

Christ Community Health Services is a Christian non-profit organization focused on fulfilling the physical, spiritual, and emotional needs of the underserved through health centers and outreach programs.

PROPOSAL RESPONSE SHEET SHELBY COUNTY GOVERNMENT- RFP 12-007-02 Title X Family Planning Services

Name of Firm: Christ Community Health Services Firm's Website: www.christcommunityhealth.org/

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Authorized Representative:		Burt Waller, Executive	Director
Signature (Person authorized to negotiate with t			
Email address: burt.waller@christchs.org	v	•	•

The signature(s) above indicate that certifies that:

- i. the Proposer's signature is and agent authorized to submit proposals on behalf of the organization/firm;
- ii. all declaration ins the proposal and attachments are true to the best of reasonable knowledge;
- iii. all aspects of the proposal, including cost, have been determined independently, without consultation with any other prospective Proposer or competitor for the purpose of restricting completion;
- iv. the offer made in the proposal is firm and binding for 90 days after receipt of the proposal by the County; and
- v. all aspects of this RFP and the proposal submitted are binding for the duration if this proposal is selected and contract awarded.

Vendor#: A0247	EOC#: V-0612-19855	
Check here if you qualify as a MBE, HBE Business Enterprise) if so, please indicate the classific	, or WBE (Minority, Hispanics or Woman owned rations below.	
Check here if you are a qualified LOSB (locally ov received through the EOC Administration.	ned Small Business) vendor. Certification for this status is	

2. Comprehensive Response

A. Organizational Capacity: Organization, Experience and Staff

This section shall contain pertinent information relating to your organization, staffing and experience that would substantiate your credentials to perform the services requested by Shelby County Government. The following information should be included, at a minimum:

1. Organizational Structure

a. Describe your organization's experience as it relates to this proposal. Include the number of years of experience providing medical services. Include your experience serving teens, men, ethnically diverse racial and ethnic groups as well as other hard-to-reach populations.

CCHS is designated a Federally Qualified Health Center (FQHC) under Sections 330E and 330H of the Public Health Service Act. It was founded in 1995 and was designated a FQHC in 2002. The agency has since established six fixed-site health centers, three dental centers, and one mobile health clinic in economically disadvantaged neighborhoods throughout Memphis and Shelby County. Health centers are located in areas designated as Medically Underserved Areas (MUAs) or Medically Underserved Populations (MUPs), as well as being primary care and dental Health Professional Shortage Areas (HPSAs).

In 2010, CCHS served 45,704 patients including 1,058 homeless patients. Of those served, 83 percent were below the poverty level and 92.5 percent were racial/ethnic minorities, with African Americans being 80 percent and 11.6 percent being of Hispanic ethnicity. Women make up the majority of CCHS patients, with 29,233 women, or two thirds of the patient population being women. Women and adolescent girls outnumber men and adolescent boys by more than two to one in all age groups with the largest difference being in the age groups between 18 and 39.

CCHS patients are from among the poorest households in Shelby County and 99 percent have a median household income of less than 200 percent of Federal poverty guidelines. In 2010, 39 percent of CCHS patients were uninsured, 47 percent were insured by Medicaid/CHIP, 7.5 percent were privately insured and 6.2 percent were covered by Medicare. (Source: CCHS 2010 Uniform Data System Report.) CCHS's patient population grew significantly in 2010 as several health centers added new providers (Orange Mound and Hickory Hill). CCHS also opened a new dental center serving many new patients.

Residents served by CCHS health centers experience extreme disparities in health conditions and outcomes, including chronic disease, acute conditions, infant mortality, pediatric illness, mental illness, substance abuse, violent crime, and infectious diseases. In part, this is the result of the high level of poverty experienced by patients, which contributes to significant structural, socioeconomic and behavioral obstacles to good health. These include a shortage of health care providers, transportation challenges, low awareness of healthy behaviors, limited access to resources for healthy lifestyles, deferral of needed care until problems become acute, reliance on hospital emergency rooms for care, and complex family and social problems that intrude into every area of daily life. Chronic diseases (e.g., diabetes, hypertension) account for a large share of conditions treated, along with obstetrical and pediatric problems. Differences that exist among patient populations at CCHS health centers is due primarily to differences in age structure, with several centers serving older populations with more chronic conditions than the others.

All CCHS health centers provide access to primary care, diagnostic laboratory and preventive services including prenatal and perinatal services, cancer and other disease screenings, well-child services, immunizations, eye and ear screenings for children, and family planning services. Some centers provide emergency medical and dental services and pharmaceutical services. (Those centers that do not provide dental and pharmaceutical services refer patients to other centers for these services, scheduling

appointments and arranging transportation as needed.) The organization currently employs 46 medical providers, six dentists and two pharmacists. The total number of provider FTEs reported for 2010 (46.06) is 9.7% higher than in 2009.

Established with a mission to increase health care equality among the least served and hardest to reach people in the region, CCHS provides patient-centered care, with particular sensitivity to the social and cultural factors of the communities it serves. The founding physicians of CCHS have proactively led the organization's clinical staff in developing a high level of cultural competency with a particular focus on Memphis's inner-city, African-American population. Ongoing professional education for both clinical and administrative staff supports the development of cultural understanding and skills among CCHS employees. CCHS's Board of Directors is also reflective of its community: more than half of CCHS board members live and work within CCHS service areas and more than half use CCHS services for their own care. The areas served by the respective CCHS clinics are identified in the chart below.

Service Area Information for CCHS Health Centers

Location	Service Area Census Tracts
Broad Avenue Health Center 2861 Broad, 38112	13.00, 14.00, 15.00, 27.00, 28.00, 31.00, 66.00, 67.00, 68.00, 71.00, portions of 30, 70, 72
	(Includes portions of ZIP Codes 38104, 38111, 38112 & 38114)
Third Street Health Center 3362 S. Third, 38109	78.20, 104.10.00, 220.10, 220.21, 220.22, 222.20, 223.10, 223.20, 223.30
	(Includes portions of ZIP Codes 38109 & 38116)
Frayser Health Center	3.00, 4.00, 8.00, 9.00, 99.00, 100.00, 101.10, 101.20, 102.10, 102.20
3124 N. Thomas, 38127	(Includes portions of ZIP Codes 38127 and 38107)
Orange Mound Health Center* 2569 Douglass Ave, 38114	65.00, 67.00, 68.00, 69.00, 70.00, 78.10, 78.20, 79.00, 80.00, 81.10, 81.20
	(Includes portions of ZIP Codes 38111 & 38114)
Mobile Clinic (regular weekly locations)	36.00, 39.00, 45.00
Hickory Hill Health Center	109.00, 217.21, 217.31, 217.32
5366 Winchester, 38115	(Includes portions of ZIP Codes 38141, 38125, 38115)
Broad Avenue Dental Center* 2953 Broad, 38112	13.00, 14.00, 15.00, 27.00, 28.00, 31.00, 66.00, 67.00, 68.00, 71.00, portions of 30, 70, 72
*total pop. served by all dental	(Includes portions of ZIP Codes 38104, 38111, 38112 & 38114)
University Family Medicine Center	Includes ZIP Codes 38104, 38107, 38108, 38111

CCHS has long recognized the need to move beyond traditional medical services to address the social and environmental determinants of health for the communities they serve. Creating programs that focus on youth and women in the at-risk communities surrounding CCHS Health Centers is a priority. CCHS's outreach services have made deep inroads into Memphis's African-American community through prevention education for HIV/AIDS, heart disease and diabetes, testing and counseling, social and spiritual support, and service referrals. CCHS has received national recognition for its Memphis Healthy Churches program, which provides preventive health information and screening through local African-American churches. CCHS operates many other health outreach programs, including those focused on family stability, children's wellness, obesity prevention, HIV/AIDS primary care, and community food security.

CCHS has extensive experience working with other health care providers to improve coordination of care and integrate clinical and outreach initiatives. CCHS also maintains strong relationships with social service providers, churches and faith-based programs; and Community Development Corporations (CDCs) in order to coordinate services, plan and evaluate programs, and recruit program participation. CCHS partners closely with county and city agencies and divisions of state and local government, including the Shelby County Health Department. Local, regional, and national funders and organizations have recognized CCHS for leveraging its role to lead collaborative efforts, including the Department of Health and Human Services, the Robert Wood Johnson Foundation, the Kresge Foundation, and local funders such as the Assisi, Plough, Hope Christian, and Memphis Community Foundations.

Experience implementing appropriate systems and services

In recent years, CCHS has focused on strategic expansion to extend access and services to the city's large low-income and medically underserved populations and increase health care equality in the region. This strategy aligns with the Federal goals of capacity expansion and service enhancement of community health centers as established in the Affordable Care Act of 2010. In each case, the establishment of new health centers has been informed and guided by community engagement, integration into community and economic goals of target neighborhoods, and extensive health needs assessment.

CCHS currently has six health centers, three dental centers, and a mobile health clinic. All centers have opened and become fully operational on schedule, and all have maintained financial viability, cost-effectiveness, and steady user increases. The organization now employs 46 medical providers, six dentists and two pharmacists and expects to serve close to 50,000 patients in the coming year. Services include primary care, chronic disease management, well-child care, prenatal care, HIV/STD testing and treatment, oral health care, weight loss counseling, and referrals for mental health services and substance abuse treatment.

During the past 24 months, CCHS has responded to rising demands by implementing new processes to increase efficiency. These include centralizing appointment scheduling, transition from a traditional schedule to "same day" scheduling, implementation of a daily report comparing provider productivity and health center capacity to goals, and improvement of the provider incentive compensation system. These strategies are responsible for increasing overall encounters to a level of 100 percent of capacity on most days.

Effective management systems, infrastructure, and operational capacity are in place at each center. Outreach and education resources have been adapted to fit the respective neighborhoods, evolving to stay responsive to community needs and opportunities. Given this record of success, its strong community and organizational relationships, and its role as a trusted provider of affordable health care to low-income people, CCHS is well-positioned to extend its reach and impact in Memphis and Shelby County.

b. Describe your organization's demonstrated capacity with similar programs and populations.

CCHS is experienced in providing health and wellness services, counseling and education programs to the community at large, and to women, African-Americans, and youths through such programs as those described below.

Centering Pregnancy Program. CCHS was the recipient of a state grant through the Infant Mortality Initiative, administered by the Governor's Office of Children's Care Coordination to provide services to pregnant women from January 2008 through June 2011. The GOCCC has been dissolved and the grant turned over to the Tennessee Department of Health for supervision; CCHS's contract for this program extends through December 2011.

The Centering Pregnancy Program was launched to combat the infant mortality crisis in Memphis and Shelby County, which have been consistently named as having one of the highest – if not the highest – infant mortality rate in the United States. Annually, there are approximately 500 stillborn and infant deaths countywide. Centering Pregnancy is a unique approach to prenatal care which encompasses self-care techniques, group prenatal care and facilitated meetings, which industry studies have shown to contribute to reduced risk of preterm birth in participants. Mothers in the program attend regular meetings (facilitated by CCHS) with other mothers with similar due dates. These women are able to learn not only from the medical professionals at CCHS, but also from each other; participants bond with and learn from other expectant mothers. They feel more involved and in control of their care and empowered to ensure they deliver a healthy, full-term baby. This program serves mothers at the Broad Avenue Health Center.

Memphis Healthy Churches (MHC) is a nationally-recognized and -funded outreach program established by CCHS in 1998 that delivers health education in more than 100 African-American churches across the city. MHC trains church health representatives to educate members of their congregations about diseases that disproportionately affect African-Americans, including heart disease, stroke, diabetes, and obesity. It also engages church and community leaders in peer education, leadership, and promotion of healthy lifestyles and integrates wellness activities such as health fairs into community venues.

Ryan White Youth Prevention Program. Christ Community Health Services is currently partnered with Urban Youth Initiative under the Mid South AIDS Fund grant to provide sex education and HIV prevention programs to at-risk youth. Urban Youth Initiative is an umbrella organization that oversees the workings of close to 40 youth organizations across the city. CCHS provided a two-day training on two occasions to educate youth workers on how to discuss sensitive material with youth. In conjunction with the presentations youth workers were given an entire curriculum called Focus On Youth. This program offers 8 sessions dealing with safer sex choices, building self values, and decision-making strategies all geared toward African-American youth that live in higher risk areas (high risk areas are determined according to ZIP code and are based on statistical information such as poverty levels, educational levels, HIV/STI rates, etc). The goal of the program is to provide training to the youth workers who will then facilitate the program with the youth at their organization. During these trainings 27 youth organizations were represented; 420 youths will have completed the program by the end of August 2011.

Tennessee Breast and Cervical Screening Program. The Tennessee Breast and Cervical Screening Program provides clinical breast exams, mammograms and Pap tests for eligible Tennessee women free of charge. To qualify for the program a woman must be over age 40, meet established low-income guidelines, and be uninsured or without health insurance coverage for these screening tests. Participating statewide providers, including local health departments and primary care clinics, provide screening services and referrals if additional tests are needed. In Shelby County, CCHS has contracted to provide these services since 2003. CCHS is the second largest screening provider to uninsured women in Shelby

County, having served more than 720 women in FY2011. (The Church Health Center served 848.) Women's Cancer Coordinators employed by CCHS provide case management to the women enrolled, reminding them of their annual/bi-annual Pap and mammography exams, tracking their care, and following up with those with abnormal results to rule out cancer within a designated timeframe.

Heart of a Woman (HOW), based on the American Heart Association's Search Your Heart curriculum, focused on the steps women can take to reduce and prevent heart disease. Participants learned about how heart disease affects women, especially women of color; the relationship between heart disease and other conditions such as high cholesterol and diabetes; and the crucial importance of screening, early recognition and early action, and lifestyle modification. MHC developed the curriculum into a training course for Community Health Representatives (CHRs) who were responsible for organizing and conducting ongoing heart health education in their churches, as well as linking their church members to other resources for heart care. CCHS operated this program from 2005-2008.

- c. If your organization is, or has been, in a contractual relationship with the Shelby County Government, please provide the following information:
- (1) Agency name;
- (2) Time period of the contract;
- (3) Services provided.

The paragraphs below describe two programs CCHS is currently contracted with Shelby County to provide: Head Start Oral Health Services and Ryan White HIV/AIDS Services.

Head Start Oral Health Services. CCHS has a contract with Shelby County to provide oral health services to children enrolled in the Head Start Early Childhood Education Program. The contract period is from July 2011 through June 2012. Under this contract, mobile equipment is used to provide comprehensive exams, cleanings and follow-up treatment (e.g., fillings) at assigned Head Start locations. There are currently 20 sites. If children require more complex treatment (e.g., extractions, pulpotomies, etc.), they are referred to a CCHS dental center for care. Case management services ensure compliance with oral health treatment in an effort to meet the goals of providing comprehensive exams to 90 percent of enrollees within 90 days of enrollment and follow-up care to 90 percent of patients who require additional treatment. In FY 2010, CCHS provided comprehensive exams to 93 percent of the enrollees within 90 days of their enrollment.

CCHS also provides comprehensive oral health services at three existing dental centers, including exams, cleanings, fillings, x-rays, sealants, emergency care, restorative, prostethodontics, and endodontics, among other services. All patients are referred to one of these centers, which include Third Street Health Center (four operatories), Broad Avenue Dental Center (11 operatories) and Hickory Hill Health Center (10 operatories).

Ryan White HIV/AIDS Services. CCHS currently receives funding for all HIV services through the Ryan White Part A Program under a contract with the Shelby County Health Department. CCHS is designated by the Tennessee Department of Health as a Center of Excellence for HIV/AIDS Care. Services currently provided include outpatient/ambulatory services, medical case management, pharmaceutical assistance, and medical transportation. HIV testing is offered on a walk-in basis or can be requested during a visit through a rapid HIV test. This test is performed by medical case managers/social workers, with results of

up to 99.9 percent accuracy available in 20 minutes. Positive results are always followed up by a lab test (Western Blot). This line of testing is offered free of charge. HIV treatment includes diagnosis, lab tests to ascertain need for medication, and prescription for medication when appropriate. Education and treatment adherence assessment and counseling are provided according to HIV standards of care. HIV patients are seen by a medical provider to have labs drawn every three to four months.

CCHS has found that patients are at a significant advantage for better health outcomes when they can obtain HIV services at the same location as they receive primary medical care. Medical case managers at the health centers link patients to the care process and to the state-coordinated case management system. Case managers assist patients with appointments, act as liaisons between providers and patients, and work to help patients increasing the likelihood of treatment adherence. Currently, CCHS has a 70 percent retention rate for HIV patients. In an effort to increase treatment adherence, CCHS conducts home visits for those who lapse in treatment. Case managers network patients to other supportive services and help determine eligibility and arrange enrollment in the Federal Ryan White program for coverage of medical care and prescriptions. CCHS also partners with Methodist / LeBonheur Children's Hospital, the Adult Special Care Unit at The Regional Medical Center, and other providers to coordinate services for clients with HIV and/or AIDS. CCHS is the only community-based state-designated Center of Excellence for HIV Care in Shelby County.

d. Describe staff qualifications for the proposal. Include job descriptions, resumes, staffing pattern and other resources for implementing the project.

Job descriptions and resumes are included as attachments, along with an organization chart.

Staff Qualifications: The CCHS Family Planning Program (FPP) will be staffed by a full-time Women's Health Services Director, who will be hired to administer and manage the program. This individual will have at minimum a Master's Degree in Public Health, Health Administration or other related field with three to five years of progressively more responsible experience in family planning or a related area. Other qualifications and skills are described in the attached job description. This position will report directly to the Practice Administrator of CCHS and will serve as the administrative officer for FPP services (see attached organizational chart). This includes administrative supervision of Title X funded activities, program development and budget management, and compliance with state and federal standards, policies and guidelines, and grant contract conditions. In collaboration with the Medical Director, OB Director, HIV Services Program Director, and the Director of Outreach Services, the Women's Health Services Director will carry out all of the program requirements of the Title X Program. The Women's Health Services Director will supervise the Family Planning Coordinators (to be hired; see organizational chart) and Women's Cancer Coordinators. Finally, the Women's Health Services Director will also serve as an active member of the Clinical Quality Improvement (CQI) Committee to ensure the accomplishment of the clinical goals set forth for family planning at all CCHS health centers.

With respect to practice management, the CEO meets individually with his direct reports on a biweekly basis or more frequently as needed to discuss current issues, plans, and needs. The CEO, COO, CMO, and Practice Administrator meet monthly with site Physician Leaders who comprise the Clinical Leadership Group. This mechanism provides an organized regular forum to discuss provider-specific issues, monitor progress with Health Plan objectives, consider the findings of quality assurance studies, set the agenda for site-specific monthly provider meetings, and plan refinements in clinical operations.

The COO and Practice Administrator meet with the health and dental center Office Managers and Nurse Coordinators monthly along with Department Directors (i.e. Human Resources, Risk Management/QI Manager, Accounting, IT, Purchasing, Call Center, Health Information Manager, Revenue Cycle/Billing) to disseminate policy/procedure changes and new initiatives, to review

operational performance goals, to address any operational issues and to develop resolutions to identified issues. The Dental Director and Practice Administrator also meet twice monthly with the Dental Office Managers to address policy changes and operational issues specific to the Dental Centers.

Other Resources for Implementing the Project: As a FQHC provider, CCHS can offer a wide range of affordable primary health and dental care services to its target patient population, and thus has a wide range of programmatic resources to draw upon to support the Family Planning Program. These include, just to mention a few, a strong HIV/AIDS program and testing for other sexually transmitted diseases, a women's cancer screening/case management program with access to various program funding sources for Breast and Cervical Cancer screening, case management and counseling services. CCHS also maintains a database of more than 90 social service providers to whom referrals can be made for a variety of patient needs.

e. Provide a brief description and history of the organization.

CCHS was established in 1995 and designated a FQHC in 2002. CCHS currently operates six neighborhood health centers, three dental centers and a mobile clinic. In 2010, CCHS served 45,704 patients including 1,058 homeless patients. The CCHS health centers are strategically located in underserved medical areas throughout Memphis. They include the Third Street Health Center (opened in 1995), Broad Avenue Health Center in Binghampton (opened 1999), the Third Street Health Center in southwest Memphis, the Frayser Health Center in north Memphis (opened in 2005), the Orange Mound Health Center near Midtown (opened 2006), the Hickory Hill Health Center in southeast Memphis (opened 2009) and University Family Medicine Center (opened August 2011). CCHS's mobile clinic operates four days per week, and serves many of Memphis's poorest people, including immigrants, refugees, and homeless individuals. CCHS began providing comprehensive HIV medical and case management services in May 2006. These services are funded by Ryan White Parts A and B and serve People Living With HIV/AIDS (PLWHA) in Shelby, Fayette and Tipton Counties.

CCHS offers primary health care for adults and children, including diagnostic laboratory, family planning, preventative health care, pre- and perinatal services, dentistry, pharmacy, screening for cancer and other diseases, well-child services and immunizations, and follow-up hospital care. Some CCHS centers provide emergency medical and dental services and pharmaceutical services. (Those centers that do not provide dental and pharmaceutical services refer patients to other centers for these services, scheduling appointments and arranging transportation as needed.) HIV services offered include testing, primary and specialty care services, medical case management and transportation. Through strong partnerships with community providers, CCHS facilitates patient access to and use of mental health care, substance abuse treatment, and other social services.

CCHS has built the capacity to provide primary medical care at its health centers which are strategically located throughout the inner-city. Most CCHS health centers are in residential neighborhoods and all are located on major bus routes, affording clients ready access to services. The comprehensiveness of services that can be found in-house at CCHS health centers—not only primary care services but also special services such as dental, HIV testing and medical case management, referral to supportive services, translation, etc.—improves the likelihood that clients will access and use the services they need, including patient education and support.

CCHS is committed to effective, efficient, and culturally sensitive care that meets its patients' diverse physical, emotional, psychological, and spiritual needs. Services are available to all people without regard to religious beliefs and without proselytizing. CCHS's core values are reflected in its mission statement, to provide "high quality health care to the underserved in the context of distinctly Christian service."

In addition to medical services, CCHS has several high impact outreach programs for medically underserved populations which are implemented through partnerships with churches, nonprofits and other community-based organizations. CCHS has developed a strong reputation as a trusted source of health care for low-income racial and ethnic minorities due in part to outreach programs such as its Memphis Healthy Churches program, which reaches more than 70,000 of the city's African-American churchgoers with preventive health education and services. The Memphis Healthy Churches program provides health education on HIV as well as four other health disparities among African Americans. Other CCHS outreach programs include Club 61, providing youth mentorship at Lester Elementary School, and Families Matter, aimed at strengthening the family life of members of CCHS's target population.

The founding physicians of CCHS have proactively led the organization's clinical staff in developing a high level of cultural competency, to sensitively and appropriately address the communities it serves, with a particular focus on Memphis's inner-city, African-American population. Ongoing training and professional education for both clinical and administrative staff supports the development of cultural understanding and skills among CCHS employees.

The CCHS Board has been carefully structured to include persons with technical expertise and valuable professional affiliations, and to include service users: more than half of CCHS board members use CCHS services for their own care. Board members include residents from neighborhoods where health centers are located, small business owners, non-profit leaders experienced in community development, lawyers, accountants, retirees, and health care workers.

f. Describe the organizational structure of your agency overall and for your family planning program management.

CCHS is a 501(c)(3) nonprofit corporation and is not a legal affiliate or subsidiary of any other organization. It is governed by an independent Board that is compliant with Section 330 of the Public Health Statute. The Board acts to establish policy, assure quality of services, and ensure that CCHS plans and priorities reflect the needs of the target population. Among its many responsibilities, the Board engages in strategic planning, approves the budget, engages auditors, establishes hours and days of operations, approves the income-based sliding fee scale, determines new programs, and assures that the organization operates in compliance with all applicable Federal, State, and local laws and regulations. The Board has authority to determine the scope of services to be offered, establish the hours of operation, approve applications for federal grant funding and the annual budget, select and determine the terms of employment of the Executive Director, and establish general policies for CCHS.

CCHS has a well-defined, site-specific management structure that is supported by centralized services. The centralized services include executive management, fundraising, communications, financial management (including accounting, billing and collections), risk management, corporate compliance, information technology, and human resources. Site-based management is responsible for patient interactions, registration, medical records, clinical services and referrals to services not provided directly by CCHS.

The CCHS organizational structure is designed to provide effective direction and control to a rapidly growing multi-site organization. The Board of Directors holds the CEO accountable for implementing policy directions, maintaining compliance with federal, state and local laws and regulations, employment of staff, establishing the organizational structure, and insuring that the corporation operates in a fiscally prudent manner. The role and responsibilities of the CEO, who is an ex officio member of the Board, are described in the CCHS Bylaws, section 4, page 3. The authority to contract for services is reserved to the CEO. Positions reporting directly to the CEO include the Chief Operating Officer (COO), Medical Director, Chief Financial Officer, and the directors of outreach

services, human resources, quality improvement/risk management, and communications. The roles of the Chief Financial Officer and Medical Director are described in the Bylaws, sections 5 and 6 on page 4.

The operations of CCHS health centers are the responsibility of the Chief Operating Officer and his staff, including the Practice Administrator. All centers follow the CCHS organizational pattern with an on-site management team composed of a Physician Leader, Office Manager and Nursing Coordinator. The Physician Leader is responsible for all clinical services and is assisted by the Nursing Coordinator responsible for supervising the nursing staff. The Physician Leader operates within the operational parameters established by the COO and the clinical guidance established by the Medical Director. The Office Manager is responsible for site-specific, non-clinical administrative functions including patient registration, medical records, referrals, and facilities maintenance. CCHS provides all required clinical services for its patients except for diagnostic imaging and diagnostic laboratory services, which are provided through referral arrangements managed and monitored centrally for all CCHS health centers.

2. Required Attachments

a. Attach an organizational chart that shows the location of the family planning program within the organizational structure.

See attached.

- b. Applicants must include proof of nonprofit status, including IRS 501(c) (3) certification, if applicable. See attached.
- c. Applicants must include Articles of Incorporation and Bylaws, if applicable. See attached.
- d. Nonprofit organizations must provide a list of governing board and/or advisory board members that identifies expertise and population represented.

See attached.

3. Program Monitoring

a. Describe your data collection system. Specifically address how your system can be customized to produce reports on family planning users, outreach contacts and clinical services provided.

CCHS currently uses an electronic health record called E-MDs in all of its health centers with the exception of the Third Street Health Center, which is scheduled to transition in late September 2011. With E-MDs, CCHS can track all demographic, clinical and billing data on patients. For the Family Planning program, CCHS will be able to track patients one of three ways: (1) by the patient type field, (2) by the financial carrier (Family Planning A, etc.) or (3) by a custom CPT code (FamPlan). Custom templates will be built for the Initial Visit, Revisit, Supply Visits, Pregnancy Visits, Medical Visits and Other Visits requirements. The templates will prompt providers to provide all the necessary services and order all of the necessary education and counseling. The education/counseling orders will be completed within the electronic health record and documented by the Family Planning Coordinator. Fulfillment of the selected method and all consent forms will be documented and stored in the EHR. Educational materials regarding each method can be stored within the system. Assessment of patients' understanding of the provided education and counseling will be documented in the system as well. Custom Crystal reports can be built

and uploaded into the system. CCHS plans to develop a custom report similar to the Family Planning Annual Report (FPAR) to document our progress in accomplishing our established goals and objectives.

b. Describe your computer system's capacity to electronically submit encrypted flat data files.

Data from E-MDs can be exported electronically into text files or an Excel Spreadsheet. The data can then be compressed into a WinZip file that can be password protected.

4. Personnel

a. Briefly describe your personnel policies addressing staff recruitment, selection, performance evaluation, promotion, termination, compensation, benefits, grievance procedures, confidentiality of personnel records and conflict of interest policies for staff and Board.

Recruitment. CCHS has been successful in securing highly qualified and committed medical and dental staff for all current locations and anticipates no difficulty in recruiting medical providers for the period encompassed by this grant application. It is the stated policy of CCHS to provide a uniform recruitment process that offers qualified applicants fair and equitable consideration for employment at CCHS. All open positions below the level of "Director" are posted. ("Director" positions are those that report directly to the Executive Director.) Standard step-by-step internal procedures for completing required Human Resources forms to fill positions, post openings internally and in external sources, required content of postings, interview and selection procedures are detailed in CCHS's 6-page Recruitment policy # 3-29. CCHS's retention strategy includes locally competitive wages and benefits, regular wage adjustments, regular performance feedback, attention to staff support, and a positive work environment

Performance evaluation. These occur after 90 days of employment and at least once annually thereafter. The employee's immediate supervisor maintains documentation of an employee's performance during the relevant time period. The supervisor discusses the evaluation with the manager to inform him/her and obtain his/her feedback, which is incorporated into the review. Next the evaluation is forwarded to Human Resources where it is reviewed for possible increase in salary based on merit. After Human Resources review, the supervisor schedules and conducts a face-to-face meeting with the employee to review the evaluation. The written position description is used as a guideline to measure performance (fulfilling job responsibilities, meeting benchmark targets, etc.). A plan for improvement/development is developed as part of each evaluation.

Promotion. All new or vacant positions are posted internally for a seven-day period prior to recruiting external applicants. This is done to encourage promotion within the organization. Job postings are posted on CCHS's internal Intranet and within each location. Employees may submit an internal Job Posting Application to apply for a position. To apply, employees must have successfully completed their 90-day probationary period in their current role and be in good standing (i.e. no disciplinary actions within their record). All eligible applicants will be forwarded to the Hiring Manager for review and interview. It is the culture of CCHS to select internal applicants if qualified and eligible for a position.

Termination. Termination may occur for multiple violations, flagrant disregard of company policy or poor work performance. CCHS has a progressive discipline policy that requires documentation of all disciplinary action prior to and leading to termination. Exit interviews are conducted with all employees who resign; information from these is kept confidential but may be used generally to communicate ways and means to improve employee retention.

Compensation. CCHS offers compensation competitive with similar organizations serving similar populations. Compensation is reviewed annually and adjusted based on market conditions and years of

practice experience, as reported by the NACHC Annual Salary and Compensation Survey. Incentive-based compensation based on exceeding target daily patient encounters is provided. Incentive compensation is measured daily, paid monthly and earned by approximately 80 percent of medical providers.

Benefits. Fringe benefits include the CCHS portion of Social Security, Medicare, health insurance including medical, dental and vision coverage, unemployment insurance, short- and long-term disability insurance, and other normal employee benefits. Fringe benefits are paid for all full-time positions. Medical providers receive an educational benefit of one week time off and \$1,750 educational allowance annually and vacation benefits of three weeks annually and an additional four weeks after five years of employment.

Grievance procedures. Employee complaints are to be presented to the immediate supervisor who will consider, investigate and then discuss a resolution with the employee within five days. If the resolution is not satisfactory, the employee may take his/her complaint to the supervisor's manager, who will have five days to consider, investigate and respond to both the employee and the supervisor. If this response is not satisfactory, the complaint is referred to the Executive Director who may uphold or overturn the previous resolutions. The Executive Director's decision is considered the final step in the process and all parties must abide by it.

Confidentiality of personnel records. Personnel information is confidential and is shared only as required and with those who have need of the information. All hard copy records are maintained in files in a locked, secured area. Personal employee information is safeguarded under company proprietary electronic transmission and intranet policies and security systems.

Conflict of interest. It is the stated policy of CCHS to expect its Board, officers, volunteers, and employees to conduct business with integrity and to comply with all applicable laws in a manner that excludes considerations of personal advantage or gain. CCHS Board members and employees are prohibited from accepting gifts, using their position at CCHS to secure some business advantage or personal gain, using any company property (facilities, equipment, vehicles, etc.) for personal use, investing or holding a financial interest in a business that would create a conflict or the appearance of a conflict of interest. Once a year Board members must certify that they have read the policy and disclose any potential conflicts of interest.

b. Describe the policy and procedures for employee orientation, in-service training and continuing education for Title X related topics.

All new CCHS employees receive orientation training to the culture, policies, practices, and benefits of the organization. The Human Resources Department conducts a general orientation and collects necessary documents (I-9, withholding forms, signed receipt of employee handbook, etc.). All incoming Family Planning Staff will complete the free Title X Orientation Training provided by the Center for Health Training. This self-paced study covers the history of Title X and how it impacts a clinic's practices. There are modules for general staff, counselors, and managers. Participants can complete up to two tests to receive certificates of completion. Staff will also be encouraged to participate in the Annual Region IV Title X Conference conducted by Cicatelli Associates, Inc (CAI) as well as any webinars and seminars provided in the region. The Women's Health Services Director and/or Medical Director will be encouraged to participate in the Annual Clinical Family Planning Conference provided by the National Title X Training Center and will participate in Title X and other available webinars. The Women's Health Services Director will also attend the local Shelby County

Family Planning meetings. CCHS will also research obtaining Technical Assistance and available resources from CAI in the development of its programming.

During the first month of the contract period (October 2011), CCHS will hire the Women's Health Services Director and Family Planning Coordinators and will initiate Title X training for existing staff members. CCHS staff of clinical professionals already providing women's health care will be able to quickly assimilate new training materials and methods into their work. CCHS administration will ensure that training is focused on Title X policies and requirements and is committed to delivering services and counseling in a non-directive manner, as authorized. As a FQHC, CCHS is accustomed to following federal guidelines and rules. Training for all affected staff will be ongoing.

c. Provide in one or two paragraphs each, position description and biographical sketch of key personnel.

CCHS leadership has been extremely stable with little turnover of key positions. The Executive Director, Chief Operating Officer, Medical Director, Practice Administrator, and Director of Outreach have each been in their positions between seven and 15 years.

Executive Director – Burt Waller has been CCHS's executive director since March 1998. During his tenure the agency has expanded rapidly, obtaining designation as a FQHC, opening five of its six health centers (four of these opened just since 2005), doubling the size of its Third Street health center, establishing the mobile clinic, developing community outreach programs described elsewhere in this proposal. The agency annual budget has grown since 1998 from \$1 million to more than \$20 million. Prior to coming to CCHS, Mr. Waller was president and CEO for four years of the Regional Medical Center at Memphis (the MED), a complex 450-bed teaching hospital with services including the region's largest multi-specialty ambulatory care center, Level I Trauma, Regional Burn Center and Regional Perinatal Center.

Associate Executive Director (Chief Operating Officer)—Richard Donlon, MD, was a co-founder of CCHS and therefore has been with the agency since 1995. As associate executive director he is responsible for recruiting physicians to practice in the health centers, negotiating salaries and work hours, managing physicians through day-to-day supervision, training, coaching performance and providing direction. He supervises the Practice Administrator (described below) as well.

A board-certified internist and pediatrician, Dr. Donlon has completed continuing medical education HIV training required by the state Center of Excellence (COE) program; he is credentialed as an "HIV expert" in the state of Tennessee according to the COE standard. Dr. Donlon has been Medical Director of CCHS's HIV/AIDS services since the agency began providing such in 2006. He established HIV care standard treatment protocols, trains and supervises other CCHS physicians and nurse practitioners who are currently providing HIV medical care. In 2007, CCHS was designated as an AIDS Center of Excellence (COE) by the State of Tennessee.

Medical Director – David Pepperman, MD, is also a co-founder of CCHS and therefore has been with the agency since 1995. As medical director he establishes clinical practice guidelines and protocols, assures the clinical competency of providers at the health centers, establishes standards for and supervises provider productivity. He chairs the Clinical Quality Improvement Committee and the Peer Review Committee. He provides leadership to physicians and practitioners and establishes the schedule for health center and on-call coverage, assuring adequacy. The medical director leads the CCHS management staff in establishing operational processes, responding to patients and maintaining cost-effective, efficient services. He works with the Practice Administrator to establish and implement standard practices among all CCHS health center locations. Dr. Pepperman is licensed by the Tennessee Board of Medical

Examiners, accredited by the American Board of Family Medicine, and extensively experienced in family planning through his 16 years of clinical practice at CCHS.

Chief Financial Officer (CFO)—Jim Smith. The CFO directs the control of cash flow throughout the organization, ensures the maintenance of integrity of funds, securities and other valuable assets and documents; analyzes the financial effects of new proposed programs/expansions; creates and oversees management of risk management policies, practices and procedures; manages or oversees management of finance and accounting staff, including hiring, performance, etc. Mr. Smith, who earned his MBA from Memphis State University in 1980, has more than 30 years' experience in finance, administration and accounting. He joined the staff of CCHS in 2008.

Practice Administrator – Shantelle Leatherwood has been CCHS's practice administrator since September 2003. She is responsible for overseeing the day-to-day administrative operations of CCHS's six free-standing health centers, three dental centers, and mobile medical van which serves homeless persons at various locations throughout Memphis. She establishes and maintains policies and procedures for these areas, develops operational plans, maintains compliance with government regulations and industry requirements (e.g. HIPAA). She resolves operational problems and acts as a liaison between other staff members and the public/community. Prior to being practice administrator, Ms. Leatherwood was CCHS Community Program Coordinator, responsible for managing and securing funds for several grant-funded outreach programs. Ms. Leatherwood earned her master's degree in health administration at the University of Missouri-Columbia in 1997. She will directly supervise the Women's Health Services Director who will be hired to implement the Title X funded family planning services (see description below).

Women's Health Services Director –To be hired. To fill this position, CCHS will seek a candidate with a master's degree in public health, health administration, or another related field, and three to five years of experience. The Women's Health Services Director is responsible to the Practice Administrator of CCHS and acts as the administrative officer for Women's Health Services and its related programs. He/she is responsible for the administrative supervision, program development and budget management of the department's Family Planning Program, Women's Cancer Program, and prenatal care services. The Coordinator must assure that programs operate in compliance with state and federal standards, policies and guidelines, and grant contract conditions. In collaboration with the Medical Director, OB Director, HIV Services Program Director, and the Director of Outreach Services, the Women's Health Services Director works to carry out all of the program requirements of the Family Planning Program and the Tennessee Breast and Cervical Screening Program. The Director will serve as an active member of the Clinical Quality Improvement Committee to ensure the accomplishment of the clinical goals set forth for family planning, women's cancer and prenatal care.

Some of the key responsibilities of the Women's Health Services Director will include:

- 1. Selection, orientation, supervision and evaluation of health center personnel.
- 2. Overseeing the ongoing functioning of the Family Planning Program and Women's Cancer Program. This includes the schedule of client visits, inventory and requisitioning of supplies (medical, educational and office), keeping standards of care and routine orders current, assuring quality of care, handling patient complaints, and review and evaluation of educational materials used in the Family Planning Program and Women's Cancer Programs.
- 3. Implementing program plans within the Family Planning Program, Women's Cancer Program and OB services. This includes assisting in developing goals and objectives and budget for the programs, preparing reports.

- 4. Coordinating activities with other staff and programs, including Outreach Services, HIV Program and Tennessee Breast and Cervical Screening Program.
- 5. Develop and maintain contacts with local and state agencies that provide funding and/or programmatic guidance of the programs in the center and the department.
- 6. Develop and maintain contacts with community referral sources and medical providers for client care.
- 7. Provide leadership, advocacy, and education efforts related to reproductive health with local, regional and statewide groups.
- 8. Prepare and maintain a system for prenatal care outreach, enrollment and referral within the center.
- 9. Coordinate activities of the Informational and Educational Review Committee.
- 10. Participate in the Annual and Regional Title X Conferences as well as participate in local training sessions and meetings.
- 11. Assist the CCHS Medical Director and OB Director in updating clinical protocols related to reproductive health, gynecological services and obstetric services on a periodic basis.

The Women's Health Services Director will supervise the positions of Family Planning Coordinator and Women's Cancer Coordinator, described below.

Family Planning Coordinators—To be hired. The Family Planning Coordinator(s) reports to the Director of Women's Health Services and is responsible for enrolling, educating, counseling, tracking and providing family planning services to those seeking care at Christ Community Health Services (CCHS). The Coordinator is also responsible for educating/counseling those individuals found to be pregnant and coordinating their prenatal care at CCHS. To fill these positions (CCHS anticipates 6 FTEs) CCHS will seek candidates with a bachelor's degree in nursing, public health, or social work and at least one year of experience in a health care setting, preferably in a medical office or OB/GYN practice.

Key responsibilities of the Family Planning Coordinator(s) will be:

- 1. Enrolling both men and women seeking family planning services into the family planning program.
- 2. Educating and counseling both men and women about contraceptive methods, pregnancy options, STDs/HIV and special counseling (i.e. nutrition, DES, genetics, etc.)
- 3. Educating and counseling teenagers about abstinence education, contraceptive methods, pregnancy, attempts to resist sexual coercion and family participation in family-planning decision-making.
- 4. Supplying and/or coordinating the delivery of contraception to clients.
- 5. Coordinating follow-up care for clients including prenatal care, specialty care, and consults for sterilization.
- Conducting pregnancy tests, counseling regarding pregnancy options and, for those who choose to
 continue with their pregnancy, coordinating prenatal care at CCHS as well as providing the client
 with prenatal education.
- Ensuring that all program documentation is completed and documented at the time services are delivered including enrollment forms, eligibility forms, HIV Risk Assessments, Consent Forms, Sterilization forms, etc.
- 8. Maintaining an appropriate inventory of education materials, forms and contraception at their respective locations. Working with the Pharmacist at their location to ensure an adequate inventory of contraception (i.e. oral, Mirena IUDs, etc).
- 9. Working with the Women's Cancer Coordinators and OB QI Specialist regarding case management and follow-up care for those with abnormal cancer screening results and those in prenatal care.
- 10. Reporting on the family planning services provided at their location.

- 11. Obtaining on-going professional development and training related to family planning services.
- 12. Attending local family planning meetings in conjunction with the Director of Women's Health Services.

Women's Cancer Coordinators (5 FTEs on staff). These individuals provide case management services to women receiving breast and cervical cancer screening at CCHS and enroll women in the Tennessee Breast and Cervical Cancer Screening Program (TBCCSP). Their key responsibilities are to: document and track in the Women's Cancer Database all breast or cervical cancer screenings conducted or ordered by providers; coordinate diagnostic screenings and physician consultations ordered by providers; track and follow up on lab and/or screening results based on established clinical guidelines; ensure that patients keep appointments for screening, consult and follow-up, arranging transportation as needed; complete and maintain documentation for enrollment in TBCCSP and associated data collection forms for the Program; provide monthly and other reports as necessary to Office Manager, Medical Staff, and Billing Manager regarding status of women screened, those enrolled in TBCCSP, those utilizing Komen funding, etc.

Additional members of CCHS's leadership team who will contribute to the Family Planning Program are:

Human Resources Director—Kathy Londow. She and her staff will be responsible for hiring, disciplining and terminating employees, evaluating performance, developing/implementing/ coordinating human resources policies and practices, ensuring compliance with non-discrimination and other legal/governmental requirements.

Dental Director—Orpheus Triplett, DDS. Establishes oral health protocols, oversees clinical competency of oral health providers, establishes the provider schedule for the dental centers, works with directors of other CCHS medical sites to coordinate functions, etc.

Director of Outreach Services—Georgia Oliver. Develops the annual outreach services plan, integrates plan with the health educational activities of the health centers, directs the administration of outreach programs, hires and supervises outreach program managers, manages budgets, initiates new programs as needed, collaborates with partnering agencies, churches, etc. for networking and joint efforts.

- 5. Cultural Competency
- a. Describe the provision of culturally and linguistically appropriate services.

CCHS providers have extensive experience working with low-income, minority populations. The staff is racially and ethnically diverse and committed to providing high-quality care to people of all ethnic and racial backgrounds. Many CCHS providers and other staff have relocated so that they can live in the neighborhoods in which they work. In some communities, CCHS staff members have taken on leadership roles in community development, education, and faith-based service, developing extensive personal networks and understanding of community dynamics beyond those based on traditional patient-provider relationships. CCHS has also achieved a high degree of visibility and trust through its outreach programs, particularly Memphis Healthy Churches, a large-scale prevention initiative based in the city's African-American churches. All new staff is trained in cultural sensitivity and protocols for accommodating diverse cultural and ethnic differences in patient care. CCHS has gained ten years' experience in working with the African-American community through its health centers and outreach programs such as Memphis Healthy Churches. The CCHS/MHC outreach staff is majority African-American and has experience in and a strong understanding of this community.

The CCHS patient population and service areas also contain a significant number of Hispanics and a growing number of refugees who are likely to face significant barriers to care due to unfamiliarity with the health care system and/or fear of persecution. In addition to a high rate of chronic disease and propensity to delay needed care, these ethnic groups experience more challenging social circumstances and unique health barriers due to language struggles, immigration issues, and a lack of culturally appropriate, linguistically accessible services and resources. Resources are fully available to provide all services and information in other languages as needed. CCHS offers educational materials in various languages (Spanish, Vietnamese and other), written for a sixth to seventh grade reading level. CCHS maintains Spanish-speaking staff on-site at its clinics, as well as one staff member who can provide Vietnamese translation. AT&T's Language Line is used to provide over-the-phone interpreter services in other languages, ensuring that all provider-patient communication is clear and understandable.

6. Diversity

a. Describe the percent of the Proposer's total current employees by ethnicity, sex and disability.

As of August 2011, CCHS had 265 employees, with 79 percent being female and nearly 21 percent male. The majority of employees for both genders are African American (64.5%) and 4.5 percent are Hispanic. Data on employee disability is not available. The following table provides a detailed breakdown by gender and race/ethnicity.

Ethnicity	Asian	Black/African American	Hispanic/Latino	White	
Gender					TOTAL
Females	1	160	10	39	210
Males	0	11	2	42	55
TOTAL	1	171	12	81	265
Percentages	Asian	Black/African American	Hispanic/Latino	White	TOTAL
Females	0.004	0.604	0.038	0.147	0.79
Males	0.000	0.042	0.008	0.158	0.208

B. Technical Proposal for Scope of Services

1. Project Description/Understanding. You must provide a comprehensive narrative captioned, "Project Description/Understanding" that illustrates your organization's understanding of Shelby County Government's requirements.

Describe the target population and the geographic areas to be served.

The primary target population for CCHS-sponsored family planning services will be females aged 20-30 years residing in Shelby County, Tennessee. Secondary target populations will include females 15-19 years of age, females 30-45 years of age, and males 15-45 years of age. While CCHS-sponsored family planning services will be offered to all individuals within the target populations, it is anticipated that clients will be drawn primarily from populations with limited resources but substantial needs for family

planning services. Service delivery will be focused on the portions of the county 1) that have high concentrations of residents with the above characteristics and 2) where CCHS has established facilities. (See the attached map for locations of CCHS clinics and the service area for each.)

Based on survey data compiled by the U.S. Census Bureau for the 2009 American Community Survey (ACS), there are approximately 65,000 women aged 20-29 residing in Shelby County. There are approximately 33,500 women aged 15-19 and approximately 100,000 women aged 30-45 residing in Shelby County. The numbers of women in the targeted age groups residing within existing CCHS service areas are estimated to be 18,000 aged 20 to 29, 10,000 aged 15 to 19 and 28,000 aged 30 to 45. The number of males requiring family planning services is less a function of the total male population than of the relationships that exist between the female target population and male partners.

All members of the target populations are not candidates for use of CCHS-sponsored family planning services. Historical data indicate that the majority of clients for federally-funded family planning services are drawn from low-income minority populations. The populations within existing CCHS services areas are predominantly minorities, with more than 85 percent of the resident populations being African-American and 10 percent being Hispanic. In addition, large and growing numbers of recent refugees are also found among CCHS resident populations.

Describe the minimum numbers to be served, and an estimate of other persons to be impacted by your proposal.

The minimum number that will be served through the program is 4,500 individuals annually, or 3,375 for the nine-month contract period, who will be directly receiving Family Planning Program services. Others that will be impacted by the program include family members (spouses, intimate partners, and related children). This figure is difficult to estimate, but will likely be between 5,000 and 10,000 persons.

Describe how the program will focus on and meet the identified needs of the target population.

Unplanned Pregnancies. The need for family planning services within the target population is reflected in the available statistics. The general fertility rate for African Americans is twice that for whites while the Hispanic rate is three times as high. Sixteen percent of African-American women gave birth during the year previous to the survey (compared to 12% for the county). Only 40 percent of all mothers giving birth in the previous year were married and only 26 percent of African-Americans giving birth were married. Some 48 percent of the African-American female population is single (never married) with a high proportion being sexually active, resulting in a high proportion of out-of-wedlock (and often unplanned and unwanted) birth. Thus, in any given year there are thousands of unplanned and often unwanted births occurring in Shelby County. Most Hispanic females are married, suggesting somewhat different needs for the respective target populations. Access to family planning services for this population is directly affected by factors such as poverty, proximity to medical services, and/or knowledge as to where to obtain such services. Family (including partner), religious or cultural attitudes about family planning also influence the ability of women and men to obtain family planning services.

The program will help meet this need for reducing unplanned pregnancies in the target population by providing the full range of family planning services.

Access to affordable services. The ability to obtain family planning services by the target population is limited by a lack of resources. Within the county, 26 percent of women in targeted age groups live at or below the poverty level and 36 percent of African-American women live at or below the poverty level. This figure is even higher for the areas serviced by CCHS clinics. An overwhelming majority of the

patients served by CCHS live below 200 percent of the Federal poverty level and an estimated 57 percent or more of those living within the CCHS Service Areas are below the poverty level. Service areas boundaries for all CCHS health centers are drawn based on the location of the populations living in poverty. CCHS health centers are easily accessible by bus and are centrally located in areas of high need. CCHS will provide FPP services to all individuals regardless of the ability to pay.

Lack of Insurance. Insurance coverage within the target population is insufficient to meet the current need. While many poverty-level residents, particularly women and children, are eligible for TennCare coverage, a significant number of others are uninsured and have no resources available for obtaining medical care. Available data indicates that approximately 17 percent of the Shelby County population overall is uninsured. However, if only adults are considered, this figure essentially doubles. The most recent 2010 UDS data indicates that 39 percent of CCHS patients are uninsured. Based on the level of uninsurance in the service area population that is at or below 200 percent of the Federal Poverty Level, the percent of the population within CCHS's service area that is uninsured is estimated to be 36 percent. While many women and children are covered under TennCare, the state Medicaid program, men and women without children have limited access. Recent TennCare reforms have resulted in not only fewer enrollees, but fewer benefits, and even those with coverage are underinsured by most standards.

CCHS will assist patients in identifying eligibility for TennCare and/or other insurance coverages. For those who lack insurance and the ability to pay, services are provided on a sliding scale fee basis. Patients will not be denied services, regardless of their ability to pay.

Sexually Transmitted Diseases (STDs). Testing for and treating sexually transmitted diseases will be a critical component of the CCHS family planning program. Memphis historically has had very high rates of STDs. According to the CDC's Sexually Transmitted Disease Surveillance, cases of chlamydia in the Memphis metro area climbed from 7,362 to 11,349, syphilis cases increased from 547 to 761, and gonorrhea cases climbed from 3,764 to 4,756 cases, between 2003 and 2007. While the CCHS combined service area (CSA) accounts for approximately 20 percent of the county's population, it accounts for over half of the county's reported STDs and HIV/AIDS cases. Because of its large and growing number of AIDS cases, Memphis was designated a Tier I Emerging Community under the Ryan White CARE Act program in 2004. In 2007, it was named a Transitional Grant Area under Part A of the Act (between 1,000 and 2,000 reported AIDS cases.) In the eight-county Memphis Transitional Grant Area, 6,673 people were living with HIV in 2008, almost 79 percent of whom are African-American. Eighty-one percent of the 5,008 people living with HIV in Memphis and Shelby County are African-American. CCHS currently has 459 active HIV patients (patients that have been seen by a health care provider at least twice in the last year, following HRSA standards).

CCHS currently provides opt out testing for HIV and will continue to provide testing and treatment for all other sexually transmitted diseases (STDs), including HIV, within the proposed Family Planning Program, as well as in other program areas, as needed. Medical providers are equipped to provide oral and written information addressing risks of infection, avoidance of infection, and safe sex practices. CCHS reports all communicable disease to the Shelby County Health Department and fully cooperates in their disease monitoring and prevention programs.

Need for Pre-Natal and Post-Natal Health Services. For women in the target population who are or become pregnant and do not wish to terminate the pregnancy, CCHS offers a full range of pre- and post-natal services. The populations within CCHS service areas are characterized by a high proportion of teen pregnancies, premature pregnancies and out-of-wedlock pregnancies. To address the need for pre-natal and post-natal services, CCHS expanded its program for identifying, tracking, and following-up pregnant women to all health centers. This comprehensive program provides a centrally managed program

administered by a registered nurse with more than five years experience working with low-income minority pregnant girls and women. Prenatal patients are tracked through the CCHS Electronic Medical Record (EMR) and case management systems. CCHS also has a state-funded Centering Pregnancy program which integrates high-quality prenatal patient care with group meetings for expecting parents, helping them to become more knowledgeable about prenatal and infant care and to establish a community of peer support. This program is available at the Broad Avenue Health Center.

Diagnostic services and specialty care. For family planning patients who are determined to need diagnostic and specialty care services, CCHS maintains a referral agreement with the Regional Medical Center at Memphis (The MED) through which diagnostic services and specialty care and consultation are provided to both insured and uninsured patients. Shelby County provides funding to The MED to support the provision of services to uninsured and medically disadvantaged county residents. Patients have access to The MED's Level I Trauma Center for emergency services and each physician at CCHS has privileges there to follow up and treat hospitalized patients. CCHS also maintains agreements with The Flinn Clinic Diagnostic Ultrasound Consultants and Methodist Diagnostic Center for radiography, mammography services, and other diagnostic services including CTs, MRIs and MRAs. The agreement with Methodist provides no-cost services for the uninsured.

Preventive health services. Preventive health services comprise a significant portion of the services provided at CCHS's centers, including well-child screenings and immunizations. CCHS is one the most active Shelby County participants in the Tennessee Breast and Cervical Screening Program, which enables uninsured women to obtain breast and cervical cancer screening and treatment at no charge. In addition, CCHS can provide preventive and other needed services to infants and children of Family Planning Program patients, thereby addressing the health needs of the entire family.

Describe any gaps in services to be addressed by the project.

There is a great need for family planning services given the high number of likely unplanned pregnancies that occur among women in the target population. At the same time, there is also a need for an integrated service delivery system which can provide both family planning and other primary health care needs for women, men and their families. As a primary health care provider geared towards serving the needs of disadvantaged populations, CCHS offers such integrated services and does so in a manner that is both affordable and culturally competent. The significant growth in the CCHS patient population within the last five years shows that there is a demand for these kinds of services among the target population.

There are few organizations dedicated to the provision of family planning services in Shelby County. The primary recipients of federal family planning funds are the Shelby County Health Department and Planned Parenthood. In addition, the Memphis Center for Reproductive Health provides family planning services. Other clinics and private practitioners may provide family planning services incidental to their clinical activities.

There are three service dimensions that would be enhanced through CCHS-sponsored family planning services: capacity, access and efficiency. In terms of capacity, the two primary family planning service providers serve approximately 10,000 clients annually. In addition, the Memphis Center for Reproductive Health serves another 3,000 clients annually. An unknown number of women and men are provided some level of family planning services through other clinics and practitioners. There are an estimated 200,000 women of child-bearing age in Shelby County of which an estimated 75,000 fit the profile of women served by family planning providers. (This does not include several thousand female college students who are potential candidates for family planning services.) Another unknown number of men are potential clients for family planning services (an estimated 8,000 based on known ratios). Based

on these assumptions, less than 20 percent of the "market" for family planning services is now being served by existing providers.

In terms of access, there are essentially five sites that provide family planning services within Shelby County. Planned Parenthood has one site in midtown Memphis as does Memphis Center for Reproductive Health. Shelby County Health Department has five sites providing family planning services, although only two of these are open full-time. These sites are located in Orange Mound, Hickory Hill, Bartlett, Millington and on the University of Memphis campus. The last-named site only serves University of Memphis students. Thus, there are essentially six locations providing family planning services to all of Shelby County and only three of these are located in areas with high concentrations of prospective clients. Areas that are considered to have the greatest need for family planning services—e.g., north Memphis, south Memphis, Frayser, Westwood/Whitehaven, Binghampton—do not currently have easily accessible outlets for family planning services.

In terms of efficiency, it could be argued that only Planned Parenthood and Memphis Center for Reproductive Health offer family planning services as their main "product." The focus of the primary recipient of federal funds for family planning—Shelby County Health Department—is understandably on public health concerns, with family planning being a secondary consideration. Each of these providers concedes that the provision of family planning services is not cost effective. In fact, each of the providers requires supplemental funding in order to cover the cost of providing the services—donations for Planned Parenthood and Memphis Center for Reproductive Health and county government subsidies for Shelby County Health Department. Clearly, the community could benefit from a provider that is able to provide the required services within a context that is cost effective and doesn't require supplemental funding.

Another consideration with regard to efficiency is the need for continuity of care and comprehensive services. While existing providers maintain relationships with a variety of complementary organizations within the community, they have limited interface with providers of clinical care for women and limited outreach and follow-up capabilities. Women's health issues in Shelby County are at a level of severity that there is a clear need for a family planning service provider that offers a full range of women's services to complement family planning services and can assure continuity of care and follow-up into the community.

One other consideration related to efficiency is the increasing financial burden being placed on family planning clients due to the downturn in the economy. The number of clients for subsidized family planning services is growing, placing increasing pressure on the existing providers—pressure in terms of both capacity and financial resources. Clearly, the community could benefit from a provider that is able to spread the cost of providing family planning services over a range of clinical service lines thereby minimizing the cost of providing the services.

Describe when, where and how often services will be delivered.

Title X family planning services through CCHS will be provided at every CCHS health center location throughout Shelby County. The centers are strategically located in South Memphis, Hickory Hill, Orange Mound, Midtown, Frayser and at Methodist University Hospital. All health centers are currently open Monday through Friday from 8:00 a.m. to 5:00 p.m.

For the purpose of the Family Planning Program, CCHS will be expanding its hours of operation from to 8 a.m. to 6 p.m., Monday—Thursday, and will be open on Saturdays from 8 a.m. until 12 p.m. at the University Family Medicine Center. Based upon the goal of providing services to 4,500 individuals annually (an estimated 11,250 visits), CCHS will carve out and designate eight family planning appointment slots per health center location each day. Individuals who call and request family planning services will be able to schedule appointments in advance. Further, once per week at each location, teenagers will be able to walk in from 3 p.m. until 6 p.m. for family planning services. This time will be promoted as "Real Choices!" where teens will be able to obtain family planning services as well as

information about sex, anatomy, pregnancy, STDs/HIV, abstinence, contraception methods and healthy relationships. Health educators will be available to provide youth with education and guidance in a factual, non-directive manner within a group setting. Educators will also focus on building relationships with the teens in an attempt to assist them in their long-term decision-making skills relative to family planning. Designated providers will be available to provide family planning services to the teens during this time.

After hours coverage is provided through 24-hour telephone access to a medical provider through its on-call service, Answering Advantage. Patients who call the health center after hours reach the service. Operators answer the calls and forward them to an on-call CCHS physician, based on established guidelines. The on-call physician determines if emergency care is needed, refers patients to services, provides health information, and orders prescription refills as indicated. Physicians rotate on-call responsibility and serve a week at a time, from Friday to Friday. Answering Advantage is a HIPAA-compliant service with screen customization to display exact procedures and protocols as stipulated by CCHS. A recap of all calls is delivered to the on-call provider on a daily basis based upon established guidelines.

2. Project Approach.

You must provide a comprehensive narrative captioned "Project Approach" that illustrates how your organization will provide the scope of services and meet Shelby County Government's services needs. The section must include the following information:

a. Service Plans and Protocols

(1) Describe the services provided at the initial visit, annual visits and other visits.

Patients who specifically inquire about family planning services at the time of scheduling will be scheduled using the "Family Planning" visit type. The call center agents will instruct patients to arrive early for their visit to complete the necessary paperwork and will instruct the patient to present proof of income, if uninsured, to qualify for the program. They will also encourage the patient to present with a least \$50 to cover the cost of the visit based upon their "family planning" sliding fee category.

Initial Visit: At the initial visit, at the time of registration, each family planning patient will be presented with a Family Planning Registration Packet to complete which will include the following: CCHS Registration Packet, HIPAA Short Form, Advanced Medical Directive, Health or Pediatric Health History, Family Planning Enrollment Form and AIDS Risk Assessment Form. The patient will be encouraged to present proof of income, a copy of their insurance card (if applicable) and their photo identification. The registration staff will enter the patient's demographic information and will identify the patient as Family Planning in the Patient Type field. If the patient is uninsured, the patient's sliding fee category (discount) will be determined and the appropriate Financial Group (Family Planning Program or FPP) and Family Planning Sliding Fee Carrier (i.e. 1 – 7 based upon Tennessee Family Planning Sliding Fee Scale) will be placed on the patient's account. The patient's registration documents will be scanned into the patient's DocMan account and the registration process will be completed. A nurse will obtain the patient's vitals along with a pregnancy test and note the reason for the visit. The nurse will initiate the Initial Family Planning Template and add it to the patient's electronic record in the Chief Complaint field. A CCHS provider will add the Family Planning History template to the patient's account and complete the history. In addition, the provider will give the patient a physical exam. Elements included in the Initial Visit as well as Annual Visits and Revisits are provided in the tables below.

	Y= required ("MUST" per guideline) (Y)= required as indicated Initial Visit Female Clients	X= recommended ("SHOULD" pe guideline) (X) = recommended as indicated Annual / Revisits Female Clients
Individualized based on need for clinical education		
History		
Complete Medical History:	Y	Update
Personal, Family, Social and Partner	l ∳	Update
Reproductive Function	Ϊ́Υ	Update
Colo-rectal Cancer Risk Assessment >40	Ϊ́Υ	Y
Written Informed Consent		1:
Consent for Services	ΤΥ	Update if changes
Method Specific Consent	l Y	Update if changes
		Charle ii ciiaithes
Physical Assessment		T .
General including: Thyroid/Heart/Lungs/	Y ^{1,2}	V2
Extremities/Abdomen	Y''- Y ²	Y- V2
Height, Weight, Blood Pressure	Y- Y ^{1,2}	Y ² Y ² Y ²
External Genitals	Y1,2	Y"
Pelvic exam (includes bi-manual)	Y ^{1,2}	Y²- Y within 3/mo - IUD
Breast exam	Y'	Y ²
Laboratory Tests		
Specific tests if required in the provision of a contraceptive method.		
Pap test	Y1.2, per protocol	(Y-per protocol) ²
HGB &/or HCT	Y ²	Y ²
Chlamydia test	(Y) ₂	(Y) ²
Gonorrhea test	(Y) ²	(Y) ²
Vaginal wet mount	(Y) ₂	$(Y)_{2}^{2}$
Diabetes testing (fasting glucose)	(Y) ² (Y) ² (Y) ² (Y) ² (Y) ²	(Y) ² (Y) ² (Y) ² (Y) ² (Y) ²
Total cholesterol and lipids	(Y) ²	(Y) ²
Hepatitis B Test	(Y) ₂	(Y) _n ²
Syphilis test	(Y) ₂	(Y) _n ²
Rubella Titer	I (Y) ²	(Y) ₂
Urinalysis	Y ₂	(X) ²
HIV Test	Y ² Y ² Y ²	(X) ² Y ² Y ²
Fecal occult blood >50	Y²	Y ²
Counseling & Education		
Contraceptives, STD, HIV	Y	Y(Update)
Breast self exam	Y	Y
Preconception	(X)	(X)
Minors - abstinence, family involvement,	Ý	Ý
relationship safety		
Health Promotion - smoking cessation,	(X)	(X)
nutrition, exercise, substance abuse, etc.		
Follow-up and Referrals	Υ	Y
	nless compelling reason	2 = on-site or by referral

TABLE 2: Ele	ements of History & Physical Exam (Male	es)
	Y= required ("MUST" per guideline)	X= recommended ("SHOULD" per guideline)
	(Y)= required as indicated	(X) = recommended as indicated
	Initial Visit	Annual / Revisits
	Male Clients	Male Clients
Individualized based on need for clinical educat	ion & counseling	
History		
Complete Medical History:	Υ	Update
Personal, Family, Social and Partner	Y	Update
Reproductive Function	Y	Update
Colo-rectal Cancer Risk Assessment >40	Y	Y
Written Informed Consent		
Consent for Services	Y	Update if changes
Method Specific Consent (Permanent)	Υ	
Physical Assessment		
General including: Thyroid/Heart/Lungs/		
Extremities/Abdomen	Y	Y
Height, Weight, Blood Pressure	Y	Y
External Genitals	Y	Y
Prostate Exam	Y	Y
Breast exam	Υ	<u> </u>
Laboratory Tests		en eta zen eta errorea bizarra eta eta eta eta eta eta eta eta eta et
HGB &/or HCT	Y	Y
Sickle Cell Screening	Y	Y
TB Skin Test	Y	Y
Chlamydia test	Y	Y
Gonorrhea test	Y	Y
Diabetes testing (fasting glucose)	Y	Y
Total cholesterol and lipids	Y	Y
Hepatitis B Test	Y	Y
Syphilis test	Y	Y
Urinalysis	Y	I Y
HIV Test	Y	Y
PSA (As Indicated)	Y	Y
Fecal occult blood >50	Y	ΙΥ
Counseling & Education		
Contraceptives, STD, HIV, pregnancy	Υ .	Y(Update)
Minors - abstinence, family involvement,	Y	ΙΥ
relationship safety	\	1
Health Promotion - smoking cessation,	Y	Y
nutrition, exercise, substance abuse, etc.		
Follow-up and Referrals	Y	Y

If the physical exam needs to be deferred, the reason for the deferral will be documented, a follow-up order will be entered into the EMR and will then be forwarded to the Family Planning Coordinator to follow-up with the patient within three months.

From there, the provider will discuss the various contraceptive options with the patient and decide upon a method. The provider will then develop a plan of care for the patient based upon the Initial Family Planning Visit Protocols. A nurse will complete a number of the orders prior to the patient leaving the exam room (i.e. Depo Provera) and will forward the patient to the Family Planning Coordinator for education, counseling and distribution of their selected contraceptive method. The Family Planning Coordinator will then:

- provide the selected method
- provide the ordered education and counseling
- obtain the patient's understanding of the education and counseling
- provide the method-specific counseling and obtain informed consent regarding the selected option
- provide STD/HIV education/counseling and provide risk reduction counseling if patient is at-risk of HIV/AIDS
- provide special counseling as needed.

If the patient is an adolescent, the Coordinator will also take time to educate the teen on abstinence, safe sex practices and pregnancy, general anatomy and ways to resist sexual coercion. The Coordinator will also encourage adolescent patients to include their family in their decisions regarding family planning.

If the patient selected an IUD or Implanon, the Coordinator will have the patient complete consent forms regarding their understanding of the method, consent for the procedure and consent for the actual device, will schedule their appointment for IUD/Implanon insertion, provide the patient with back-up protection to utilize during the time between the appointment and will explain the need to return to the clinic for a follow-up (medical revisit) to assess the correct use of the device and any side effects. The coordinator will provide the patient with a voucher to present to the CCHS pharmacy to obtain their selected birth control method (i.e. pills, patch, ring, sponge, spermicide, etc.). If there is no pharmacy on site, the coordinator will dispense these methods.

If the patient chose sterilization, the Coordinator will provide education regarding the sterilization procedure selected, will have the patient to complete the Federal Sterilization Consent form and will explain to the patient that there is a 30 day waiting period to allow the patient to reverse their decision. The Coordinator will send the sterilization order to the CCHS Surgery Scheduler Coordinator and will communicate to the patient that this individual will contact them to schedule an initial consult along with the sterilization procedure and provide details about pre-admission testing once scheduled. If the sterilization procedure (i.e. Essure) is completed in-house at a CCHS location, the Surgery Scheduler will contact the patient with a consult appointment with one of CCHS's three OB/GYNs. At the consult visit payment options regarding the sterilization procedure will be discussed with the patient. The Family Planning Coordinator will scan the sterilization form into the chart and will place a sterilization recall on the patient's account to follow-up with them in 30 days to remind them of their appointment and to ascertain whether the patient would like to continue with the sterilization plan. The Coordinator will then review the patient's Family Planning Enrollment form and discuss means by which the patient should be contacted. The Coordinator will also communicate any other orders requested on the patient (i.e. lab/referrals), will provide the patient with a CCHS Patient Brochure noting how to contact us after hours if an emergency should arise and will address any other questions the patient has. The patient will then be escorted to the lab and/or referrals to complete the lab orders and any specialty referrals. Once completed, the patient will be escorted to checkout to pay their date-of-service fees and to complete a CCHS Patient Satisfaction Survey.

Procedures if Patient is Pregnant: If it is found that the patient is pregnant, the provider will forward the individual to the Family Planning Coordinator to obtain counseling on pregnancy options and services available at CCHS. The Coordinator will offer education on prenatal care and delivery; infant care, foster care or adoption; and pregnancy termination. If a patient decides to terminate her pregnancy, the Coordinator will provide the patient with information about these services. If the patient opts to continue her pregnancy, the Coordinator will provide the individual with a CCHS Prenatal Care Packet, with a CCHS prenatal brochure, with education on good nutrition, importance of prenatal care and ways to protect the growing fetus. The Coordinator will also provide the patient with information about participation in the Centering Pregnancy Program and will schedule an initial OB visit. The Coordinator will ascertain the client's understanding of the education provided and will mark the patient's account for follow-up.

Revisits: Medical revisits will be provided to patients who have selected hormonal contraceptives, intrauterine devices or diaphragms for the first time. These visits will be conducted to ensure the clients are using the devices/mechanism appropriately as well as to ensure there are no medical complications or

side effects. During the visit, the provider will obtain the patient's reason for the visit, review the patient's lab work, inquire about any side effects and proper use of the device, and develop a plan of care, if necessary, that will include additional education/counseling regarding chosen mechanism or a new contraceptive method, if changed. The patient will then be referred to the Family Planning Coordinator who will complete the orders of the provider.

Supply Visits: Supply visits will occur as needed to replenish client's supply of their chosen contraceptive method. The visits will include an update of the patient's history, vitals, weight and any labs/education as indicated.

Medical Visits: Medical visits will occur on family planning patients who are presenting for a chief complaint that requires them to be treated by a medical professional. During these visits, a history of their chief complaint will be obtained, an update of their general history, a physical evaluation, lab work and referrals, if necessary. Education and counseling will be provided by the Family Planning Coordinator, if indicated.

Annual Visits: Annual visits will be offered to family planning participants who have been enrolled in the program for 12 months or more. During the Annual Visit, all registration and family planning paperwork will be updated. For uninsured patients, their program eligibility will be re-evaluated based upon their updated proof of income and household information. The medical visit will include an update of their history, completion of a physical exam as noted above in the Initial Visit, an evaluation of their current contraceptive method, and the development of a plan of care which will include lab orders, orders for education and counseling (as noted above in the Initial Visit), education regarding chosen method, if changed, updated informed consents (if method change), documentation of education/information understanding and guidance regarding any referrals ordered and the appropriate follow-up.

Pregnancy Test Visits: Pregnancy tests are provided at all CCHS locations, Monday through Friday during office hours. Pregnancy tests will also be available at University Family Medicine Center on Saturdays from 8 a.m. until noon. Patients presenting for pregnancy test will be registered and referred to the Family Planning Coordinator to complete a pregnancy test. Pregnancy test will be conducted using a CLIA Waived Test (PSS Consult Diagnostics Urine Pregnancy Test). If the results are negative, the coordinator will introduce the family planning program to the patient, will enroll the patient in the program, schedule an initial visit for the patient (if interested), provide the individual with a brief overview of family planning education and counseling, will place an Initial Visit Recall on the patient's account and provide them with a new patient brochure pointing out how to contact the health center and the coordinator, if necessary. The Coordinator will remind the patient of their initial visit and will escort the patient to checkout.

If the results are positive, the coordinator will have a provider review the results and complete a CCHS Confirmation of Pregnancy Form. The Coordinator will note the visit and enroll the patient in Family Planning and educate her about pregnancy options. If the patient decides to continue her pregnancy, the Coordinator will do the following:

- 1. Provide the patient with a CCHS Prenatal Education Packet
- 2. Schedule an initial OB Appointment with a provider at the Center
- 3. Provide education regarding good nutrition, prenatal care and the need to protect the growing fetus
- 4. Place an OB recall on the patient's account to remind them of their initial OB appointment as well as to begin case management of the prenatal client
- 5. Document that the patient received and understands the pregnancy options counseling and prenatal care education.

If the patient chooses to discontinue the pregnancy, the coordinator will provide the patient with referral information of providers/entities that provide these services and will document the patient's understanding of the pregnancy option information provided. The coordinator will provide the patient with a CCHS Patient Information Brochure and their contact information should the patient change their mind or require follow-up care.

Post-Partum Visits: At a patient's Post-Partum Visit, a provider will assess the individual's physical health, initiation of contraception (if desired) and forward the patient to the Family Planning Coordinator for enrollment in the Family Planning Program, education/counseling regarding their chosen contraceptive method as well as education related to parenting, breast-feeding, infant care and family adjustments. If the patient chooses a permanent sterilization method, the coordinator will educate the patient about the option, complete the sterilization consent and schedule their sterilization 30 days after the date of consent.

Gynecological Services: CCHS has three OB/GYNs providing a full range of obstetrical and gynecological care. Level I Infertility Services are provided by nurse practitioners, a Certified Nurse Midwife and OB/GYNs. These medical providers are experienced at performing colposcopy, LEEP, cryotherapy, Implanons, and permanent sterilizations (Essure, tubal ligation, etc.). CCHS also provides care for women with abnormal cervical and breast cancer screenings. Patients found to have abnormal Pap smear or mammography results will be referred to our OB/GYNs for follow-up, specialty care which could include consults, procedures and/or surgery. CCHS also has two FTE General Surgeons on staff to perform surgical procedures related to breast or cervical conditions (i.e. breast or pelvic masses).

(2) Describe the process for development, approval and updating of protocols.

Protocols are developed by the Medical Director, with the input of other clinical staff as appropriate, approved by the board and reviewed and updated on an annual basis or more often, as needed. CCHS current clinical protocols were adopted July 7, 2010.

CCHS will develop/update its protocols to include family planning guidelines for females, males and teens, to ensure that all Title X requirements are met. The family planning protocols will be developed by the Medical Director and the OB Director in conjunction with the Women's Health Services Director. Protocols will include, but not be limited to the following:

- 1. Client education and counseling
- 2. Client eligibility
- 3. Confidentiality
- 4. Informed consent and method specific consent
- 5. Contraceptive education and counseling for all FDA approved methods
- 6. Specialized adolescent services
- 7. Mandatory reporting of child abuse
- 8. History and/or physical examination procedures for each type of visit (e.g. specific procedures to be performed for the initial visit; annual visit; deferred exam and other revisits, including supply visits, medical problem visit and education visits such as pregnancy testing/counseling)
- 9. Laboratory testing
- 10. Pregnancy diagnosis and options counseling

- 11. HIV/AIDS education and counseling, including risk assessment
- 12. Sexually transmitted diseases counseling, screening, and treatment
- 13. Management of contraceptive services
- 14. Management of reproductive diseases/disorder and abnormal test follow-up, including the management of cervical cancer screening
- 15. Colorectal cancer screening
- 16. Management of high-risk contraceptive clients
- 17. Level I Infertility services
- 18. Special counseling on topics such as sexual coercion, sexual abuse, sexual concerns, domestic violence, genetics, nutrition, preconception health, and substance abuse
- 19. Medical follow-up
- 20. Referral procedures
- 21. Supply distribution
- 22. Medical supervision
- 23. Pharmaceuticals management
- 24. Clinic Management, including appointment and scheduling standards and clinic flow procedures
- 25. Telephone procedures
- 26. Equipment and supplies management and inventory
- 27. Quality assurance
- 28. Standing orders
- 29. Additional protocols dictated by the services that are provided by the program

CCHS already has established policies for the following: emergency procedures, management of medical records and personnel policies. Protocols will be reviewed on an annual basis by the above individuals as well as with the Information and Educational Review Committee. The protocols will be approved by the Medical Director/OB Director and will be submitted to the Board of Directors for final approval.

- b. Services
- (1) Describe the procedure for providing clients with emergency and after-hours coverage.

After-hours coverage. CCHS provides 24-hour telephone access to a medical provider through its on-call service, Answering Advantage. Patients who call the health center after hours reach the service. Operators answer the calls and forward them to an on-call CCHS physician, based on established guidelines. The on-call physician will contact or follow up with the patient within one hour of their initial call, determine if emergency care is needed, refer the patient to services, provide health information, and order prescription refills as indicated. Physicians rotate on-call responsibility and serve a week at a time, from Friday to Friday. Answering Advantage is a HIPAA-compliant service with screen customization to display exact procedures and protocols as stipulated by CCHS. A recap of all calls is delivered to the on-call provider on a daily basis based upon established guidelines.

Emergency plans. CCHS will review and update its policies related to medical emergencies. CCHS currently has policies to address: anaphylaxis, cardiac arrest, fainting (syncope), hemorrhage, respiratory distress, shock, vaso-vagal reactions, emergencies requiring ambulance services or hospital treatment and fire, natural disaster, robbery, power failure, violence, harassment, and bioterrorism. CCHS will develop a protocol to address emergencies related to contraception.

(2) Describe the tracking system for follow-up and referral for abnormal clinical findings and lab results.

All labs and referrals are ordered in the CCHS electronic medical record (E-MDs). Lab results are submitted electronically to CCHS on a daily basis and are routed to the ordering provider's internal e-mail (TaskMan). If results are abnormal, the results are forwarded to designated personnel along with orders to provide the results to the patient.

Referral orders are generated by the providers electronically and will appear in Order Tracking for a referral clerk to complete. Incoming consult/radiology reports are submitted to the EMR through CCHS fax servers and are forwarded to the ordering provider for review and signature upon arrival. If abnormal findings are noted, follow-up orders are submitted to a designated referral clerk for completion of the orders.

Women's cancer. For all abnormal mammogram, Pap smear, and colposcopy results, follow-up orders are forwarded to CCHS Women's Cancer Coordinators for completion and case management based upon established cervical and breast cancer guidelines. The coordinators will track women to ensure adequate and timely follow-up of all recommended care/procedures. For uninsured patients, CCHS provides two options. CCHS is currently a screening provider of the Tennessee Breast and Cervical Screening Program (TBCSP). Women who are below 200 percent of poverty and meet certain criteria (i.e. specific age requirements, Tennessee residence, proper identification, etc.) may be enrolled into the program and receive a Pap smear and mammogram at no cost to the patient. If any of these tests results are abnormal, follow-up testing and treatment are provided to the patient at no cost until cancer is no longer the diagnosis. If a patient is found to have cancer, she will be approved for TennCare to obtain the necessary treatment. For uninsured women who are not eligible for the TBCSP, CCHS provides free breast cancer screening services, including screening mammograms, diagnostic mammograms, and breast ultrasounds through the Baptist Mobile Mammography Van, which is funded by the Susan G. Komen Foundation.

Sexually transmitted diseases. CCHS will provide testing and treatment for sexually transmitted diseases (STDs) as needed. Medical providers are equipped to provide oral and written information addressing risks of infection, avoidance of infection, and safe sex practices. CCHS reports all communicable disease to the Shelby County Health Department and fully cooperates in their disease monitoring and prevention programs.

HIV/AIDS Diagnosis. If a patient is found to be HIV positive, the patient will be forwarded to a HIV medical case manager who will discuss their diagnosis, provide education, inquire about partners and testing for these individuals and assist the patient in enrolling in the Ryan White program. The patient will be entered into case management services for CCHS to begin tracking their care as noted above on page 6.

c. Laboratory Services

(1) Describe the laboratory services including quality assurance procedures. Indicate if the laboratory is CLIA certified and/or State of Tennessee licensed.

Each current CCHS Health Center location has an in-house CLIA-waived lab. Reference testing is provided through a contract with LabCorp. CCHS entered into this agreement with LabCorp due to the tremendous benefits provided to our uninsured patients especially those at or below 100 percent of poverty. All charges for those patients are discounted 100 percent. CCHS has internal draw stations at each health center location and has scheduled pick-ups from LabCorp at the close of business each day. Stat labs are communicated to laboratory personnel during office hours and to on-call providers during evening hours.

(2) Describe any CLIA waived tests your onsite laboratory provides.

CCHS performs the following CLIA waived tests in-house. All other tests are referred out to LabCorp.

Test Name Test System/Device
Blood Glucose Accucheck Glucometer

Glycosylated HgB Siemens DCA Vantage Analyzer

Hemoglobin Hemocue HB 201 Cholesterol Cholestech LDX

Urinalysis Siemens Multistix 10 SG + Siemens

Clinitek Status plus Analyzer

Influenza Quidel Quick Vue Influenza A+B
Strep Antigen Test PSS Consult Diagnostics Dipstick

Pregnancy Test (urine) PSS Consult Diagnostics Urine Pregnancy Test

Occult Blood (Fecal) PSS Select Diagnostics

HIV Oraquick Rapid HIV Antibody Test
Protime Hemosense INRATIO System

(3) Describe the procedure for obtaining services beyond the scope of the on-site laboratory. Provide the name, address, and licenses (state and/or CLIA) of the cytology laboratory and any other referral laboratories.

CCHS has a contract with LabCorp (CLIA ID # 26D0444173) to provide services beyond the scope of our on-site laboratories. LabCorp is headquartered in Kansas City, Missouri, with local facilities at 1120 Main St. in Southaven, 6100 Primacy Parkway Suite 106, in Memphis, and 7945 Wolf River Blvd. in Germantown. LabCorp has provided documentation to CCHS of its CLIA accreditation (effective 2/28/2011 through 2/27/2013), which can be provided to Shelby County upon request. LabCorp's CLIA accreditation certifies it to perform the following specialties/subspecialties: bacteriology, mycology, parasitology, virology, syphilis serology, general immunology, routine chemistry, urinalysis, endocrinology, toxicology, hematology, ABO & RH Group, pathology, antibody transfusion, antibody non-transfusion, antibody identification.

(4) Describe the criteria used for the selection of an outside contract laboratory (e.g. price, certification and other quality assurance measures).

CCHS selected LabCorp as its outside contract laboratory because it was an approved Ryan White laboratory, could provide all of the necessary services including cytology, and provided the best discounts for CCHS's uninsured patients (all patients under 100 percent of poverty receive a 100 percent discount). CCHS will negotiate with LabCorp to honor the same percentage discounts for clients who qualify for a sliding fee discount under the Family Planning Program.

d. Pharmacy Services

(1) Describe the provision of pharmacy services.

CCHS is committed to ensuring that its patients have the best drug and pharmaceutical support available. CCHS participates in the 340(b) Pharmaceutical Program and currently has three in-house pharmacies located at the Third Street, Broad Avenue, and Hickory Hill Health Centers. Patients will be encouraged to pick up their prescriptions at the existing pharmacy locations. CCHS ensures that

transportation barriers do not prevent patients from accessing medications by providing bus passes or arranging cab service, as needed, to and from the pharmacies. CCHS provides uninsured patients with prescriptions at actual acquisition cost plus a filling fee of four dollars per prescription. Maintenance drug prescriptions are filled for 90 days as a convenience and provide cost savings to patients. Health center social workers assist patients in applying to pharmacy assistance programs when appropriate drugs are not available from the in-house pharmacies.

(2) Describe the capacity for on-site distribution of pharmaceutical items.

If awarded a Title X contract, CCHS will order all contraceptive methods through its pharmacy, and will utilize the pharmacies when necessary to dispense contraceptive methods to patients. At the locations with in-house pharmacies, patients will be given vouchers to obtain their mode of contraception prior to completing their visits. For those locations without pharmacies, all methods will be stored on-site and distributed by the Family Planning Coordinators.

CCHS will utilize existing capacity at its pharmacies at Broad Avenue, Third Street and Hickory Hill. CCHS will endeavor to store a month's supply of all contraceptive methods at each location and will complete orders to replenish supplies by the 15th of each month to its Pharmacy Director. All CCHS health centers, with the exception of Frayser, have surplus storage space where pharmaceutical items can be stored. The Women's Health Services Director will conduct a monthly assessment of our inventory and usage and remain in constant communication with the Pharmacy Director and health center leadership about the inventory.

e. STD and HIV Services

(1) Describe STD and HIV services offered.

Testing for and treating sexually transmitted diseases will be a critical component of the CCHS family planning program. CCHS will provide testing and treatment for sexually transmitted diseases (STDs) as needed. Medical providers are equipped to provide oral and written information addressing risks of infection, avoidance of infection, and safe sex practices. CCHS reports all communicable disease to the Shelby County Health Department and fully cooperates in their disease monitoring and prevention programs.

CCHS has an aggressive HIV/AIDS treatment program. CCHS is the only community-based state-designated Center of Excellence for HIV Care in Shelby County. CCHS currently has approximately 459 active HIV patients (patients that have been seen by a health care provider at least twice in the last year, following HRSA standards). Of these, 64 percent are male and 36 percent are female. Eighty-two percent are African-American, seven percent are white, three percent are Hispanic, and eight percent are of another race or mixed race. Sixty-one percent of CCHS HIV patients are between the ages of 25 and 44, 25 percent are between the ages of 45 and 64, and thirteen percent are between the ages of 13 and 24.

CCHS currently receives funding for all HIV testing and treatment services through the Ryan White Part A Program. Services currently provided include outpatient/ambulatory services, medical case management, pharmaceutical assistance, and medical transportation. HIV testing is offered on a walk-in basis or can be requested during a visit through a rapid HIV test. This test is performed by medical case managers/social workers, with results of up to 99.9 percent accuracy available in 20 minutes. Positive results are always followed up by a lab test (Western Blot). This line of testing is offered free of charge. HIV treatment includes diagnosis, lab tests to ascertain need for medication, and prescription for medication when appropriate. Education and treatment adherence assessment and counseling are provided according to HIV standards of care. HIV patients are seen by a medical provider to have labs drawn every three to four months. CCHS has found that patients are at a significant advantage for better health outcomes when they can obtain HIV services at the same location as they receive primary medical care.

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Medical case managers at CCHS help link patients to the care process and to the state-coordinated case management system. Case managers assist patients with appointments, act as liaisons between providers and patients, and work to help patients increasing the likelihood of treatment adherence. Currently CCHS has a 70 percent retention rate for HIV patients. In an effort to increase treatment adherence, CCHS conducts home visits for those who lapse in treatment. Case managers link patients with other supportive services and help determine eligibility and arrange enrollment in the federal Ryan White program for coverage of medical care and prescriptions.

CCHS partners with Methodist/LeBonheur Children's Hospital, the Adult Special Care Unit at The Regional Medical Center, and other providers to coordinate services for clients with HIV and/or AIDS through the *Memphis Community HIV Network*.

f. Medical Records

(1) Briefly describe the policies and procedures covering maintenance of the medical records system, including protection of client Protected Health Information (PHI) as required by the Health Insurance Portability and Accountability Act (HIPAA).

The protection of patient health information and confidentiality of records are high priorities at CCHS. The Board-approved Quality Management (QM) Plan requires that patient records be maintained in a manner that is current, detailed, secure, and supportive of effective, confidential patient care and quality review. Patient records reflect all aspects of care and are required to be complete, accurate, systematically organized, legible, authenticated, and readily available to all appropriate health care practitioners and other necessary parties, in strict accordance with HIPAA guidelines. Periodic review of these practices for weaknesses and opportunities for improvement is stipulated as part of the program. HIPAA policies and procedures are strictly maintained and employees are routinely trained on policies and procedures to protect the confidentiality of patient records.

g. Client Education and Counseling

(1) Describe educational and counseling services provided to clients, including provisions to assure informed consent and confidentiality. Attach copies of consent form(s).

Section 2 above, "Project Approach," included discussion of educational and counseling services to be provided at each specific type of clinical visit (initial, annual, pregnancy test, etc.) in section a, "Service Plans and Protocols."

CCHS will follow the published HHS *Program Guidelines for Project Grants for Family Planning Services*, as revised. In general, education services offered will provide clients with information to make informed decisions about family planning, including use of specific methods of birth control and potential adverse effects. Providers will ensure clients understand the range of services available, the purpose and sequence of clinic procedures, and the importance of recommended screening tests and other procedures involved in the family planning visit. Clients will also receive education about performing breast/testicular self-exam and reducing their risk of HIV/STD infection. Clients will receive education about basic reproductive anatomy and the value of fertility regulation for maintaining individual and family health. Additional education will include, as appropriate, information on health promotion and disease prevention, such as nutrition, exercise, smoking cessation, alcohol and drug abuse, sexual abuse and domestic violence.

CCHS recognizes that the counseling process ideally affords clients an opportunity to discuss and deal with their feelings about the information they receive. CCHS staff will help clients explore and

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express their feelings, cope with anxieties and pain, mobilize for action on a decision, and recognize potential for drawing on his/her own strengths and those of the support system.

Contraceptive education will be offered to clients on the following contraceptive choices:

Female Methods

Abstinence
Contraceptive Sponge
Contraceptive Transdermal Patch
Contraceptive Vaginal Ring
Diaphragm/Cervical Cap
Female Condoms
Female Sterilization
Fertility Awareness Method
Hormonal Implant
Hormonal Injectables
Intrauterine Device/System
Oral Contraceptives
Spermicides

Male Methods

Abstinence Male Condoms Male Sterilization

Method counseling will involve a face-to-face dialogue with the client that covers the effective use of the contraceptive method chosen and the benefits, risks, safety, limitations and efficacy of the method; complications to report to the provider; possible side effects; how to discontinue the method selected; information regarding back-up method use; use of emergency contraception; planned return visit schedule; the CCHS emergency 24-hour telephone number and the location where emergency services can be obtained when the health center is closed.

All clients will receive thorough **counseling on STDs and HIV** through an individualized, face-to-face dialogue with a Family Planning Coordinator. This counseling will cover modes of disease transmission and behaviors that place clients at risk; the relationship between HPV and cervical cancer; STD symptoms or absence of symptoms; the relationship between STDs and infertility; infection prevention; HIV testing availability; and ways to talk to a sexual partner about potential risk. All clients will be encouraged to use condoms, in addition to another method of contraception, for the prevention of STDs and HIV.

Special Counseling: Preconception (If client desires a future pregnancy). Since roughly half of pregnancies in the U.S. are unintended, CCHS will provide basic preconception health education to clients at key visits, such as initial visits, annual visits, and negative pregnancy test visits. Some topics to be included in routine preconception education are: encouragement to maintain a healthy lifestyle (good nutrition, exercise, don't smoke, limit alcohol use, don't use street drugs); encouragement to plan for future pregnancy; using contraception to prevent, plan or space pregnancy; practicing safer sex, using condoms, getting tested for HIV; taking a multivitamin that includes 400 mcg of folic acid.

Special counseling: regarding clients whose screening/history indicates possible in-utero exposure to estrogen (DES). Counseling for female clients will include information about the risks of developing a rare cervico-vaginal tumor and pregnancy complications. A referral for colposcopy will be made. Counseling for male clients who were exposed will include information that they are at risk of certain lesions of the genital tract and for decreased fertility.

CCHS has provided comparable specialized, confidential counseling to clients following federal guidelines (HIV/Ryan White program, FQHC 330 regulations, etc.) and has the capacity and commitment to develop appropriate family planning educational and counseling services. CCHS has knowledgeable

clinical staff in place, expertise in women's health services, programs under way (outreach, supportive services, enabling services), and facilities throughout the county. Given the medical and other services already offered by CCHS as part of regular care, the Family Planning Program can be integrated seamlessly into CCHS's current operations. See attached CCHS Program Integration Diagram.

CCHS will administer client consent forms for all methods of contraception and sterilization. Because the consent form(s) is also an educational document used during counseling, and required by Title X to document the patient encounter, training in how to discuss and administer the consent form will be vital. CCHS will ensure that Family Planning Program staff are intensely trained and completely clear about how services and counseling are to be delivered in a non-directive manner.

All CCHS consent forms are written at a sixth- or seventh-grade reading level. Each form includes a certification and signature section to be completed by an interpreter, should the client not be able to read or understand English. The signed consent form will be a part of the medical record. Consent forms are attached as an appendix to this application.

(2) Provide assurance that those requesting information on options for the management of an unintended pregnancy are given non-directive counseling on the following alternative courses of action and referral upon request: prenatal care and delivery; infant care, foster care or adoption; and pregnancy termination.

CCHS affirms that it is committed to following the guidelines for Title X, to providing non-directive counseling to clients regarding management of an unintended pregnancy. CCHS will provide information and referrals as needed and requested for prenatal care and delivery, infant care, foster care, adoption, and/or pregnancy termination. The Family Planning Coordinator will provide neutral, factual information on each of the options, services available at CCHS, and referral upon request.

If the patient opts to continue her pregnancy, the Coordinator will provide the individual with a CCHS Prenatal Care Packet, a CCHS prenatal brochure, education on good nutrition, importance of prenatal care and ways to protect the growing fetus. The Coordinator will also provide the patient with information about participation in the Centering Pregnancy Program and will schedule an initial OB visit. The Coordinator will ascertain and document the client's understanding of the education provided.

For clients who are considering the option of foster care and adoption, a referral may be made for additional counseling services if indicated. Other topics to be discussed with these clients would include the different types of adoption that are available; rights of birth parents, termination of parental rights and finalization of adoption; discussion of the procedural aspects of licensed adoption agencies, such as placement directly after birth with adoptive parents, foster care until after termination of parental rights, availability of housing for the birthmother, and input by birthparents in the matching process; legal, medical or other costs.

If a patient decides to terminate her pregnancy, the Coordinator will provide the patient with relevant medical information (timetables for terminations, general information about procedures and the safety/risks thereof), and referral information on providers of these services.

(3) Describe counseling guidelines to encourage teens on how to avoid sexual coercion or plan to develop and implement these guidelines.

All minor clients (female and male, less than age 18) seeking family planning services at CCHS will be offered written education materials on sexual coercion and will receive documented counseling on how to resist attempts to coerce them into engaging in sexual activities. At the initial interview for every teen client, the Family Planning Coordinator will discuss with the client any issues regarding sexual coercion and will document such in the client's intake notes. The counselor will provide (1)

nonjudgmental counseling, (2) time to hear the teen's story, (3) acknowledgment of teen's feelings, (4) strategies for avoiding and/or resisting coercive sexual situations (5) referral resources and (6) follow-up.

Teens will be counseled about the potential benefit of involving their parents, caregivers, and/or other appropriate adult family members in supporting their efforts to establish non-coercive sexual relationships.

Minor clients will be assured that any Title X family planning services they receive are confidential and, if follow-up is necessary, every attempt will be made to ensure the privacy of the minor client in accordance with federal Title X requirements and state HIV/STD laws. Counseling services provided will include ensuring that the minor client is aware that state laws requiring the reporting of child abuse, sexual abuse, child molestation, rape and incest will be followed by CCHS. Family Planning Services staff at CCHS will have thorough training regarding the legal reporting requirements, as well as confidentiality concerns, and how these may affect counseling encounters with clients.

(4) Describe counseling guidelines to encourage family involvement in the decision of minors to seek family planning services or the plan to develop and implement these guidelines.

CCHS will adhere to Title X guidelines to encourage family involvement and will ensure its staff receives focused training in how to appropriately deliver these services. CCHS will develop written and computerized documents to prompt the Family Planning Coordinator through these discussions, following the *Program Guidelines for Project Grants for Family Planning Services*, as revised. Consistent with providing client-centered counseling, the CCHS family planning staff will explore family participation with each teen, while maintaining respect for the individual circumstances of the teen and assuring confidentiality. Staff will encourage family involvement by assessing who is with the teen, having on hand materials appropriate for both teens and parents. Teens will be seen individually when first called for their visit; at this time the provider can explore who accompanied the teen to the health center, who knows the teen is seeking services, whether or not the family is aware the teen is seeking services, significant relationships the teen has in his/her life, who else they may want to include in some part of the visit, and provide the teen with some suggestions on how to approach talking to a family member, if they wish to do so. Counseling sessions, which include the adolescent and his/her parent(s), caregivers(s) or significant other adult(s) will be offered.

Every effort will be made to encourage teens to involve their parent(s), caregiver(s) or other significant adult(s). If parental involvement is not possible, the adolescent will not be denied services and the adolescent client will be informed that family involvement is not a requirement to receive services.

Counseling to involve families in decisions about family planning services and counseling to resist sexual coercion will be documented in the client's medical record.

(5) Describe guidelines for reporting child abuse as required by Tennessee law.

According to Tennessee law, all persons (including doctors, mental health professionals, child care providers, dentists, family members and friends) must report suspected cases of child abuse or neglect; failure to report child abuse or neglect is a violation of the law.

During patient visits, CCHS medical providers assess child clients for the following possible indicators of abuse and neglect:

- The child has repeated injuries that are not properly treated or adequately explained.
- The child begins acting in unusual ways ranging from disruptive & aggressive to passive & withdrawn.
- The child acts in the role of parent toward their brothers and sisters or even toward their own parents.
- The child has disturbed sleep (nightmares, bed wetting, fear of sleeping alone, needing nightlight).

- The child loses his/her appetite, overeats, or may report being hungry.
- There is a sudden drop in school grades or participation in activities.
- The child may act in stylized ways, such as sexual behavior that is not normal for his/her age group.
- The child may report abusive or neglectful acts.

CCHS providers assess parents/caregivers by noting the following warning signs:

- Possible drug/alcohol history
- · Disorganized home life
- May seem to be isolated from the community and have no close friends
- When asked about a child's injury, may offer conflicting reasons or no explanation at all
- May seem unwilling or unable to provide for a child's basic needs
- May not have age-appropriate expectations of their children
- May use harsh discipline that is not appropriate for child's age or behavior
- Were abused or neglected themselves as a child.

When a CCHS staff member suspects child abuse/neglect, the provider documents the visit note and findings and makes a referral to the social worker. The social worker contacts Child Protective Services at 1-877-237-0004 and documents the conversation. The social worker requests a follow-up letter stating the outcome of the investigation. When this letter is received it is then placed in the patient's chart. If a child is in immediate danger, CCHS will call the police or sheriff's department.

h. Professional Credentials and Licensure

(1) Describe procedures to ensure professional credentials and licensure are appropriately verified, updated and documented.

CCHS's Board-approved credentialing and privileging processes support initial credentialing, required re-credentialing, and specific privileging for all volunteer, contracted, and employed providers. These processes ensure appropriate qualifications for providing care and services and verify the absence of any state and CMS-imposed sanctions. Annual review of the credentialing and privileging processes is part of the CCHS's Quality Management program. All credentialing and re-credentialing actions are reviewed by the Medical Director and approved by the Board of Directors.

i. Required Attachments

- (1) Applicants must provide a signed Tennessee Title X Assurance of Compliance form. (Exhibit 3) See attached.
- (2) Applicants must provide a certificate of required Professional Liability Insurance Coverage. **See attached.**
- C. Evaluation and Quality Assessment and Assurance
- 1. Describe the evaluation system and plan to assess, at a minimum, the quality of care provided to clients and determine its success or failure in meeting goals and objectives.

CCHS's approach to quality improvement and risk management is embodied in an aggressive Quality Management (QM) Plan that is reviewed and approved by the Board of Directors every year and

revised every three years. The QM Plan provides guidance to the health center leadership and operations team to ensure the highest possible level of patient care and satisfaction. It describes the organization's commitment to quality by defining the structure of the program including purpose, scope, accountability, oversight responsibility and approaches to continuous quality improvement. Components include quality assessment activities and tools that help CCHS improve on defined indicators for clinical quality of care, service quality, provider performance, and peer review activities. Patient satisfaction data is incorporated through a program of survey collection and analysis. The QM Plan also addresses utilization management, credentialing and privileging processes, risk management, patient confidentiality, and continuous improvement of organizational management practices and leadership effectiveness. A report of QM activities is presented to the Board and appropriate administrative staff each quarter.

CCHS's Quality Management (QM) program comprises three key activity areas: quality assessment (measurement and evaluation), quality improvement (clinical and organizational), and provider-specific quality improvement activities (periodic review of clinical guidelines, peer review audits and performance improvement interventions). Oversight of these activities is the responsibility of the Corporate Quality Improvement/Risk Management Committee (organizational/operational portion) and Clinical Quality Improvement Committee (clinical portion). Additionally, each department has its own quality monitoring process for planning departmental goals and monitoring progress. Department leaders report the results through the relevant channels and these are incorporated into organizational QM processes as appropriate.

In addition to its QM program, self-evaluation processes, and patient feedback systems, CCHS maintains a longstanding relationship with a local consulting firm for evaluation services. Richard K. Thomas, Ph.D., Vice-President and consultant with Health and Performance Resources, has provided evaluation consultation to CCHS for five years. Thomas has more than 30 years of research experience and has extensively studied the health and social services environment in low-income neighborhoods in the Mid-South. Dr. Thomas is on the faculty of the Department of Preventive Medicine at the University of Tennessee Health Science Center, is a research fellow with the University of Mississippi Center for Population Studies, and has recently released the second edition of his book *Health Services Planning*.

All evaluation activities are tied to the CCHS strategic plan and organizational health plan as well as program-specific goals and objectives. All evaluations include:

- 1. Program evaluation to include ongoing monitoring of the service delivery process, including benchmarks and/or milestones for continuous assessment. Focus areas include monitoring progress toward strategic goals; assessment of site coordination for continuity of care; monitoring progress toward staff recruitment and training; assessment of integration of clinical services with social services; review of levels of participation in outreach programs; review of cultural competency training and delivery; assessment of community partnerships; assessment of efforts to solicit stakeholder input; review of data collection and analysis; and evaluation of implementation of marketing and promotional efforts.
- 2. Outcome evaluation to assess the immediate effects of CCHS operations and programs on patients being served and their communities. Focus areas include analysis of patient volume trends; determination of impact on health outcomes; monitoring of capacity utilization among providers; assessment of the effects of outreach programs on influencing knowledge and behavior; assessment of the effectiveness of case management efforts; and tracking of patient satisfaction.
- 3. *Impact evaluation* to assess the long-term consequences of the operation of CCHS health centers and outreach programs. Focus areas include tracking of changes in health knowledge, attitudes and practices of community residents; assessment of progress toward goals for improved health outcomes as defined in

clinical performance measures and health plan; and assessment of the cost-effectiveness of various CCHS services and programs.

2. Describe the process to assess client satisfaction and how the information is used for quality assurance.

CCHS actively solicits patient comments and complaints and is committed to responding quickly and appropriately to improve patient satisfaction and quality of care. An extensive Board-approved procedure for documenting, reporting, processing, and achieving resolution of patient complaints is in place throughout the organization.

Patient complaints are documented on a form and collected by the Office Manager. A resolution is identified and documented on the form. Complaint forms are then forwarded to the Practice Administration Department for documentation and tracking. If patients are not satisfied with the initial resolution, complaints are forwarded to the appropriate Director (e.g., Practice Administrator, Dental Director, Medical Director, Pharmacy Director, or HIPAA Officer) for resolution. Patient complaints and resolutions are reported in summary form with analysis to the Corporate QI and Risk Management Committee for review on a quarterly basis. Committees make recommendations for policy and procedural updates to the patient grievance system as needed.

Grievance procedures also reflect input from the patient comment system to improve patient care and satisfaction. Patient comments are collected at the time of checkout via a patient satisfaction survey. CCHS strives to collect surveys from ten percent of the patient population served each month. Results of the surveys are tabulated by the Service Quality Coordinator on a monthly and quarterly basis. Reports are distributed to the health center leadership team on a monthly basis and to the Corporate QI Committee on a quarterly basis and used along with complaint data to identify areas for troubleshooting and improvement.

3. Describe how compliance with federal Title X Guidelines will be assured.

The Medical Director is responsible for oversight of the development and implementation of clinical guidelines, assessment, review, and revision of the QM program for the entire organization. The focus of the Medical Director role is to ensure that CCHS delivers the highest possible quality of care to its patients through strong quality improvement infrastructure. Activities are directly coordinated by the Clinical Quality Improvement Committee (CQIC), which develops the evidence-based clinical guidelines that guide patient care protocols, monitors outcomes, and evaluates the need for revision. The CQIC reports to the Medical Director and to the Board of Directors.

The Women's Health Services Director will work with the Medical Director and the Practice Administrator to develop QM guidelines for the Family Planning Program which will provide for the ongoing evaluation of personnel and services. These staff will establish clinical, administrative and programmatic standards for the FPP. FPP staff will meet regularly to review medical or service delivery. Ongoing medical audits (e.g. of family planning visits by provider) will determine conformance with medical protocols. Medical protocols and clinic procedures will be reviewed periodically (at least annually) to ensure conformance with current standards of care. All program staff will receive annual performance review evaluations. Peer review procedures will be established to evaluate the clinical skills and documentation practices of medical providers. All medical forms, consent forms and educational materials will be reviewed annually to ensure adequacy. Tracking systems to identify patients in need of follow-up or continuing care will be monitored and evaluated. Consumer feedback will be solicited through client satisfaction surveys.

The FPP QM guidelines will be approved by the Board. On a quarterly basis, the Women's Health Services Director will report on Quality Assurance practices to the Clinical Quality Improvement

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Committee (CQIC). The CQIC in turn makes a quarterly report to the Board. Each quarterly report will identify areas of need for improvement in organizational performance, propose strategies as indicated, and identify necessary resources for enacting these strategies.

D. Financial Management

1. Provide a brief description of the financial management systems. Describe effective controls and accountability for all funds, property and other assets. Address safeguards for all assets to assure they are used solely for authorized purposes.

CHHS has extensive financial and operational systems in place to ensure that cash management, bookkeeping, budgeting, accounting, managing finances, and fundraising activities support organizational stability and accountability. The Chief Financial Officer is responsible for overseeing accounting and financial management functions and serves as chief information officer as well. The staff supporting the CFO comprises:

- Seven accounting staff, including Comptroller
- Seven billing/collections specialists, including the Director of Revenue Services
- Four information technology staff, including IT Director
- Purchasing Director.

The Chief Financial Officer develops financial policies, directs the annual budgeting process, and advises the Board and the Executive Director on issues of capital financing, information technology, and third-party relationships. CCHS's financial management systems and procedures are carefully designed to ensure appropriate financial controls. Cash handling, billing/accounts receivable and procurement/accounts payable duties are separated to prevent mishandling and fraud. Accounting policies and procedures are developed and maintained to accord with Generally Accepted Accounting Principles. Financial controls are reviewed in the annual audit.

CCHS has maintained the cost-effectiveness of its business model to produce a positive income for the past five years while conducting significant expansion. CCHS has consistently received an unqualified opinion during fiscal audits; its most recent audit showed no material weaknesses or significant deficiencies.

Accpac ERP is a widely-used financial information system for small and medium sized businesses. CCHS uses the system for general accounting and accounts payable, as well as monthly and annual financial statements. Paychex payroll software is used for processing and recording payroll into the accounting system.

2. Billing and Collections

a. Describe the billing and collections process.

No patient is denied services because of an inability to pay. Patients are expected to comply with the efforts of registration staff members to ascertain the existence of any third-party insurance coverage a patient may possess, or otherwise appropriately document a patient's inability to pay for services. Patients eligible for sliding scale coverage have the remainder of their incurred charges discounted, other than a small co-payment. Patients with no third-party insurance coverage are expected to provide appropriate information by completing a CCHS Registration form. Based on proof of income presented and/or social verification recorded on the Income/Social Verification form, patients are informed of any eligibility for a sliding scale discount of services. Sliding scale discounts are based on the most recent Federal poverty

guidelines. There are written policies and procedures displayed in prominent places in the center and communicated in handout pamphlets and these are described by phone and in person to new patients.

All applicable charges are filed electronically to any third-party carrier within an average of three working days, confirmed as received by the payer within ten working days of filing, and followed up if not paid within 30 days of filing. Monthly statements are sent to patients for outstanding balances. When patients report difficulty affording payment they are referred to a billing specialist to discuss payment. Special arrangements such as partial payments are arranged when necessary.

b. Describe the client intake process. Include an explanation of how often client financial information is updated.

To qualify for CCHS's sliding fee discount program, patients are required to present proof of income at their initial visit. Proof of income may include, but is not limited to, a pay stub, bank statement, disability paperwork, DHS paperwork, entitlement paperwork, letter from employer, or recent tax return. Patients without proper proof are not eligible for the discount program, unless the patient has qualified for the sliding scale discount under another patient's account (i.e., spouse or guardian). For the purpose of the Family Planning Program, income of minors along with the proper proof will be used to determine eligibility for a discount. Minors, in some cases, will be able to self-report their income. Determination of eligibility for sliding scale discounts is completed on an annual basis. Patients qualifying for a sliding scale discount are expected to pay a nominal fee at the time services are rendered. This payment covers charges incurred during a single visit. Payment for laboratory services is discounted based on the patient's sliding fee discount and will be billed to the patient directly from LabCorp. For those patients who are below 100% of poverty and receiving Family Planning services, these services will be provided at no cost to the patient. Charges for all services rendered are recognized at their full value within the patient accounting system and fully discounted apart from the applicable flat fee or discount rate.

For family planning patients who are over 250% of poverty and note they lack resources to cover their visit, CCHS will utilize its Patient Payment Policy to assess whether patients should receive free services. The patients will be referred to the Office Manager for a review of their payment history and chief complaint. If the patient is not having a medical complication and it is their first visit, CCHS payment policies will be reviewed with the patient. Because of the Title X regulations, these patients will receive services at no cost. However, every effort will be made to encourage the patient to pay for services at subsequent visits. The patient will also receive a bill for any remaining balances on their account.

3 Financial Audit

a. Discuss the status of the most recent financial audit, including the date of completion and time period covered by the audit.

The most recent financial audit of CCHS was completed April 2011 and covered the time period 07/01/2009 through 06/30/2010. An audit of CCHS financial activities during FY2011 is being conducted at this time.

b. Discuss any exceptions noted by the audit and any findings noted in the management letter. This discussion should include all remedial action taken or planned.

CCHS has consistently received an unqualified opinion for fiscal audits. The most recent audit contained no findings.

4. Insurance Program

a. Describe the insurance policies including property, casualty, professional liability, fidelity bonding and Board of Directors' coverage.

CCHS maintains the following insurance coverages.

Commercial Package (property, casualty, liability): \$1 million per occurrence, \$2 million aggregate

Business Auto: \$1million aggregate

Workers' Compensation: \$1 million per accident, policy, employee

Commercial Umbrella (general liability): \$5 million per incident, aggregate

Fiduciary Liability: \$1 million aggregate

Directors and Officers' Liability: \$1 million aggregate

* Professional Liability (FTCA Deeming Letter): Liability 100% covered by Federal government Professional Liability (SVMIC): \$3 million per incident, \$5 million aggregate

* As a federally qualified health center, CCHS has "deemed" status under the Federal Tort Claims Act. This coverage is the equivalent of the required coverage and was determined adequate to meet the demands of Shelby County's RFP in its published "Responses to RFP # 12-007-02, Title X Family Planning Services."

Proof of insurance is provided in the attached copies of the declaration pages of the individual policies.

E. Clinical Services

1. Complete the Provider Directory/Clinic(s) Schedule Information form (Exhibit 4). This information includes agency/service site identification of both full services and satellite location(s); service area(s); office hours; number of patients who received family planning and/or women health services for the period July 1, 2009 through June 30, 2010; and the projected number of family planning patients to be served October 1, 2011 through June 30, 2012 if the clinic receives contract funding. Include clinic evening and weekend hours.

See attached Exhibit 4 form.

2. Complete the Services Provided form (Exhibit 5). Indicate if services provided, or to be provided, are direct, on-site; direct, off-site; or paid referral.

See attached Exhibit 5 form.

3. Provide a map(s) showing the locations of all clinics and satellite sites to provide Title X family planning services. Discuss the availability of clinic(s) and satellite site(s) to the target population. Describe accessibility of services to physically challenged individuals.

See attached map.

Christ Community Health Services has six fixed-site health center locations and a freestanding dental center. All facilities are accessible to physically-challenged individuals and located strategically throughout the city, many on major bus routes, so as to be easily reached by the target population. Administrative Offices and Outreach are based at a stand-alone building in midtown Memphis. The

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Mobile Clinic operates four days weekly on a regular route and is also utilized for special outreach events throughout the year. In addition to primary health care, additional services provided at each location are tailored to the specific needs of the population. Dental and pharmacy services are provided at some locations with referrals from the other health centers. CCHS arranges transportation using bus passes or taxi vouchers for patients lacking personal transportation who must travel to other health centers for services. Family planning services will be provided at all CCHS health center locations including the mobile van. CCHS facilities include:

Third Street Health Center - 3362 South Third Street, Memphis, TN 38109

The Third Street Health Center is a 15-exam room, 10,360-square feet facility with an in-house pharmacy and a 4-operatory dental clinic. The health center is in the same shopping center as the Tennessee Department of Human Services, which provides ample parking and increased traffic.

Broad Avenue Health Center - 2861 Broad Avenue, Memphis, TN 38112

The Broad Avenue Health Center is a 16-exam room, 9,000-square feet facility with an in-house pharmacy. It is roughly 1000 feet from the Broad Avenue Dental Center. The center has dedicated parking, with overflow parking in a neighboring church parking lot available.

Frayser Health Center - 3124 North Thomas Street, Memphis, TN 38127

The Frayser Health Center is a 6-exam room, 4,190-square feet facility located in the Northgate Shopping Center, which allows for abundant parking and great exposure to the Frayser community.

Orange Mound Health Center - 2569 Douglass Avenue, Memphis, TN 38114

The Orange Mound Health Center is a 10-exam room, 8,681-square feet facility located in the center of the Orange Mound Community. The health center's proximity to an Orange Mound Senior Center and South East Mental Health Center enhances the health center's effectiveness in providing for the community.

Hickory Hill Health Center - 5366 Winchester Road, Memphis, TN 38115

The Hickory Hill Health Center is an 11-exam room, 15,679-square feet facility with a 10-operatory dental clinic. In fall 2011 CCHS will establish an in-house pharmacy at Hickory Hill Health Center. The health center is in the developed Mendenhall Square Shopping Center with an abundance of parking and high visibility due to nearby businesses.

University Family Medicine Center – 1211 Union Avenue, Ste. 200, Memphis, TN 38104

The University Family Medicine Center is a 15-exam room, 12,000-square feet facility located in the

Medical Professional Building on the campus of Methodist University Hospital. The center was developed in partnership with Methodist University Hospital and the UT Health Science Center's Family Medicine Residency Program.

CCHS Broad Avenue Dental Center – 2953 Broad Avenue, Memphis, TN 38112

The Broad Avenue Dental Center is an eleven operatory, 5,000 square feet facility located in Binghampton. The clinic has dedicated parking and high visibility due to local customer traffic. The Center is two blocks east of the Broad Avenue Health Center.

Operation Outreach/Mobile Clinic - (based at) 69 N. Cleveland, Memphis, TN 38104

The mobile clinic is a 288-square feet vehicle that has been converted into a health clinic with two exam rooms. Additional facilities at one of its regular sites are used for additional capacity. The van provides

acute and primary care, information, and referral services to homeless individuals living on the street and those in shelters, transitional homes, and substance abuse programs. CCHS has referral arrangements with Memphis Union Mission and Catholic Charities' Dozier House to provide care to users of their programs. Through an arrangement with the Cocaine and Alcohol Awareness Program (CAAP), CCHS also provides physical examinations to women within the first 30 days of their enrollment in CAAP's treatment program.

Administration/Outreach Offices – 2595 Central Avenue, Memphis, TN 38104
The Administration/Outreach Office is a 12,534 square feet facility that houses the majority of CCHS administrative and outreach offices.

F. Community Education/Outreach

1. Describe opportunities for participation in the development, implementation and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and persons in the community knowledgeable about the community's need for family planning services.

CCHS has a long history of delivering effective outreach programs in the communities it serves. Through its Memphis Healthy Churches program and other community-based preventive health initiatives, CCHS is a well-recognized and trusted source for information and education. Outreach services and health center referrals function as a key part of the network of health and social services that target Memphis' low-income, high-need communities. This network includes providers of food, housing, education, job training and employment services, home health care, medical equipment, mental health services, transportation services, support groups, teen pregnancy and parenting services, and many other programs and resources. These outreach avenues will aid CCHS in the implementation of the project.

Community representatives will be recruited to participate in the evaluation of the project by serving on the Information and Education Review Committee, as described below.

2. Describe the structure of the current Information and Education Review Committee and its role/function in the family planning program or the plan to develop and implement an Information and Education Review Committee.

CCHS has plans to develop a six-member, broadly representative, community-based Information and Education Review Committee. CCHS has sought and received commitments from two individuals (Sue Parker, CEO of Life Choices of Memphis, Ephie Johnson of the Neighborhood Christian Center, Jackie Wallace, an OB/GYN Registered Nurse and community advocate for young women and Anquanita Barry, a current CCHS Centering Pregnancy patient and mother of 2; see letters from Sue Parker, Ephie Johnson and Jackie Wallace, attached) and will recruit two additional community members to serve on the committee. The Committee will also include the Women's Health Services Director as well as representative members of CCHS' medical provider staff, HIV staff and Outreach staff.

The Committee will provide CCHS with guidance in the ongoing development, implementation and evaluation of the program, as well as guidance on the educational materials and information to be distributed to the patients served. The Committee will meet monthly initially, during the development/implementation phase of the program and will then meet quarterly to review CCHS progress in meeting established goals and objectives of the Family Planning Program. Further, in the quarterly meetings, the Committee will review the impact and effectiveness of the educational materials utilized to

educate and counsel patients on their method of contraception, pregnancy counseling, options counseling, STD/HIV education among other things. Avenues to educate the community regarding family planning will also be addressed during the quarterly meetings. On an annual basis, the entire program will be assessed to make process improvements and to update or modify educational materials.

3. Describe program promotional activities and community education efforts and how they are based on the needs of the target population.

CCHS's organizational culture and role have evolved with a strong focus on preventive health and the development of expertise in community-based health education and promotion. In addition to its nationally recognized Memphis Healthy Churches program, CCHS operates numerous outreach initiatives in children's health, family and marriage support, HIV/AIDS services, and other areas of health and wellness. These programs expand the reach and impact of the heath centers and are designed to integrate with medical services to more effectively convey health risks, articulate the importance of healthy choices, and encourage the adoption of health-supportive lifestyle changes.

To promote the availability of services provided by CCHS's Family Planning Program, brochures related to the program will be developed to be distributed at health fairs, within CCHS clinics, and through direct mailings to CCHS patients within the target population, youth-serving organizations, community centers, and partnering agencies. Promotional messages will be created for the CCHS phone queue recording as well as the CCHS internal CCTV network, which is broadcast in each health and dental location throughout CCHS's network. The promotional messages will market the availability of family planning services and will also provide education related to abstinence, safer sex, STDs/HIV, pregnancy and the need to make healthy, informed decisions. CCHS will seek to actively participate in youth-serving and family planning efforts and councils in the Memphis and Shelby County area (i.e. MemTV).

Family Planning Program staff will also work with the Outreach Services Department of CCHS to promote the program through the various community-based programs within the department. Some of these include:

Memphis Healthy Churches. Memphis Healthy Churches (MHC) program is a nationally recognized and funded outreach program that delivers health education in more than 100 African-American churches across the city. MHC trains church health representatives to educate members of their congregations about diseases that disproportionately affect African-Americans, including heart disease, stroke, diabetes, and obesity. It also engages church and community leaders in peer education, leadership, and promotion of healthy lifestyles and integrates wellness activities such as health fairs into community venues. The Family Planning Program will provide MHC with promotional brochures to distribute to the MHC Network and during their congregational events. Further, the MHC staff will have wireless, VPN access to CCHS's practice management system to schedule family planning visits as requested.

Families Matter. Families Matter is an outreach program of Christ Community Health Services founded in 2004. A marriage enrichment program, Families Matter exists to establish a united, sustained communitywide effort to increase the number of healthy families, thereby reversing the increasing trends of divorce and single-parent families in Shelby County and providing children and families with healthy homes. Its founders created Families Matter to address systemic failures in the biblically-based family unit which are thought to cause or contribute to a myriad of problems: infant mortality, spousal and child abuse, youth violence, absence of discipline, lack of respect for others, under-achieving students, crime, and the cycle of people living in poverty. Through outreach to area churches, community mentors are trained in marriage-strengthening techniques. In 2008, the Second Presbyterian Church Foundation, Hope

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Christian Community Foundation and the Irvin Lansky Foundation funded the development of an expansion of the Families Matter program.

Club 61, whose name is taken from the Bible in Isaiah 61, focuses on mentoring children at Lester Elementary School, the neighborhood school nearest the Broad Avenue Health Center. Club 61 strives to help these children break free from the failure, poverty and spiritual emptiness that hinder so many of the disadvantaged in our community. Its goal is to empower individuals and families through advancing educational achievement and promoting devotion to Jesus Christ. Since its first meeting in October 2000, Club 61 has continued to change the future, one student at a time. Nearly 110 students, 20 percent of the Lester Elementary student body, are involved with at least one Club 61 activity. Club 61 offers a variety of programs to meet the educational, recreational, and spiritual needs of every student at Lester. These activities include tutoring, club outreach meetings, Bible studies, Girl Scouts/Brownies, summer camp and Vacation Bible School and summer craft workshop. CCHS will utilize Club 61 to educate pre-teens (aged 12) about sex education, pregnancy and STDs/HIV in an effort to prevent unintended pregnancies and STD/HIV infection.

Ryan White Youth Prevention Program. Christ Community Health Services is currently partnered with Urban Youth Initiative under the Mid South AIDS Fund grant to provide sex education and HIV prevention programs to at-risk youth. Urban Youth Initiative is an umbrella organization that oversees the workings of close to 40 youth organizations across the city. CCHS provided a two-day training on two occasions to educate youth workers on how to discuss sensitive material with youth. In conjunction with the presentations youth workers were given an entire curriculum called Focus On Youth. This program offers 8 sessions dealing with safer sex choices, building self values, and decision-making strategies all geared toward African-American youth that live in higher risk areas (high risk areas are determined according to ZIP code and are based on statistical information such as poverty levels, educational levels, HIV/STI rates, etc). The goal of the program is to provide training to the youth workers who will then facilitate the program with the youth at their organization. During these trainings 27 youth organizations were represented; 420 youths will have completed the program by the end of August 2011. The feedback from this program has been phenomenal. Youth workers state they "feel more equipped to discuss these topics with youth" and the trainings "provide relevant information with practical solutions." Youth state they feel "better prepared to share correct information with their peers" and the program has "helped them (or will in the future) make safer sex decisions." Leaders of this program have already been approached for completing more trainings. This program works because not only does it provide clear and concise education to the populations of youth who most need it, but it uses relationships as the conduit for disseminating the information. Moreover, when provided in the right circumstances, such as these, this program not only educates about STIs, HIV, and sex but it empowers youth to set their own values and then base their decisions, in all areas of life, on what is important to them. CCHS will utilize this program to continue educating youth workers and will encourage them to provide youths in their organizations with information on how to obtain family planning services at CCHS if they choose to do so.

Outreach Coordinators & Health Educators. CCHS has plans to resurrect some form of it Choices Abstinence Education program that provided abstinence education to teens between the ages of 12 – 18. The Coordinators/educators will be trained to use the Wait Training curriculum to educate youth about sex, STDs/HIV, self-esteem, values, healthy relationships and the reasons to abstain from sexual activity. The coordinators/educators will also work with the HIV/AIDS program to deliver the Focus on Youth curriculum noted above. The education will be offered to community centers, schools, youth-serving organizations, and churches. Educators/coordinators will participate in the "Real Choices!" activities at the health centers and will deliver the content from these curriculums. The curriculum utilized will be

based on the age group being served and the wishes of the organization/parent. For the "Real Choices!" initiative, all curriculum content will be provided at each health center location. Monthly targets/goals will be established in conjunction with the Women's Health Services Director.

These established programs/efforts/partnering agencies will provide avenues for outreach, and their staffs and volunteers sponsored by CCHS will be included in training in Title X for consistency and compliance. The Outreach Services Department will be committed to informing clients about the family planning services and will have specific targets, developed in consultation with Family Planning Program staff, for numbers of potential clients who are informed.

3. Cost and Fees

CCHS anticipates serving 3,375 patients over the nine-month contract period, through an estimated 10,375 patient visits, at a total estimated cost of \$1,058,919. A budget estimate, based on projections of numbers of specific types of visits and their associated fees, is attached.

4. References

References of the Proposer, including at least three (3) other clients for whom the Proposer has provided services similar to the Services (with preference given to clients comparable to Shelby County Government) and, for each such reference, the business name, the identification of a contact person, the title of the contact person and a telephone number.

See attached letters of reference from:

- a. Porter-Leath. Karen Harrell, Vice President of Early Childhood Services, 901-577-2500, ext. 1150.
- b. Shelby County Government. Dorcas Young, Ryan White HIV Program Manager, 901-379-7512.
- c. Shelby County Head Start/Early Head Start. Rachel Henning, Health Manager, 901-922-0727.

5. Additional Information

a. A description of any other resources available to the Proposer that will be useful in providing the Services.

CCHS provides primary health care services to homeless persons through its Operation Outreach Van. Current services include screenings for common health problems; health and developmental assessments for children; immunizations and other preventive care; diagnosis of medical problems and health needs; treatment and management of specific diseases, conditions, and minor injuries; and referrals to specialty services. Homeless persons are also served at health center locations by referral from the van and area shelters, for prenatal care, dentistry, and other services. CCHS will utilize its mobile clinic to publicize and offer family planning services to homeless persons.

As a FQHC provider, CCHS can offer a wide range of affordable primary health and dental care services to its target patient population, and thus has a wide range of programmatic resources to draw upon to support the Family Planning Program. These include, just to mention a few, a strong HIV/AIDS program and testing for other sexually transmitted diseases, a women's cancer screening/case management program with access to various program funding sources for Breast and Cervical Cancer screening, case management and counseling services. These programs, together with CCHS's annual

Christ Community Health Services (CCHS) 8/15/2011

FQHC funding, can provide additional financial support for the FPP. CCHS also maintains a database of more than 90 social service providers to whom referrals can be made for a variety of patient needs.

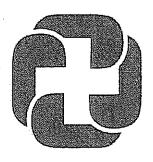
b. A description of the methods used by the Proposer to measure the satisfaction of its client.

CCHS actively solicits patient comments and complaints and is committed to responding quickly and appropriately to improve patient satisfaction and quality of care. An extensive Board-approved procedure for documenting, reporting, processing, and achieving resolution of patient complaints is in place throughout the organization. Patient complaints are documented on a form and collected by the Office Manager. A resolution is identified and documented on the form. Complaint forms are then forwarded to the Practice Administration Department for documentation and tracking. If patients are not satisfied with the initial resolution, complaints are forwarded to the appropriate Director (e.g., Practice Administrator, Dental Director, Medical Director, Pharmacy Director, or HIPAA Officer) for resolution. Patient complaints and resolutions are reported in summary form with analysis to the Corporate QI and Risk Management Committee for review on a quarterly basis. Committees make recommendations for policy and procedural updates to the patient grievance system as needed.

Grievance procedures also reflect input from the patient comment system to improve patient care and satisfaction. Patient comments are collected at the time of checkout via a patient satisfaction survey. CCHS strives to collect surveys from ten percent of the patient population served each month. Results of the surveys are tabulated by the Service Quality Coordinator on a monthly and quarterly basis. Reports are distributed to the health center leadership team on a monthly basis and to the Corporate QI Committee on a quarterly basis and used along with complaint data to identify areas for troubleshooting and improvement.

c. Any other relevant information about the capabilities of the Proposer deemed to be material.

In summary, CCHS has a long history of providing health care to the community to address patient needs at all stages of the life cycle, without regard for ability to pay. The Family Planning Program services funded by Title X will complement and integrate seamlessly into the services CCHS already provides--primary care, chronic disease management, well-child care, prenatal care, HTV/STD testing and treatment, oral health care, weight loss and nutritional counseling, and referrals for mental health services and substance abuse management/treatment. Preventive health services comprise a significant portion of the services provided at CCHS's centers. CCHS administration and staff are committed to expanding opportunities to improve reproductive health through the Title X-funded family planning services.

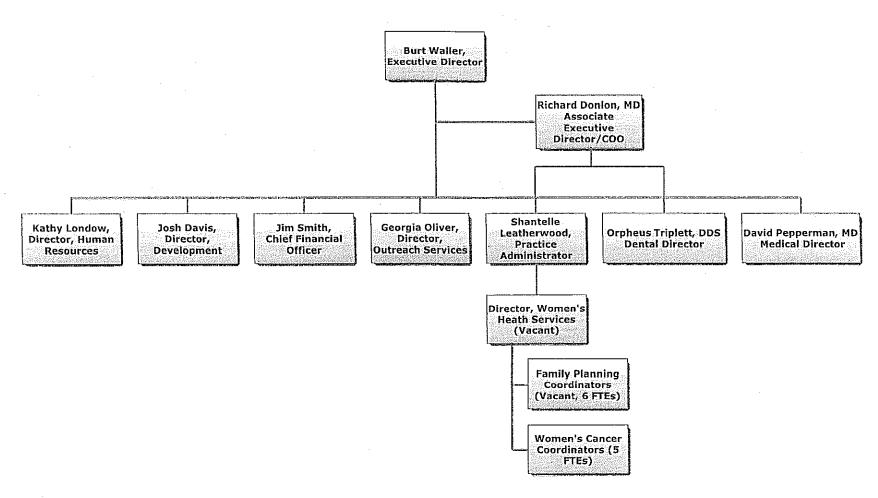


HEALTH SERVICES

APPENDIX I ORGANIZATIONAL CAPACITY

CCHS Organizational Chart 501(c)(3) Certification Articles of Incorporation Listing of Board of Directors Resumes of Key Personnel





Internal Revenue Service

Date: July 17, 2004

Christ Community Health Services, Inc. 2953 Broad Ave.
Memphis, TN 38112-2957

Department of the Treasury P. O. Box 2508 Cincinnati, OH 45201

Person to Contact:

Cassandra Jackson 31-07417 Customer Service Representative

Toll Free Telephone Number: 8:00 a.m. to 6:30 p.m. EST 877-829-5500

Fax Number: 513-263-3756

Federal Identification Number: 62-1583270

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on June 12, 2002. We have updated our records to reflect the name change as indicated above.

In June 1995 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(iii) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Janua K. Skufen

Janna K. Skufca, Director, TE/GE Customer Account Services

Secretary of State **Division of Business Services** 312 Eighth Avenue North Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

DATE: 01/28/03 REQUEST NUMBER: 4705-0438 TELEPHONE CONTACT: (615) 741-2286 FILE DATE/TIME: 01/27/03 1244 EFFECTIVE DATE/TIME: 01/27/03 1630 CONTROL NUMBER: 0284742

TO: THE BOGATIN LAW FIRM PLC 1661 INTERNATIONAL PLC DR S-300 MEMPHIS, TN 38120

RE: CHRIST COMMUNITY HEALTH SERVICES, INC. AMENDED AND RESTATED CHARTER

THIS WILL ACKNOWLEDGE THE FILING OF THE ATTACHED DOCUMENT WITH AN EFFECTIVE DATE AS INDICATED ABOVE.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE.

PLEASE BE ADVISED THAT THIS DOCUMENT MUST ALSO BE FILED IN THE OFFICE OF THE REGISTER OF DEEDS IN THE COUNTY WHEREIN A CORPORATION HAS ITS PRINCIPAL OFFICE IF SUCH PRINCIPAL OFFICE IS IN TENNESSEE.

FOR: AMENDED AND RESTATED CHARTER

FROM: THE BOGATIN LAW FIRM PLC 1661 INTERNATIONAL P STE 300

MEMPHIS, TN 38120-0000

ON DATE: 01/28/03

RECEIVED:

FEES \$20.00 \$0.00

TOTAL PAYMENT RECEIVED:

RECEIPT NUMBER: 00003199483 ACCOUNT NUMBER: 00279945



RILEY C. DARNELL SECRETARY OF STATE PARTENNESSE PARTENDEND

OF OF

CHRIST COMMUNITY HEALTH SERVICES, INC.

ARTICLE I GENERAL PROVISIONS

Section 1. Name. The name of the Corporation is Christ Community Health Services, Inc.

Section 2. Public Benefit Corporation. Pursuant to the provisions of Section 48-68-104(2) and (3) of the Tennessee Nonprofit Corporation Act, the Corporation is a public benefit corporation.

Section 3. Religious Corporation. The Corporation is a religious corporation, pursuant to Section 48-51-201(31) of the Tennessee Nonprofit Corporation Act.

Section 4. Registered Office and Agent. The street address and zip code of the Corporation's current registered office is 1661 International Place Drive, Suite 300, Memphis, Tennessee 38120. The current registered office of the Corporation is located in Shelby County, Tennessee, and its current registered agent at that office is Charles M. Key.

Section 5. Principal Office. The street address and zip code of the principal office of the Corporation is 2953 Broad Street, Memphis, Tennessee 38112. The principal office of the Corporation is located in Shelby County.

Section 6. Not for Profit. The Corporation is not for profit.

Section 7. Members. The Corporation has no members.

AMENDED AND RESTATED CHARTER
PAGE 1 OF 6

Section 8. Distribution of Assets on Dissolution. Upon the dissolution of the Corporation, the Board of Directors, after paying or making provision for the payment of all of the liabilities of the Corporation, shall distribute all of the assets of the Corporation exclusively for one or more of the purposes of the Corporation, or to an organization or organizations which is or are then exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States internal revenue statute) (hereinafter "a tax-exempt organization"), or to the government of the United States or the State of Tennessee, or to a local government or governments, for a public purpose. Any such assets not so distributed shall be distributed by the Chancery Court of the county in which the principal office of the Corporation is then located, exclusively for the purposes of the Corporation, or to a tax-exempt organization or organizations, or to another organization or organizations to be used in such manner as in the judgment of the Court will best accomplish the general purposes for which the Corporation was organized.

ARTICLE II PURPOSES AND POWERS

Section 1. Purposes. The purposes for which the Corporation is organized are:

- (a) to conduct an evangelical Christian ministry providing comprehensive health care, educational, and social services to individuals and families, including medically underserved populations, without regard to race, creed, color, sex, age, religion, national origin, disability, health status, veteran status, or (within the economic resources available to the Corporation) ability to pay; and
- (b) to study, promote, assist in, and implement improved methods and means of health care delivery and the improvement and protection of the public health, acting in conjunction with churches and other religious organizations, federal, state, and local governments, professional societies and associations, patients, hospitals, nursing homes, other health care

facilities and delivery systems, the insurance industry, hospital service corporations, representatives of management and labor, and other interested persons and organizations.

The foregoing enumeration of purposes is intended to specify purposes characterized as religious, charitable, scientific, or educational within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States internal revenue statute), as now exists or as may hereafter be amended (hereinafter referred to as the "Code"). The Corporation is organized and shall be operated exclusively for such religious, charitable, scientific, or educational purposes, and all provisions of this Charter shall be limited by and construed to be consistent with such purposes.

- Section 2. Powers. The Corporation shall have all powers attributed to public benefit corporations under the Tennessee Nonprofit Corporation Act and, consistent therewith, shall be empowered to engage in any and all lawful activities which may be incidental or reasonably necessary to any of its enumerated purposes, including but not limited to:
 - (a) the power to purchase, receive, lease, or otherwise acquire, and own, hold, improve, use, and otherwise deal with, real or personal property, or any legal or equitable interest in real or personal property, wherever located; and
 - (b) the power to sell, convey, mortgage, pledge, lease, exchange, and otherwise dispose of, or grant a security interest in, all or any part of the real or personal property of the Corporation;

provided, however, that the Corporation shall not conduct or carry on any activity not permitted to be conducted or carried on by any organization recognized as exempt from federal income taxation under Section 501(c)(3) of the Code.

Section 3. Limitations. The following limitations shall apply to the purposes, powers, and activities of the Corporation:

- (a) no part of the net earnings or receipts of the Corporation shall inure to the benefit of, or be distributable to, its members, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of its religious, charitable, scientific, and educational purposes;
- (b) no substantial part of the activities of the Corporation shall consist of carrying on propaganda or otherwise attempting to influence legislation;
- (c) no part of the activities of the Corporation shall consist of participating in or intervening in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for public office; and
- (d) notwithstanding any other provision of this Charter, the Corporation shall not, except to an insubstantial degree, pursue any purpose, exercise any power, or engage in any activity which is not consistent with and in furtherance of one or more of the exempt purposes stated in Section 501(c)(3) of the Code.

ARTICLE III ORGANIZATION AND GOVERNANCE

Section 1. Board of Directors. The business and affairs of the Corporation shall be governed by a Board of Directors. The Board of Directors shall be selected in the manner prescribed by the bylaws of the Corporation. The bylaws shall specify the qualifications and number of directors, provided that there shall be at all times at least three (3) directors. The bylaws shall also specify the term each director shall serve, procedures for removal of directors and filling of vacancies, and the time and manner of meetings of the Board of Directors.

Section 2. Bylaws. The Board of Directors of the Corporation shall adopt bylaws for the management, regulation, and control of the affairs, property, and operation of the Corporation, provided that such bylaws shall not be inconsistent with this Charter or with the law of the State of Tennessee. The bylaws of the Corporation may be altered, amended, or repealed at any time by the Board of Directors.

Section 3. Chairman of the Board and Executive Director. The Chairman of the Board of Directors of the Corporation and the Executive Director of the Corporation is each hereby individually authorized to exercise, by virtue of office and on behalf of the Corporation, the following powers which would otherwise be exercised by the Board of Directors:

- (a) to purchase, receive, lease, or otherwise acquire, and to own, hold, improve, use, and otherwise deal with, real or personal property, or any legal or equitable interest in real or personal property, wherever located;
- (b) to sell, convey, mortgage, pledge, lease, exchange, and otherwise dispose of, or grant a security interest in, all or any part of the real or personal property of the Corporation;
- (c) to make contracts and guarantees, incur liabilities, borrow money, issue notes, bonds, and other obligations (which may be convertible into or include the option to purchase other securities of the Corporation), and secure any of the obligations of the Corporation or those of any other person by mortgage, pledge of or security interest in, any of the its property, franchises, or income;
- (d) to lend money, invest and reinvest funds, and receive and hold real and personal property as security for repayment;

- (e) to conduct the activities of the Corporation, locate offices, and exercise the powers enumerated in this Section within or without the State of Tennessee;
- (f) to accept gifts, devises, and bequests subject to any conditions or limitations contained in such gift, devise, or bequest so long as such conditions or limitations are not contrary to law or the purposes for which the Corporation is organized; and
- (g) to do all things necessary or convenient, not inconsistent with law or this Charter, to exercise the powers enumerated in this Section in furtherance of the activities and affairs of the Corporation.

Section 4. Immunity of Directors. To the extent allowed by the Tennessee Nonprofit Corporation Act, the directors of the Corporation shall be immune from personal liability to the Corporation or its members for monetary damages for breach of fiduciary duty as a director.

IN WITNESS WHEREOF, this Amended and Restated Charter was duly adopted by the Board of Directors of the Corporation for filing with the Secretary of State of Tennessee, this 14th day of January, 2003.

Chairman of the Board

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BOARD OF DIRECTORS MEMBERSHIP ROSTER

**Carolyn Agapos, Chairman

**Ross Dyer, Vice Chairman

**Rebecca Kernan, Secretary-Treasurer

**Roscoe Jordan, Past Chairman

Joseph Aldridge, Board Director

Marlon Brown, Board Director

Fred Davis, Board Director

Daisy Diaz, Board Director

Barbara Fant, Board Director

Leah Hillis, Board Director

Norma Hunt, Board Director

David Martin, Board Director

Marcus Lewis, Board Director

Anthony Porter, Board Director

Larry Lloyd, Board Director

**Executive Committee Members

Revised: 11-09-2010

Executive Director

Duties and Responsibilities:

- Working with the Board, assures that the organization has and uses a long-range strategy that achieves its mission.
- Provide leadership in achieving organizational mission by developing program, organizational and financial plans with the Board of Directors, leadership team, and providers; carry out plans and policies authorized by the Board.
- Develop strategies for the acquisition of financial resources.
- Insure that the Board is kept fully informed of all important factors affecting the condition of the organization.
- Publicize the activities of the organization, its programs and goals.
- Foster the establishment of sound working relationships and cooperative arrangements with other compatible providers of services.
- Represent the programs and point of view of the organization to government, agencies, organizations, and the general public.
- Be responsible for the recruitment, employment, and release of all personnel, both staff and providers, in accordance with established procedures.
- Ensure that job descriptions are developed, that regular performance evaluations are held, and that sound human resource practices are in place.
- Operates the organization within budget guidelines.

Position Qualifications: MBA or MHA

Supervisory Relationships:

Skills: Requires ability to use computer and routine office equipment

Knowledge: Working knowledge of the healthcare industry, management of physician group practices, and managing a multi-site organization

Experience Requirements: More than 7 years progressive leadership experience in a health care setting; demonstrated competence in working with a Board of Directors; ability to articulate and communicate organizational values and mission to diverse audiences; demonstrated competence in working cooperatively with physicians and health care professionals..

Travel Requirements: Regular travel to state and national meetings

Salary Range: Minimum \$116,346; Midpoint \$151,250; Maximum \$186,154

Chief Financial Officer

Duties and Responsibilities:

- Directs the control of cash flow through the organization and ensures the maintenance of the integrity of funds, securities and other valuable assets and documents.
- Establishes and directs the execution of programs for the provision of capital required by CCHS, including negotiating the procurement of capital and maintaining the required financial arrangements.
- Analyzes the financial effects of proposed expansion, via establishment of new clinics or acquisition of existing clinics, and negotiation of acquisition on behalf of CCHS.
- Creates and directs the administration of risk management policies, practices, and procedures to protect corporate assets and minimize liability exposure.
- Creates and oversees pension plan policies and coordinates and monitors plan funding and performance.
- Compares performance with operating plans and standards, and reports and interprets the results of operations to all levels of management.
- Manages or oversees the management of finance and accounting staff members including recruitment, new hire orientation, performance management and counseling, and any other aspect of managing personnel

Position Qualifications:

The CFO must have a Master's Degree in finance, accounting, or other related field.

Supervisory Relationships: The CFO supervises the Controller, Director of information Technology, Director of Revenue Service, and indirectly supervises various accounting, IT, and billing positions.

Skills: The CFO must be able to use a computer, related computer programs, a calculator, and a telephone.

Knowledge: The CEO must be familiar with governmental reporting, capital acquisitions, risk management, and banking relations, independent auditor relations

Experience Requirements: The CFO must have a minimum of six years experience at senior level in finance, accounting, and investment management; previous experience with governmental reporting, capital acquisitions, risk management, and banking relations, independent auditor relations, and Board Committee relations.

Travel Requirements: Frequent local

Salary Range: Minimum \$105,769; Midpoint \$137,500; Maximum \$169,231

Medical Director

Duties and Responsibilities:

- Implements and monitors accomplishment of the annual Health Plan, involving other providers in helping achieve the Organization's clinical priorities to improve the health status of its service areas.
- Establishes clinical practice guidelines and protocols, as needed, and assures the clinical competency of providers assigned to the Health Center.
- Assists in establishing standards of provider productivity based on Health Center experience and national standards; supervises provider productivity.
- Participates in Board of Directors meetings providing input and reporting on the clinical affairs of the organization and representing the views of the physicians.
- Chairs the Clinical Quality Improvement Committee and the Peer Review Committee; serves on the corporate QI/Risk Management Committee.
- Joins CCHS officials in establishing priorities, resolving problems, making decisions, and furthering the CCHS mission.
- Provides leadership to physicians and practitioners; co-leads quarterly provider meeting. Establishes the provider schedule for health center and on-call coverage assuring adequacy. Manages all provider requests. Conducts clinical performance evaluations, chart peer review, risk management, and monitors provider CME.
- Conducts provider recruitment and orientation; oversees provider privileging, credentialing, and re-credentialing. Assists with coordination of student programs and preceptorships.
- Leads the Health Center management staff in establishing operational processes, responding to patients, and maintaining cost-effective, efficient services.
 Cooperates with the Practice Administrator in establishing and implementing standard processes among all CCHS locations.

Position Qualifications: Must be a doctor of medicine or osteopathy and have an active Tennessee medical license.

Supervisory Relationships: Supervises the physicians and nurses.

Skills: Must be able to use typical office equipment and related medical equipment.

Knowledge: Must be familiar with the quality of clinical services, providing oversight, direction, and assessment of the providers and the clinical services at the Health Centers.

Experience Requirements: Must graduate as a doctor of medicine or osteopathy from an accredited medical or osteopathic school

Travel Requirements: Frequent local

Salary Range: Minimum \$116,346; Midpoint \$151,250; Maximum \$186,154

Associate Executive Director

Duties and Responsibilities:

- Collaborates with the executive leadership team to define a vision and operational objectives for the Organization.
- Attracts and recruits physicians to practice in the Health Centers, negotiating starting salaries and work hours.
- Manages physicians through day-to-day supervision, training, coaching performance, and providing direction.
- Supervises the day-to-day activities of the Practice Administrator and provides ongoing coaching and direction

Position Qualifications: Medical School Graduate and an active Tennessee medical license

Supervisory Relationships: Supervises Director of Facilities, Practice Administrator, Dental Director, Pharmacy Director, Physician Leaders, Clinic and Pharmacy Managers

Skills: Requires ability to provide vision and insight; requires persistence and the ability to persuade others

Knowledge: Working knowledge of the healthcare industry, management of physician group practices, and managing a multi-site organization

Experience Requirements: Minimum of six years experience as a provider with some experience supervising clinic operations.

Travel Requirements: Frequent Local

Salary Range: Minimum \$116,346; Midpoint \$151,250; Maximum \$186,154

Practice Administrator

Duties and Responsibilities:

- Oversees the day-to-day administrative operations of the Health and Dental Centers, establishing and maintaining policies and procedures for these areas.
- Coordinates and establishes new health/dental center locations and acquisitions by working closely with executive team members and other key staff.
- Develops operational plans and participates in decision making by maintaining close working relationships with the COO, Dental Director and Physician leaders.
- Assists Senior Leadership team with the forecasting and preparation of the annual budget.
- Maintains compliance with governmental regulations and industry requirements. Works
 in conjunction with the HIPAA & Corporate Compliance Officer to implement changes
 within the health/dental centers.
- Supports the Executive Director, COO and Medical/Dental Director in interactions with regulatory agencies, insurance carriers and professional and community groups.
- Oversees the selection, development and performance evaluation of assigned employees.
 Delegates authority/responsibility to subordinate managers. Develops improved management techniques and practices.
- Enhances operational effectiveness, emphasizing service to patients, cost containment, and high-quality patient care. Resolves operational problems and keeps lines of communication open with staff to ensure responsiveness and productivity.
- Maintains positive community relations, serving as liaison between other staff members and the public.

Position Qualifications: Master's degree

Supervisory Relationships: Supervises office manager I and II, dental office manager, operation outreach program manager, call center supervisor, service quality coordinator, and executive administrative assistant.

Skills: Must be able to manage the day-to-day work processes and administrative staff of the Health and Dental Centers

Knowledge: Working knowledge of the healthcare industry, management of physician group practices, and managing a multi-site organization

Experience Requirements: Between four to six years of progressive management experience in primary care, ambulatory care, or similar environment.

Travel Requirements: Frequent local

Salary Range: Minimum \$66,997; Midpoint \$83,747; Maximum \$100,496

Work Hours: Full time

والمراجعة والمستجيدة والمناف

Director of Human Resources

Duties and Responsibilities:

- Develops, implements, and coordinates HR policies and practices throughout the Organization.
- Administers employee benefit plans for the Organization to ensure available coverage for eligible employees.
- Communicates relevant information regarding policy interpretation, recruitment, benefits, disciplinary actions, and employee relations issues to managers.
- Counsels and directs managers regarding employment and salary procedures, performance appraisal process, performance problems, safety issues, and compliance with government laws and regulations.
- Administers CCHS's compensation program.
- Develops and provides appropriate communications, orientation, and training to promote employee understanding of HR programs, policies, and objectives.
- Identifies relevant HR legal requirements and government reporting regulations, monitoring CCHS exposure. Directs the preparation of information required for compliance and acts as primary contact with labor counsel and government agencies.
- Manages organization planning and development process to evaluate manpower forecasting and address succession planning for entire Organization.
- Serves as the Non-Discrimination Compliance Coordinator
- Directs and manages HR Department staff members including hiring, disciplining, and terminating employees, conducting staff meetings, counseling employees, evaluating performance, and directing work assignments.

Position Qualifications: Master's Degree and SPHR

Supervisory Relationships: Supervises HR Specialist and Credentialing Specialist

Skills: Requires ability to use computer and routine office equipment

Knowledge: Working Knowledge of recruitment and retention, employee relations, compensation management, employee benefits administration, and legal compliance.

Experience Requirements: Requires more than six years experience in HR and additional experience managing one or more HR functions.

Travel Requirements: Frequent local

Salary Range: Minimum \$66,997; Midpoint \$83,747; Maximum \$100,496

Dental Director

Duties and Responsibilities:

- Implements and monitors accomplishment of the Oral Health Plan and directs the participation of the dental providers in the achievement of the Health Plan goals.
- Establishes oral health protocols as needed. Assures the clinical competency of oral health providers assigned to the Dental Centers.
- Establishes standards of provider productivity based on Dental Center experience and national standards. Monitors provider productivity.
- Participates in monthly Physician Leadership meetings providing input and reporting on the affairs of the Dental Centers. Serves on the Quality Improvement Committee.
- Joins the Associate Executive Director in establishing priorities, resolving problems, making decisions, and furthering the mission of CCHS.
- Chairs the monthly meeting of the oral health providers. Establishes meeting agenda.
- Establishes the provider schedule for the dental centers and reviews/approves all provider requests for vacation and educational leave.
- Participates with other CCHS Health Center medical directors to coordinate functions and maximize cooperation between clinical sites.
- Leads the Dental Center management staff in establishing operational processes, responding to patient needs and expectations, and maintaining cost-effective and efficient services. Cooperates with the Dental Administrator in establishing and implementing standard processes among all dental locations.
- Represents the organization to the public. Serves as CCHS spokesperson regarding oral health issues.

Position Qualifications: Dental School Graduate and an active Tennessee Dental License

Supervisory Relationships: Supervises the dentists and dental hygienists.

Skills: Must be able to use typical office equipment and related dental equipment

Knowledge: Must be familiar with assuring the quality of all clinical services, providing oversight, direction, and assessment of the providers and the clinical services available at the Health Centers.

Experience Requirements: Must graduate as a Doctor of Dental Surgery of Doctor of Dental Medicine

Travel Requirements: Frequent local

Salary Range: Minimum \$105,769; Midpoint \$137,500; Maximum \$169,231

Director of Outreach Services

Duties and Responsibilities:

- Develops the annual Outreach Services Plan to be consistent with the CCHS Strategic Plan and integrates the Plan with the health educational activities of the health centers.
- Participates in Executive Committee Meetings with other directors and the Executive Director to provide direction and leadership to the Organization.
- Directs the day-to-day administration of Outreach Services. Hires and supervises all Outreach Services program managers.
- Attends all provider meetings to supply information and to provide accountability and direction for the execution of Outreach activities.
- Seeks additional funding for maintaining and sustaining previously initiated projects.
- Initiates new programs relevant to the CCHS Strategic Plan and consistent with the needs of the community.
- Manages the budgets for both CCHS-funded and grant-funded programs.
- Collaborates with partnering agencies, churches, and Para-church ministries for networking and joint efforts. Represents CCHS to a variety of community organizations.
- Travels to relevant State and National meetings, workshops, and conferences

Position Qualifications: Masters degree. Nursing or counseling license or other professional certifications are preferred.

Supervisory Relationships: Supervises the social workers, program managers, case managers, office managers, interpreters, health educators, and administrative assistants.

Skills: The Director of Outreach must be able to use normal office equipment, blood pressure equipment, blood glucose equipment, and other relevant materials.

Knowledge: The Director of Outreach must be familiar with working with related organizations.

Experience Requirements: The Director of Outreach needs more than six years experience in program oversight and development; strong communication skills and proven ability to collaborate with disparate agencies towards common goals; grant-writing skills.

Travel Requirements: Frequent local

Salary Range: Minimum \$60,907; Midpoint \$76,133; Maximum \$91,360

James Colbert Smith

1467 Linden Avenue Memphis TN 38104 901-849-0881 office 901-274-2467 Home

Senior Executive experienced in financial leadership, business development and strategic planning in diverse industries who was key player in taking revenue from \$60 million to \$200 million in 10 years.

- \$1 million savings in net market value swing during portfolio rebalancing transaction.
- Reduced operation expenses by 25% through more efficient utilization of human resources and upgrading budgeting process.
- \$350K annual savings in portfolio administration through custodian conversion and implementation of commission recapture and securities-lending programs.
- Reduced "Days Receivables Outstanding" from 65 to 40 days

Track record in mergers, acquisitions, and divestitures.

- Negotiated \$6 million acquisition and arranged financing; positive cash flow and net income form first month of operation.
- Sold national leasing company assets and liabilities and turned merged residual organization from negative cash flow to positive cash flow & profitability in 9 months
- Directed opening of start-up company and designed and implemented all financial reporting, internal control and accounting systems.

Experienced in administration of employee benefit programs and consolidation of administrative functions.

- Administrator for employee pension plan that grew from \$22.4 million to \$60.4 million in 9 years
- Developed and implemented 401(a) plan that enhanced employee morale and reduced employee turn-over related cost.
- Designed and implemented financial reporting, payroll, payables, receivables and inventory systems that improved financial reporting and controls.

Results oriented leader adept at increasing revenue, identifying problems, defining solutions and implementing new processes and procedures. Skilled in negotiations, communications and employee motivations.

MBA, Finance, Memphis State University, 1980, BBA, Accounting Finance, Memphis State University, 1976 Certified Public Accountant, Tennessee (Inactive)

-----PROFESSIONAL HISTORY---

CHRIST COMMUNITY HEALTH SERVICES, Memphis TN Chief Financial Officer

Responsible for all things necessary and appropriate for managing the corporation's financial affairs, including, but not limited to accounting, development and information technology. Manages CCHS financial operations including staffing, budgeting, and work processes. Serves as Chief Information Officer. Establishes and maintains close working relationships with significant others in the financial processes, including outside accountants, bankers, and information technology vendors and service providers. Assists Executive Director, physicians, and key staff in developing and implementing the clinic's strategic long- and short-range health and business plans. Works closely with the Executive Director and operations and billing staff in forecasting and preparing annual budget and financial statements. Maintains compliance with governmental regulations and industry requirements.

ACCOUNTPLUS, Memphis TN

2002-2008

Professional business service for Managing, Financing, Staffing, Buying and Selling

Principa

Provide goal-specific management advisory services to privately held businesses and non-profits whose management teams are fully leveraged form having access to professional assistance.

AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITITES, INC. (ALSAC) Memphis, TN

2001-2002

\$1 billion fund raising are of St. Jude Children's Research Hospital.

Associate Director of Investment Administration

Directed internal reporting, custodian transition, asset allocation rebalancing and Board and Investment Committee reporting for \$1 billion endowment and operating funds portfolio.

GREATER MEMPHIS ARTS COUNCIL, INC. Memphis, TN

1998-2001

Tenth largest Fund for the Arts in the U.S. with \$11 million endowment under investment.

Vice President, Finance & Administration

Directed all P&L and financial functions, implemented general ledger system and upgraded financial procedures.

1986-1997

UT MEDICAL GROUP, INC. Memphis TN \$200 million multi-specialty medical group practice affiliated with College of Medicine, University of Tennessee.

Vice President, Treasury Operations/Controller
Directed 15 professionals in \$200 million accounting, financial, government reporting and daily cash management activities. Administered \$60 million employee pension plan and other benefit plans.

METROPOLITAN TOYOTA, INC. Mobile & Decatur Al. \$27 million Toyota/Mazda multi-dealer management service. Vice President, Finance

1985-1986

Directed acquisition of Toyota & Mazda franchise and resultant start-up company, Managed turn-around of unprofitable dealership to profitability and positive cash flow in three months.

Prior experience includes 6 years with \$200M+multi-dealership management services and 4 years in real estate/insurance marketing.

RICHARD N. DONLON, MD

2533 Hale Avenue Memphis TN 38112 Date of Birth February 29, 1964

Education

- Texas Christian University, Fort Worth TX 1982-1986, B.A. in Chemistry, awarded May, 1986
- Louisiana State University School of Medicine, New Orleans, LA 1986-1990, Doctor of Medicine, awarded May, 1990
- University of Tennessee College of Health Sciences, Memphis TN Combined Internship and Residency in Internal Medicine and Pediatrics, 190-1994.

Honors and Awards

- Gerald I. Pittman Resident of the Year Award of Outstanding Scientific and Humanistic Achievement, Department of Medicine, University of Tennessee, Memphis, awarded 1994
- Winner, Health Care Hero Award, Memphis Business Journal, awarded 1999.
- Member, Leadership Memphis, Class of 2000
- "Top 40 under 40" Memphis Business Journal, 2001

Board Certification

- American Board of Internal Medicine, certified 1994, re-certified 2004
- American Board of Pediatrics, certified 1994 recertified 2001

Licensure

• Doctor of Medicine and Surgery, State of Tennessee, #25066, active and without restrictions

Academic Appointments

• Assistant Professor of Medicine, Division of General Internal Medicine, University of Tennessee Health Science Center, Memphis TN

Hospital Appointments

- The Regional Medical Center at Memphis, active status
- Methodist/LeBonheur Hospital, active staff

Practice/Professional Experience

- Co-Founder and Associate Executive Director, Christ Community Health Services, Memphis TN, 1995- present
- Medical Director, Christ Community HIV/AIDS Services, 2006- present
- Chief Operating Officer, Christ Community Health Services, 2009- present
- Emergency Room Physician, Baptist Memorial Hospital, Memphis TN, 1995-1996
- Clinical Instructor and Physician, Department of Emergency Medicine, University of Tennessee, Memphis and The Regional Medical Center at Memphis, 1994-1995



Director, Women's Health Services

General Summary:

The Women's Health Services Director is responsible to the Practice Administrator of CCHS and acts as the administrative officer for Women's Health Services and its related programs. He/she is responsible for the administrative supervision, program development and budget management of the department's Family Planning Program, Women's Cancer Program, and prenatal care services. The Coordinator must assure that programs operate in compliance with state and federal standards, policies and guidelines, and grant contract conditions. In collaboration with the Medical Director, OB Director, HIV Services Program Director, and the Director of Outreach Services, the Program Director works to carry out all of the program requirements of the Family Planning Program and the Tennessee Breast and Cervical Screening Program. The Director will serve as an active member of the Clinical Quality Improvement Committee to ensure the accomplishment of the clinical goals set forth for family planning, women's cancer and prenatal care.

Key Responsibilities:

- 1. Responsible for the selection, orientation, supervision and evaluation of health center personnel.
- 2. Responsible for the ongoing functioning of the Family Planning Program and Women's Cancer Program.
 - a. Responsible for a system of scheduling client visits.
 - b. Supervises the inventory and requisitioning of medical, educational and office supplies and equipment.
 - c. Responsible for keeping standards of care and routine orders current.
 - d. Supervises audits to assure quality of care.
 - e. Provides triage responsibility in dealing with patient complaints on the telephone and in the clinic setting.
 - f. Assists in the review and evaluation of educational materials used in the Family Planning Program and Women's Cancer Programs.
- 3. Responsible for implementing program plans within the Women's Health Center, Family Planning Program, Women's Cancer Program and OB services.
 - a. Participates in the development of goals and objectives for these programs.
 - b. Participates in the preparation of reports and other documents that describe services or document progress toward established goals or objectives.
 - c. Participates in the development of the budget for the programs.
- 4. Coordinates the activities of the programs with other health department staff and programs, including Outreach Services, HIV Program and Tennessee Breast and Cervical Screening Program.
- 5. Develops and maintains contacts with local and state agencies that provide funding and/or programmatic guidance of the programs in the center and the department.



Director, Women's Health Services

- 6. Develops and maintains contacts with community referral sources and medical providers for client care.
- 7. Provides leadership, advocacy, and education efforts related to reproductive health with local, regional and statewide groups.
- 8. Responsible for participation and maintenance of a system for prenatal care outreach, enrollment and referral within the center.
- 9. Responsible for coordinating activities of the Informational and Educational Review Committee.
- 10. Participate in the Annual and Regional Title X Conferences as well as participate in local training sessions and meetings.
- 11. Assists Medical Director and OB Director in updating clinical protocols related to reproductive health, gynecological services and obstetric services on a periodic basis.
- 11. Performs other duties as assigned.

Employment Qualifications:

Education: Master's Degree in Public Health, Health Administration or other related field.

Experience: Three to five years of progressively more responsible experience.

Other Requirements:

The qualifications listed above are intended to represent the minimum skills and experience levels associated with performing the duties and responsibilities contained in this job description.

An employee in this position must have the ability to communicate verbally and effectively with a large staff and the general public. They must be capable of reading large volumes of material and preparing reports and budgets. This position requires the use of computerized equipment for data entry and retrieval, word processing, electronic mail, Internet searches and voice mail. An employee in this position must be able to endure sitting for extended lengths of time.

Working Conditions:

Works in office conditions.



HEALTH SERVICES Family Planning Coordinator

General Summary:

The Family Planning Coordinator reports to the Director of Women's Health Services and is responsible for enrolling, educating, counseling, tracking and providing family planning services to those seeking care at Christ Community Health Services (CCHS). The Coordinator is also responsible for educating/counseling those individuals found to pregnant and coordinating their prenatal care at CCHS.

Key Responsibilities:

The responsibilities of the Coordinator include, but are not limited to the following:

- Enrolling both men and women seeking family planning services into the family planning program.
- 2. Educating and counseling both men and women about contraceptive methods, pregnancy options, STDs/HIV and special counseling (i.e. nutrition, DES, genetics, etc.)
- Educating and counseling teenagers about abstinence education, contraceptive
 methods, pregnancy, attempts to resist sexual coercion and family participation in
 family-planning decision-making.
- 4. Supplying and/or coordinating the delivery of contraception to clients.
- 5. Coordinating follow-up care for clients including prenatal care, specialty care, and consults for sterilization.
- 6. Conducting pregnancy tests, counseling regarding pregnancy options and, for those who choose to continue with their pregnancy, coordinating prenatal care at CCHS as well as providing the client with prenatal education.
- 7. Ensuring that all program documentation is completed and documented at the time services are delivered including enrollment forms, eligibility forms, HIV Risk Assessments, Consent Forms, Sterilization forms, etc.
- 8. Maintaining an appropriate inventory of education materials, forms and contraception at their respective locations. Working with the Pharmacist at their location to ensure an adequate inventory of contraception (i.e. oral, Mirena IUDs, etc).
- 9. Working with the Women's Cancer Coordinators and OB QI Specialist regarding case management and follow-up care for those with abnormal cancer screening results and those in prenatal care.
- 10. Reporting on the family planning services provided at their location.
- 11. Obtaining on-going professional development and training related to family planning
- Attending local family planning meetings in conjunction with the Director of Women's Health Services.



HEALTH SERVICES Family Planning Coordinator

Employment Qualifications:

Education: Bachelor's degree in nursing, public health, or social work.

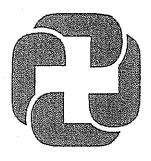
Experience: 1 year experience in a health care setting, preferably in a medical office or OB/GYN practice.

Other Requirements:

Excellent communication skills with an ability to work effectively with patients and individuals across departments. Excellent customer service skills. Excellent organizational skills. Ability to work independently with minimal supervision.

Working Conditions:

Works in office conditions.



Christ Community

HEALTH SERVICES

APPENDIX II TECHNICAL PROPOSAL OF SCOPE OF SERVICES

CCHS CLIA Certification

LabCorp CLIA Documentation

CCHS Consent Forms

Exhibit 3 — Tennessee Title X Assurance of Compliance

Professional Liability Insurance Coverage

Exhibit 4 — Provider Directory/Clinic Schedule

Exhibit 5 — CCHS Services Provided

CCHS Service Area Map

CCHS Informational & Education Review Committee Letters of Commitment

CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF PROVIDER-PERFORMED MICROSCOPY PROCEDURES

LABORATORY NAME AND ADDRESS

CHRIST COMMUNITY HEALTH SERVICES INC 2595 CENTRAL AVENUE MEMPHIS, TN 38104

LABORATORY DIRECTOR
DAVID PEPPERMAN MD

CLIA ID NUMBER 44D0670874

EFFECTIVE DATE 09/01/2010

08/31/2012

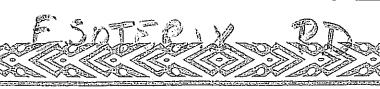
Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

CNUS CENTRAS SEE MEDICARD SERVICES

Judith G. Just Judith A. Yost, Director

Judith A. Yost, Director Division of Laboratory Services Survey and Certification Group Center for Medicaid and State Operations



CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

ESOTERIX, INC 3930 EAST WATKINS ST, SUITE 300 PHOENIX, AZ 85040

LABORATORY DIRECTOR
DOROTHY M ADCOCK MD

O3D0700076

02/09/2009

EXPIRATION DATE 02/08/2011

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

Guteth G. Yhit

Judith A. Yost, Director Division of Laboratory Services Survey and Certification Group Center for Medicald and State Operations

CNIS CONTRACTOR CONTRA

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If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE)

EFFECTIVE DATE

LAB CERTIFICATION (CODE)

EFFECTIVE DATE

GENERAL IMMUNOLOGY (220) ROUTINE CHEMISTRY (310) HEMATOLOGY (400)

08/16/1995 01/24/2008 08/16/1995

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.HHS.GOV/CLIA OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER. PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.



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The College of American Pathologists

certifies that the laboratory named below

Laboratory Corp of America Main Laboratory Kansas City, Missouri Soheila Hamidpour, MD

LAP Number: 3032401 AU-ID: 1189548

CLIA Number: 26D0444173

has met all applicable standards for accreditation and is hereby fully accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to August 19, 2011 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

Frank & Rudy

Chair, Commission on Laboratory Accreditation

Atom & Boun mo FCAP

President, College of American Pathologists

CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

LABCORP OF AMERICA HOLDINGS 1706 NORTH CORRINGTON AVENUE KANSAS CITY, MO 64120

LABORATORY DIRECTOR SOHEILA HAMIDPOUR MD CLIA ID NUMBER 26D0444173

EFFECTIVE DATE 02/28/2011

EXPIRATION DATE 02/27/2013

> EFFECTIVE DATE 10/13/1995

> > 04/18/2003

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locatedons) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to respection, suspension, limitation, or other sauctions for violation of the Act or the regulations promulgated thereunder.

Division of Laboratory Services Survey and Certification Group Center for Medicaid and State Operations

certs2 012011A 1006

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE) BACTERIOLOGY (110) MYCOLOGY (120) PARASITOLOGY (130) VIROLOGY (140) SYPHILIS SEROLOGY (210) GENERAL IMMUNOLOGY (220) ROUTINE CHEMISTRY (310) URINALYSIS (320) ENDOCRINOLOGY (330) TOXICOLOGY (340) HEMATOLOGY (400) ABO & RH GROUP (510) ANTIBODY TRANSFUSION (520)	10/13/1995 05/02/2001 10/13/1995 05/02/2001 10/13/1995 10/13/1995 10/13/1995 10/13/1995 10/13/1995 11/05/2003 10/13/1995 10/13/1995 10/13/1995 04/18/2003	LAB CERTIFICATION (CODE) ANTIBODY NON-TRANSFUSION (530) ANTIBODY IDENTIFICATION (540)
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FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.HHS.GOV/CLIA OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER. PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

Physician and Surgeon

SOHEILA HAMIDPOUR, MD 700 NW HUNTER DRIVE BLUE SPRINGS MO 64015

Department of Insuránce, Financial Institutions and Professional Registration Dlýlsiön of Brofesslonal Registration Missouri State Board of Registration for the Healing Arts

Physician and Surgeon

ORIGINAL CERTIFICATE/LICENSB NO



Name: Soheila Hamidpour, MD Litton Pathology Associates, PC 700 West Hunter Drive Blue Springs, MO 64015-7730

Education:

	<u>College</u>	<u>Major</u>	Att	ended	Degree
	Name of College or University		From	<u>To</u>	
	Tehran University of Medical Sciences	Medicine	Feb 1986	Nov 1992	MD
	Tehran, Iran				
	Tehran University of Medical Sciences	OB/Gyn	Oct 1993	Oct 1997	Residency
	Tehran, Irau	•			
	Saint Joseph Hospital	Internal	Aug 2002	April 2003	Residency
	Chicago II.	Medicine	J		
	University of Kansas Medical School	Pathology	July 2003	June 2007	Residency
	Kansas City, KS		•		.,,,,,,
	University of Kansas Medical School	Cytopathology	July 2007	June 2008	Fellowship
	Kansas City, KS	.,,			r onombinp
Jab I	Experience:				
,	Institution	Title		From	<u>To</u>
	Litton Pathology Associates	Staff Patholog	ist	7/1/2008	Present
	Blue Springs, MO		,		1102011
	Ghazvin University of Medical Sciences	Attending Gyneco	dogist	Nov 1997	Jan 1999
	Ghazvin, Iran			. 101 1771	Juli 1777

Liceuses, Board Certifications:

Date	Certification Number	Specialization
2/9/2007	04-32255	Medicine & Surgery
3/28/2008	2008009078	Physician & Surgeon
3/5/2008	26127	Medical Doctor
4/29/2008	37775	Medicine & Surgery
7/18/2008	46915	Physician
11/18/2009	1360	Telemedicine
8/21/2007		Anatomic/Clinical Pathology
9/10/2008		. Cytopathology
	2/9/2007 3/28/2008 3/5/2008 4/29/2008 7/18/2008 11/18/2009	2/9/2007 04-32255 3/28/2008 2008009078 3/5/2008 26127 4/29/2008 37775 7/1 8/2008 46915 1 1/1 8/2009 1360 8/2 1/2007

Professional Societies

College of American Pathologist United States and Canadian Society of Pathologist American Society for Clinical Pathology Kansas City Pathology Society

Electronic Signature

12/6/10 Date

Laboratory Corporation of America^{TAI}Holdings (LabCorp) 1706 N Corrington Avenue Kansas City, MO 64120



FAMILY PLANNING PATIENT INFORMAITON AND INCOME DECLARATION

TODAY'S DATE:
GUARDIAN'S OR PARENTS NAME:
PATIENT'S NAME:
PATIENT'S NAME: LAST FIRST LAST NAME at BIRTH
ADDRESS:
CITY: STATE: ZIP CODE: COUNTY:
HOME PHONE: WORK PHONE: CELL PHONE:
HOW CAN WE CONTACT YOU? CHECK ALL THAT APPLY
☐ MAIL ☐ HOME ☐ CELL PHONE ☐ WORK PHONE
Date of Birth: Education (Highest level completed):
Do you need language assistance (interpreter)? Y or N
Sex:
Marital Status: Married Divorced Widowed
Ethnicity/Race: White Non-Hispanic White Hispanic Black Non-Hispanic Native American Hawaiian/Pacific Islander Multi-Racial Asian
Medicaíd: Yes: No: Medicare: Yes: No:
*Private Insurance: Yes: No:(see attachment)
NOTE: Some programs offer reduces fees based on income. To apply for reduced fee, please provide the followin information:
Number of family members I household:
Total Family Income: \$ per WEEK or YEAR (circle one). I do not wish to provide financial information to find out if I am eligible for a reduction in the basic fee.
Patient, Parent or Guardian Signature Date
CONSENT & STATEMENT OF ACCURACY OF INFORMATION PROVIDED
I consent for services to be performed by the CCHS Family Planning Center. I understand I am responsible for furnishment of CCHS Family Planning Center scheduled fees in cash, credit or debit cards at the time of service unless qualify for special discounted fees certain programs offer. Discounted fees are based on my and/or my household income and number of dependents, which I have provided truthfully and accurately above.
Signature: Date:
Signature: Date Patient. Parent or Guardian's Signature



*Insurance Status (Check one Box)

All or some for Family Planning Services
☐ None for Planning Services
Unknown for Family Planning
Public (Medicaid)
Uninsured
Unknown



Christ Community

HEALTH SERVICES

CONSENT FOR SPECIAL PROCEDURES

	(Provider Name)_to perform: (Procedure/Surgery Name) on: (Patient's Name).
alternative methods of treatment, the risk involved, that been given to me by anyone regarding the resu	
I consent to administration of any anesthetics as ma	ay be considered necessary or advisable by the provider responsible, excep γ exceptions).
Patient's Signature:	Date:
Responsible Person:	Date:
Witness:	Date:
Provider Affirmation: I have disclosed the nature, purpose, risk, possible and/or his or her family, and have given them time t	alternative method of treatment, and possible complications, with my patien to answer any questions.
Signed:	
Date:	Time:

This form is called an "informed consent form". Its purpose is to inform me about the hysterectomy procedure.

Other:



I have the right to consult a second physician before having the hysterectomy.

I have the right to withdraw my consent to the hyst withdrawal of consent shall not affect my right to future of any state or federally funded benefits to which I migh	e care or treatment or result in the loss or withdrawal
☐ I have been told that the following: ☐ The approximate length of the hospital stay: ☐ The approximate length of time for recovery: ☐ The approximate cost to me of the surgeon's fee: I have been told that pain during the procedure wi anesthesia. I understand that the anesthesia is not understand that the specific are	der the control of my surgeon. I will discuss with my
Upon my authorization and consent, the hysterectom performed by Dr and any other members of the medical staff at These Physicians, including the anesthesiologist, are independent medical practitioners.	My surgeon may work with his or her associate(s) Hospital.
I acknowledge that my surgeon has described this procanswered all questions to my satisfaction.	cedure to me in terms in which I understand and has
Patient Signature:	Date:
Witness:	
Interpreter: (Printed Name)	
Signature:	Language:
Physician Certification	
I certify that I have discussed the hysterectomy and any I have discussed the risks, benefits, and alternative questions.	
Physicians Signature:	Date:



COMBINED HORMONE CONSENT FORM (ORAL CONTRACEPTIVE, CONTRACEPTIVE PATCH & VAGINAL RING)

I,, hereby acknowledge that I was given an opportunity to ask questions about all forms of birth control, meaning all prescription, non-prescription, and natural methods. All of my questions were answered to my satisfaction and I understood all of those answers. I understand that no method of birth control, except abstinence, is 100% effective against pregnancy or contracting sexually transmitted diseases, including Human Immunodeficiency Virus (HIV) infection that leads to Acquired Immunodeficiency Syndrome, (AIDS) disease.
l also acknowledge that the following benefits, risk/side effects warning signs, alternatives, instructions, and decision to discontinue use option, regarding the birth control method,, were explained to me before I voluntarily decided to use this method of birth control.
BENEFITS: When the combined hormonal methods, birth control pill and contraceptive patch, are used correctly, the chance of becoming pregnant is approximately 1%. Some studies indicate the chance of becoming pregnant may increase if I weigh more that 198 pounds. I understand the chance of becoming pregnant increases if I do not use the method as instructed. Some women may experience the following benefits from using combined hormones.
 Deceased menstrual cramps More regular menstrual bleeding Less risk of acute gonococcal pelvic inflammatory disease Less risk of developing ovarian and/or endometrial cancer Less risk of developing benign breast tumors and/or ovarian cysts Decreased menstrual bleeding Decreased pain at the time of ovulation Improvement in acne
RISK/SIDE EFFECTS: Serious Risk: Blood Clots Stroke or heart attacks Gallbladder Disease One type of liver tumor Headache Increase in blood pressure Depression Nausea Skin reaction at the patch site
WARNING SIGNS: I have been told that I need to call a doctor or the family planning clinic if I have any of the following early warning signs develop:
A Abdominal pain (sever) C Chest pain or shortness of breath H Headaches (sever); dizziness, weakness, numbness E Eye problems – blurred vision, flashing lights, or blindness; speech problems S Severe leg pain (calf or thigh) **ALTERNATIVES: I have received written information about other methods of birth control and I choose the



COMBINED HORMONE CONSENT FORM (ORAL CONTRACEPTIVE, CONTRACEPTIVE PATCH & VAGINAL RING)

Birth Control Pill: I am aware that I should use cond birth control pills, to keep from getting pregnant. I have	oms or another contraceptive method for the first month after I first start to take been told that I need to take my pill every day at the same time. Failure to do
so increases the risk of pregnancy.	
Contractive Patch: I am aware that I need to apply apply a patch the forth week. On the day after week funderstand what to do if I forget to apply my patch.	the patch on the same day of the week for three consecutive weeks. I do not our ends, I begin a new cycle by applying a new patch. I have been told and
Vaginal Ring: I am aware that I need to insert the ring remove the ring and leave out for a week. I have been	g and leave in the vagina for three weeks. At the beginning of the fourth week I told and understand what to do if I forget to insert or remove the ring.
understand that I should use another method of birth co been told I may choose to use another means of birth c	at I may discontinue use of the combined hormone method at any time. I introl if I do not desire to become pregnant. If I wish to become pregnant, I have ontrol until I have had two to three regular periods before attempting to become ately determined. I understand there may be some delay in becoming pregnant
I hereby release Christ Community Health Service and or liabilities which I may have against them as a resuprocedures.	any of its employees or agents, from and against any and all claims, damages, alt of my receiving birth control and related medical services, supplies, and/or
Based on my knowledge of the above, I consent the	birth control method selected above.
Signature:	Date:
Witness:	Date:
I have interpreted the information and advice presented	Interpreter's Statement orally to the client who has chosen to use the birth control method selected guage she understands and explained its content to her. To the best of my and voluntarily consents to the chosen method.
Interpreter's Signature:	Date:



CONSENT FOR THE USE OF DEPO-PROVERA FOR BIRTH CONTROL

Depo-Provera is a hormonal substance that prevents ovulation from occurring. Injected intramuscularly every three (3) months in the muscle of the upper arm or buttocks.

How it works:

The hormones in the injections suppress ovulation (egg production) for three (3) months.

How Effective is it?

Failure rate is less than one pregnancy per 100 women per year when women return for injections every three (3) months and when injection is done in the first three (3) days of menses (bleeding).

Why Choose This Method?

- > Consider use of other methods and whether their side effects make you prefer this method.
- > Desire for long-term contraceptive three month effect
- Desire for reversible method reversible by stopped injections
- Desire for method disconnected from intercourse nothing to take or put in

Why You Might Not Be a Candidate:

- Known or suspected pregnancy
- Undiagnosed vaginal bleeding
- Known or suspected breast cancer
- Active thrombophlebitis (blood clots) or current or past history of clot disorders in legs, lungs, or eyes; or a stroke
- Liver dysfunction or disease (hepatitis B)
- Known sensitivity to Depo-Provera or any of its ingredients (have you ever had an allergic reaction to local anesthetic at the dentist?)

Relative Contraindications: Have You Any of the Following?

- > Breast Cancer
- Asthma
- Abnormal Mammogram
- Epilepsy or seizures
- > Are you taking seizure medications?
- > Fibrocystic breast disease
- > Diabetes or family history of diabetes
- Bleeding from nipples
- > Depression requiring hospitalization and/or medication
- > Kidney Disease,
- High Blood Pressure
- Heart Disease or Stroke
- Osteoporosis (brittle bones)
- > A recent history of liver disease such as hepatitis A
- > Mono
- Migraine headaches, and
- Do you regularly use any prescription drugs?

If you have any of the following, we need to check possible interactions with the Depo-Provera.

Side Effects You Might Experience

- Weight gain average is five (5) pounds and change in appetite
- Menstrual irregularity possible no periods by second or third shot
- Headaches
- > Abdominal bloating
- Breast tendemess
- Tired, weakness
- Dizziness
- Depression, nervousness
- Nausea
- No hair growth or loss or thinning of hair
- Skin rash or increased acne
- Increased or decreased sex drive

Explanation of Methods and Assessment

Depo-Provera is injected intramuscualarly in one 150-milligram dose every three (3) months or twelve (12) weeks as long as contraceptive effective is desired. It is given in the first three days of the menstrual cycle (after onset menses), within five (5) days postpartum, or if breast feeding, at six (6) weeks postpartum.

If time between injections is greater than fourteen (14) weeks, we perform a pregnancy test before giving you the injection. We may also do a pregnancy test at 12 weeks if you have no bleeding (period).

Use of this Method and warning signs

Drug interactions are possible when using Depo-Provera with other prescription drugs. Always check with your physician or nurse practitioner and pharmacist for such possible interactions before taking any other prescription drug; Depo-Provera is a medication and you need to list it in your health history.

Warning signs to report to your health care provider (physician or nurse practitioner):

- Sharp chest pains
- Coughing of blood
- > Sudden shortness of breath
- > Sudden severe headache,
- Vomiting, dizziness, or fainting
- Visual disturbance (double vision, blurred vision, spots before your eyes).
- Speech disturbance (slurred, unable to speak)
- > Weakness or numbness in arm or leg
- > Severe pain or swelling in calf or leg
- Unusually heavy vaginal bleeding (unlike usual period)
- > Severe pain or tenderness in lower abdomen or pelvis
- Persistent pain, pus, or bleeding at injection site



CONSENT FOR THE USE OF DEPO-PROVERA FOR BIRTH CONTROL

Follow-up Care of Yourself

- Visit you health care provider every three (3) months or twelve (12) weeks for injection
- The visit should take place during first three (3) days menstrual cycle (or at twelve (12) weeks from last shot if no period [menses])
- Review any side effects or danger signs with health provider
- > Review your menstrual cycles with health care provider

- Have a pap smear every year along with a complete physical examination including pelvic and breast examinations
- Depo-Provera provides no protection against sexually transmitted diseases (including AIDS) or vaginal infections, so consider using condoms if you are concerned about protecting yourself.

Based on my knowledge of the above, I consent to receiving the Depo Provera injection.

Signature:	Date:	
Witness:	Date:	
I have interpreted the information and add the consent form in a language she under explanation and voluntarily consents to the	stands and explained its content to her.	ment s chosen to use the Depo Provera injection. I have also read to her To the best of my knowledge and belief, she understands this
nterpreter's Signature:	Date:	

Before you initial each section, make sure you have read and understood each statement. This form explains the effectiveness, the benefits and possible complications associated with diaphragm use. It also explains the danger signs you should watch for while you are using the diaphragm. If you have any questions, feel free to ask our staff member(s). You can change your mind any time about using this method.

,	
I understand that a diaphragm is I jelly.	barrier method of contraception that covers the cervix and must be used with spermicidal
	ed with spermicidal creams or jelly and used correctly with each act of intercourse uld use another form of contraception like the condom) is approximately 80% to 94%
I have been told that some women	experience the following benefits from using a diaphragm:
Reduction of up to 50% of the	risk of getting gonorrhea and infections of the uterus and the tubes.
 After five years of use or more, 	, it may lower the risk of getting precancerous and cancerous conditions of the cervix.
I acknowledge that I cannot use the	e diaphragm as a birth control method if:
I understand that I could experience Toxic Shock Syndrome (rare) Recurrent bladder infections Allergic reaction to rubber/sper Irritation Foul smelling vaginal discharge	rmicide bladder t twelve (12) weeks nal or vulvar pain diaphragm or I cannot use it correctly e some of the following problems with diaphragm use:
Signature:	Date:
Witness:	Date:
read to her the consent form in a language belief, she understands this explanation a	Interpreter's Statement vice presented orally to the client who has chosen to use the diaphragm cap. I have also ge she understands and explained its content to her. To the best of my knowledge and and voluntarily consents to the use of the diaphragm cap. Date:
merpretet's Signature.	valt,



PATIENT INFORMATION FOR INFORMED CONSENT: EMERGENCY CONTRACEPTIVE PILLS (ECP's)

Before you take emergency contraceptive pills (ECPs), be sure you understand both the benefits and the possible problems of using ECPs. If you have any questions as you read, we will be happy to talk about them with you.

Emergency contraceptive pills (ECPs) are hormonal pills (similar to birth control pills) that you take to try to prevent pregnancy after you have unprotected vaginal intercourse. Unprotected sex means either your birth control method failed (for example, your condom broke) or you didn't use a method.

The pills can keep the ovary from releasing an egg, thicken cervical mucus or change the lining of the uterus in such a way that a fertilized egg may not attach and develop into pregnancy.

There are alternatives to ECPs. When a copper intrauterine device (IUD) is inserted within seven (7) days of a single act of unprotected intercourse, it may prevent pregnancy. It may also be left in place for ongoing contraception. Or you can choose to "wait and see". Discuss all of the choices with your health care provider.

The sooner ECPs are taken, the better they work to prevent pregnancy. It is best to start the pills within seventy-two (72) hours or three (3) days of unprotected vaginal intercourse. When taken within the first seventy-two (72) hours after intercourse, emergency contraception pills prevent pregnancy about 75 – 89% of the time. Studies have shown that even if ECPs are taken as late as one hundred-twenty hours/five (5) days after unprotected intercourse they may prevent pregnancy. ECP appears to be less effective the later it is used.

How well the pills work depends on how soon after intercourse they are started and what day in your menstrual cycle unprotected intercourse takes place. This method fails to prevent pregnancy in some cases, because:

- → A fertilized egg has already implanted in the uterus (ECP will NOT cause an abortion)
- Too much time passed since unprotected vaginal intercourse
- Failure of the drug itself

You will get the Food and Drug Administration (FDA) approved information provided by the pill manufacture. You should read this information and ask questions about anything you do not understand.

You should not use ECPs if you are (or think you are) already pregnant. However if you are pregnant or if the pills fail and pregnancy occurs, there have not been any reports of serious side effects to the woman or to the fetus from taking pills.

Rare but serious problems or complications, particularly with blood clots, can occur with the regular use of birth control pills, as stated in the FDA information. It is not known whether blood-clotting problems (or other complications) can also occur when birth control pills are used for emergency contraception, but medical experts do not think so because the exposure to the medicine in the pills is so short.

Some reactions to these pills (for about twenty-four (24) hours) may include:

- Nausea/Vomiting
- Diarrhea
- Tiredness
- Menstrual changes
- Stomach pain
- Irregular bleeding
- Dizziness
- Breast pain
- Headache

After taking ECPs, your next period could be early or late, or could be lighter or heavier, or could be the same as usual. If you use ECPs more than once in a monthly cycle, the chances of having problems with your next period will be greater.

If you see a clinician for any reason before you get your next period, you should tell him/her that you have taken ECPs.



PATIENT INFORMATION FOR INFORMED CONSENT: EMERGENCY CONTRACEPTIVE PILLS (ECP's)

If you do not want to become pregnant, it is important to think of a more reliable form of ongoing birth control. After using ECPs, some women continue on birth control pill or use an IUD. Ask about the options at your clinic.

Having unprotected sex may have put you at risk for sexually transmitted disease (STDs); you should talk to the clinician about getting tested.

Call the clinic or your healthcare provider for a pregnancy test after taking ECP if your period is two (2) weeks late, if you feel like you could be pregnant, or if you have any early signs of pregnancy (such as feeling sick to your stomach, feeling very tired, breast swelling or tenderness)

INSTRUCTIONS FOR USE:	EMERGENCY CONTRACEPTIVE PILLS (ECPs)
How to take the Emergency Contra	aception Pills
1. You have been given pills	named
You should swallow The sooner you take them,	pill(s) as soon as possible within 120 hours (5 days) after unprotected intercourse. the better they work to prevent pregnancy.
3. Then, swallow pill(s)	12 hours after you take the first pills.
 You can get something for n hour before taking ECPs if v 	mpty stomach (eat something) ausea at the drugstore without a prescription (like Dramamine® or Bonine®) to take about an
	or are throwing up so much that you cannot take the second dose of pills (if using Option 1)
Using ECP does not protect against should use latex condoms to prevent	sexually transmitted diseases. If you or your partners have other sexual partners you also infections.
Regular physical examinations for rocancer are strongly recommended.	utine health care and for screening for sexually transmitted infections (including HIV) and
Based on my knowledge of the ab	ove, I consent using emergency contraception.
Signature:	Date:
Witness:	Date:
have also read to her the consent for	Interpreter's Statement d advice presented orally to the client who has chosen to use emergency contraception. I m in a language she understands and explained its content to her. To the best of my ds this explanation and voluntarily consents to the use of emergency contraception.
Interpreter's Signature:	Date:

Last Name:			First Name:		MI
DO	B:(MM/DD/	YYYY)	Gender:	Male	Female
Fer	tility Awareness Method is 75% – 9	5% eff∈	ective.		
	Benefits		Possible Risks/Disad	vantages	Possible Side Effects
1.	Medically safe	1,	Unintended pregnanc	у	May restrict sexual spontaneity
2.	Helpful in planning or preventing pregnancy	2.	Requires daily docu prevent pregnancy		Women with irregular cycles may have difficulty with the method
3.	Increased body awareness	3.	Requires in depth inst	ruction	
4.	Increased male involvement	4.	Must keep records cycles before effective		
	Contraceptive Technology 19th ed. 2007				11
1.	I do not wish to become pregnant no a pregnancy until it is desired.	ow. One	e benefit of choosing a	method of birth	control is that I will be better able to delay
2.	All contraceptives offered by this recommended. In addition, I may st my chosen method have been given	op using	nave been explained g a birth control metho	to me. I may d if I wish to be	change to another method if medically come pregnant. Instructions for the use of
3.	The practice of medicine is not an edirth control.	exact so	ience and no guarante	e can be made	about the effectiveness of any method of
4.	answers to my satisfaction. Being mincluding the attending clinician, sta	entally off and ofth cont	competent, I assume f assistant of any and a	ull responsibilit Il liability for ar	opportunity to ask questions and receive y and release the local health department, ny adverse effects of pregnancy that may vised to call the clinic for discontinuation
5.	I have been provided information ab	out an e	emergency number to c	all after clinic h	ours or when the agency is closed.
6.	I have chosen and requested Fertilit	y Aware	eness as method of birt	n control.	
Date	3;		Signature of Patient: _		
INT	ERPRETER'S STATEMENT				
l ha obta	ve translated the information and ac	lvice pr d the c	esented orally to the i	ndividual to us	e the above contraception by the person language and explained its applacements.
Inter	preter:		Da	ale:	



I received the information and asked all my questions about:
☐ ParaGard Intrauterine Device (IUD)
☐ Mirena Intrauterine System (IUS)
I know that: The IUD/IUS prevents pregnancy more than 99% of the time. It provides long term protection from pregnancy Each ParaGard IUD is good for 10 years of use. Each Mirena IUS is good for 5 years of use. Mirena IUS contains the hormone progestin and may decrease menstrual bleeding and cramps. The IUD/IUS does not protect me from sexually transmitted infections. If I need this protection, I will use condoms PLUS this method.
I know the IUD/IUS might cause the following: > Spotting, irregular bleeding, heavier periods; > Cramping when it is put in at the clinic and during my periods; > Making a hole in the wall of the uterus when it is put in at the clinic; > String may not be found at future visits, or other string problems.
My health care provider has told me the following reasons why a person should not use the IUD/IUS: Current Pelvic Infection (PID) or high risk for sexually transmitted infections; Current pregnancy or suspicion of current pregnancy; Known or suspected uterine/cervical cancer; or breast cancer (for Mirena); Wilson's disease; Allergy to copper (for ParaGard); Uneven shape of the uterus.
I will call the clinic or my provider, or go to the emergency room if I have any of these danger signs: Late or missed period; abnormal spotting or bleeding; signs or symptoms or pregnancy; Pelvic or lower abdominal pain; pain with intercourse; Exposure to sexually transmitted infections; abnormal vaginal discharge; Fever or chills; Cannot locate the string; The IUD/IUS has come part of the way out, or all the way out, of the uterus.
If I have problems or concerns, I will come back to the clinic to talk with a nurse or provider to see if I can make the IUD/IUS wor for me. If I wish to stop using the IUD/IUS, I know that I need to come back to the clinic to have it taken out. If I do not wish to become pregnant, I must start on another method right away.
Based on my knowledge of the above, I consent to having an IUD insertion.
Signature: Date:
Witness: Date:
Interpreter's Statement I have interpreted the information and advice presented orally to the client who has chosen to insert an IUD. I have also read to her the consent form in a language she understands and explained its content to her. To the best of my knowledge and belief, she understands this explanation and voluntarily consents to the insertion of an IUD.
Interpreter's Signature: Date:



IMPLANON INSERTION CONSENT CLIENT INFORMATION SHEET

I understand that Implanon is a kind of birth control implant that consists of one small flexible rod, containing a form of the hormone progestin. It will be implanted just under the skin of my upper arm. I realize that Implanon will keep me from getting pregnant for three (3) years. After three (3) years, Implanon is no longer effective and must be taken out. I can have another Implanon inserted at the time or start using another method of birth control. I also know that I can have Implanon removed at any time and for any reason.

I understand that Implanon is more effective in preventing pregnancy than the Pill. Implanon is not permanent. I can get pregnant after it is taken out. I understand that Implanon might not be as effective if I take certain medications (mainly medications for seizures) or the herbal remedy called St. John's Wort.

I am aware that women who use Implanon have changes in their menstrual periods. Some women spot or bleed more often and some women bleed less or not at all. Spotting between periods is common. Periods can get more regular after nine (9) to twelve (12) months. I understand that some women might also have a little weight gain, headaches or depression. I understand that Implanon does not protect me from sexually transmitted diseases, including the virus that causes AIDS (HIV). I need to use condoms, as well, to get protection from infections.

I have been told what to expect when Implanon is put in and taken out. I am aware that I might feel some discomfort during and after these procedures. I have been told about the problems that might occur when putting in or taking out Implanon such as: allergic, response to anesthetic; bruising or soreness around the insertion site; or infection. After Implanon is put in, it could accidentally come out. When Implanon is taken out, it could break.

Removing Implanon may be slightly more difficult than putting it in. Sometimes it takes two clinic visits before the Implanon rod can be taken out.

I know to call the clinic if I:

- Want my Implanon taken out
- Have heavy bright red bleeding from vagina that is more than a period
- → Have a late period after my period has been on time
- Have pain, pus, bleeding, or red skin where that Implanon was put in or if my Implanon capsule comes out
- Have very bad pain in the lower stomach or abdomen
- Have very bad headache or problems with my vision

Based on my knowledge of the above, I consent to having Implanon inserted.

Signature:	Date:	
Witness:	Date:	
	understands and explained its conter	no has chosen to use Implanon. I have also read to nt to her. To the best of my knowledge and belief,
Interpreter's Signature:	Date:	



I have been given and understand the following information:

Explanation of Sterilization Procedure:

Vasectomy is a minor surgical procedure that is performed in the doctor's office under local anesthetic. The surgery takes approximately 30 minutes and involves making one or two small incisions or punctures (no-scalpel technique) in the scrotum. Each sperm duct (vas deferens) is brought out of the scrotum, one at a time, and sealed with surgical clips. To reduce the possibility that the cut tubes may rejoin, a ½ inch piece of vas deferens is removed and the sealed ends of the vas are replaced into the scrotum. The skin incisions/punctures are very small and stitches may not be used. If stitches are necessary, they will dissolve on their own.

Description of the Attendant's Discomfort and Risk:

A small amount of oozing blood (enough to stain the dressing), some discomfort and mild swelling in the area of the incision are not unusual and should subside within 72 hours. Occasionally the skin of the scrotum and base of the penis turn black and blue. This is not painful. It last only a few days and disappears without treatment.

Very rarely, a small blood vessel may escape into the scrotum and continue to bleed to form a clot or hematoma. A small clot will be reabsorbed over time. However, a large clot which develops after a vasectomy may cause more swelling and pain in the scrotum and may require a surgical exploration and drainage of the scrotum. This would require hospitalization and general anesthesia to evacuate the hematoma.

Most men will have a small amount of discomfort in the scrotum/testicle region for a few days to a week following their vasectomy. There are some men who develop a more chronic pain in the genital region (post-vasectomy syndrome). This may last for a prolonged period, but usually responds to warm tubs and anti-inflammatory medications.

Infections are a rare complication following a vasectomy. Antibiotics are not routinely used, but any incision on the body can potentially get infected. There may be some irritation and inflammation at the site of a suture that usually resolves as it dissolves. Superficial infections that may occur usually respond to oral antibiotics and conservative measures. Infections of the epididymis and testicles can also occur after a vasectomy and will respond to antibiotics. Lastly, testicular atrophy and sperm granulomas rarely occur after a vasectomy.

For 72 hours following the vasectomy, sex should be eliminated. Strenuous exercise (for example: climbing ladders, riding bicycles, yard work, playing tennis, etc.) should likewise be avoided for three days and nothing that weighs over a few pounds should be lifted. The reason for this is that engaging in these activities sometimes results in complications.

The surgical procedure is not always 100 percent effective in preventing pregnancy, because on rare occasions the cut ends may rejoin. This only occurs at the rate of approximately one to three in every 1000 vasectomies. Furthermore, sperm can survive from the point where the cords were cut for months. ANTOHER FORM OF CONSTRACEPTIVE MUST THEREFORE BE USED UNTIL STERILITY IS ASSURED. To ensure sterility, a specimen of seminal fluid should be brought in for microscopic examination. The specimen must contain no sperm before unprotected intercourse is allowed. We recommend waiting at least 2 months and approximately 20 to 25 ejaculations prior to bringing your first sample to the lab. We require 2 negative samples for sperm, at least 2 weeks apart prior to cleaning you for unprotected intercourse. Occasionally; it may take up to six months or longer to flush out all of the sperm.

Benefits to be Expected:

Vasectomy is a simple safe method for preventing unwanted pregnancies. Recovery is usually quick and often the patient can return to work in as little as two days, with recovery over a weekend, for example.

Sexual activity, penile sensitivity and the production of male hormones are not adversely affected. In fact, the freedom from fear of producing unwanted pregnancies may greatly improve the mutual enjoyment of your sexual relations. You may find that your desire for sexual expression becomes more spontaneous and more frequent.



Counseling Concerning Alternate Methods:

If your objective is merely to space out pregnancies, or if you have even the slightest reason to believe that you might want to have children in the future, then vasectomy will not suit your purpose and should not be considered. Other methods of birth control that may be used include:

- 1. Oral contraceptive
- 2. Intrauterine device (IUD)
- 3. Diaphragm
- 4. Condom
- 5. Aerosol contraceptive foam
- 6. Rhythm method
- 7. Contraceptive cream/jelly
- 8. Tubal ligation of female partner

Effect and Impact of Sterilization:

The purpose of vasectomy is to prevent sperm from entering the seminal fluid so that the female egg cannot be fertilized subsequent to intercourse. Sperm cells continue to be produced in the testes but disintegrate and are reabsorbed. However, the amount of the fluid discharged during intercourse does not decrease more than 5 to 10 percent after vasectomy. Vasectomy is to be considered a permanent birth control procedure, even though these operations can be reversed if absolutely necessary with a subsequent pregnancy rate of approximately 60 percent. Although a vasectomy must be thought of as producing permanent sterility, the procedure is not always 100 percent effective.

A vasectomy should have no adverse effect on your sex life. Any problems that develop in relation to having sexual intercourse may result from psychological, rather than physical causes. After a vasectomy, a man's hormones remain normal and there is no noticeable difference in his ejaculate since sperm makes up only a tiny part of semen (5 to 10%). Because the sperm cannot come out after the cord is cut, like other dead body cells, the sperm disintegrate and are reabsorbed by the body. Some men, even knowing these facts, are still anxious about what a vasectomy will do to their sexual performance. These men should not have vasectomies. Worrying about sexual performance is likely to impair a man's ability to have an erection or ejaculate, even though the production of sperm and male hormones continues.

A vasectomy is not the answer to a problem of sexual maladjustment or failing sexual powers. Therefore, if you are getting a vasectomy in hopes of improving your wife's attitude toward sex or to increase your sexual powers, you are likely to be disappointed. On the other hand, freedom from fear of producing unwanted children may improve greatly the mutual enjoyment in your sexual relations.

Inquires:

Any inquiries or questions I had about the sterilization procedure described in this document were fully answered and I fully understand the explanation of the sterilization procedure that I have been given.

Signature:	Date:	
Witness:	Date:	
the consent form in a language he und	Interpreter's Statement advice presented orally to the client who has chose derstands and explained its content to him. To the Intarily consents to the vasectomy procedure.	en a vasectomy. I have also read to him best of my knowledge and belief, he
Interpreter's Signature:	Date:	. 11

Las	st Name:	Fir:	st Name:		MI	
DC	B:(MM/DD/Y	YYY)	Gender:	Male	Female	
mo	th control methods may have good or best frequent benefits, risks and side effective ermicide usage is 50% - 82% effective	cts are tho	ects or complic se listed below.	ations, which may Others not listed	be harmful to me. I have beel may occur.	n told that the
1400	Benefits	Pos	sible Risks/Dis	advantages	Possible Side Eff	ects
1.	No prescription necessary	1. Inc	orrect use gnancy	can lead to	Allergic reaction	
2.	May be purchased over the counter in any drug store or supermarket		st be used with			
3.	Safe to use with breastfeeding		erruption of sex			
				against sexually es including HIV		
	Contraceptive Technology 19th ed. 2007		7186			
2. 3.	All contraceptives offered by this of recommended. In addition, I may stormy chosen method have been given to the latest the latest the latest the latest the latest the method of birth control provided to stop this method.	o using a loo me. I it read to mentally of any and ome. I ha	oirth control me o <u>me)</u> and hav competent, I as d all liability for ve been advise	thod if I wish to be been given the ssume full respor any adverse effed to call the clinic	opportunity to ask questions opportunity to ask questions sibility and release CCHS, its of pregnancy that may restor discontinuation instruction	for the use of s and receive including the ult from using if I choose to
4.	I have been provided information abo	ut an eme	rgency number	to call after clinic l	nours or when the agency is c	losed.
5.	I have chosen and requested Spermi	cide use a	s a method of b	irth control.		
Dat	e:	Siç	nature of Patie	nt;	dev	· · · · · · · · · · · · · · · · · · ·
INT	ERPRETER'S STATEMENT					
L ha	n interpreter is provided to assist the in ave translated the information and ad- aining this consent. I have also read tents to him/her. To the best of my kno	vice prese the cons	nted orally to t ent form in the	he individual to u :	se the above contraception b language and	by the person explained its
	erpreter:					
	•				•	



Christ Community Health Services is a Christian non-profit organization focused on fulfilling the physical, spiritual, and emotional needs of the underserved through health centers and outreach programs.

Exhibit 3

Tennessee Family Planning Program TITLE X ASSURANCE OF COMPLIANCE

• * · ·	Christ (Community Health Services	 assures that it will
		(Name of Agency)	
•		(Cano di i igano)	

- Comply with all required entities regarding operation of the Family Planning Services:
 - Tennessee Family Planning Program Standards and Guidelines Manual (2008)
 - 45 CFR, Part 74, Administration of Grants (Federal Regulations)
 - 42 CFR, Part 59, Subpart A Project Grants for Family Planning Services
 - Office of Family Planning, Program Guidelines for Project Grants For Family Planning Services, January 2001, U.S. Department of Health and Human Services
 - Occupational Safety & Health Administration (OSHA)
 - Clinical Laboratories Improvement Amendments (CLIA)
 - Health Insurance Portability & Accountability Act (HIPAA)
- B. Submit applicable portions of the Earnilly Planning Annual Report (FPAR) in accordance with the Department of Health and Human Services (DHHS) Instructions and all other required reports within the time frame set by the Department.
- C. Meets confidentiality regulirements of Title X:
 - Staff disclosures
 - Client billing
 - Client privacy and the facility
 - Employee records
 - . Referrals and follow-up results
 - Reporting abnormal test results
 - Medical records
- D. Not provide abortion services as a method of family planning or use project funds to pay for abortions.
- E. Provide that priority in the provision of services will be given to persons from low income families.
- G. Will not require written consent of parents or guardians for the provision of services to minors. Nor can the project notify parents or a guardian before or after a minor has requested and received Title X family planning services.
- H. Provide services without subjecting individuals to any coercion to accept services or coercion to employ or not to employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services.
- Provide services without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, marital status, or county of residence.
- Encourage family participation in the decision of the minor to seek family planning services.



Christ Community Health Services is a Christian non-profit organization focused on fulfilling the physical, spiritual, and emotional needs of the underserved through health centers and outreach programs.

- K. Provide counseling to minors on how to resist coercive attempts to engage in sexual activities.
- Provide assistance to clients with Limited English Proficiency (LEP) to prevent barriers to care.
- M. Maintain medical records in a systematic, complete and confidential manner. Signed informed consent forms must be on file for all treatments and procedures performed.
- N.. Develop and implement written referral procedures for all required services not provided on-site.
- O. Identify and maintain an Information and Education Advisory Committee in compliance with Federal and State Regulations.
- P. Determine a schedule of discounts and sliding fee scale for family planning services, pursuant to Federal Poverty Levels.
- Q. Make reasonable efforts to collect third party reimbursements.
- R. Meet all Title X Family Planning Minimum Program and Minimum Reporting Requirements.
- S. Clients must not be denied services because of the mability to pay.
- Title X providers must record the incidence of child sexual abuse, molestation, rape, or incest to the appropriate State authority in accordance with requirements imposed by State laws.

Burt Waller

Name of Authorized Agent

Signature of Authorized Agent

(FR	·
1. ISSUE DATE: 9/23/2010	
2. FTCA DEEMING NOTICE NO.:	-
1-F00000724-10-1	
3. COVERAGE PERIOD:	-
FROM: 1/1/2011 THROUGH: 12/31/2011	
4. NOTICE TYPE: Renewal	
5a. ENTITY NAME AND ADDRESS:	DEPARTMENT OF HEALTH AND
CHRIST COMMUNITY HEALTH SERVICES, INC.	HUMAN SERVICES HEALTH RESOURCES AND SERVICES
CENTAL AVENUE MEMPHIS, TN 38104-5905	ADMINISTRATION
	WALKE A
5b. DBA NAME:	NOTICE OF DEEMING ACTION
	FEDERAL TORT CLAIMS ACT AUTHORIZATION:
	Federally Supported Health Centers Assistance Act
6. ENTITY TYPE: Grantee	(FSHCAA), as amended, Sections 224(g)-(n) of the Public Health Service (PHS) Act, 42 U.S.C. § 233(g)-(n)
7. EXECUTIVE DIRECTOR:	
Burt Waller	
8a. GRANTEE ORGANIZATION:	
CHRIST COMMUNITY HEALTH SERVICES, INC.	
8b. GRANT NUMBER: H80CS00881	
9. THIS ACTION IS BASED ON THE INFORMATION SUE	MITTED TO, AND AS APPROVED BY HRSA, AS
REQUIRED UNDER 42 U.S.C. § 233(h) FOR THE ABOVE AND CONDITIONS INCORPORATED EITHER DIRECTLY	: TITLED ENTITY AND IS SUBJECT TO THE TERMS OR BY REFERENCE IN THE FOLLOWING:
a. The authorizing program legislation cited above.	
b. The program regulation cited above, and, c. HRSA's FTCA-related policies and procedures.	•
In the event there are conflicting or otherwise inconsistent	policies applicable to the program, the above order of
precedence shall prevail.	· -
Electronically signed by Cheryl Dammons, Deputy Asso 9/23/2010 5:35:29 PM	ociate Administrator for Primary Health Care on:

FTCA DEEMING NOTICE NO.: 1-F00000724-10-1

GRANT NUMBER: H80CS00881



CHRIST COMMUNITY HEALTH SERVICES, INC. CENTAL AVENUE MEMPHIS, TN 38104-5905

The Health Resources and Services Administration (HRSA), in accordance with the Federally Supported Health Centers Assistance Act (FSHCAA), as amended, Sections 224(g)-(n) of the Public Health Service (PHS) Act, 42 U.S.C. § 233(g)-(n), deems CHRIST COMMUNITY HEALTH SERVICES, INC. to be an employee of the PHS, for the purposes of section 224, effective 1/1/2011 through 12/31/2011.

Section 224(a) provides liability protection under the Federal Tort Claims Act (FTCA), 28 U.S.C. §§ 1346(b), 2672, or by alternative benefits provided by the United States where the availability of such benefits precludes a remedy under the FTCA, for damage for personal injury, including death, resulting from the performance of medical surgical, dental, or related functions by PHS employees white acting within the scope of such employment. This protection is exclusive of any other civil action or proceeding. Coverage extends to deemed entities and their (1) officers; (2) governing board members; (3) full- and part-time employees; and (4) contractors who are licensed or certified individual health care practitioners providing full-time services (i.e., on average at least 32½ hours per week for the entity for the period of the contract), or, if providing an average of less than 32½ hours per week of such service, is a licensed or certified provider in the fields of family practice, general internal medicine, general pediatrics, or obstetrics/gynecology. Volunteers are neither employees nor contractors and therefore are not eligible for FTCA coverage under FSHCAA.

In addition, FTCA coverage is comparable to an "occurrence" policy without a monetary cap. Therefore, any coverage limits that may be mandated by other organizations are met.

This action is based on the information provided in your FTCA deeming application, as required under 42 U.S.C. § 233(h), with regard to your entity's: (1) implementation of appropriate policies and procedures to reduce the risk of malpractice and litigation; (2) review and verification of professional credentials and privileges, references, claims history, fitness, professional review organization findings, and licensure status of health professionals; (3) cooperation with the Department of Justice (DOJ) in the defense of claims and actions to prevent claims in the future; and (4) cooperation with DOJ in providing information related to previous malpractice claims history.

Deemed health centers must continue to receive funding under Section 330 of the PHS Act, 42 U.S.C. § 254b, in order to maintain coverage as a deemed PHS employee. If the deemed entity loses its Section 330 funding, such coverage will end immediately upon termination of the grant. In addition to the relevant statutory and regulatory requirements, every deemed health center is expected to follow HRSA's FTCA-related policies and procedures, which may be found online at http://www.bphc.hrsa.gov.

For further information, please contact your HRSA Project Officer as listed on your Notice of Grant Award or the FTCA Help Line at 1-877-464-4772.



PROVIDER DIRECTORY CLINIC(S) SCHEDULE INFORMATION CCHS FAMILY PLANNING PROGRAM EXHIBIT 4

SITE NAME	CLINIC ADDRESS	SERVICE AREA	OFFICE HOURS	CLINIC HOURS	FAMILY PLANNING PATIENTS SERVED FY 2010	PROJECTED # OF FAMILY PLANNING PATIENTS FY 2012
Broad Avenue Health Center	2861 Broad Ave. Memphis TN 38112	13.00, 14.00, 15.00, 27.00, 28.00, 31.00, 66.00, 67.00, 68.00, 71.00 portions of 30, 70, 72 (includes portions of ZIP Codes 38104, 38111, 38112, 38114)	8 AM – 5 PM	8 AM – 5 PM	N/A	844
Phone	901-260-8450					
Email						
Fax	901-325-6469	建 九			139598 - 15975 - 15975	
Frayser Health Center	3124 North Thomas Memphis TN 38127	3.00, 4.00, 8.00, 9.80, 99.00, 100.00, 101.10, 101.20, 102.10, 102.20 (includes portions of zip codes 38127 and 38107)	8 AM – 5 PM	8 AM – 5 PM	N/A	338
Phone	901-260-8400					
Email						
Fax	901-260-8449					
Hickory Hill Health Center	5366 Mendenhall Road Memphis TN 38115	109.00, 217.21, 217.31, 217.32 (includes zip codes 38141, 38125, 38115)	8 AM – 5 PM	8 AM – 5 PM	N/A	338
Phone	901-271-6100					
Email						
Fax	901-271-6199					
Mobile Health Center	85 North Cleveland Memphis TN 38104	36.00, 39.00, 45.00	8 AM – 5 PM	8 AM - 5 PM	N/A	169
Phone	901-283-8233	eriji ka	e Standard de la companya de la compa	Section 1. A. Control 1.		
Email						
Fax	901-276-9700					



PROVIDER DIRECTORY CLINIC(S) SCHEDULE INFORMATION CCHS FAMILY PLANNING PROGRAM EXHIBIT 4

SITE NAME	CLINIC ADDRESS	SERVICE AREA	OFFICE HOURS	CLINIC HOURS	FAMILY PLANNING PATIENTS SERVED FY 2010	PROJECTED # OF FAMILY PLANNING PATIENTS FY 2012
Orange Mound Health Center	2569 Douglas Avenue Memphis TN 38114	65.00, 67.00, 68.00, 69.00, 70.00, 78.10, 78.20, 79.00, 80.00, 81.00, 81.20 (includes zip codes 38111 & 38114)	8 AM – 6 PM	8 AM – 5 PM	N/A	338
Phone	901-271-6200					
Email						
Fax	901-271-6249					A CONTRACTOR OF THE PROPERTY O
Third Street Health Center	3362 Third Street Memphis TN 38109	78.20, 104.10, 220.10, 220.22, 222.20, 223.10, 223.20, 223.30 (includes portions of zip 38109 & 38106)	8 AM – 6 PM	8 AM – 5 PM	N/A	844
Phone	901-271-6300	in the second se	·	Jehn Hilliam		
Email						
Fax	901-271-6399					
University Family Medicine Center	1211 Union Avenue Ste. 200 Memphis TN 38104	(Includes zip codes 38104, 38108, 38111)	8 AM –6 PM (M-F) 8 AM – 12 PM (S)	8 AM – 5 PM; (M-F) 8 AM – 11AM (S)	N/A	506
Phone	901-271-0330	The second of th		·	· • · · · · · · · · · · · · · · · · · ·	roma:
Email						
Fax	901-271-0339		The server			



Christ Community

SERVICES PROVIDED CCHS FAMILY PLANNING PROGRAM EXHIBIT 5

SERVICES	Broad	Frayser	Hickory Hill	Mobile Van	Orange Mound	Third	University
A. Client Education and Counseling	1	1	1	1	11	1	1
Informed Consent	1	1	1	1	1	1	1
B. History	1	1	1	1	1	1	1
Physical Assessment	1	1	1	1	1	1	1
2. Lab Testing	1	1	1	1	1	1	1
C. Fertility Regulation (Methods)	1	1	1	1	1	1	1
Diaphragm/Cervical cap	1	1	1	1	1	1	1
2. Condom	1	1	1	1	1	1	1
Female condom	1	1	1	1	1	1	1
4. Spermicide	1	1	1	1	1	1	1
5. IUD	1	1	1	1	1	1	1
6. Oral Contraceptives	1	1 .	1	1	1	1	1
7. Hormonal Implants	1	1	1	1	1	1	1
Hormonal Injections (Progestin only, combined)	1	1	1	1	1	1	1
9. Vaginal Ring	1	1	1	1	1	1	1
10. Hormonal Patch	1	1	11	1	1	1	1
11. Emergency Contraception	1	1	1	1	1	1	1
12. Fertility Awareness methods	1	1	1	1	1	1	1
13. Sterilization (Female)	2	2	11	2	1	2	1
14. Sterilization (Male)	4	4	4	4	4	4	4
D. Level I Infertility Services	1	2	. 1	2	1	2	1
E. Pregnancy Diagnosis/Counseling	1 1	1	1	1	1	1	1
F. Sexually Transmitted Disease Testing (Specify)	1	1	1	1	1	1	1
G. Sexually Transmitted Disease Treatment	1	1	1	1	1	1	1
H. HIV Service (Describe)	1	1	1	2	1	1	. 1
I. Minor GYN Problem	1	1	1	1	1	1	1
J. Health Promotional/Disease Prevention	1	1	1	1	1	1	1
K. Special GYN Procedures	1	1	1	2	1	1	1
L. Other Services (List below)	1	1	1	1	11	1	1
			· · · · · · · · · · ·				·

See Instructions for definitions:

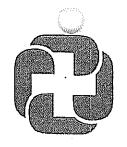
1 = Direct service, on-site

2 = Direct service, off-site

3 = Paid referral

4 = Provided by or paid by central

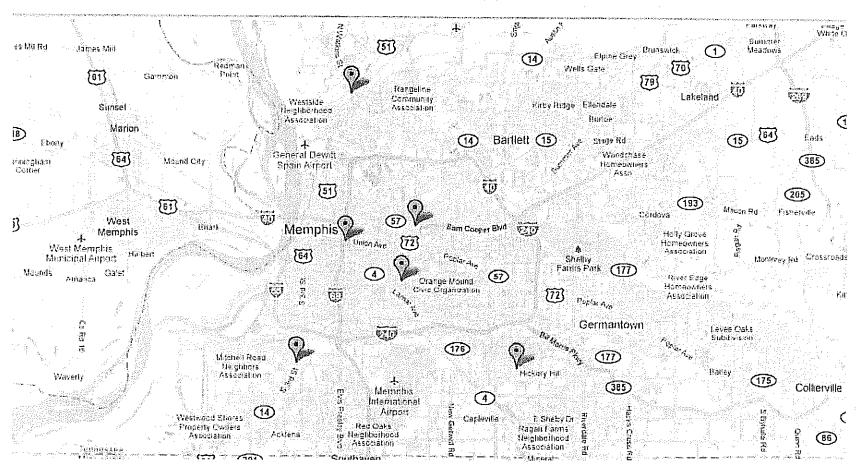
5 = Not provided (provide an explanation of any column 5 service checked)



Christ Community

HEALTH SERVICES

CCHS Service Locations





Christ Community
HEALTH SERVICES
Family Planning Program Integration

HIV/AIDS Services

Clinical Services Outreach Services

Training in HIV/AIDS

Education

Saler Sex Education to Youth

HIV/Ryan White Case
Management Program (for speciality patients)

FP Enrollment Client Services > Initial/Annual Visits > Rewsits (Return & Medical) > Supply Visits > Pregnancy Test > Education/Counseling > Contraceptive Methods > Follow-Up/Referral > Case Management

Prenatal Care/GYN Services

- > Specialty GYN Care
 > Infertility Services (Level I & II)
- > Permanent Sterilization

Community Based FP Program > Promotion Activities > Community Based Education > Abstinence Education > Family Planning Education > Prenatal Care Education

- Prenatal Care Education
 STDS/AIDS Education



August 10, 2011

Mrs. Shantelle Leatherwood Christ Community Health Services 2595 Central Avenue Memphis, TN 38104

Dear Shantelle,

Thank you so much for your invitation to serve with other members of our community on the Institutional and Educational Advisory Committee. As I've shared with you in the past, I've invested many years to addressing the issues facing women and their reproductive health issues. This new opportunity to prioritize, with a concerted effort, the needs of young women is something I look forward to joining. Below, I've listed the education and experience I bring to this table and hope that my involvement will move the process along to improve the condition of women in our community.

Education: Masters of Counseling, Liberty University
Experience: My professional experience began in 1999, when I joined the staff of Life
Choices of Memphis as a Client Advocate, working with young women who found
themselves in the precarious position of an unintended pregnancy. It is the strong policy of
Life Choices to help women understand the value of their sexual integrity and the value of
their own lives as they make decisions for their futures. It is a consistent responsibility of
each counselor to advise our young clients of pre-natal development, abortion techniques
and consequences, as well as a variety of birth control methods and their success rates.
Since 2005, I have served as Chief Executive Officer of Life Choices of Memphis, supervising
both staff and volunteers in our free and confidential services to women in the Memphis
community.

Shantelle, if there is anything else you need, please let me know. Thank you for your commitment to young women and the positive outlook you offer these women in today's culture.

Sincerely,

Sue Parker CEO Mrs. Shantelle Leatherwood Christ Community Health Services 2595 Central Avenue Memphis, TN. 38104

Dear Shantelle,

Thanks for the invitation to serve on the Institutional and Educational Advisory Committee. Since 1979, during my years working as a Registered Nurse at The Med in Labor and Delivery, I have loved issues dealing with women and reproductive matters. The reproductive needs of young women are still very complex and I look forward to the opportunity to address these issues. I would love to help work through the physical, mental, social and psychological forces hindering the improvement of young women in our community. Below, I have listed my education and experience.

Education: Bachelor's of Science Nursing, University of Tennessee, B.S. Microbiology, University of Memphis

Experience: Having been a teenage mother, I come with a plethora of understanding regarding some of these complex issues facing young women and the poor choices they make. I worked in Labor and Delivery from 1979 - 1991. I served as counselor to young girls at Airways Jr. High for two years. I met with the young girls weekly to discuss abstinence and sexual integrity as well as answer numerous questions regarding birth control and personal hygiene. I also mentor women in my community one on one in my home to help them understand the value and beauty of purity.

Shantelle, thank you for your unyielding commitment to the young women in our community. Please let me know if there is anything else you need.

Most sincerely,

Jacqueline Wallace



785 Jackson Ave. Memphis, TN 38107

Office: 901-881-6013 Fax: 901-881-6025 Website: www.ncclife.org Email: ncc@ncclife.org

> Ephie Johnson President/CEO

Jack Ouinlan **Chief Operating** Officer

James Witherington, Jr. **Board Chair**

ard of Directors

Ann Barton Lee Burns Michael Cross Frank Dyer, III Beth Flanagan Fred Flinn Lee Gibson Martin Jones Montgomery Martin Dan McEwan Joe Morrison Bryan Nearn Roseann Painter

John Pellicciotti Scott Stafford William Watkins, III Billie Anne Williams

August 10, 2011

Christ Community Health Services 2595 Central Ave. Memphis, TN 38104

Christ Community Health Services:

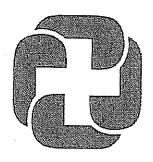
Thank you for your invitation to serve on your Education & Information Review Committee.

The Neighborhood Christian Centers, Inc. (NCC) is a community organization that lives and proclaims the Gospel of Jesus Christ by addressing both practical and spiritual needs. Our mission is to build stronger families and neighborhoods by providing compassionate, Christ-centered ministries to our neighbors in need and we are driven by our vision of changing generations...one life at a time.

We are committed to affirming the life of every person we come in contact with, including that of an unborn child. It is our aim to combat, reduce and eliminate abortion by encouraging parents to choose life for their unborn child. We also encourage the unmarried to practice a life-style of abstinence until they choose to marry. Beginning with our Operation Smart Child early childhood brain development program to our LoveBuilders Marriage and Family programs, it is our privilege to offer support to more than 70,000 individuals each year.

Thank you for this opportunity and we look forward to the work that is ahead.

Ephie Johnson President/CEO



COMMUNITY HEALTH SERVICES

APPENDIX III COST & FEES



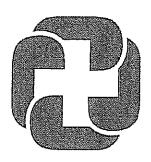
Title X Family Planning Budget

CCHS is anticipating to serve 3,375 patients which will produce an anticipated 10,375 visits over a 9 month period

(a) Visit Types	(b) Allo	wed Fee	(c) Budgeted Visits	(bxc) Total Budgeted Reimbursement
Comprehensive Annual Visit	\$	165	3,375	
Medical Visit	\$	94	3,175	\$ 298,450
Supply Visit	\$	63	1,350	\$ 85,050
Pregnancy Test	\$	43	2,030	\$ 87,290
IUD Insertion	\$	338	40	\$ 13,520
Implant Insertion	\$	507	5	\$ 2,534
Other	\$	38	400	\$ 15,200
			10,375	\$ 1,058,919



Patient Payment % of Poverty (FPL) Family Size	0% 0%-100%		20% 101%-125%		40% 126%-150%		60% 151%-175%		80% 176%-200%		90% 201%-250%		100% 205%+
		ly Income		y Income		Income	Monthly	Income	Monthly	Income	Monthly		Monthly Incon
	\$ -	\$ 908		\$ 1,134								100000000000000000000000000000000000000	A STATE OF THE PARTY OF THE PAR
	\$ -	\$ 1,226	\$ 1,227	\$ 1,532	\$ 1,533						······································		
	\$ -	\$ 1,544	\$ 1,545		\$ 1,931						7.		
4	\$ -	\$ 1,863	\$ 1,864		\$ 2,329								
5	\$ -	\$ 2,181	\$ 2,182										
6		\$ 2,499		\$ 3,124	\$ 3,125								
/	\$ -	\$ 2,818		\$ 3,522	\$ 3,523								
8	<u> </u>	\$ 3,136	\$ 3,137	\$ 3,920	\$ 3,921								
9	<u> </u>	\$ 3,454		\$ 4,318									,
10		\$ 3,773	\$ 3,774	\$ 4,716	\$ 4,717								
ımily Size	Annua	l Income	Annual	Income	Annual	Income	Annual I	ncome	Annual I	icome	Annual	ncome	Annual Incom
1													Amilaan maam
2		ļ									······································		
3													
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9													
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Christ Community

HEALTH SERVICES

APPENDIX IV REFERENCES

Shelby County Government Head Start & Early Head Start



Head Start Centers

Cottonwood

August 8, 2011

Covington Pike

Delano

Dunbar

Burt Waller

Gaston

Christ Community Health Services

2595 Central Avenue

Georgian Hills

Memphis, TN 38104

Graceland

Dear Mr. Waller,

Hanley

Hillview

Hollywood

Levi Elementary Martin Luther King

Mitchell

Ridgeway

Riverview

Ross

Sheffield

St. William

Whitehaven

Early Head Start Centers

Blooming Scholars

Renaissance

Southwest TN Community College

Other Sites include Memphis City Schools Pre-K Wrap-Around Sites, Community Partners, Delegates and Contractors

Please accept this letter of support and reference for CCHS. Shelby County Head Start/Early Head Start has been contracting with CCHS for the last three (3) years to provide the children and families enrolled in Shelby County Head Start/Early Head Start with dental services to include both preventative and restorative dental needs. Because of their multiple locations around the county, CCHS has become the "dental home" for many of the children, and their families, enrolled in Shelby County Head Start/Early Head Start. The staff of CCHS continue to work closely with the staff SCHS/EHS in meeting the oral health care needs of our children and their families. We at SCHS/EHS hope to continue this excellent partnership going forward.

Rachel Hennings Health Manager

Shelby County Head Start/Early Head Start

1991 Corporate Avenue

Suite 600

Memphis, TN 38132

901-922-0727

Beider Children. Beider Femilies.

August 10, 2011

Burt Waller Christ Community Health Services 2595 Central Avenue Memphis, TN 38104

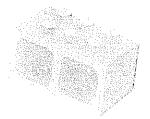
Dear Mr. Waller,

Please accept this letter of support on behalf of Christ Community Health Services (CCHS). Porter-Leath Head Start and Early Head Start programs has been contracting with CCHS since 2009 to provide preventative and restorative dental services to children ages 6 wks.- 5 as outlined in the Head Start Performance Standards. In addition to the dental services provided, the Dental Director has served as a member of our agencies Health Advisory Committee and has conducted many educational sessions to our parents, children and staff to ensure that the community has an understanding of the importance of dental care and treatment. Based on the services offered to families served at Porter-Leath, CCHS has become the "dental home" for many of the children and families enrolled in the Head Start and Early Head Start programs. The staff of CCHS continues to work closely with the staff of Porter-Leath in meeting the oral health care needs of our children and their families. This partnership has been invaluable and we hope to continue this service which meets the needs of so many, going forward. If you have questions regarding our partnership with CCHS, please feel free to contact me at: (901) 577-2500 ext. 1150.

Sincerely,

Karen Y. Harréll, MSSW

Vice President of Early Childhood Services





Shelby County Government

August 11, 2011

To Whom It May Concern:

This letter serves as a reference that Christ Community Health Services has been a subcontractor for Shelby County Government since 2007 in the delivery of Ryan White Part A and Minority AIDS Initiative services. The staff continues to work collaboratively with our office to ensure that more than 500 clients receive high quality medical and supportive services annually. If any additional information is needed, please free to contact me by phone at 379-7512 or by email at Dorcas.Young@shelbycountytn.gov.

Shacerely,

Dorcas Young

Ryan White HIV Program Manager