NCUIH Spring 2022
Board of Directors Trainings

TOP SESSION TAKEAWAYS
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Of all philanthropic funding by large U.S. foundations, only 0.4% on average is directed to Native communities.

Education is necessary - learning journey - decolonization stereotypes - teachable moments

Building allies is critical - funders trust other funders.

Do your homework and know the funding landscape - Get on funders’ radars and sign up for their newsletters.

Many funders grant by invitation only - Many will do a get-to-know-you grant, this is the time to build that relationship.
POWER MAPPING FOR FUNDER ENGAGEMENT

NOTES:

STEP 1: Identify the funder

STEP 2: Map Influence

STEP 3: Determine relational powerlines

STEP 4: Identify priority relationships

STEP 5: Make an engagement plan

NOTES:
STRATEGIC COMMUNICATIONS CHECKLIST

☐ Are you visible? (Social Media, Website, etc.)
☐ Have you invested in regular communications?
☐ Can someone easily sign up for regular communication such as newsletters, email blasts, etc.?
☐ Can you name the top 5-8 funders in your area?
☐ Have you started a power map and/or strategic engagement plan for those top funders?
☐ Do you have a donation button or a way for funders to easily give?
☐ Have you created a funding plan that includes leadership, board, and staff roles and responsibilities?
☐ Do you schedule check-in calls on occasion with your current funders?
☐ Have you asked your funders if they know of others who may support your work?

NOTES:

Yes, I am confident!/ We will get there in the future/ No, I am confident/
Not sure/ We don’t
COMPONENTS OF GRANTS

- Title Page and Cover Letter
- Introduction/Abstract/Summary
- Institutional Background
- Problem Statement/Needs Assessment
- Program Goals and Objectives (Outcomes)
- Methods/Implementation Plan
- Evaluation Plan
- Future Funding/Sustainability
- Budget
- Other Attachments

NOTES:
Congratulations!!

Your grant was awarded!!

Now what?!

☆ Thank You Note
☆ Award Contract
☆ Project Implementation
☆ Budget
☆ Tracking
☆ Close Out
TIPS TO ORGANIZE GRANT WRITING

Taking time to organize your grant writing efforts will save you time and help you be more efficient.

1. Pre-application planning meeting

2. Create checklists

3. Templates

4. Common documents folder

VALUABLE TOOLS

https://nativephilanthropy.candid.org/

Sources

ACHIEVEMENT: THE BOD ROLE IN AAAHC PREPARATION

BEST PRACTICES & TIPS

This guide is intended to help urban Indian Organizations (UIOs) Board of Directors identify AAAHC resources to help prepare for AAAHC Site Visit Survey. This document is not meant to be all inclusive but serve as high level recommendations tips and best practice to use in the accreditation journey. Note that, if you have any questions about a AAAHC standard or an organization process, you should always seek advice from your AAAHC surveyor and/or UIO AAAHC Preparation Lead.

BOARD MATERIALS AND RESOURCES

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<th>BOD ROLE</th>
<th>BEST PRACTICE &amp; TIPS</th>
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</table>
| BOARD MATERIALS & RESOURCES | • Review all pertinent regulatory agency resources  
• Ask for updated materials and resources on a consistent basis  
• Create a standing BOD Agenda Item:  
  o Regulatory Updates  
  o Site Visit Preparation  
  o Corrective Action Plan Check-Ins | • Ensure that you have most up-to-date materials and resources                                                                                                                                                 | • AAAHC Standards Manual: v41  
Ambulatory Accreditation Standards – AAAHC has moved into versions, updated every 3 years  
• Office of Urban Indian Health Programs (OUIHP): Urban Indian Organization On-Site Review Manual - 2013  
• Commission on Accreditation of Rehabilitation Facilities (CARF): 2021 Manual – Expires 6/30/2022 |

NOTES:
## BOARD MEMBER ONBOARDING
### BOD ROLE
- Actively Participate in Training

### BEST PRACTICE & TIPS
BOD Training Should Include:
- Manuals Overview: How to use, what to look for, and how to apply
- Requirements Training (All appropriate regulatory agencies)
- Policy Breakdown for high level operations overview
- External Training: AACHC, HRSA, AAAHC, etc.
- Site assessment: sharing of previous recommendation/findings
- Corrective Action Plans/Quality Improvement Plans
- Mock Survey/Interview Preparation

### RESOURCE(S)

## BOARD OVERSIGHT REQUIREMENTS
### BOD ROLE
- Provide Feedback and Monitor:
  - Mission, Vision, and Organizational Objectives approved in last 2 years
- Formulates long-range plans
- Assists in:
  - Strategic Planning
  - Operational/Financial Planning
- Ensure facilities and personnel are adequate and appropriate to carry out organizational mission
- Not within BOD Scope:
  - Being directly involved in the daily operations
  - Engaging in micromanaging the management

### BEST PRACTICE & TIPS
- Responsible for establishing strategic direction and supporting its accomplishment (AAAHC 2.1.B.1-3).
- Authority, responsibility and functions of officers and administrators elected, appointed, or employed to carry out governing body directives are clearly defined by the governing body (AAAHC, 2.1.K)
### BOARD OPERATIONS AND PERFORMANCE REQUIREMENTS

#### BOARD CLINICAL OPERATIONS AND PERFORMANCE REQUIREMENTS

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| **BOARD OPERATIONS and PERFORMANCE REQUIREMENTS** | • Adopts policies and procedures for orderly organization conduct, including the organization’s scope of clinical activities.  
• Establishes a system of financial management and accountability  
• Ensures fulfillment of obligations under prevailing laws and regulations  
• Oversees compliance with applicable AAAHC, HRSA, CARF, and OUIHP standards | • Addresses and is fully and legally responsible – either directly or by appropriate delegation, for the operation and performance of the organization (AAAHC 2.I.C.1-7) |             |
| **BOARD CLINICAL OPERATIONS and PERFORMANCE REQUIREMENTS** | • Responsible for employment or contracting of health professionals  
• Maintains patient rights and responsibilities policy  
• Ensures quality of care is evaluated and that identified problems are addressed*  
• Patient Satisfaction Survey and QI Study BOD Review*  
• Oversees risk management program inclusive of risk management activities*  
• Oversees infection control and safety programs to ensure a safe environment of care*  
• Maintains patient education and continuing education for staff policies  
• Oversees credentialing and privileging processes  
(NOTE: * items are a part of the QUALITY PREPARATION section below) | • Addresses and is fully and legally responsible, either directly or by appropriate professional delegation, for the clinical operations and performance of the organization (AAAHC, 2.I.D.1-7) |             |

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<td>BOARD FINANCE REQUIREMENTS</td>
<td>• The board is responsible for ensuring that the health center is financially stable and is operating in accordance with applicable federal, state, and local laws and regulations as well as its own established policies and procedures.</td>
<td>• The annual budget, and long-term capital expenditure plan, if required, have been approved by the governing body (IHS, Governance Requirements) • The health center governing board must provide direction for long-range planning, including but not limited to identifying health center priorities and adopting a three-year plan for financial management and capital expenditures. (HRSA, Ch. 19)</td>
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<td>BOARD ANNUAL REVIEW REQUIREMENTS</td>
<td>• Review: o Patient Rights (IHS, Gov. Req) o Delegated administrative responsibilities o Key Programs: Quality Management and Improvement, Infection Prevention and Control+, and Safety* o Policies and Procedures o Appointment and Reappointment Processes (IHS, Gov. Req) o Scope of Procedures*Performed and/or Services~ Provided • Revisions are made as needed to maintain compliance</td>
<td>• Documentation demonstrates at least annual governing body review of AAAHC accreditation requirements. This includes a review of (AAAHC, 2.I.J.1-7):</td>
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| SITE VISIT PREPARATION | • Practice in a Mock Site Visit:  
  o Unbiased: BOD and Staff can ask the “tough” questions  
  o BOD Can use time to role play  
  o Ensures all departments are communicating and sharing the same message  
  o Identify areas of opportunity  
  o Create fresh solutions with all parties (c-suite, midlevel managers, and front-line staff)  
  • Ensure BOD has the site visit agenda  
  • Attend the entrance and exit meetings  
  • Participate in Key Staff interview  
  • Create a “command center” where BOD and staff can call or visit for review status, questions, preparation guidance, etc.  
  • Stay curious, stay open, don’t argue | • Recommendation is to have a self-evaluation and your mock surveyor evaluate then compare results  
• Be mindful to factor in any previous recommendations/findings.  
• IHS offers a great site assessment tool that your site visit team can complete:  
• SITE VISIT PREP TIMELINE:  
  • 3 months in advance of site visit  
    o Notices usually occur  
    o Key staff and BOD are notified  
  • Refresh early and often  
    o Review pertinent manual sections  
    o Self-assess current performance  
    o Continue updating policies/procedures/plans  
  • 1 month in advance of site visit:  
    o Documents preparation  
    o Planning Call  
    o Entrance/Exit Interview Planned  
  • 2 Weeks Before Site Visit:  
    o Site Visit Agenda Disseminated to Key Staff and BOD  
    o Site Visit Occurs (Usually over 3 days)  
• Debrief with Key Staff | \text{https://www.aaahc.org/1095-strong-journey/} |

NOTES:
### Past Recommendations/Findings

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<th>Best Practice &amp; Tips</th>
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| PAST RECOMMENDATIONS/FINDINGS | • Keep this as a standing BOD meeting agenda item  
• Items to note:  
  o Unique make-up of your organization:  
  o Some OUIHP standards supersede other regulatory agencies  
  o AI/AN population: Some clinical interventions may not be effective because of our genetic disposition and barrier in patient compliance  
  o External Impacts: EHR Interoperability, Area Office Oversight, IHS Updates/Asks, Etc.  
  o Can gracefully let the surveyor know of the above if appropriate | • Recommendations: These are only suggestions made by the regulatory agency to the organization.  
• Findings: These are required updates that must be made by the organization based on regulatory requirements |  |

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| POLICY PREPARATION | • Help set policy as BOD is responsible for the organization  
• Provide oversight, insight, and foresight of organization  
• Assess risk and compliance  
• Review policies and procedures necessary for the orderly conduct of the organization  
• Board members should brush up on governance procedures prior to a site visit  
• Use a consent agenda for bulk policy reviews  
  o All board members have a responsibility for making sure that consent agenda items are distributed and reviewed in enough time prior to the meeting. | • Recommendations and findings often come when surveyors review your policies  
• The organization must do exactly what your policies say you do  
• A consent agenda is a board meeting practice that groups routine business and reports into one agenda item.  
• The consent agenda can be approved in one action, rather than filing motions on each item separately.  
• POLICY MANAGEMENT:  
  o Invest in policy software  
  o Create a policy tracker spreadsheet  
  o Create a policy naming convention*  
  o Develop a policy crosswalk  
  o Implement a policy review calendar | |
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| QUALITY PREPARATION | • Ensures quality of care is evaluated and that identified problems are addressed*  
• Patient Satisfaction Survey and QI Study BOD Review*  
• Oversees risk management program inclusive of risk management activities*  
• Oversees infection control and safety programs to ensure a safe environment of care*  
• Responsible for ensuring that QI studies and improvements are reviewed, approved, and are shared with all staff | • Organizations must emphasize the importance of a quality program.  
• The organization must have a written quality improvement program (AAAHC, 5.I.A).  
  o Addresses the full scope of the organization’s health care delivery services  
  o Describes how these services are assessed for quality.  
  o Purpose and Objectives to be achieved are clearly identified  
  o Describes the ongoing data collection processes used to measure quality and identify quality-related problems or concerns (see Standard 5.I.C).  
  o Evaluated at least annually for effectiveness and to determine if the program’s purposes and objectives continue to be met. |            |
#1 Successful expansion planning should begin with a clear definition of your UIO's services. Services you provide are based on your population. Other determining factors include a close examination of all available data and deciding what services are needed at the zip code levels you will serve:
TIP #2:

#2 Partnerships can play a vital role in planning to expand services. They help serve new groups with unmet needs or address a more wide-ranging set of needs in your community. NATIVE HEALTH partnered with Chicanos Por La Causa and reached underinsured Latinos. Through another partnership they addressed homelessness and child development needs.

TIP #3:

#3 A UIO’s budget for expansion should address many areas. Two key areas are Facility and Staffing, while a marketing plan should be addressed separately. For expanding your facility, your first decision is whether to buy, lease or build the new facility. Second, a staffing plan must address the new FTEs you will need in the expansion. Leadership must carefully examine the pros and cons of each alternative. Finally, marketing the expansion should be addressed separately.
TIP #4

#4 Marketing should be addressed separately from the business plan. Considerations include tailoring culturally competent messaging for your community. Then identify community members you will feature in promotions, kick-off the expansion by hosting an Open House for the community.

TIP #5

#5 How to execute expansion can be described as a series of steps including BOD deliberation, financing the plans, selecting the site, and assigning a staff person to supervise a Project Manager (PM). UIOs should identify a Senior Staff Member to track the project aside from the external PM.
TIP #6

# 6 There are many funding types to consider with your planned expansion. They include New Market Tax Credits, Conventional Financing through a Bank, Community partners. Other considerations HRSA newly allocated construction dollars and IHS now allows for construction within certain guidelines.

TIP #7

#7 A key support for the overall Project Management is an Expansion Timeline. The architect and PM should draft one. The timeline will vary based on Supply Shortages, Facility Needs, Service Development, Staffing, Project Size, Planning and Design, Space Plan, Permitting/Licensing, Contractor and Build Type, Marketing.

NOTES:
TIP #8

# 8 Your UIO will need to address growing facility & workforce simultaneously. You can recruit and train during construction and tenured staff can help build new facility and expand with new staff. UIO open a new facility for a couple of reasons: getting a bigger place or expanding in an area of need

*Remember to Include in your budget the influence of the expected revenues as well as new expenses:*

(New Build = New revenue + staffing costs)

TIP #9

#9 The pros and cons of navigating funding during COVID-19 have been addressed in many ways.

Understanding the types of funding available from different bodies that can be utilized or that you have utilized (i.e., IHS funding and supplemental funds) is a good start. Consider allowances and how to understand what each funding source requires.

NOTES:
#10 Additional Pros and Cons

Facility With a New Build, Buy

**PROS:**
- No permission needed to make changes to the building or add services
- For example, “extra” space can be used for pharmacy perhaps using ARPA dollars
- Operation dollar are devoted to supporting sustainability

**CONS:**
- Limits funding use elsewhere for programs
- Capital: May tie up capital, prioritize before expansion
- High risk: service may not pay out
- Debt service cost: services may not be utilized

Facility With a Lease...

**PROS:**
- Long term lease: your locked below market rates (if you have a good realtor)
- Partner: Maintenance help, security services