Free Clinics of Michigan 12th Annual Meeting
August 21, 2020    Friday  9 – 10:30 am

https://us02web.zoom.us/j/86039707949

Strengthening the Voice of Michigan’s Free Clinics
Strengthening Our State Organization

Agenda

9:00 – 9:25  Welcome and Housekeeping
            Gentle Reminder...meeting packet where you can access it?

            ZOOM tutorial – Jody Buttery

            Agenda  Requires a vote  in packet

            Minutes of 5/10/19 Annual Meeting minutes. Requires a vote in packet

            Treasurer’s Report  Karen Kaashoek  Requires a vote in packet

            Board of Directors and Board Officers Election
            FCOM members elect Board Members
            a. Appointee selected by the Board after the last Annual Meeting:
               Jeff Compagner
               Current members agreeing to another term:
               Christine Plummer, Justin Brox  Current board member list in packet
               Brad Garrison and Swarn Rajpal both have terms ending and are both are coming off the Board.

            b. Nominations for at least 2 board member positions  Requires a vote
               Jeff Compagner
               Cindy Watkins
               Mary Jo Byrne  Board applications are in your packet
               Board member responsibilities in packet

            c. Officers election  Responsibilities in packet  Requires a vote
               The Board elects officers
               President – Ann has agreed to stay on as President
               Vice President
               Secretary
               Treasurer
By-Law Additions — Requires a vote in packet

- Conflict of Interest  NEW Article X
- Membership Criteria  Revised Article III  3.03 – Organization
- NEW Section 3.06 – Quorum
- Board of Directors  Revised Article IV 4.10 – Telephonic Attendance
- Revised Article IV 4.11 – Quorum

Recognition - Christine Plummer

Karen Kaashoek, Joyce Hardy – FCOM founders and continuous members since inception
Roberta Beck, Brad Garrison, Swarn Rajpal, Bob Montgomery, Bill Paxton,
Service as FCOM Board of Directors
Karen Kaashoek, Justin Brox, Christine Plummer – NAFC Road to Health Equity committee
Karen Kaashoek, Ann Heler — BCBSM 2020 Safety Net Conference team

Annual Report - Ann Heler, Board President Requires a vote in packet

Presentations

9:25 – 9:45  FCOM Data Survey Results - Jeff Compagner
Including the updated FCOM Infographic

9:45 – 10:10  Updates from the BCBSM Foundation and MI Health Care Endowment Fund
Myra Tettah  BCBSM Foundation
Becky Cienke  MI Health Care Endowment Fund

FCOM Development

10:10 – 10:30  

a. NAFC valuation plan discussion in packet
Should FCOM create a committee on how best to standardize a statewide valuation methodology?
Would you be interested in serving on the committee?

b. Developing a quality standards document discussion in packet
Should FCOM create a committee to present QA options to the membership?
Would you be interested in serving on the committee?

Closure

SAVE THE DATE

a. Update on HHS, legislative issues and ACA/Healthy Michigan
September 15, Tuesday, 9:30 – 10:30 am  ZOOM log in info to be sent to you

Keep doing the good work you do..........................lives depend upon it.

Thank you for attending our 12th Annual Meeting!
Packet (13)  
           Agenda  
           5/10/19 Annual Meeting minutes  
           Treasurer's Report  
           Current Board Member list  
           Board Member and Officer Responsibilities  
           2 Board Applications  
           Conflict of Interest By-Law draft  
           Organization/Membership Criteria By-Law draft  
           Board of Directors By-Law draft  
           Annual Report  
           NAFC Valuation explanation  
           NAFC Quality Standards explanation  

Separate Attachments (5)  
           NAFC Quality Standards document  
           Proxy vote form  
           FCOM By-Laws  
           Strategic Plan  
           Clinics Roster
Board of Directors
Minutes
May 10, 2019
Meeting following adjournment of FCOM Annual Meeting/Conference

Present: Ann Heler, President FCOM, FernCare Free Clinic
Karen Kaashoek, Treasurer, FCOM, Catherine’s Health Center
Christine Plummer, Member at Large FCOM, Cith on a Hill Health Clinic
Joyce Hardy, Member at Large FCOM, Helen M. Nickless Volunteer Clinic
Jody Buttery, Member at Large FCOM, Love in Action Free Health and Dental Clinic
Swarn Rajpal, Member at Large FCOM, MAPI Clinic
Bill Paxton, Member at Large FCOM, Exalta Health
Justin Brox, Member at Large FCOM Burnstein Community Health Center
Carolyn Barr, Administrative Assistant FCOM, FernCare Free Clinic

The FCOM Board of Directors met for a debrief following the conference. Justin Brox started by complimenting Bill Paxton on his presentation from which came a lot of good ideas. Karen Kaashoek said many of the ideas reflected what the Board has already done. Bill Paxton will incorporate all of the ideas and circulate them in a document with two to three weeks. Justin Brox asked that the raw data be included also. It was noted that it would be interesting to have BC/BS data to compare with that of FCOM.

It was agreed that there would be a Board conference call in the middle of June for a thorough conference debriefing. An exact time and date will be sent later. (Since the debrief, the call has been scheduled for June 12)

The meeting was adjourned at 3:50 p.m. by Ann Heler.

Absent: Robert Montgomery, Member at Large, FCOM, Presbyterian Health Clinic of Branch County

Minutes by Carolyn Barr

Additional note since the meeting: Jeff Compagner from Holland Free Clinic has volunteered to update the website, work in marketing, work with Carolyn in making the membership list accessible and current. I have invited him to be part of the June 12 Conference call.
# Free Clinics of Michigan
## Profit & Loss
### January through December 2019

<table>
<thead>
<tr>
<th>Ordinary Income/Expense</th>
<th>Jan - Dec 19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
</tr>
<tr>
<td>4100 · Memberships</td>
<td>545.00</td>
</tr>
<tr>
<td>4500 · Misc Income</td>
<td>630.00</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>1,175.00</td>
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<tr>
<td><strong>Expense</strong></td>
<td></td>
</tr>
<tr>
<td>6000 · Program &amp; event expense</td>
<td>762.61</td>
</tr>
<tr>
<td>6160 · Dues, Subscriptions &amp; Membershi</td>
<td>240.00</td>
</tr>
<tr>
<td>6180 · Insurance</td>
<td>563.00</td>
</tr>
<tr>
<td>6230 · Licenses and Permits</td>
<td>20.00</td>
</tr>
<tr>
<td>6250 · Postage and Delivery</td>
<td>3.85</td>
</tr>
<tr>
<td>6310 · Outside Services</td>
<td>148.00</td>
</tr>
<tr>
<td>6360 · Board Meeting Expense</td>
<td>394.00</td>
</tr>
<tr>
<td><strong>Total Expense</strong></td>
<td>2,131.46</td>
</tr>
<tr>
<td><strong>Net Ordinary Income</strong></td>
<td>-956.46</td>
</tr>
<tr>
<td><strong>Net Income</strong></td>
<td>-956.46</td>
</tr>
</tbody>
</table>

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# Free Clinics of Michigan
## Profit & Loss
### January through July 2020

<table>
<thead>
<tr>
<th>Ordinary Income/Expense</th>
<th>Jan - Jul 20</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
</tr>
<tr>
<td>4100 · Memberships</td>
<td>1,700.00</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>1,700.00</td>
</tr>
<tr>
<td><strong>Expense</strong></td>
<td></td>
</tr>
<tr>
<td>6164 · Computer and Internet</td>
<td>180.00</td>
</tr>
<tr>
<td><strong>Total Expense</strong></td>
<td>180.00</td>
</tr>
<tr>
<td><strong>Net Ordinary Income</strong></td>
<td>1,520.00</td>
</tr>
<tr>
<td><strong>Net Income</strong></td>
<td>1,520.00</td>
</tr>
</tbody>
</table>
### Free Clinics of Michigan
**Balance Sheet**
*As of December 31, 2019*

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>Dec 31, 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Assets</td>
<td></td>
</tr>
<tr>
<td>Checking/Savings</td>
<td></td>
</tr>
<tr>
<td>1010 · Mercantile Checking 5661</td>
<td>23,056.12</td>
</tr>
<tr>
<td>Total Checking/Savings</td>
<td>23,056.12</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>23,056.12</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>23,056.12</strong></td>
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</tbody>
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<table>
<thead>
<tr>
<th>LIABILITIES &amp; EQUITY</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>Equity</td>
<td></td>
</tr>
<tr>
<td>1110 · Retained Earnings</td>
<td>24,012.58</td>
</tr>
<tr>
<td>Net Income</td>
<td>-956.46</td>
</tr>
<tr>
<td>Total Equity</td>
<td>23,056.12</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES &amp; EQUITY</strong></td>
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</tr>
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### Free Clinics of Michigan
**Balance Sheet**
*As of July 31, 2020*

<table>
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<th>Jul 31, 20</th>
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<tbody>
<tr>
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<tr>
<td>Total Equity</td>
<td>24,576.12</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES &amp; EQUITY</strong></td>
<td><strong>24,576.12</strong></td>
</tr>
</tbody>
</table>
Free Clinics of Michigan  
Budget versus Actual January-June 2020

<table>
<thead>
<tr>
<th></th>
<th>Projected for 2020</th>
<th>Actual YTD 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free clinics dues</td>
<td>$3,000.00</td>
<td>$1,700</td>
</tr>
<tr>
<td>Estimated @ $100/year x 30 clinics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>misc. income (receipts from annual meeting)</td>
<td>$450.00</td>
<td>$450.00</td>
</tr>
<tr>
<td>Grant/gifts</td>
<td>$1,000.00</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL INCOME</strong></td>
<td>$4,450.00</td>
<td>$1,700</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td>$4,720.00</td>
<td>$180</td>
</tr>
<tr>
<td>NAFCC membership</td>
<td>$270.00</td>
<td></td>
</tr>
<tr>
<td>D&amp;O insurance</td>
<td>$800.00</td>
<td></td>
</tr>
<tr>
<td>Bookeeper</td>
<td>$200.00</td>
<td></td>
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<tr>
<td>Meetings</td>
<td>$1,500.00</td>
<td></td>
</tr>
<tr>
<td>Communications/Technology/office</td>
<td>$1,600.00</td>
<td>$180</td>
</tr>
<tr>
<td>vol. appreciation</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td>travel</td>
<td>$250.00</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>$4,720.00</td>
<td>$180</td>
</tr>
<tr>
<td><strong>NET INCOME</strong></td>
<td>-$270.00</td>
<td>$1,520</td>
</tr>
</tbody>
</table>
Board Officers
President

Ann Heler (6/1/19 to 5/31/22)
Catherine's Health Center
1211 Lafayette Ave. NE
Grand Rapids, MI 48305
313-520-2657 cell Ann
aheler6468@gmail.com

Vice President position OPEN

Treasurer

Karen Kaashoek (6/1/19 to 5/31/22)
Catherine’s Health Center
1211 Lafayette Ave. NE
Grand Rapids MI 49305
616-336-8800 phone
616-336-9700 fax
616-648-9474 cell
kkaashoek@catherineshc.org

Administrative Staff

Carolyn Barr
FernCare Free Clinic, Inc.
751 E. Nine Mile Road - Suite 2
Ferndale MI 48220
248-677-2273
248-291-6731 fax
cbarr240@comcast.net

Members

Rev. Brad Garrison (6/1/19 to 5/31/20)
Luke Project 52 Clinic
7354 Whitaker
Detroit MI 48209
313-789-7762
bgarrison@reagan.com

Christine Plummer (6/1/18 to 5/31/20)
City on a Hill Health Clinic
100 S. Pine St. Suite 140
Zeeland MI 49464
616-748-6009
hc.christine@coahm.org

Members

Swarn Rajpal (1/1/18 to 5/31/20)
MAPI Clinic
28235 Southfield Road
Lathrup Village MI 48076
248-327-6748 phone
248-996-9354 fax
swarnrajpalse@gmail.com

Joyce Hardy (6/1/19 to 5/31/22)
Helen M. Nickless Volunteer Clinic
1460 W. Center Road
Suite #1 Medical Mall
Essexville MI 48732
989-895-4835 fax
989-529-4243 cell
kandjhardy@prodigy.net

Jeff Compagner
board appointed through
5/31/21 replacing Bill Paxton
Holland Free Health Clinic
99 W. 26th St.
Holland, MI 49423
616-403-7117 cell
616-392-3610 clinic
jcompagner@hfthclinic.org

Justin Brox (1/1/18 to 5/31/20)
Dr. Gary Burnstein Community Health Clinic
45580 Woodward Ave.
Pontiac MI 48341
248-309-3795 x 224
jbrox@qbcctc.org

Jody Buttery (6/1/19 to 5/31/22)
Love in Action Free Health and Dental Clinic
326 N. Ferry
Grand Haven MI 49417
616-846-2701
jody@loveinactiontricities.org
Responsibilities of members of the Board of Directors

1. Board members are elected by the membership at the Annual Meeting but can be appointed by the Board of Directors to finish out a term of a member who leaves the board during his/her term.

2. Term of office is 3 years. The term begins on the first day following the Annual Meeting. For this year (2020) we will use our standard June 1 through June 30 year (6/1/20-5/31/23).

3. The Board usually meets four/five times per year: January, a month ahead of the Annual Meeting, a week after the Annual Meeting (de-brief the conference), September (in the past, this has been held immediately following the BCBSM Safety Net Conference in Lansing) and November. The only in-person meetings have been in Lansing, the rest by Conference Call.

4. Board members are expected to attend the meetings and take an active part in accomplishing the goals of the Strategic Plan.

Responsibilities of Board of Director Officers

1. Officers are elected by the membership at the Annual Meeting.

2. Members eligible for an Officer position: (5.09 Article V Eligible Members)
   
   Individuals eligible to sit on the Board of Directors include
   a. executive directors of free clinics in Michigan
   b. someone who has similar responsibilities and decision making authority for a free clinics
   c. someone who has previously been in such a position
   d. someone who has extensive knowledge or expertise in the field of free clinics

3. President
   a. Principal executive officer of the Corporation
   b. Supervises and bears responsibility for all of the business of the Corporation
   c. Presides over the membership and Board of Directors meetings and at least one statewide meeting (titled Annual Meeting)
   d. Is the liaison to the National Association of Free and Charitable Clinics

   e. Vice President
      a. Fills in for the President as needed
      b. Is the Chair-Elect and ordinarily will succeed the President when the President’s term is completed but is not required to serve as President
f. **Secretary**  (Carolyn Barr as Administrative Assistant has filled this position)
   a. Keeps records of members
   b. Sends out all correspondence to members
   c. Keep minutes of all meeting
   d. Other duties as needed

g. **Treasurer**
   a. Maintains all accounts including collecting dues and other funds
   b. Maintains an accurate count of member clinics
   c. Provides for an audit if deemed necessary
   d. Prepares an Annual Budget for Board review to be voted on at the Annual Meeting
   e. Files all of the state and federal 501(c) 3 required documents
Free Clinics of Michigan (FCOM)
Board of Directors Application

Please complete the following and provide additional pages as needed.
Email completed application to Ann Heller at aheler6468@gmail.com

<table>
<thead>
<tr>
<th>Name: Mary Jo Byrne</th>
<th>Email: <a href="mailto:mjbyrne@fountain-clinic.org">mjbyrne@fountain-clinic.org</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer: Fountain Clinic</td>
<td>Title: Executive Director</td>
</tr>
<tr>
<td>Work Phone: 2697890410</td>
<td>Cell Phone: 2697196023</td>
</tr>
<tr>
<td>Work Address: 111 N. Jefferson</td>
<td>City/State/Zip: Marshall, Michigan 49068</td>
</tr>
</tbody>
</table>

What skills and knowledge are you willing to bring to the board? Please indicate your experience in the following areas:

<table>
<thead>
<tr>
<th>Area</th>
<th>Very Experienced</th>
<th>Some Experience</th>
<th>Little or No Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic Planning:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Events - Planning &amp; Implementation:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Development (recruitment, training, evaluation):</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizational Development:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Management (budgeting, accounting):</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Marketing, Public &amp; Media Relations, Public Speaking:</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Graphic Design, Website Design:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information Technology:</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Grant Writing, other Fundraising:</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

List other relevant skills or knowledge which will benefit FCOM:
I have been the Director for the Fountain Clinic for almost 13 years. I was one of the founding members of the Clinic 28 years ago and prior to becoming Director, I was the Board Vice President. I feel my 28 year history with the Free Clinics will be an asset to the organization due to my historical knowledge and my hands on experience running a Clinic.

For the items you checked as “very experienced” or “some experience”, please provide background:
Because I have been Director of a free clinic I have been responsible for at least 4 successful fundraisers/year. These fundraisers net $60,000/year. I also write grants every year which total about $75,000/year. I regularly give presentations to service groups and organizations in our community. Besides our medical clinic I put together a successful dental program for low income uninsured folks under 60 years old in partnership with 10 local dentists.

Summarize your interest in being more involved with FCOM:
Since I am coming to the end of my career, I would like to share the successes and problems I have experienced as a Director to help new directors in their efforts to keep their clinics alive and functioning.

Please provide a short bio of yourself we may use for introduction purposes (on website, etc.): I am a graduate of Aquinas College in Grand Rapids, Mi with a degree in sociology. I have worked for the Michigan Dept. Of Human Services, Big Brothers and Big Sisters as a social worker. I was head of social

For Internal Use Only:
| Term: | Committee: | Other Details: |
work at Oaklawn Hospital for 19 years and for the last 13 years have been Director of the Fountain Clinic.
I presently serve as Chair of the Calhoun County Board Of Health.

I hereby verify that all information on this form is true and correct to the best of my knowledge.

Your
Signature: [Signature]
Date: Aug 16, 2020
Free Clinics of Michigan (FCOM)
Board of Directors Application

Please complete the following and provide additional pages as needed.
Email completed application to Ann Heler at ahello6468@gmail.com

<table>
<thead>
<tr>
<th>Name:</th>
<th>Cynthia Waktins</th>
<th>Email: <a href="mailto:cwatkins2@mhc.net">cwatkins2@mhc.net</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer:</td>
<td>Munson/PHO-Stehouwer Free Clinic</td>
<td>Title: Office Coordinator</td>
</tr>
<tr>
<td>Work Phone:</td>
<td>231-876-6152</td>
<td>Cell Phone: 231-633-9326</td>
</tr>
<tr>
<td>Work Address:</td>
<td>803 Lynn Street</td>
<td>City/State/Zip: Cadillac, Michigan 49601</td>
</tr>
</tbody>
</table>

What skills and knowledge are you willing to bring to the board?
Please indicate your experience in the following areas:

<table>
<thead>
<tr>
<th>Skill Area</th>
<th>Very Experienced</th>
<th>Some Experience</th>
<th>Little or No Experience</th>
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<td></td>
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List other relevant skills or knowledge which will benefit FCOM:

For the items you checked as “very experienced” or “some experience”, please provide background:
I have worked in Management positions in large and small medical practices over the past 30+ years, I have implemented EMRs into practices working as a team with all levels of staff. Worked closely with Project Managers during new building construction with practices. Working in the medical field, I worked with practice budgets and well as overseeing the medical insurance billing departments and strategically working with staff to develop processes to help them stay current on their billing. Board Development was related to working as a volunteer director for a youth soccer program for 17+ years and recruiting board members and developing their skills to replace me, as well as helping them with planning special events, fundraising for the programs. This past year and a half, I have learned many things about grant writing and have been granted funding for several that I have completed.

Summarize your interest in being more involved with FCOM:
My interest in being more involved is I want to learn more. We have a void to fill with the services we provide as free clinics. Every day I find people who do not know we exist and I want to help get the word out of the great things we can do for people who just fall between the cracks of qualifying for other medical assistance. I am seeing more people needing our services during this time of COVID19 and we need find a way to find them and assist them with the services we can provide.

For Internal Use Only:
Term: |
Committee: |
Other Details: |
Please provide a short bio of yourself we may use for introduction purposes (on website, etc.):
I have been working in the for profit medical arena for 30+ years. My first degree was a Medical Assistant specializing in the Insurance area. I went back to school in my 40’s to obtain my Bachelor’s degree in Business, being the breadwinner of the household I did that while working full time. I thought I wanted to be in management that was only out of need as I learned later. I have a husband, two sons with two children each now and two lovely daughter in laws. I love every minute I get with those grandchildren, making up for lost time with my boys.

Working at the Free Clinic has been the most rewarding career move I could have made. I go home every day feeling I really have made a difference in people’s lives, it is different than in the for profit world.

I hereby verify that all information on this form is true and correct to the best of my knowledge.

Your            Cynthia Watkins            8/5/2020
Signature: _______________________________ Date: ____________________
A conflict of interest exists when a reasonable person might question whether the personal interests of an employee, volunteer or Board member could influence, or give the appearance influencing the employee’s, volunteer’s or Board member’s ability to make impartial decisions focused exclusively on the best interests of Free Clinics of Michigan (FCOM).

A personal interest is one in which a staff member, volunteer or Board member has a personal investment or involvement, from which a person on entity other than FCOM could receive some benefit. Personal interests can be financial or nonfinancial, direct or indirect. Employees, volunteers and Board members have a fiduciary obligation to act in the best interest of the FCOM. At all times, employees, volunteers and Board members are prohibited from using their job title or the organization’s name or property, for private profit or benefit.

The employees, volunteers and Board members of FCOM should neither solicit nor accept gratuities, favors or anything of monetary value from contractors/vendors. This is not intended to preclude bona-fide FCOM fund raising activities.

No employee, volunteer or Board member of FCOM shall participate in the selection, award or administration of a purchase or contract with a vendor where, to his/her knowledge, any of the following has a financial interest in that purchase or contract:

1. The employee, volunteer, Board member
2. Any member of the employee’s, volunteer’s or Board member’s family
3. The employee’s, volunteer’s, or Board member’s life partner
4. An organization with whom any of the above individuals is negotiating, or has an arrangement concerning prospective employment.

The Board commits itself and its members to ethical, professional, and lawful conduct, including proper use of authority and appropriate decorum when acting as Board members.

Accordingly

1. Board members must demonstrate loyalty to the interests of FCOM, unconflicted by loyalties to employees, volunteers, other organizations, or any personal interests.
2. Board members are accountable for discharging their duties honestly and in good faith. Board members shall exercise the degree of care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances.
3. Board members must avoid conflict of interest with respect to their fiduciary responsibility to FCOM.
   a. There must be no self-dealing or any conduct of private business or personal services between any Board member and FCOM or between an immediate
family member of a Board member and FCOM, except as procedurally controlled to assure openness, competitive opportunity, and equal access to inside information.

b. When the Board is to decide upon a transaction, arrangement or issue about which a member has a conflict of interest, that member shall disclose the conflict to the Board and all relevant and material facts and absent herself or himself without comment from not only the vote but also from the deliberation. By majority vote of the Board, the requirement to recuse from discussion may be waived.

c. If there is a question as to whether a conflict exists, the interested person shall leave the Board or Board Committee meeting, and the remaining disinterested Directors shall determine whether a conflict of interest exists.

d. Board members will, at the time of election and annually thereafter, complete a written form confirming that they have read and commit to abide by the Bylaws and all current Governing Policies of the Board, and disclose the nature of their involvement with other organizations, vendors or any associations that might be, or reasonably be seen as creating a conflict of interest.

e. Board members must not use their Board positions to obtain staff employment for themselves, family members or close associates. A Board member may not apply for staff employment with FCOM until he or she has resigned from the Board.

4. Board members must not attempt to exercise individual authority over FCOM or its activities.

A Board member has no independent authority to direct the actions or activities of the Chief Executive Officer/Executive Director or any staff member or volunteer without specific Board authorization.

Disclosure – Any possible conflict of interest shall be disclosed by the person or persons concerned to the full Board of Directors and the Chief Executive Officer/Executive Director immediately.

Record of Conflict – The official minutes of the Board shall reflect that the conflict of interest was disclosed and the interested person(s) did not participate in the final discussion or vote and did not vote on the matter.

Pages 3 are the signatures of the FCOM Board members signed yearly at the designated Annual Meeting. The yearly documentation is kept with the By-Laws document.
Yearly Affirmation of the Conflict of Interest By-Law, Article VII

I have read and fully understand the Conflict of Interest By-Law. I will abide by the tenets of the By-Law.

Free Clinics of Michigan  Board of Directors  2020

President  Ann Heler

Signature                                      Date
Treasurer  Karen Kaashoek

Signature                                      Date
Board Member  Justin Brox

Signature                                      Date
Board Member  Jody Buttery

Signature                                      Date
Board Member  Jeff Compagner

Signature                                      Date
Board Member  Brad Garrison

Signature                                      Date
Board Member  Joyce Hardy

Signature                                      Date
Board Member  Christine Plummer

Signature                                      Date
Board Member  Swarn Rajpal

Signature                                      Date
3.01 The corporation shall be organized on a membership and executive director model.

3.02 **Membership** – Membership is open only to non-profit 501c3 clinics which meet the FCOM definition of a free clinic/hybrid clinic/charitable clinic/free-charitable pharmacy/referral network clinic* (See definitions below) AND uses some volunteers to provide free clinic services to uninsured (or uninsured and underinsured) patients.

(a) be a private nonprofit corporation that has 501(c) 3 tax-exempt status or has applied for such status, or is a designated program component of a larger 501(c) 3 tax exempt organization.

(b) provide service utilizing a volunteer-based workforce

(c) offer or facilitate access to free health services to the uninsured or underinsured and uninsured who are income eligible

*Free Clinic – The nonprofit clinic provides all goods and services at no charge directly to uninsured and/or underinsured patients. “Services” include medical, dental, mental health/behavioral health, and/or medications. Clinic may request or suggest donations. Clinic does not bill any third-party payers, including Medicaid, Medicare or commercial insurers. Clinic may be bricks-and-mortar clinic or mobile unit.

Charitable Clinic – The nonprofit clinic provides goods and/or services for a fee directly to uninsured and/or underserved patients. “Services” include medical, dental, mental health/behavioral health, and/or medications. Clinic may use a flat fee or sliding fee scale. Payment from the patient is expected at the time of service, and may be waived if the patient has no ability to pay. Clinic may bill patients but does not bill any third-party payers, including Medicaid, Medicare, or commercial insurers. Clinic may be brick-and-mortar clinic or mobile unit.

Hybrid Charitable Clinic: The clinic is a charitable clinic as defined above, except that it also bills one or more third-party payers, such as Medicaid, Medicare or commercial insurers.

Free/Charitable Pharmacy: The licensed pharmacy dispenses free or low-cost medications directly to uninsured and underserved patients.

Referral Network/Clinic Without Walls: The organization collaborates with volunteer clinicians, safety net clinics, hospitals, and others to match care donated by providers with eligible uninsured and underserved patients. The organization coordinates the donated care for patients referred to the program, but the organization itself does not directly deliver any healthcare services nor bill any patients.

3.03 – **Responsibilities**

Members agree to:

(a) support the goals of FCOM

(b) meet initial membership criteria as stated in 3.02 Membership
(c) pay dues annually by Feb. 1st.

(d) submit an annual data survey (designed by FCOM) by March 31st.

(e) actively participate in meetings and activities of FCOM

(f) share information and resources with other member clinics

3.04 – Associate Membership – Associate membership, without the right to vote or serve on the Board of Directors, is open to interested parties and organizations who support the goals of FCOM. Annual dues amount is established by the Board of Directors.

3.05 – Duties of Members and Associates.  Deleted and is incorporated into 3.03 and 3.04

3.05 NOW is the previous 3.06:  Annual Meeting

NEW LANGUAGE 3.06 Quorum

A quorum of the FCOM membership shall be a simple majority. Actions voted on by a majority of the members present at the meeting where a quorum is present or have sent a proxy vote and comment, if necessary, on those items to either the Board President or Secretary in lieu of attending, at least 24 hours before the meeting shall constitute authorized actions of the Board.
Article IV – Board of Directors Section 4.10 and 4.11 proposed revisions

Article IV – Board of Directors 4.10 – Attendance

A member of the Board may participate in a meeting by any communication system through which all persons participating in the meeting can hear each other. Participation in a meeting pursuant to this section constitutes presence in person at the meeting.

Article IV – Board of Directors 4.11 – Quorum

A quorum of the Board shall be a simple majority. Actions voted on by a majority of the Board members present at the meeting (see Article 4.10) where a quorum is present OR HAS SENT A PROXY VOTE AND COMMENT, IF NECESSARY, TO EITHER THE BOARD PRESIDENT OR SECRETARY IN LIEU OF ATTENDING AT LEAST 24 HOURS BEFORE THE MEETING shall constitute authorized actions of the Board.
Annual Report
Free Clinics of Michigan
Annual Meeting
2020

FCOM Snapshot

Of the 57 clinics
- 43 offer medical services with a variety of other services dental, counseling, etc.
- 1 look a like clinic (Catherine’s Health Center)
- 2 student run clinics (Univ M Student Run, Cass Clinic Student Run (WSU)
- 1 dental ONLY clinic (Carefree Dental)
- 8 medical specialty clinics (dermatology, PT, pregnancy and 1st year baby care, pregnancy diagnosis, women only, behavioral health, Hmong population, must be employed)
- 2 navigation clinics – no direct services but a source of resources in their community Burnstein (Tri County Dental Health, AuSable Free Clinic)

Regions
- North 8 clinics including the only clinic in the Upper Peninsula and that is a dental clinic in Dickinson County.
- Midwest 10 clinics with 5 of those in Kent County.
- Southwest 8 clinics with 2 of those in Ingham County.
- Mideast 6 clinics with 2 of those in Genesee County.
- Southeast 25 clinics with 11 of those in Wayne County.
Year in Review

MI Heath and Human Services Appropriation Increase

- The appropriation was increased to $400,000 this year.
- 39 clinics applied successfully for the grant award.
- It worked out to $10,000 per clinic.
- We are watching budget appropriations closely to ensure that the appropriation is not lost due to any drastic budget item changes.

Pandemic COVID-19

- The majority stayed open with quite specific safety precautions, many closed physically but were available by telehealth, phone and text.
- On March 28, NPR did a segment on the work of free clinics during the crisis, interviewing the CEO from Community Health in Chicago, Illinois.
- Many thanks to the clinics that completed our survey.

Year in Review

NAFC Map to Health Equity Project

- Christine Plummer, Karen Kaashoek and Justin Brox, FCOM Board Members, continued their work with the project.
- Two initial documents this team has generated; Quality Standards and Valuation Standards are both are in this packet for discussion later this morning. All of the clinics in the country are having similar discussions.

NAFC Quality Standard Awards

- 17 of Michigan's free clinics have received first ever NAFC Quality Standard awards.
- The names and our congratulations to those clinics were in the July newsletter.
- NOTE: 17 of Michigan's free clinic are members of NAFC as well as FCOM.
Year in Review

- Jeff Compagner keeps the website updated. He has completely revamped the look and increased the information provided.

- Carolyn or I look at all of the messages generated by the website. None this year were frivolous or at 911 level.

- Issuing a monthly FCOM update to keep everyone apprised of what FCOM is doing and what NAFC is doing that directly affects our clinics.

- We are always looking for free clinics around the state. This Spring we have added 5 more to our roster.

- Carolyn Barr, Administrative Assistant, continually updates the Michigan free clinic roster.

- Karen Kaasheek and I are part of the MCMSM planning committee for this year’s upcoming Safety Net conference in December.

- As Board President I am part of the NAFC State Directors/Board Presidents NAFC sub committee. We meet monthly by ZOOM and ideally would meet in person twice a year: at the NAFC Conference and at a specially held meeting.

FCOM Strategic Plan 2019 - 2022

5 Focus Areas

- (1) FCOM Development
  a. 5 clinics have been added to our clinic roster
  b. Collaborations with Rural Clinic Assoc. and MI Primary Care Assoc.
  c. Review a Quality Standards document
  d. Review NAFC Valuation document

- (2) Resources for Clinics
  a. State legislative updates to members
  b. NAFC telehealth implementation grant opportunities
  c. Monthly FCOM updates
  d. Introducing the NAFC clinic valuation draft plan
  e. Introducing a plan for an FCOM Quality Standards document
Strategic Plan

(3) Clinic Funding
   Increased the amount of MIHHS appropriation

(4) Advocacy
   a. Working with NAFC to include free and charitable clinics in all of the COVID funding bills
   b. FCOM is on the mailing list for both the State Senators and Representatives Health Policy and Appropriations committees for information regarding any committee report or bill being considered involving health care in the state
   c. Moving towards the state recognizing the work our clinics do with either a Free Clinic Day/Month or as part of a recognition of all the Safety Net organizations in the state.

(5) Service Development
   Have identified specialty clinics

Through our membership in NAFC, we support the 2020 national advocacy projects

(1) Legislative language/action to improve access for the uninsured and underinsured to affordable, accessible and portable health insurance

(2) Include Free and Charitable Clinics and Charitable Pharmacies/dispensaries in the 340B drug pricing program

(3) Expansion of the FTCA to include entity coverage for Free Clinics

(4) Protect the current funding level for both the Nurse Corps Loan Repayment program and the National Health Care Service Corps.

We are a vital part of the healthcare fabric of Michigan. In fact, we are a core critical service.

It has been my pleasure to serve as this year’s FCOM Board President. FCOM can’t do anything but get stronger!

Thank You.
Proposal for National Standard for Valuation of Clinic Services

1. Presentation of Current Problem: Free and charitable clinics lack a universal method for valuing their services and costs that is consistent and evidence based. This creates the potential for stakeholders to mistrust or misunderstand the value these clinics collectively provide to our nation’s healthcare system. It also makes it difficult for clinics to improve monetary efficiencies without consistent comparison with other’s in the sector.

Assumptions
- Stakeholders of the free and charitable clinic sector (national, state, and individual) want standardization for retail value/cost.
- The resulting ROI (Return On Investment) will be a value-add for free and charitable clinics, improve importance in healthcare system and triple-aim
- Free and charitable clinics need to be educated on how to do this

2. Proposed Solution:
   1. Establish cost measuring standardization for free and charitable clinics.
   2. Establish market value standardization for free and charitable clinics
   3. Establish buy-in with the national free and charitable clinic sector
   4. Implement standardization at a national level

Overview of how this would work, including explanation of Healthcare Blue Book [www.healthcarebluebook.com](http://www.healthcarebluebook.com) as a tool, overlap of data collection with NAFC survey process.

Overview of current data collection process in place in Missouri clinic and California clinic, how implemented, what value this effort has for clinics, what barriers to participation still exist, etc.

3. Proposed Timeline

Year 1 (2020):
- Propose idea of standardization to free and charitable clinics through state associations from March-October, then in person at NAFC 2020 conference.
- Develop standardization table for tracking prescribed services with associated value
- Develop common definitions for services on table
- Develop marketing plan for results
Year 2 (2021):
- 30% of clinics (members of NAFC or state associations) report “retail value” of service using Healthcare Bluebook—recommendations given for services reported, but not prescribed. Could report through NAFC data survey or through state associations.
- Clinics report “costs” of service using 990 or other tool if they don’t complete a 990 (2 numbers—actual cash expenses and cash expenses + in-kind)
- Clinics report # of patients and # of visits
- Outcome = National, state, and individual ROI for retail value/cash expenses and retail value/cash expenses + in-kind. Also would get cost and value per patient and per visit.
- Implement marketing plan for results
- Educate clinics on how to use standardization table through state associations and NAFC 2021 Conference—this would have been developed in 2020.

Year 3 (2022):
- 50% of clinics report “retail value” of service using Healthcare Bluebook and prescribed table developed by valuation committee. Could report through NAFC data survey or through state associations.
- Clinics report “costs” of service using 990 or other tool if they don’t complete a 990 (2 numbers—actual cash expenses and cash expenses + in-kind)
- Clinics report # of patients and # of visits
- Outcome = More standardized (using data table at this point) national, state, and individual ROI for retail value/cash expenses and retail value/cash expenses + in-kind. Also, would get cost and value per patient and per visit.
- Implement marketing plan for results

Year 4 (2023)
- 75% of clinics report “retail value” of services through standardized table with prescribed services and common definitions using Healthcare Bluebook
- Evaluate progress on overarching goals and value of what standardization has or has not brought to free and charitable clinic sector
- If standardization has been found to be favorable, implement data reporting on yearly basis. If not, adjust and re-evaluate
2005 Virginia Free Clinic Statistical Survey

INSTRUCTIONS: Please read carefully the instructions under each statistical category, and insert in the text box the statistic requested for calendar year 2005. If you do not provide a particular service, write or type N/A in the box.

NAME OF YOUR CLINIC:

A. Total Cash Operating Expenses

These are cash expenditures for 2005 for your clinic’s administration, fund raising, and direct services. Direct services are all health-related services, including clinical as well as health-related educational services. Do not include capital expenditures, such as building construction or renovation, and do not include in-kind contributions. If your clinic is part of a larger parent organization or multi-service organization that operates other programs besides clinic/health services, only include the total cash operating expenses incurred for the clinic/health services portion.

B. Total Patients Served (unduplicated)

These are all unduplicated patients served by your clinical and health-related educational programs during 2005. Do not place a visits number or a duplicated number or an active charts number here! This number should include the exact number of distinct patients who were actually served by the clinic at least once from January 1 – December 31, 2005.

C. Total General Medical Care Visits

This number includes all visits for general medical care during 2005 that would be billable under a typical third party payor/fee-for-service billing system. Include visits provided at the clinic facility as well as in private providers’ offices upon referral from the clinic. Do not include nurse-only visits, pharmacy re-fill visits, or patient health education visits here! Those visits are covered in later items in the survey.

D. Total Specialty Medical Care Visits

This number includes all visits for specialty medical care during 2005 that would be billable under a typical third party payor/fee-for-service billing system. Include visits provided at the clinic facility as well as in private specialists’ offices upon referral from the clinic’s primary care providers. In addition to the typical specialty medical care areas (e.g., orthopedics, cardiology, ENT, etc.), this number should include visits for physical therapy, chiropractic, ophthalmology, optometry, radiology, pathology, as well as services provided by non-hospital surgery centers, imaging centers, etc.

E. Total Dental Visits

This number includes all dental visits during 2005, including those provided in your own dental facility as well as those provided off-site by a volunteer dentist or dental hygienist upon referral from the clinic.

F. Total Mental Health Counseling Visits

This number includes all visits for mental health counseling during 2005, including those provided in your own facility as well as those provided off-site by a volunteer mental health professional upon referral from the clinic.

G. Total Prescriptions Dispensed

This is the total of all prescriptions provided or paid for from or through your clinic during 2005 – those filled from stock bottles in your on-site licensed pharmacy or through an outside pharmacy(s), and those obtained through medication assistance programs, voucher programs, and samples. One prescription is defined as a 30-day supply or less of a single medication (a 60-day supply counts as 2 prescriptions and so forth). Failure to count your prescriptions using the above definition may result in a state funding allocation for the next fiscal year that is lower than your clinic deserves!
H. $ Value of General Medical Care Visits

This is the sum total of the $ value of all general medical care visits during 2005. The $ value of each visit is equivalent to the “usual and customary” charge to an uninsured patient for that particular general medical care visit in your locality. If you have not yet developed a system for assigning $ values to your general medical care visits, please do so for 2005. In the meantime, leave this statistic blank, and the VAFC will enter a figure, using an average $ value of a general medical care visit based on what other Free Clinics report.

I. $ Value of Specialty Medical Care Visits

This is the sum total of the $ value of all specialty medical care visits during 2005. The $ value of each visit is equivalent to the “usual and customary” charge to an uninsured patient for that particular specialty medical care visit in your locality. If you have not yet developed a system for capturing or assigning $ values to your specialty medical care visits, please do so for 2005. In the meantime, leave this statistic blank, and the VAFC will enter a figure, using an average $ value of a specialty medical care visit based on what other Free Clinics report.

J. $ Value of Dental Visits

This is the sum total of the $ value of all dental visits during 2005. The $ value of each visit is equivalent to the “usual and customary” charge to an uninsured patient for that particular dental visit in your locality. If you have not yet developed a system for collecting or assigning $ values to your dental visits, please do so for 2005. In the meantime, leave this statistic blank, and the VAFC will enter a figure, using an average $ value of a dental visit based on what other Free Clinics report.

K. $ Value of Mental Health Counseling Visits

This is the sum total of the $ value of all mental health counseling visits during 2005. The $ value of each visit is equivalent to the “usual and customary” charge to an uninsured patient for that particular mental health visit in your locality. If you have not yet developed a system for collecting or assigning $ values to your mental health counseling visits, please do so for 2005. In the meantime, leave this statistic blank, and the VAFC will enter a figure, using an average $ value of a mental health counseling visit based on what other Free Clinics report.

L. $ Value of Prescriptions Dispensed

If your pharmacy data system allows you to generate an actual retail (not wholesale) value of all prescriptions dispensed in 2005 and if that actual total value is greater than if you multiplied your prescriptions dispensed by $60.00, enter the higher figure. Otherwise, use the $68.00 multiplier. $68.00 is the estimated current average retail price of prescriptions dispensed in Virginia to low-income, uninsured patients, based on information compiled from a number of sources.

M. Participating Lab Companies and $ Value of Lab Company Services

Please enter below the names of independent lab companies (NOT hospitals or hospital-affiliated lab companies) that provided in-kind lab services to your clinic’s patients during 2005, and then enter next to each one the $ value of services provided by that lab company during 2005. If you don’t have this $ value information or if the lab company has not given it to you, please ask them for it.

<table>
<thead>
<tr>
<th>FULL NAME OF LAB COMPANY:</th>
<th>2005 SERVICES: $</th>
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<td>FULL NAME OF LAB COMPANY:</td>
<td>2005 SERVICES: $</td>
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<tr>
<td>FULL NAME OF LAB COMPANY:</td>
<td>2005 SERVICES: $</td>
</tr>
<tr>
<td>TOTAL: $</td>
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N. Participating Hospitals and $ Value of Hospital Services

Please enter below the full names of hospitals and hospital-affiliated lab companies that provided in-kind services (e.g., lab testing, diagnostic procedures, other outpatient clinical and educational services, inpatient services, etc.) to your clinic’s patients during 2005, and then enter next to each one the $ value of in-kind services provided by that hospital during 2005. If you don’t have this $ value information or if the hospital has not given it to you, please ask them for it.

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<th>FULL HOSPITAL NAME:</th>
<th>2005 SERVICES: $</th>
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</table>

TOTAL: $

O. Total $ Value of “Billable” Health Care Provided

Simply add the $ values in Items H – N, and insert the total. This figure represents the total economic value of clinical health care services provided by your clinic during 2005, as if these services were billed on a “usual and customary” basis and an uninsured patient had to pay out of pocket. If you have left one of those statistics blank, the VAFC will enter the appropriate $ values and generate a total $ value for your clinic.

P. Numbers of Volunteers

Please insert in the box provided the total number of volunteers in that category who volunteered during 2005. Be sure to include providers who volunteered off-site, as well as those who volunteer on-site. Do not include paid providers who are members of your staff. Place an N/A in any box for which you have no volunteers.

| Physicians (not including psychiatrists) | |
| Psychiatrists | |
| Nurses | |
| Nurse Practitioners | |
| Physician Assistants | |
| Dentists | |
| Dental Hygienists | |
| Dental Assistants | |
| Pharmacists | |
| Pharmacy Technicians | |
| Mental Health Professionals * | |
| All Other Health Professionals ** | |
| Lay Volunteers *** | |
| # TOTAL VOLUNTEERS | |

* Mental health professionals include licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, and licensed psychologists

** Other health professionals include such categories as podiatrists, chiropractors, optometrists, dental assistants, lab technicians, dietitians, nutrition counselors, physical therapists, health educators, etc.

*** Lay volunteers includes clerical and administrative helpers, eligibility screeners, receptionists, data entry workers, fundraising volunteers, board members not already counted in any of the health professional categories, etc.
Q. Nurse-Only Visits and $ Value
Please insert in the box below the number of nurse-only visits (for medical case management, care coordination, blood pressure checks, etc.) that your clinic provided in 2005. If you have a mechanism for assigning a $ value to those visits, please enter the total $ value in the box provided.

# of Nurse-Only Visits: $ Value of Nurse-Only Visits: $

R. Social Services Visits and $ Value
Please insert in the box below the number of social services visits (for social case management and related services to help patients access other community services and resources) that your clinic provided in 2005. If you have a mechanism for assigning a $ value to those visits, please enter the total $ value in the box provided.

# of Social Services Visits: $ Value of Social Services Visits: $

S. Health Education Visits and $ Value
Please insert in the box below the number of patient or community health education visits (e.g. smoking cessation, chronic illness management, health promotion, risk prevention etc.) that your clinic provided in 2005. A health education visit equals one patient receiving a health education teaching. A health education class provided to 10 people one time equals 10 visits. If you have a mechanism for assigning a $ value to those visits, please enter the total $ value in the box provided.

# of Health Education Visits: $ Value of Health Education Visits: $

T. Pharmacy Refill Visits and $ Value
Please insert in the box below the number of pharmacy refill visits (without seeing a provider) that your clinic provided in 2005. If you have a mechanism for assigning a $ value to those visits, please enter the total $ value in the box provided.

# of Pharmacy Refill Visits: $ Value of Pharmacy Refill Visits: $

U. TOTAL VALUE OF ALL CLINICAL AND HEALTH EDUCATION SERVICES PROVIDED:
Simply add the $ values in Items O, Q, R, S, and T and insert the total in the box below. This figure represents the total economic value of all clinical and health-related educational services provided by your clinic during 2005. If you have left any of the items blank, the VAFC will enter the appropriate $ values and generate a total $ value for your clinic.

$ 

V. Cities (Not Towns) and Counties Served by Your Clinic
Please type in the box below the counties and cities (but not towns) where patients you served in 2005 reside.


If you have any questions, call the VAFC office at 804-340-3434. Return your completed survey to mark@vafreeclinics.org or fax to 804-340-3435.

THANK YOU!
# SERVICES DONATED IN 2018

<table>
<thead>
<tr>
<th>Professional VOLUNTEER POSITIONS</th>
<th>In-Kind 2018</th>
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</thead>
<tbody>
<tr>
<td>Chief Acting Officer, M.T. $40/hr. X 100 hrs/month X 12 months</td>
<td>$48,000</td>
</tr>
<tr>
<td>Physicians- 4,129 patient visits X $90/pt.</td>
<td>$371,610</td>
</tr>
<tr>
<td>Nurses - 34 hrs/month X $45/hr. X 12 months</td>
<td>$18,360</td>
</tr>
<tr>
<td>Nurse Practitioner (4) $90/hr. X 10 hrs/month x 12 months</td>
<td>$10,800</td>
</tr>
<tr>
<td>Pharmacists $90/hr. X 96 hrs/month x 12 months (maintain formulary, etc. work with MDR, fill scripts, find and apply for free med programs)</td>
<td>$103,680</td>
</tr>
<tr>
<td>Podiatrist (2) $150/hr. X 4 hrs/month X 12 months</td>
<td>$7,200</td>
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<tr>
<td>Ophthalmologist $600/hr. X 8 hrs/month X 12 months</td>
<td>$57,600</td>
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<tr>
<td>Cataract Surgeries $4500 X 17</td>
<td>$76,500</td>
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<tr>
<td>Dentists $100/patient X 28 hrs/month X 12 months</td>
<td>$33,600</td>
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<tr>
<td>Acupuncture $90/hr X 3 hrs/month x 7 months</td>
<td>$1,890</td>
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<tr>
<td>Physical Therapy/ Chiropractors $90/hr. X 6 hrs/month x 12 months</td>
<td>$6,480</td>
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<tr>
<td>Yoga Instructor 30 classes x $50 a class</td>
<td>$1,500</td>
</tr>
<tr>
<td>Zumba Instructor donated by Parks &amp; Rec 3hr/mo X 12 X $25</td>
<td>$900</td>
</tr>
<tr>
<td>Attorneys (1) $290/hr X 54 hrs/year</td>
<td>$15,660</td>
</tr>
<tr>
<td>IT networking/Programming $100/hr. X 68 hrs/year</td>
<td>$6,800</td>
</tr>
</tbody>
</table>

**Services Donated**

**X-Ray/CATSCAN/MRI**

Thousand Oaks Diagnostic Imaging Center 50% Discount Paid $8,338 | $8,338

**VISION (for adults and children)**

28 exams x $85/visit with Optometrist Dr. Martinsdale & Dr. Henteleff | $2,380
<table>
<thead>
<tr>
<th>Dental:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluoride Varnish (234 children) x $35 person</td>
<td>$8,190</td>
</tr>
<tr>
<td><strong>LABORATORY/DIAGNOSTIC</strong></td>
<td></td>
</tr>
<tr>
<td>Quest (94% savings) 6859 labs Paid $26,016</td>
<td>$407,584</td>
</tr>
<tr>
<td><strong>PRINTING AND PUBLICATION</strong></td>
<td></td>
</tr>
<tr>
<td>Eduardo's Printing (50% Savings) Paid $12,229</td>
<td>$12,229</td>
</tr>
<tr>
<td><strong>TOTAL “COST” OF VOLUNTEER HOURS</strong></td>
<td><strong>$1,199,301</strong></td>
</tr>
<tr>
<td></td>
<td>DONATED GOODS</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td><strong>PHARMACEUTICALS</strong></td>
<td></td>
</tr>
<tr>
<td>The Farmed Pharmaceuticals (40% savings) 5085 scripts filled</td>
<td>$9,098</td>
</tr>
<tr>
<td><strong>Donated Medicines/OTCs</strong></td>
<td></td>
</tr>
<tr>
<td>Direct Relief USA</td>
<td>$0</td>
</tr>
<tr>
<td>Americares</td>
<td>$0</td>
</tr>
<tr>
<td><strong>PAP PROGRAM</strong></td>
<td></td>
</tr>
<tr>
<td>RxOutreach save $0.28/tab X 3600 tabs</td>
<td>$300</td>
</tr>
<tr>
<td>GlaxoSmithKline</td>
<td>$0</td>
</tr>
<tr>
<td>Merck</td>
<td>$0</td>
</tr>
<tr>
<td>Northwest Pharmacy save $67/btl eye drops</td>
<td>$216</td>
</tr>
<tr>
<td>Gilead Pharmaceuticals (Harvoni for Hep C)</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Orthopedic Devices/wheelchairs</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>VISION</strong> (for adults and children)</td>
<td></td>
</tr>
<tr>
<td>26 Free glasses X $200/ person Dr. Martinsdale &amp; Kaiser Permanente</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Dental:</strong></td>
<td></td>
</tr>
<tr>
<td>Dental Supplies/Medications (Dr. Choroomi)</td>
<td>$0</td>
</tr>
<tr>
<td>Dentrix Software (annual donated fee)</td>
<td>$0</td>
</tr>
<tr>
<td>Technology (4 computers, 2 printers)</td>
<td>$0</td>
</tr>
<tr>
<td><strong>MEDICAL SUPPLIES</strong></td>
<td></td>
</tr>
<tr>
<td>Henry Schein (50% Savings) equip/test strips and lancets</td>
<td>$6,143.25</td>
</tr>
<tr>
<td><strong>Medical Waste (0.50 cents a pound)</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>DONATED RENT/UTILITIES/ @ $2.75/Sq. Ft. X 10,000 Ft.X12 mo.</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Food Donated</strong> 44,894 pounds @ $2/pound Food Donated Avg $340 per week x 52 weeks</td>
<td>$0 FoodShare</td>
</tr>
<tr>
<td></td>
<td>$0 Panera</td>
</tr>
<tr>
<td></td>
<td>$0 Food pressure monitors, cuffs and stands</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>TOTAL AMT. SPENT</strong></td>
</tr>
<tr>
<td></td>
<td><strong>$15,757.25</strong></td>
</tr>
</tbody>
</table>
NAFC Quality Standards

The mission of the NAFC is to ensure the medically underserved have access to affordable health care. The NAFC and our members are dedicated to ensuring that our patients receive quality health care. Therefore, to quantify and qualify the care provided at the Free and Charitable Clinic network, the NAFC has formalized the follow Quality Assurance standards for all member organizations.

Current and potential members will be expected to attest/pledge that they successfully incorporate these standards of practice within their organizations. When applicable and appropriate site visits and organizational audits will be performed and reports and recognitions of performance will be provided to the membership and other stakeholders.

The standards will allow the NAFC to showcase the quality care provided to our patient to policy makers, partners, funders and stakeholders. Additionally, the standards will assist the NAFC in developing benefits and resource that will help organizational members enhance the care they provide to patient.

The document is comprised of 7 standards: Administrative, Enhanced access and continuity, Identify and manage patient populations, Plan and manage care, Provide self-care support and community resources, Track and coordinate care and Measure and improve performance.

The Ohio Association of Free and Charitable Clinics, Virginia Association of Free and Charitable Clinics, South Carolina Association of Free and Charitable Clinics, North Carolina Association of Free and Charitable Clinics and the Texas Association of Free and Charitable Clinics all have Quality Standards as one of their membership criteria. This document adopted the majority of the standards of care from those documents.