

The County of Santa Cruz

Integrated Community Health Center Commission

AGENDA

April 12th 2018 @ 12:30 pm

Meeting Location: 1080 Emeline Avenue, DOC Conference Room (Second Floor), Santa Cruz, CA 95060

ORAL COMMUNICATIONS - Any person may address the Commission during its Oral Communications period. Presentations must not exceed three (3) minutes in length, and individuals may speak only once during Oral Communications. All Oral Communications must be directed to an item not listed on today's Agenda, and must be within the jurisdiction of the Commission. Commission members will not take actions or respond immediately to any Oral Communications presented, but may choose to follow up at a later time, either individually, or on a subsequent Commission Agenda.

1. Welcome/Introductions
2. Oral Communications
3. March 8th 2018 Meeting Minutes – Recommend for Approval
4. Danny Contreras for MAT program
5. HRSA Operational Site Visit – Recommend for Approval
6. Service Area Review – Recommend for Approval
7. Credentialing and Privileging – Recommend for Approval
8. Quality Management Committee Update
9. Risk Management Report
10. Budget/Financial Update
11. CEO Update

Action Items from Previous Meetings:

Action Item	Person(s) Responsible	Date Completed	Comments
Action item #1: Rahn requested a breakdown of the results per job and per site for the QM Employee Satisfaction Survey	Raquel Ramirez- Ruiz		

Next meeting: May 10th , 2018 12:30 pm-2:30 pm (1080 Emeline Ave, Building D (DOC Conference Room, Second Floor) Santa Cruz, CA)

The County of Santa Cruz Integrated Community Health Center Commission

Minute Taker: Linda Manley

Minutes of the meeting held March 8th 2018

1. Attendance	
Rahn Garcia	Vice-Chair
Christina Berberich	Member
Pam Hammond	Member
Kristin Meyer	Member
Dinah Phillips	Member
Gustavo Mendoza	Member
Len Finocchio	Member
Amy Peeler	County of Santa Cruz, Health Services, CEO of Clinics
Jeanette Garcia	County of Santa Cruz, Health Services, Admin Services Manager
Linda Manley	County of Santa Cruz, Health Services, Admin Aide
Meeting Commenced at 12:37 pm and concluded at 1:22pm	
Excused/Absent	
2. Excused: Rama Khalsa, Marco Martinez-Galarce, Holly Shelton Absent: Nicole Pfell	
Oral Communications	
3. Review of February 8 th 2018 minutes - Recommend for Approval	
Dinah Phillips motioned for the acceptance of the minutes, the motion was seconded by Gustavo Mendoza. The rest of the members present were in favour.	
Quality Management Committee Update	
4. Amy presented a handout "Alliance Care Based Incentives- Quick reference Guide"	
Budget/Financial Update	
5. Jeanette Garcia gave an update on the year to date financial report.	
CEO update	
6. Amy Peeler discussed the four inspections that will be conducted in the near future. Also shared that Danny with MAT program received the Employee Recognition Gold Award and that the peer mentoring program is proving to be a success.	
Action item #1: Rahn requested a breakdown of the results per job and per site for the QM Employee Satisfaction Survey	
Action item #2: Pam requested that Danny from the MAT program be invited to join a Commission Board Meeting to share what the program is about.	
Action item #3: Gustavo asked if Commission Board members would be interested in hearing from Ricardo Lara who is running for office. Gustavo will provide written information regarding Ricardo and his views on Health Care issues prior to inviting Ricardo.	

Next Meeting: April 12th, 2018 12:30 PM to 2:30 PM at 1080 Emeline Ave Building D (DOC Conference Room, Second Floor), Santa Cruz, CA

Minutes approved _____ / / _____
 (Signature of Board Chair or Co-Chair) (Date)



RICARDOLARA

STATE SENATOR FROM CALIFORNIA'S 33RD DISTRICT

Published on *Senator Ricardo Lara* (<http://sd33.senate.ca.gov>) (<http://sd33.senate.ca.gov>)

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(<https://www.addthis.com/bookmark.php?v=300>)

February 14, 2014

Coalition of Health, Labor and Immigrant Advocates Support Bill to Expand Health Access to California's Remaining Uninsured

SACRAMENTO —Joined by a broad and diverse statewide coalition of health, immigrant and community advocates, Senator Ricardo Lara (D-Huntington Park/Long Beach) today introduced Senate Bill 1005, the Health For All Act, which will expand access to health care coverage for all Californians, irrespective of immigration status.

“The purpose of the Health For All Act is simple – provide health care coverage to California’s remaining uninsured by expanding Medi-Cal and creating a new health exchange where the undocumented can purchase coverage,” said Lara. **“While we’ve made enormous strides to reduce California’s uninsured population with the implementation of the Affordable Care Act, we won’t have a truly healthy state until everyone has access to quality, affordable coverage.”**

The Affordable Care Act (ACA) specifically excluded undocumented immigrants from insurance coverage provided through the health care exchange known as Covered California in the Golden State. An estimated three to four million people in the state will remain uninsured in spite of ACA, and almost a million of those will be undocumented residents ineligible for coverage. Access to preventive care keeps people healthier by providing regular check-ups and screenings, and early diagnosis of health problems ensures those problems can be treated before they become overly expensive. By ensuring everyone has access to health care, we can improve the health of our entire community, limit the overcrowding of emergency rooms, and reduce the costs of healthcare in California.

“Excluding people from access to care hurts the overall health of our communities, and does not reflect California values,” said Lara.

Undocumented Californians are a vital part of the state’s population and economy. Of the estimated 2.3 million undocumented in California, some one million are without coverage. The estimated annual tax contributions of undocumented immigrants in California is \$2.7 billion and 92% of this population live in working families.

The Health For All Act will:

- Extend eligibility for Medi-Cal benefits to low-income undocumented California immigrants who would qualify for the assistance but for their immigration status.

- Create the California Health Benefit Exchange Program for All Californians, which would be run by officials at Covered California.

A statewide coalition of advocates who agree that immigration status shouldn't bar individuals from accessing or purchasing quality, affordable health coverage joined Senator Lara in introducing the Health For All Act, including: Latino Coalition for a Healthy California, Coalition for Humane Immigrant Rights of Los Angeles (CHIRLA), California Immigrant Policy Center, Western Center on Law and Poverty, Health Access California, California Pan-Ethnic health Network (CPEHN), Community Clinic Association of Los Angeles County, SEIU California, California Primary Care Association and Planned Parenthood Affiliates of California.

Media Contact: Jesse Melgar/ Jesse.Melgar@sen.ca.gov (<mailto:Jesse.Melgar@sen.ca.gov>)

Senator Ricardo Lara was elected in 2012 to represent the 33rd Senate District, which includes the cities and communities of Bell, Bell Gardens, Cudahy, Huntington Park, Lakewood, Long Beach, Lynwood, Maywood, Paramount, Signal Hill, South Gate, South Los Angeles, Vernon, and Walnut Park. For more information please visit this link: <http://www.senate.ca.gov/lara>.

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Source URL: <http://sd33.senate.ca.gov/news/2014-02-14-senator-lara-introduces-health-all-act>

Risk Management Report January-March 2018

The Patient Safety and Risk Management Program is designed to reduce system-related errors and potentially unsafe conditions by implementing continuous improvement strategies to support an organizational culture of safety. The governing body empowers the organization leadership and management teams with the responsibility for implementing performance improvement and risk management strategies.

PROGRAM GOALS AND OBJECTIVES

The Patient Safety and Risk Management Program goals and objectives are to:

- Continuously improve patient safety and minimize and/or prevent the occurrence of errors, events, and system breakdowns leading to harm to patients, staff, volunteers, visitors, and others through proactive risk management and patient safety activities.
- Minimize adverse effects of errors, events, and system breakdowns when they do occur.
- Minimize losses to the organization overall by proactively identifying, analyzing, preventing, and controlling potential clinical, business, and operational risks.
- Facilitate compliance with regulatory, legal, and accrediting agency requirements.
- Protect human and intangible resources (e.g., reputation).

Status: The Health Services Agency's Safety Committee, Peer Review Committee, Quality Management Committee and the Risk Management Division address patient, staff, volunteer and visitor safety concerns through-out the year. The Incident Reporting system is in place to report any concerns and are reviewed at the Safety Committee meetings. Our Health Center Managers conducted a Hazards Vulnerability Assessment. The Peer Review Committee reviews mortality data to assess if there are any concerns with the treatment provided and then shared with the Primary Care Provider. The Quality Management Committee conducts multiple patient and employee satisfaction surveys and then reviews the results to create improvement activities. The Clinic Services Division leadership team are in communication with the Risk Management Division to establish improved communication and coordination. Regular meetings will be formalized between divisions in 2018. In addition to the Hazardous Vulnerability Assessment Tool, the Health Center Leadership will utilize the Risk Assessment check list and tools provided by the ECRI Institute. Please see check list attached:

PRACTICE ALERT!

CONTACT US:

Clinical RM Program@ecri.org
or (610) 825-6000 x5200

Conducting Risk Assessments: A Checklist

Risk assessments involve collecting and analyzing information about the health center or free clinic's practices, policies, and culture. This process arms the risk manager with data that can be used to proactively design patient and worker safety and prioritize risk prevention and reduction strategies.

Risk assessments can include a variety of strategies, including surveys to evaluate overall safety culture, as well as targeted questionnaires to assess specific areas of concern such as test tracking, obstetrics, or medication safety. Health centers and free clinics can also use leadership walk-arounds to give executive staff an opportunity to hear from employees about potential risks and concerns.

No matter what strategy an organization chooses, the organization should document results and use the results for improvement. Health centers and free clinics can use the following checklist to guide risk assessments. In addition, see [Case Study: What Does a Risk Assessment Look Like?](#) which highlights the steps of a risk assessment process.

Conducting Risk Assessments: A Checklist	Yes	No	Notes
Preparing for the Assessment			
Are processes for risk assessments included in the health center or free clinic's <u>ongoing risk management program and plan</u> ?			
Does the health center or free clinic's culture support ongoing assessment, learning, and improvement?			
Has the health center or free clinic ensured <u>leadership commitment and support</u> (free with registration) for the assessment?			
Has a team been organized to facilitate the assessment? Consider participation from the following, as appropriate to the specific assessment: <ul style="list-style-type: none"> • Leadership • Risk manager • Quality improvement personnel • Providers/clinical staff • Office manager/office staff • Information technology staff 			

Conducting Risk Assessments: A Checklist	Yes	No	Notes
<p>Has the health center or free clinic determined a focus for the assessment, based on organizational priorities, high-risk areas (e.g., obstetrics), events or claims, or other factors? For example, if events or near misses related to reporting results to patients have occurred, the organization may want to conduct an assessment of test tracking and follow-up procedures.</p>			
<p>Based on the focus identified, has the health center or free clinic considered available assessment tools and chosen an assessment plan that best meets its needs? Consider the following options:</p> <ul style="list-style-type: none"> • Focused risk assessment tools (see <u>Self-Assessment Questionnaires</u> and other assessment tools on the ECRI Institute Clinical Risk Management Program website) • <u>Culture of safety survey</u> • <u>Root-cause analysis</u> • <u>Failure mode and effects analysis</u> • <u>Leadership walk-arounds</u> • <u>Office and safety huddles</u> 			
<p>Has the health center or free clinic identified sources of information (e.g., medical record review, interviews with staff, administrative data) for the assessment?</p>			
<p>Conducting the Assessment</p>			
<p>Does the health center or free clinic conduct risk assessments at least quarterly? (See <u>Chapter 21: Federal Tort Claims Act (FTCA) Deeming Requirements</u> in the <i>Health Center Program Compliance Manual</i>.)</p>			
<p>Are staff made aware that an assessment is taking place, and are they engaged in the process, as applicable? Staff are more likely to be engaged if the health center or free clinic communicates the benefits of collecting information about situations and practices that may expose patients to harm so that improvements can be made.</p>			
<p>Are risk assessments used as an opportunity to <u>improve communication</u> with staff? For example, <u>leadership walk-arounds</u> provide staff an opportunity to communicate with leadership about identified risks and other concerns.</p>			
<p>Has the health center or free clinic designated an individual who will document the findings of the risk assessment?</p>			
<p>Analyzing Assessment Results</p>			
<p>Are the findings compared with the health center or free clinic's previous performance or with the performance of other sites in the organization or other similar clinics?</p>			

Conducting Risk Assessments: A Checklist	Yes	No	Notes
Are the findings presented to the risk and/or quality committees and communicated to other staff as appropriate? Review of improvement plans and status of improvements should be included as a <u>regular agenda item</u> during committee meetings.			
Based on assessment results, has the health center or free clinic prioritized areas for improvement? Risks can be prioritized by evaluating the <u>likelihood (probability an event will occur)</u> and the <u>impact (severity of an event if it occurs)</u> (scroll to page 13). The health center or free clinic should select one area for improvement, rather than overwhelming staff with multiple initiatives.			
Are the findings used to establish a baseline for future improvement and reassessment?			
Has the health center or free clinic examined improvement strategies that have been effective at other sites and clinics and determined which practices can be carried over to the health center or free clinic?			
Are topics identified as priorities during risk assessments incorporated into <u>employee risk management training programs</u> ?			
<i>Implementing the Action Plan</i>			
Has the health center or free clinic convened a team to carry out the post assessment action plan, including members from the team that conducted the assessment and additional members as necessary?			
Does the action plan include goals for improvement that are <u>specific, measurable, achievable, relevant, and time-bound (SMART)</u> ?			
Has the health center or free clinic established <u>performance indicators</u> to evaluate trends and progress toward meeting goals?			
Does the health center or free clinic have a plan for monitoring progress over time? For example, the action plan should include specific actions, target dates, and personnel responsible for implementing them.			
Does the health center or free clinic document completion of action items, and track and follow up on any actions not completed?			
Are assessment and improvement results documented in narrative or <u>dashboard format</u> for reporting to management and the board?			
Are action plans, progress toward meeting goals, and planned follow-up presented to the board at least annually?			

Conducting Risk Assessments: A Checklist	Yes	No	Notes
Are improvements made in response to assessment results communicated to all providers and employees? The health center or free clinic may communicate results by email or newsletter, during employee meetings, or by intranet or other internal communication networks.			

Want to learn more? See the [Risk Management Toolkit](#), the [Quality Improvement/Quality Assurance Toolkit](#), and the guidance article [Overview of the Risk Management Process](#) on the Clinical Risk Management Program website.

Clinical Risk Management Program resources are provided for FREE by ECRI Institute on behalf of HRSA. Don't have access or want to attend a free, live demonstration of the website? Email Clinical_RM_Program@ecri.org or call (610) 825-6000 ext. 5200.

Information provided by ECRI Institute is intended as guidance to be used consistent with the internal needs of your organization. This information is not to be viewed as required by ECRI Institute or the Health Resources and Services Administration.



AMY PEELER
CHIEF OF CLINIC SERVICES

County of Santa Cruz

**HEALTH SERVICES AGENCY
CLINICS DIVISION**

1080 EMELINE AVENUE, SANTA CRUZ, CA 95060
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Community Health Centers Co-Applicant Commission Report for Calendar Year 2017

Roles of the Commission

The Commission is the patient/community-based governing board mandated by the Health Resources Services Administration's ("HRSA") Bureau of Primary Health Care ("BPHC") to set health center policy and provide oversight of the county's network of federally-qualified health centers ("FQHCs").

The Commission shall work cooperatively with the County of Santa Cruz acting in its role as co-applicant, to support and guide the Santa Cruz County Community Health Center ("CHC") in its mission to provide comprehensive health care that is quality-driven, affordable and culturally competent to the people of Santa Cruz County.

Meeting Dates, Time and Location

The Commission meets monthly on the second Thursday at 12:30 pm on the second floor in the Departmental Operations Center at 1080 Emeline Ave, Building D, Santa Cruz.

Commission Structure

There shall be eleven (11) at large voting members of the Commission and one ex-officio non-voting member.

Membership categories:

- A. Six (6) Patient Members selected from patients or qualified elected representatives of patients of the Santa Cruz County FQHCs ("Patient Members"). There shall be at least one Patient Member from each Supervisorial District and one Patient Member selected at large;
- B. Five (5) Community Members ("Community Members") from differing segments of the County with expertise in community affairs, finance, legal affairs, or business or other commercial concerns; and
- C. The Chief of Clinics, who shall serve as an ex-officio non-voting member of the Commission.

Establishment of Commission. The initial members of the Commission shall be nominated and appointed by the Board of Supervisors.

Following the establishment of the Commission and the seating of its initial members, the appointment of any member and the filling of any vacancy shall be made by the County Board of Supervisors.

Commission Staff

Amy Peeler, Chief of Clinic Services, serves as an ex-officio non-voting member of the Commission.

Jessica McElveny, Administrative Aide, was the administrative staff to the Commission.

Annual Goals and Accomplishments – 2017

In 2017, the Commission focused on the following priorities: Policies and procedures, site visits, quality management activities, fiscal health and capital projects. The Commission also closely monitored the Hepatitis A outbreak in Santa Cruz County and the health center's role in ending the outbreak.

The Commission held a monthly meeting, toured and met with staff at the Homeless Persons Health Project as well as the Watsonville Health Center

The Commission closely monitored the federal fiscal funding cliff which was not resolved until 2018.

The Commission heard presentations on Drug Medi-Cal coverage and the county's participation. The Commission also heard presentation about the Whole Person Care grant received by the county.

The Commission learned about Uniform Data System (UDS) required by HRSA as well as the Care Based Incentive program of the Central California Alliance for Health.

Additional Activities

The Commission drafted a letter regarding the City of Santa Cruz's parking permit policy around the Homeless Person's Health Project which led to better communication between the city and health center staff.

Long Range Goals

The Commission will continue to follow quality management activities including patient and staff satisfaction. The Commission will continue to support grants that enhance and expand services. The Commission will continue to provide a forum for public input regarding the CHC. The Commission will evaluate capital expenditure needs yearly and address financial management at each meeting. The Commission will support and participate in a strategic plan for the health centers in 2018.

**Community Health Centers Co-Applicant Commission
Attendance Report for Calendar Year 2017**

Commissioner:	Title:	1/12/17	2/9/17	3/9/17	4/13/17	5/9/17	6/8/17
Khalsa, R	Executive Board	No Quorum	Ex	P	Ex	Ex	Ex
Garcia, R	Executive Board		P	P	P	P	P
Berberich, C	Executive Board		P	P	P	P	P
Philips, D	Commissioner		Ex	P	P	P	P
Alcantar, F	Commissioner		Ex	Ab	Ab	Ex	Ab
Mendoza, G	Commissioner		P	P	Ab	P	P
Meyer, K	Commissioner		P	P	P	P	P
Pfeil, N	Commissioner		Ab	P	Ex	Ab	P
Hammond, P	Commissioner		P	Ab	P	P	P
Finocchio, L	Commissioner		x	x	x	P	P

Commissioner:	Title:	7/13/17	8/10/17	9/14/17	10/12/17	11/6/17	12/14/17
Khalsa, R	Executive Board	No Quorum	Ex	No Quorum	No Quorum	P	Ex
Garcia, R	Executive Board		P			P	
Berberich, C	Executive Board		P			Ex	
Philips, D	Commissioner		P			P	
Alcantar, F	Commissioner		Ab			x	
Mendoza, G	Commissioner		Ab			P	
Meyer, K	Commissioner		P			P	
Pfeil, N	Commissioner		Ab			P	
Hammond, P	Commissioner		P			P	
Finocchio, L	Commissioner		P			Ex	

P = Present Ex = Excused Ab = Absent X = not on the commission

The County of Santa Cruz Integrated Community Health Center Commission
Fiscal Year 17-18

Calendar of Duties:	Exec. County			Frequency
	Commission	Comm	HSA	
<u>Approval of Annual Budgets:</u> Subject to the COUNTY's fiscal policies, the COMMISSION shall have authority to approve the Health Center's annual operating and capital budget	x			Annually - May
<u>Evaluation of Health Center's Activities and Achievements:</u> Conduct an evaluation of the Health Center's activities and achievements and recommend, as necessary, revision of the Health Center's goals, objectives and strategic plan.	x		x	Annually - May
<u>Approval of Applications:</u> FQHC recertification, annual Section 330 grants (as applicable), and other grant funds for the Health Center.	x			Annually - May & as needed
<u>Evaluation of the COMMISSION:</u> Evaluate itself and its actions for effectiveness, efficiency and compliance with the authorities set forth in this Agreement, consistent with the requirements of Section 330.	x			Annually- February for previous year
<u>Evaluation:</u> Review the Chief Executive Officer of Clinic Services' performance and shall comply with all applicable personnel, collective bargaining, and other employment related requirements of the COUNTY. The review shall be coordinated and conducted by the COMMISSION's Executive Committee. The report of the annual review shall be submitted to the full COMMISSION and to the COUNTY's Health Services Agency ..		x		Annually - July
<u>Compliance:</u> Evaluate the Health Center's compliance activities and, recommend, as necessary, the revision, restructuring, or updating of the compliance program by the COUNTY's Health Services Agency.	x			Biannual- December and June
<u>Fiscal Operation Responsibilities:</u> Preparing monthly financial reports, which shall be submitted to the COMMISSION, and managing financial matters related to the operation of the Health Center			x	Monthly

The County of Santa Cruz Integrated Community Health Center Commission

Fiscal Year 17-18

Calendar of Duties:	Exec. Comm	County HSA	Frequency
<p>Quality Management: The COMMISSION shall be integrated into the COUNTY's Health Services Agency's quality management activities related to the Health Center, including audits and state quality management reporting requirements. Quality management reports shall be shared periodically between the COMMISSION and the COUNTY's Health Services Agency representatives responsible for quality management matters at the Health Center. The Health Center's Chief Executive Officer of Clinic Services shall, as appropriate, report to the COMMISSION on matters concerning the quality of the medical services provided by the Health Center. Evaluate the quality management programs developed and recommended by the staff of the Health Center and approved by the COUNTY's Health Services Agency in accordance with Section 2.2(j).</p>	x		Monthly
<p>Chief Executive Officer of Clinic Services: Subject to the COUNTY's personnel policies, the COMMISSION shall have final authority to select, remove, and evaluate the Health Center's Chief Executive Officer of Clinic Services</p>	x		As Needed
<p>Compliance: Compliance with applicable federal, state and local laws, regulations and policies.</p>	x	x	As Needed
<p>Compliance: The COUNTY's Health Services Agency shall provide the COMMISSION with periodic reports regarding the Health Center's legal and regulatory compliance program.</p>		x	As Needed
<p>Compliance: Compliance with Governance Requirements and report findings and any recommendations for corrective action to the COUNTY's HSA.</p>	x		Quarterly (or monthly)

	A	B	C	D	E	F
1		County of Santa Cruz Health Services Agency				
2		FY 17/18 Clinic Services Division				
3			3/31/2018			
4						
5		<u>Sum of Budget</u>	<u>Sum of Actual</u>	<u>Sum of Estimated Actuals (EAs)</u>	<u>Variance to Budget (Sum of EAs)</u>	<u>75% Fiscal Year To Date</u>
6	EXPENDITURE	40,231,167	20,065,767	32,462,139	7,769,028	50%
7	CLINIC ADMINISTRATION	5,272,758	2,301,682	4,534,100	738,658	44%
8	CORAL STREET CLINIC (HIPHP)	3,883,311	2,269,575	3,277,886	605,425	58%
9	EMELINE CLINIC	8,706,340	5,108,452	7,432,467	1,273,873	59%
10	MENTAL HEALTH FQHC	13,436,639	5,182,975	9,224,895	4,211,744	39%
11	WATSONVILLE CLINIC	7,332,119	4,596,529	6,492,790	839,329	63%
12	WATSONVILLE DENTAL	1,600,000	606,554	1,500,000	100,000	38%
13						
14	REVENUE	(37,883,508)	(20,476,457)	(30,335,234)	(7,548,274)	54%
15	CLINIC ADMINISTRATION	(1,733,532)	(1,973,239)	(1,733,532)	0	114%
16	CORAL STREET CLINIC (HIPHP)	(2,794,849)	(1,055,072)	(2,532,183)	(262,666)	38%
17	EMELINE CLINIC	(8,753,331)	(3,624,786)	(5,437,179)	(3,316,152)	41%
18	MENTAL HEALTH FQHC	(14,536,639)	(6,973,152)	(10,459,728)	(4,076,911)	48%
19	WATSONVILLE CLINIC	(7,865,157)	(5,448,408)	(8,172,612)	307,455	69%
20	WATSONVILLE DENTAL	(2,200,000)	(1,401,801)	(2,000,000)	(200,000)	64%
21						
22	NET COUNTY COST	2,347,659	(410,691)	2,126,905	220,754	

Integrated Community Health Center Commission Evaluation Survey

All Commission Board members are requested to fill out the following survey to evaluate the Commission for efficiency, effectiveness, and compliance.

1. Does the Commission Board hold monthly meetings? YES NO I DON'T KNOW

Comment: _____

2. Is there a quorum established at the monthly meetings? YES NO I DON'T KNOW

Comment: _____

3. Did the Commission Board perform a CEO evaluation this year? YES NO I DON'T KNOW

Comment: _____

4. In the last 3 years, has the Commission Board adopted, reviewed, and/or evaluated the following:

- | | | | |
|----------------------------------|-----|----|--------------|
| a. Sliding Fee Discount Program | YES | NO | I DON'T KNOW |
| b. Quality Improvement/Assurance | YES | NO | I DON'T KNOW |
| c. Billing and Collections | YES | NO | I DON'T KNOW |

Comment: _____

5. Please list below any comments, suggestions, or ideas for the Integrated Community Health Center Commission.

Thank you!

Current Board Member Characteristics Survey for HRSA

Name: _____

Current Board Office Position (Chair, Co-Chair, Member): _____

Area of Expertise: _____

Are you an employee of the health center? YES NO

Are you an immediate family member of current health center employee(s) (i.e., spouses, children, parents, or sibling through blood, adoption, or marriage)? YES NO

Is more than 10% of your income from the health industry? YES NO

Are you a health center patient? YES NO

Are you a special population representative? (i.e., individuals experiencing homelessness, migratory & seasonal agricultural workers & families, residents of public housing, etc.) YES NO

a. If **YES**, please identify: _____

Do you live or work in the service area? Live Work Both

For Patient Board Members ONLY:

1. What is your gender? Please circle.

Male Female Decline to report

2. What is your ethnicity? Please circle.

Hispanic or Latino Non-Hispanic or Latino Decline to Report

3. What is your race? Please circle.

Native Hawaiian Other Pacific Islanders Asian

Black/African American American Indian/Alaska Native White

More than one race Decline to report