MISSION STATEMENT

The Community Health Center Association of Mississippi (CHCAMS) supports its members in their collaborative efforts, and advocates for the provision of equal access to quality, comprehensive health care services and for the elimination of health disparities in the state.

VISION STATEMENT

The Community Health Center Association of Mississippi (CHCAMS) will be recognized as an organization on the forefront of shaping health care policy and as an organization which supports its members as they collaboratively improve the health and wellness of all Mississippians.
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Established in 1981, the CHCAMS is a 501(c)3 non-profit organization. Its membership is comprised of 20 community health centers operating in Mississippi. These health centers provide quality, comprehensive health care in accredited patient-centered medical homes.

These health centers are community-based non-profit organizations that receive federal funds, and state and foundation grant funds. Local boards govern them.

In health care systems, community health centers are known as Federal Qualified Health Centers (FQHCs). For more than 50 years, community health centers in the United States have been providing primary care regardless of patients’ insurance status or ability to pay.

Our member community health centers run more than

200 PRIMARY HEALTH CARE SITES

for over

317,000 MISSISSIPPIANS

The community health centers generate more than

$250 BILLION PER CAPITA

to the state’s economy.

Community health centers have a track record in providing high quality, cost-effective primary care, and support services that promote access to care.

The Association’s role is to provide

TRAINING,

TECHNICAL SUPPORT,

and ADVOCACY

at the state and federal level for our member health centers.
I am so appreciative of the opportunity to serve my fellow members and community health center leaders as president of the board. The Community Health Center Association of Mississippi members provide quality community-based primary and preventive care for more than 317,000 Mississippians to manage chronic diseases. The third quarter of FY20 brought unprecedented times for all. Due to the COVID-19 pandemic, change to operations and practice was eminent. Primary care health care delivery changed to meet the needs.

COVID-19 testing became a priority in late March of 2020 to help identify and stop the spread of the novel coronavirus. Some operations, such as dental and school-based clinics, came to a halt. As federal and state policy allowed for more flexibility, health centers in Mississippi were able to offer COVID-19 testing via curbside and drive-thru operations at open clinics. Mobile units were deployed to communities that needed access to COVID-19 tests. These efforts were two-fold: to help those who experienced problems in finding testing sites and could not afford the fees and to help the state mitigate the spread of the virus. While normal primary care operations were interrupted due to staff illness and being needed at home, telehealth operations quickly became a centerpiece of health care delivery.

Community health centers provide many benefits to communities across the state. Two key benefits to communities are:

**ACCESS TO PRIMARY HEALTH CARE**
Community health centers provided access to care for 317,320 * in 2019 in our community clinics, mobile units, and school-based clinics.

*Source: UDS 2019 Data: https://data.hrsa.gov/tools/data-reporting/program-data/state/MS/table?tableName=Full*

**FUEL FOR THE LOCAL ECONOMY**
Community health centers are non-profit businesses that are a vital economic driver in rural and underserved communities. Employment in health centers statewide grew 5.4% from 1,895.53 to 1,956.14 FTEs during fiscal year 2018. Many positions are filled with physicians. Physicians provide an economic impact of more than $3 million* to a local community.

*Source: National Economic Impact of Physicians, National Report, January 2018 for the American Medical Association, pg. 5*
We partner with stakeholders and policymakers on various issues, especially relating to Medicaid and access to affordable care for the uninsured. Community health centers provide routine and acute care that many citizens would seek in hospital emergency departments to manage chronic diseases. Community health centers provide a primary care safety net by creating access to high-quality comprehensive care no matter the patient’s insurance status so they can receive the care to remain well. This helps drive health care costs down for everyone.

The Mississippi Qualified Health Center funding provided by the state of Mississippi demonstrates a notable return on the taxpayer’s investment.

*In 2019, the MQHC program funding of $3.358 million allowed health centers to serve an additional 69,690 patients at a cost of $48.19 per person.*

This is a nominal amount to keep these patients well, in school, at work, and just as importantly, out of the emergency rooms. We greatly appreciate the support from the Mississippi Legislature for these funds.

Community health centers bring incredible value to patients, communities, and the health care system in Mississippi. On behalf of the Board and the Community Health Center Association staff, we look forward to working with stakeholders and policymakers as we advance population health in Mississippi.

**DR. GEROLDEAN DYSE**

CEO, Southeast Mississippi Rural Health Initiative
As my two-year tenure comes to an end in the middle of this fiscal year, I can say that I have seen many changes in how primary health care is delivered to Mississippians.

Our 20-member association has led the way for community health centers to deepen the work in value-based care. This has created a model that provides better outcomes for patients and populations that we all serve. Patient-centered care is at the core of our mission. Teams at the health center including care coordinators, patient navigators, and community health workers ensure individualized care to address the needs of each person. This has its challenges because, as primary health care leaders in the state, many of our patients have complex health care needs. As the demand for community health centers continues to rise, we are doing all we can as an association to support readiness.

"As the demand for community health centers continues to rise, we are doing all we can as an association to support readiness."
COMMUNITY HEALTH CENTER ASSOCIATION MEMBERS

EXECUTIVE COMMITTEE

PRESIDENT
Dr. Geroldean Dyse, CEO, Southeast Mississippi Rural Health Initiative

PRESIDENT ELECT
Rashad Ali, MD, JD, CEO, Family Health Center

IMMEDIATE PAST PRESIDENT
Angel Greer, CEO, Coastal Family Health Center

SECRETARY
Jill Bishop, Executive Director, East Central Mississippi Health Care

TREASURER
Aurelia Jones-Taylor, CEO, Aaron E. Henry Community Health Services Center

MEMBER-AT-LARGE
Rozell Chapman, MD, CEO, Mallory Community Health Center

MEMBER-AT-LARGE
Steven Collier, MD, CEO, MississippiCare

Who We Are 07
BOARD MEMBERS

- Aurelia Jones-Taylor, CEO
  Aaron E. Henry Community Health Services Center
- Marilyn Sumerford, Executive Director
  ACCESS Community Health Services
- Pam Poole, Executive Director (thru 3/31/20)
- Sally Toler, Executive Director
  Amite County Medical Services
- Dr. Robert Smith, Director
  Central Mississippi Health Services
- James E. Oliver, CEO
  Claiborne County Family Health Center
- Angel Greer, CEO
  Coastal Family Health Center
- John A. Fairman, CEO
  Delta Health Center
- Jill Bishop, Executive Director
  East Central Mississippi Health Care
- Dr. Margaret A. Gray, President/CEO
  Family Health Care Clinic
- Dr. Rashad Ali, CEO
  Family Health Center
- James Coleman, EdD, CEO
  G.A. Carmichael Family Health Center
- Wilbert L. Jones, CEO
  Greater Meridian Health Clinic
- Shirley Ellis-Stampley, Executive Director
  Arenia C. Mallory Community Health Center
- Dr. Rozell Chapman, CEO
  Mantachie Rural Health Care
- Marjorie McKinney, CEO
  MississippiCare
- James D. Nunnally, Executive Director
  North Mississippi Primary Health Care
- Dr. Clifton Rodgers, Executive Director
  Northeast Mississippi Health Care
- Sabrina Howze, CEO
  Outreach Health Services
- Dr. Geroldean Dyse, CEO
  Southeast Mississippi Rural Health Initiative
- Dr. Janice Bacon, Clinical Representative
- Louise Patterson, Consumer Representative
THREE MISSISSIPPI COMMUNITY HEALTH CENTERS RANK TOP IN COUNTRY FOR QUALITY IMPROVEMENT FROM HRSA

Access Family Health Services, Inc., North Mississippi Primary Health Care, and Amite County Medical Services earned the Health Resources and Services Administration (HRSA) Health Center Quality Leaders designation this grant period, achieving the best overall clinical performance among health centers. Gold represents the top 10% in the country, Silver is the top 11-20%, and Bronze is the top 21-30% for clinical quality measures among 1,400 CHCs in the country.

Congratulations to Marilyn Sumerford and staff at ACCESS Family Health Services; Sally Toler, Pam Poole and staff at Amite Co. Medical Services; and James Nunnally and staff at North Mississippi Primary Health Care, each earning the Gold Badge.

OXFORD, MISSISSIPPI GAINS TWO COMMUNITY HEALTH CENTER ENTITIES

North Mississippi Primary Health Care (NMPHC) announced the expansion of services in August 2019. In addition to a clinic site in the community, NMPHC is operating a school-based site in the Oxford school district.

MississippiCare won a competitive grant from HRSA in September 2019 to expand care in Oxford.
The CHCAMS provides training and technical assistance to its members as part of the association’s work that is funded by a grant from the U.S. Health Resources and Services Administration (HRSA). This training and technical assistance is directly related to a work plan approved by HRSA that is carried out for a three-year grant cycle. The health centers’ needs are assessed on an annual basis and trainings are developed accordingly.
C-SUITE TRAINING ON CREATING A CULTURE OF HIGH ACCOUNTABILITY

BOARD TRAINING AT MANTACHIE RURAL HEALTH CARE

2019 FALL CLINICAL CONFERENCE
<table>
<thead>
<tr>
<th>Training</th>
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<tbody>
<tr>
<td>Cyber Security Awareness</td>
<td>July 12, 2019</td>
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<tr>
<td>CHCAMS Annual Conference (Included 25 Training Sessions)</td>
<td>July 30, 2019 - August 2, 2019</td>
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<tr>
<td>Moving Toward Continuous Compliance - Clinical Program Requirements</td>
<td>September 6, 2019</td>
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<tr>
<td>C-Suite Leadership Training</td>
<td>September 19, 2019</td>
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<tr>
<td>Beyond the Basics: ACA Market Place Application Process</td>
<td>October 1, 2019</td>
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<tr>
<td>Advancing the Health of Vulnerable Populations: Strengthening the Primary Care Clinician's Role</td>
<td>October 4, 2019</td>
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<tr>
<td>Cyber-security Training/Tabletop Exercise</td>
<td>October 31, 2019</td>
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<tr>
<td>Mississippi Ending the HIV Epidemic (MSEHE) Interest Webinar</td>
<td>November 22, 2019</td>
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<tr>
<td>Uniform Data System (UDS) Training</td>
<td>December 3, 2019</td>
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<tr>
<td>Finance Series - Contracts &amp; Subawards</td>
<td>February 7, 2020</td>
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<tr>
<td>Finance Series - Revenue Cycle Review</td>
<td>February 14, 2020</td>
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<tr>
<td>Provider Documentation &amp; Coding Training</td>
<td>February 22, 2020</td>
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<tr>
<td>Finance Series - Financial Management &amp; Budget</td>
<td>February 26, 2020</td>
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<tr>
<td>Continuous HRSA Compliance: Clinical Program Requirements</td>
<td>March 4, 2020</td>
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<tr>
<td>Spring Clinical Conference - Transitioning Best Practice to Clinical Integration</td>
<td>March 6, 2020</td>
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<tr>
<td>How to Effectively Conduct Community Engagement Activities for HIV Prevention</td>
<td>March 13, 2020</td>
</tr>
<tr>
<td>Training (Cont.)</td>
<td>Date</td>
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<tr>
<td>HIV Care Continuum: Utilizing Quality Improvement Activities to Move Patients through the HIV Care Continuum</td>
<td>March 27, 2020</td>
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<td>Cultural Competency - &quot;Moving from Cultural Destruction to Cultural Proficiency.&quot; Making Cultural Proficient Providers</td>
<td>April 17, 2020</td>
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<td>Navigating the Medicare FQHC Cost Report</td>
<td>April 22, 2020</td>
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<td>Recent FQHC Billing &amp; Coding Updates Related to COVID-19</td>
<td>April 24, 2020</td>
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<td>Changing Operations for a Changing Paradigm</td>
<td>May 22, 2020</td>
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<tr>
<td>Billing &amp; Coding Bootcamp</td>
<td>June 2-3, 2020</td>
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<td>Preparing for Post-Pandemic Audits</td>
<td>June 4, 2020</td>
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<tr>
<td>Governing During COVID-19 - What Every Board Member Should Know</td>
<td>June 11, 2020</td>
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<td>UDS Mapper &amp; COVID-19</td>
<td>June 11, 2020</td>
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<tr>
<td>&quot;Safely Return Orders&quot; Preparing for the New Normal and School-based Health Center Operations</td>
<td>June 12, 2020</td>
</tr>
<tr>
<td>Developing Strategic Partnerships to Optimize Substance Use Disorder Treatment</td>
<td>June 12, 2020</td>
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The 32nd annual CHCAMS conference "Advancing Population Health: Community Health Centers Leading the Charge" brought approximately 300 health care professionals and community leaders in the health center movement together July 30 - August 2, 2019, at the Beau Rivage Resort in Biloxi, Miss. for training, networking, and information sharing.

Among the highlights of the event were a panel discussion by statewide health care leaders around the topic of population health and health outcomes, a presentation by Darrin Bowden of HRSA, and keynote speech by Dr. Soma Stout from the Institute of Healthcare Improvement. A new element of the conference was a poster presentation showcasing innovation at health centers.
The first CHCAMS poster presentation was held at the 32nd annual CHCAMS conference. Eighteen posters featuring innovations implemented at Mississippi’s community health centers were on display and evaluated by an independent panel of judges.

AWARD RECIPIENTS

1ST PLACE
ACCESS Community Health Services for The Farmacy Indoor Farmers’ Market—Meeting a Community’s Need, presented by Marilyn Sumerford, MS and Tammy Shelton, BSN, RN

2ND PLACE
Coastal Family Health Center for All Hands on Deck: Combating Diabetes and Hypertension Takes a Team, presented by Rachael Butler, PharmD

3RD PLACE
G.A. Carmichael Family Health Center for Family-Centered Nutrition and Physical Activity Intervention to Decrease BMI and Sedentary Habits in Children ages 7-13 presented by Kyskie Bolton, MS, RDN, LDN, CLC
HEALTH CENTER WEEK

The National Association of Community Health Centers spearheads the National Health Center Week. The 1400 health centers across the U.S. are encouraged to host activities to call attention to the importance of community health centers as it relates to access to health care.

August 4 - 10, 2019 was proclaimed Mississippi Community Health Center Week. This effort coincided with the national Community Health Center week. This proclamation highlighted Mississippi's health centers and was accompanied by media appearances by health center advocates and events statewide.

Media interviews are part of the Communications and Advocacy program.

CHCAMS board members (back row, left to right) Shirley Ellis-Stampley, Dr. Margaret Gray, Winston Collier (proxy for Dr. Steven Collier), CHCAMS CEO Janice Sherman. (front row, left to right) Marilyn Sumerford and Jill Bishop make plans for the 2019 Community Health Center week in Mississippi.

MPB News senior reporter Desare Frazier and CHCAMS Outreach and Enrollment program director Maria Morris
NATIONAL ADVOCACY

Efforts in FY20 were focused on community health center funding and addressing issues of health care delivery with the pandemic in Mississippi. Advocacy calls were made to U.S. Senators Roger Wicker and Cindy Hyde-Smith and to Congressmen Trent Kelly, Bennie Thompson, Michael Guest, and Steven Palazzo throughout the fiscal year to discuss the work of community health centers and to advocate for policies that improve the healthcare safety net funding of federally qualified health centers.

STATE-LEVEL ADVOCACY

Each year, the leadership of the community health centers along with leadership and staff at the association have activities to promote policies to benefit health care for Mississipians. These activities include meetings with state representatives and senators, a legislative reception, a promotional booth in the State Capitol rotunda, and an awards presentation for legislative and health care standouts.

AWARDS PROGRAM

Each year, CHCAMS honors those health care and legislative leaders for contributions made to community health centers. These awards are presented during a legislative reception. In 2020, Dr. Robert Smith, director of Central Miss. Medical Clinic, who helped established the first health center in the country in Mound Bayou, Mississippi, was one of the honorees.

Photos, top to bottom: Janice Sherman presents to the Senate Public Health Committee. | Jill Bishop of East Central Miss. Health Center, Sally Toler of Amite Co. Medical Services, Representative Sam Mims, Pam Poole of Amite Co. Medical Services, Dr. Rozell Chapman of Mallory Community Health Center, and Marilyn Sumerford of ACCESS Community Health Services. | Dr. Smith (center) with CHCAMS 2020 President Dr. Geroldean Dyse (left) and CHCAMS CEO Janice Sherman.
COVID-19 RESPONSE

A national health emergency was declared on January 31, 2020 which began on January 27, 2020 due to confirmed cases of COVID-19 in the United States. The World Health Organization characterized COVID-19 as a pandemic, and on March 13, 2020, the President of the United States declared a nationwide state of emergency due to the COVID-19 pandemic. The Mississippi State Department of Health announced the first case of COVID-19 in Mississippi on March 11, 2020. Schools closed. Businesses suspended operation, and citizens were asked to shelter in place. As an essential service provider of health care, community health centers in Mississippi began to change operations and procedures to keep staff and health care providers safe from this novel coronavirus, while offering care to those in the communities. Mobile, drive-thru, and drive-up testing became means for COVID-19 testing access in rural communities and for many of those who already struggle with health care access.

During this initial phase of the COVID-19 emergency, the CHCAMS created a clearinghouse of information that health centers could access. The CHCAMS COVID-19 Clearinghouse included information shared among health centers, HRSA information, an archive of the daily digests from CHCAMS, and operational information all in one convenient location. CHCAMS staff and leadership also advocated for and provided support to health centers where health care heroes continued to do their jobs of service.
DISTRIBUTING MASKS TO HEALTH CENTERS

Photos, left to right, Dr. Janice Bacon of Central Miss. Health Services and Dr. Sonja Fuqua of CHCAMS, Angel Greer of Coastal Family Health Services, and Desiree Stinson of CHCAMS and Dr. Rashad Ali of Family Health Center in Laurel
CHCAMS convened members and claims experts from the Mississippi Division of Medicaid and the Coordinate Care Organizations (CCOs) to provide a forum for claims discussions. This opportunity provided a platform for health center representatives to discuss issues in billing and claims reimbursements with the administrative organizations. This also provided an opportunity for the administrative organizations to hear where the processing issues were experienced, first-hand, so that they could be addressed.

340B is a vital pharmacy discount program for the patients of community health centers, but is administratively complex. That is why the Community Health Center Association established the 340B Pharm Workgroup in 2019. The workgroup’s chairman is Ron Henry, RPh, MPH, CTTS, Pharmacy Director of Family Health Center in Laurel. Pharmacists, CEOs and other C-suite members make up the workgroup and convene quarterly for conference calls. The pharmacists of the group hold monthly meetings for a more informal dialogue to share information. CHCAMS engaged a law student as an intern to specifically research policy around 340B pharmacy issues.

Governor Phil Bryant appointed CHCAMS CEO Janice Sherman to serve on the 15-member group. The task force focused on three key areas: sustaining and evaluating the current health care infrastructure, growing access, and transforming current health care practices into those of the future. These areas were intended to determine the root causes of Mississippi’s rural health issues, and provide solutions specific to addressing those solutions.
CHCAMS has addressed the high rate of obesity in Mississippi by creating an initiative that gives all 20 health centers an opportunity to work under one banner for prevention. MS-CHCs are encouraged to host events to help citizens build on healthy habits to pass along to future generations. 5K races, health fairs, and other community events are produced by health centers in service areas. The association, in partnership with health centers in the metro area, hosts 10K and 5K races. The races and community events culminate Community Health Center Week.

MEND PROGRAM
MEND (Mind, Exercise, Nutrition, Do It!) is an initiative to help children and adults learn about healthy lifestyles and best nutritional choices. It is funded by the National Association of Health Center’s Obesity Management Program.

The program is in its second year and, though requiring face-to-face training sessions, the impact of COVID-19 pandemic restrictions has necessitated innovation in implementation. G.A. Carmichael Family Health Center and Jefferson Comprehensive Health Center have collaborated in efforts to go virtual and are currently providing nutrition training via Facebook Live. The sessions are recorded and posted for viewing by participating families who missed the live session or would like to review the training content.

Dr. Janice Bacon (center) of Central Miss. Health Services participates with other health center staff and trainers at the MEND training session.
This program addresses the high prevalence of smoking among young women during pregnancy. By providing tobacco cessation counseling support and resources to pregnant women, the goal is they will quit smoking and maintain smoking cessation throughout the prenatal period and beyond to postpartum. The program is successful in helping women quit smoking for good, resulting in improved birth outcomes and long-term positive outcomes for women, children, and their families. Mississippi has 10 health centers participating in the Baby & Me program:

- Aaron Henry Community Health Service Center
- Central MS Health Services
- Claiborne County Family Health Center
- Coastal Family Health Center
- Family Health Center
- G. A. Carmichael Family Health Center
- Greater Meridian Health Clinic
- Jefferson Comprehensive Health Center
- Mallory Community Health Center
- Southeast MS Rural Health Initiative

OUTREACH & SPECIAL POPULATIONS PROGRAMS

BABY & ME™ TOBACCO FREE

The CHCAMS provides technical assistance and training to place Certified Assisters in Mississippi community health centers. Certified Assisters help community members navigate enrolling and purchasing health insurance through healthcare.gov. The “Beyond the Basics: ACA Market Place Application Process” training facilitated by CHCAMS and sponsored by Molina was held on October 1, 2019. This training provided a step-by-step overview of the Market Place application with a focus on specific topics such as countable income, especially for the self-employed, building collaborative community partnerships, and establishing a better working relationship with Medicaid, Managed Care Organizations (MCOs) and agents. The 42 participants included representation from 14 CHCs, both Qualified Health Plans (Ambetter and Molina), the same 2 MCOs, navigators, and several licensed agents.

OUTREACH AND ENROLLMENT FOR HEALTH CARE THROUGH THE AFFORDABLE CARE ACT

CHCAMS reported on the CMS Snapshot ending 12/21/2019. Mississippi concluded Open Enrollment Period (OEP) 7 with an estimated 99,000 plans selected, which was a 20,000 increase from the prior year (OEP 6.)
WORKFORCE DEVELOPMENT

The CHCAMS has programs that help foster the development of the provider networks for community health centers in the state through recruitment events and maintaining a website for health centers to post openings.

Trainings and technical assistance for Human Resources management and staff employed at the community health centers are held regularly as part of this program.

QUALITY IMPROVEMENT

Among the quality improvement activities of the association, it hosts monthly quality improvement workgroup meetings. The association also provides technical assistance and training for community health centers in the areas of quality improvement and offers Continuing Education Unit credits in many of its trainings for several health profession areas.

CHCAMS promotes and supports the Patient Centered Medical Home (PCMH) health care delivery model. Staff members, certified as PCMH content experts, provide technical assistance and training on health care delivery best practices for health centers seeking and maintaining PCMH recognition.

The Patient Centered Medical Home is a model of care that puts patients at the forefront of care and builds relationships between patients and the clinical teams led by the primary care provider. This care delivery model improves quality, the patient and staff experience, as well as reduces health care costs.

Community health centers can receive recognition as a Patient Centered Medical Home designation from one of the following organizations:

- Joint Commission on Accreditation of Healthcare Organizations
- National Committee for Quality Assurance (NCQA)
- Accreditation Association for Ambulatory Health Care (AAAHC)

The medical home encompasses five functions and attributes:

- Comprehensive Care
- Accessible Services
- Patient Centered
- Quality and Safety
- Coordinated Care

Source: U.S. Department of Health and Human Services

Health Centers in Mississippi (75%) as of September 2019 are recognized Patient Centered Medical Homes
In the State of the Union Address on February 5, 2019, President Donald J. Trump announced his Administration’s goal to end the HIV epidemic in the United States within ten years. To achieve this goal and address the ongoing public health crisis of HIV, the proposed Ending the HIV Epidemic (EHE): A Plan for America will leverage the powerful data and tools now available to reduce new HIV infections in the United States by 75 percent in five years and by 90 percent by 2030.

While national HIV rates are on the decline, Mississippi is still considered and identified as a hot spot along with six other substantially rural states. To focus the effort on addressing ending the epidemic in Mississippi, the Community Health Center Association of Mississippi (CHCAMS), along with the Mississippi State Department of Health (MSDH), Office of STD/HIV, and the Mississippi AIDS Education Training Center (AETC) is implementing the “Mississippi Ending the HIV Epidemic Initiative.”

This initiative focuses on the four pillars designed by the national EHE strategy:

PILLAR ONE:
Diagnose all people with HIV as early as possible after transmission.

PILLAR TWO:
Treat people with HIV rapidly and effectively to reach sustained viral suppression.

PILLAR THREE:
Prevent new HIV transmission by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

PILLAR FOUR:
Respond quickly to potential HIV outbreaks to get prevention and treatment services to people who need them.

The CHCAMS has conducted the following activities to assist community health centers (CHCs) address the EHE:

- Technical assistance to comprehensive outreach and engagement plans;
- Technical assistance and training on developing a culturally competent HIV workforce;
- Budget training for maximizing current HIV resources within the program funding guidelines;
- Identification of collaborative partnerships and new/existing funding sources to support EHE work;
- Access to free informational webinars and recordings; and
- Training CHC staff on PrEP and PEP implementation, HIV Care Continuum, UDS Clinical Quality Measures, and Cultural Competency for special populations.

COMMUNITY HEALTH WORKER INITIATIVE

The CHCAMS is working with local, state, and national partners to develop a statewide Community Health Workers (CHWs) Association of Mississippi. CHCAMS held a series of focus groups and community discussion groups with CHWs and allies around the state. A Leadership Advisory Group (LAG) was established with representatives from the four regions of Mississippi. As a result of this work, a Community Health Worker registry was developed to help place CHWs in CHCs to expand the healthcare workforce. The registry link is https://chcams.org/careers/candidate-profile-form-2/.
1. Aaron E. Henry Community Health Services Center
2. ACCESS Community Health Services
3. Amite County Medical Services
4. Central Mississippi Health Services
5. Claiborne County Family Health Center
6. Coastal Family Health Center
7. Delta Health Center
8. East Central MS Health Care
9. Family Health Care Clinic
10. Family Health Center
11. G.A. Carmichael Family Health Center
12. Greater Meridian Health Clinic
13. Jackson-Hinds Comprehensive Health Center
14. Jefferson Comprehensive Health Center
15. Mallory Community Health Center
16. Mantachie Rural Health Care
17. MississippiCare
18. North Mississippi Primary Health Care
19. Northeast Mississippi Health Care
20. Outreach Health Services
21. Southeast Mississippi Rural Health Initiative

Indicates the locations of some of Mississippi’s Community Health Center clinics

Colored areas represent CHC presence in the county

This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,239,882 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

For more information, please visit HRSA.gov.
DATA & RESEARCH

The Uniform Data System (UDS) is a standardized reporting system that provides consistent information about health centers.

THE UDS INCLUDES:
• The number and socio-demographic characteristics of people served.
• Types and quantities of services provided.
• Information about the quality of care provided to patients.
• Cost and efficiency data relative to the delivery of services.
• Sources and amounts of health center income.
• Counts of staff who provide these services.

SITE INFO

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<td>21</td>
<td>146</td>
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<td>2019</td>
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PROVIDERS

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<tr>
<td>General Practitioners</td>
<td>3.88</td>
<td>14,028</td>
</tr>
<tr>
<td>Internists</td>
<td>17.69</td>
<td>52,387</td>
</tr>
<tr>
<td>Obstetrician/Gynecologists</td>
<td>14.64</td>
<td>43,799</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>15.62</td>
<td>39,375</td>
</tr>
<tr>
<td>Other Specialties</td>
<td>1.13</td>
<td>2,567</td>
</tr>
<tr>
<td>TOTAL PHYSICIANS</td>
<td>90.76</td>
<td>265,090</td>
</tr>
<tr>
<td>ADVANCED PRACTITIONERS</td>
<td>FTES</td>
<td>CLINIC VISITS</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------</td>
<td>---------------</td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>195.26</td>
<td>469,241</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>2.70</td>
<td>8,262</td>
</tr>
<tr>
<td>Certified Nurse Midwives</td>
<td>1.61</td>
<td>5,646</td>
</tr>
<tr>
<td>TOTAL ADVANCED PRACTITIONERS</td>
<td>199.57</td>
<td>483,149</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DENTAL</th>
<th>FTES</th>
<th>CLINIC VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentists</td>
<td>40.63</td>
<td>84,870</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>15.84</td>
<td>14,276</td>
</tr>
<tr>
<td>Dental Assistants, Aides, and Techs</td>
<td>56.84</td>
<td>N/A</td>
</tr>
<tr>
<td>TOTAL DENTAL</td>
<td>113.31</td>
<td>99,146</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BEHAVIORAL HEALTH</th>
<th>FTES</th>
<th>CLINIC VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrists</td>
<td>1.07</td>
<td>1,347</td>
</tr>
<tr>
<td>Licensed Clinical Psychologists</td>
<td>1.80</td>
<td>653</td>
</tr>
<tr>
<td>Licensed Clinical Social Workers</td>
<td>13.81</td>
<td>8,428</td>
</tr>
<tr>
<td>Other Licensed Mental Health Providers</td>
<td>17.97</td>
<td>15,569</td>
</tr>
<tr>
<td>Other Mental Health Staff</td>
<td>9.80</td>
<td>1,719</td>
</tr>
<tr>
<td>TOTAL BEHAVIORAL HEALTH</td>
<td>44.45</td>
<td>27,716</td>
</tr>
</tbody>
</table>
CLINICAL QUALITY PERFORMANCE

Trimester of Entry into Prenatal Care  (5,350 total patients)
- First Trimester: 63.7%
- Second Trimester: 28.7%
- Third Trimester: 7.6%

Children with Age Appropriate Immunizations by 2 Years of Age: 44.4%
Female Patients Aged 23-64 Who Received One or More Pap Tests: 44.9%
Adult Patients Screened for Tobacco Use AND Received Appropriate Treatment: 84.4%
Patients 21 Years of Age or Older at High Risk of Cardiovascular Events who were Prescribed or were on Statin Therapy: 67.9%
Adult Patients 50-75 Years of Age Who Received Appropriate Colorectal Cancer Screening: 95.0%
Patients Newly Diagnosed with HIV Seen for Follow-Up within 90 Days of Diagnosis: 36.6%
Low Birth Weight Deliveries: 13.9%
Hypertensive Patients with Controlled Blood Pressure: 56.6%
Diabetic Patients with HbA1c ≤ 9%: 66.8%

ENABLING SERVICES

<table>
<thead>
<tr>
<th>ENABLING SERVICES</th>
<th>FTES</th>
<th>CLINIC VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Managers</td>
<td>43.39</td>
<td>26,530</td>
</tr>
<tr>
<td>Patient/Community Education Specialists</td>
<td>12.47</td>
<td>24,075</td>
</tr>
<tr>
<td>Outreach Workers</td>
<td>16.41</td>
<td>N/A</td>
</tr>
<tr>
<td>Transportation Staff</td>
<td>12.36</td>
<td>N/A</td>
</tr>
<tr>
<td>Eligibility Assistance Workers</td>
<td>31.47</td>
<td>N/A</td>
</tr>
<tr>
<td>Interpretation Staff</td>
<td>23.23</td>
<td>N/A</td>
</tr>
<tr>
<td>Community Health Workers</td>
<td>18.97</td>
<td>N/A</td>
</tr>
<tr>
<td>Other Enabling Services</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>TOTAL ENABLING SERVICES</td>
<td>159.30</td>
<td>50,605</td>
</tr>
</tbody>
</table>
## STATEWIDE CHC EMPLOYMENT TOTALS & ANNUAL PATIENT VISITS

<table>
<thead>
<tr>
<th>DISCIPLINE/PROFESSION</th>
<th>FTES</th>
<th>CLINIC VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>90.76</td>
<td>265,014</td>
</tr>
<tr>
<td>Advanced Practitioners (NP, PA, CNM)</td>
<td>199.57</td>
<td>483,149</td>
</tr>
<tr>
<td>Nurses</td>
<td>332.03</td>
<td>11,021</td>
</tr>
<tr>
<td>Dentists</td>
<td>40.63</td>
<td>84,870</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>15.84</td>
<td>14,276</td>
</tr>
<tr>
<td>Mental/Behavioral Health</td>
<td>44.45</td>
<td>27,716</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>35.24</td>
<td>N/A</td>
</tr>
<tr>
<td>Optometrist/Vision</td>
<td>8.49</td>
<td>7,949</td>
</tr>
<tr>
<td>Total Enabling Staff</td>
<td>159.30</td>
<td>50,605</td>
</tr>
<tr>
<td>Other Staff</td>
<td>1,136.74</td>
<td>18,615</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>2,063.05</td>
<td>963,215</td>
</tr>
</tbody>
</table>
DEMOGRAPHICS

MS COMMUNITY HEALTH CENTER PATIENTS, 2012-19

MS HEALTH CENTER USERS BY POVERTY LEVEL

- 54.2% 100% + BELOW
- 23% UNKNOWN
- 11.3% 101-150%
- 6.2% OVER 200%
- 5.3% 151-200%

RACE/ETHNICITY: CHC PATIENTS VS. GENERAL POPULATION

- African American: 70% MS CHC’s, 60% MS Population, 50% US Population
- White: Other
- Hispanic/Latino: 20%

PAYOR SOURCE: MS CHC PATIENTS VS. GENERAL POPULATION

- Uninsured: 60% MS CHC’s, 50% MS Population, 40% US Population
- Medicaid/CHIP: 30%
- Private: 20%
- Medicare: Other
# FINANCIAL REPORT

## MISSISSIPPI QUALIFIED HEALTH CENTER PROGRAM (MQHC)

The Mississippi Qualified Health Center Program emerged from the need to address the immense disparities and access barriers between primary health care for uninsured or medically indigent patients and the insured populations. The program was established under House Bill 402 during the 1999 Legislative Session and funded through the Health Care Expendable Fund. The Legislature allocated funding for a 5-year, $20 million program to be distributed at a rate of $4 Million per year for S FYs 2000-2004 with no MQHC receiving more than $200,000 annually. Grant awards to Mississippi QHCs (or Community Health Centers) are used to provide increased access to preventative and primary care services for uninsured or medically indigent patients and to augment existing services. Many CHCs have new services made possible due to the funding provided by the MQHC Program.

### Funding Sources

<table>
<thead>
<tr>
<th></th>
<th>2017-2018</th>
<th>%</th>
<th>2018-2019</th>
<th>%</th>
<th>JULY 2019</th>
<th>%</th>
<th>JULY 2020</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>330 Grant</td>
<td>$1,239,882.00</td>
<td>44%</td>
<td>$93,007.47</td>
<td>31%</td>
<td>$1,287,605.65</td>
<td>46%</td>
<td>$156,672.79</td>
<td>32%</td>
</tr>
<tr>
<td>State Grants</td>
<td>$160,739.26</td>
<td>6%</td>
<td>$4,218.29</td>
<td>1%</td>
<td>$161,070.64</td>
<td>6%</td>
<td>$3,966.12</td>
<td>1%</td>
</tr>
<tr>
<td>Private Foundation</td>
<td>$156,574.46</td>
<td>6%</td>
<td>$19,581.25</td>
<td>7%</td>
<td>$117,385.63</td>
<td>4%</td>
<td>$26,722.37</td>
<td>6%</td>
</tr>
<tr>
<td>Membership Dues</td>
<td>$262,858.25</td>
<td>9%</td>
<td>$135,650.13</td>
<td>46%</td>
<td>$225,350.73</td>
<td>8%</td>
<td>$145,400</td>
<td>30%</td>
</tr>
<tr>
<td>GPO &amp; Admin Fees &amp; Misc</td>
<td>$994,120.32</td>
<td>35%</td>
<td>$44,583.51</td>
<td>15%</td>
<td>$983,581.99</td>
<td>35%</td>
<td>$152,329.93</td>
<td>31%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$2,814,174.29</strong></td>
<td><strong>100%</strong></td>
<td><strong>$296,583.51</strong></td>
<td><strong>100%</strong></td>
<td><strong>$2,774,994.64</strong></td>
<td><strong>100%</strong></td>
<td><strong>$485,091.21</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### MQHC Funding

- **$3.3 Million** appropriation from the Mississippi Legislature (CY2019)
- **ROI = $48.19**

The MQHC Grant Program assists in providing comprehensive health care services to rural and underserved Mississipians, including:

- Primary Care
- Mobile Units
- School-based Clinics
- Pediatric Care
- Diagnostic Imaging
- Dental Care – Primary & Preventative
- Chronic Care Management
- Mental Health Care
- Women’s Health
- Health Education
- Social Services
- Health Care Transportation
STRATEGIC PARTNERS

- Miss. State Department of Health

HEALTH POLICY/PLANNING
- Office of Rural Health
- Primary Care Office

HEALTH PROMOTION/EQUITY
- Health Disparity
- Preventive Health / MQI2
- Office of Tobacco Control
- Comp. Cancer Control Program

HEALTH SERVICES
- Division of Dental Services
- PHRM/ISS
- American Cancer Society
- Office of Mississippi Physician Workforce
- Division of Medicaid
- Coordinated Care Organizations
- Qualified Health Plans
- Miss. Emergency Management Agency
- Mississippi Health Safe Net
- University of Miss. Medical Center
- 70x20x20 Colorectal Cancer Screening Initiative
- ATEC

![CHCAMS Director of Clinical Quality Sanja Fuqua (left) and Degarrette Tureaud of the Mississippi State Department of Health Office of Tobacco Control pose for a picture at the 2019 annual conference.](image1)

![CHCAMS staff Wayne Miley (left) and Desiree Stinson (right) celebrate Rural Health Day with Mississippi Rural Health Association Director Ryan Kelly.](image2)
Outreach Health Services, Shubuta, Miss.

Delta Health Center CEO John Fairman at a Mound Bayou clinic COVID-19 drive-thru testing event.

Aaron E. Henry Community Health Services Center, Clarksdale

Family Health Clinic CEO Rashid Ali, MD, and Jones Co. District 5 Supervisor Travis Comegys

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