed.pdf">http://www.phe.gov/Preparedness/planning/abc/Documents/homeless-trauma-informed.pdf</a></td>
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<td>practices, whether they work directly with clients or with other staff. This is in the very beginning stages.</td>
<td>People outside the agency (from the Board to the community) understand the organization’s mission to be trauma-related. This process has begun, but there is still much that needs to happen.</td>
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<td>All aspects of the organization have been reviewed and revised to reflect a trauma approach. No progress as yet.</td>
<td>People from other agencies and from the community routinely turn to the organization for expertise</td>
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</table>
The organization and staff become advocates and champions of trauma within their community. There is work in this area beginning with community education.

Advocates at a macro level with payors and policy-makers for systemic changes that support trauma informed approaches. I am not exactly sure what this means but will be looking into this.

and leadership in trauma-informed care. This is beginning and there is progress here. We would like to see this happening more and more and will continue to work on this.

The organization uses data to inform decision making at all levels. Data collection tools need to be chosen/developed – not yet begun.

A variety of sustainable training is promoted and made accessible to staff including new orientation. There is significant progress in this area, as TI training has been incorporated into NHO. Additionally, the agency is currently involved in learning collaboratives for Trauma Informed Agency initiatives, as well as for clinician
Below are the immediate steps the TI committee plan to take in order to attain trauma sensitive responsive status by the end of calendar year 2017 or before. This is an initial list and not necessarily inclusive of all steps needed in order to achieve this goal:

1. Complete training for all current COMTREA staff including board and volunteers by the end of June, 2017.
2. Complete a review of all agency policies for alignment with TI principles by the end of August, 2017. This step includes making recommendations to agency leadership for presentation to the board for changes that may be necessary.
3. Training of supervisors in TI recommendations to assist in promotion of TI principles and awareness of all staff. This should begin no later than January, 2017 and will occur as needed.

There is more that will need to be done, but these are the initial steps and timelines.