

Reference Materials (provide for posting):

- KWC Provisional Unified Calendar
- KWC Recruitment Plan
- KWC Construction Budget
- Productivity Work Plan

Next Steps:

- Information Only**
- Schedule second workshop**
- Prepare item for Tribal Council Motion**
- Prepare item for Tribal Council Resolution**
- Prepare item for Administrative Approval process**
- Other:**

Executive Director Comments:

Tribal Council Secretary/Treasurer Comments:

Executive Director Initials:

CHC Patients May Notice Quicker Appointments and More Services

The consistent feedback gathered from patients through comment cards and the annual satisfaction survey has pointed out the need for more readily available appointments at the Tribal Clinic. In order to increase accessibility to care, the Clinic is streamlining its scheduling process in order to add eight additional patient appointments each day for patients to access their Primary Care Provider.

The additional appointment times are possible due to the increased use of electronic documentation and efficient time management. By using more digital, pre-populated screening forms, less charting time is required by the Providers and Medical Assistants. Providers can use individual appointment time to focus patient care goals. The Clinic will also be shifting from 30-minute appointments to 20-minute intervals. This creates more appointment availability and will reduce patient wait times for health services by days or in some cases even weeks.

What will most of these adjustments look like for you as a patient? You will get a reasonable time frame to complete your Wellness Exam and general health concerns can be addressed more rapidly. The Clinic will be able to accommodate more time frames and offer more appointment options. Your Provider at the Clinic will be able to coordinate your care with streamlined documentation, so referring you to a specialist will be done more efficiently.

What will most of these adjustments look like for you as a patient? You will get a reasonable time frame to complete your Wellness Exam and general health concerns can be addressed more rapidly.

Increasing accessibility is just a part of the Clinic's commitment to support your care and well-being. The Community Health Center (CHC) has also been diligently working to expand services through the use of telemedicine. Being able to access counseling and mental health services from within the CHC building will provide patients with access to service without the inconvenience of out-of-town travel or the long wait for an initial consultation.

Kim Cotton, PMHNP is our new Mental Health Telemedicine Provider and will be starting to serve patients on October 27. She is experienced in treating a variety of mental health issues including mood disorders, PTSD, substance abuse and eating disorders. Kim has experience in working with patients with intellectual disabilities, behavioral problems, and specializes in child and adolescent psychiatry. Appointments will be available Tuesdays from 1-3 p.m. and Wednesdays from 10 a.m. – 4 p.m. Appointments will take place at the CHC within a newly created telemedicine room that assures patient privacy and comfort. For an appointment or more information, please call the Clinic at 541-888-9494, opt. 1.

Ko-Kwel Wellness Center
Construction Budget and Actual Expenses
From 1/1/2020 Through 09/08/2020

	Total Budget	NMTC Funds	Grant Funds	CIT Costs	Total Costs Incurred	Remaining Budget	Remaining Budget %
Financing Costs							
NMTC Professional Fees	368,921	368,921	-	-	368,921	0	0%
NMTC Consultant Fee	240,000	240,000	-	-	240,000	-	0%
NMTC Reserves	243,330	-	-	-	-	243,330	100%
Loan fees	70,000	-	-	70,000	70,000	-	0%
Loan Professional Fees	70,778	-	-	70,778	70,778	(0)	0%
Northern Trust Legal Fees	13,715	-	13,715	-	13,715	(0)	0%
QLICI interest during construction	127,717	-	-	-	-	127,717	100%
QALICB Audit & Tax during construction	10,000	-	-	-	-	10,000	100%
Construction period interest	366,465	-	-	93,285	93,285	273,180	75%
Total Financing Costs	1,510,926	608,921	13,715	234,063	856,699	654,227	43%
Site Preparation & Demolition							
Site Survey	13,900	-	13,900	-	13,900	-	0%
Earth Moving	59,195	11,120	48,075	-	59,195	(0)	0%
Existing utility terminations	1,500	-	-	-	-	1,500	100%
Contingency-Site preparation and demolition	7,460	-	-	-	-	7,460	100%
Total Site Preparation & Demolition	82,055	11,120	61,975	-	73,095	8,960	11%
Project Management/Surveys/Reports							
Project Management	276,263	62,482	79,188	-	141,670	134,593	49%
Plan Review, Permitting, MEP, FLS Inspections, Facility Comm	125,000	93,834	-	-	93,834	31,166	25%
Storm Water/BPM/Reports/Inspections	24,079	29,766	-	-	29,766	(5,687)	-24%
Topo Survey/ALTA Survey	25,500	13,263	11,469	-	24,732	769	3%
Phase 1 ESA	3,600	-	3,600	-	3,600	-	0%
Limited Phase 2 ESA	18,000	-	18,000	-	18,000	-	0%
Geotechnical Engineering & Pile Test Program	46,108	-	42,585	-	42,585	3,523	8%
Pile Driving Monitoring	19,715	24,905	-	-	24,905	(5,190)	-26%
Construction Materials Testing	25,000	27,223	-	-	27,223	(2,223)	-9%
Total Project Management/Surveys/Reports	563,265	251,473	154,841	-	406,315	156,950	28%
Utility Infrastructure & Fees							
Building Permit Application Fee	120,000	-	-	-	-	120,000	100%
Electric Utility Connection Fee	21,460	-	-	-	-	21,460	100%
Backup Power Generator/ATS	225,000	-	-	-	-	225,000	100%
Water/Sewer Development Fee	9,554	-	-	-	-	9,554	100%
Equipment Commissioning	15,000	-	-	-	-	15,000	100%
Contingency-Utility infrastructure	13,807	-	-	-	-	13,807	100%
Total Utility Infrastructure & Fees	404,821	-	-	-	-	404,821	100%
Building Construction & Design							
Architectural/Engineering Design Costs	449,893	155,155	214,459	-	369,614	80,279	18%
Design Refinement Costs	41,387	41,387	-	-	41,387	-	0%
General Conditions	603,997	-	-	-	-	603,997	100%
Building Cost (100% GMP)	7,800,238	2,191,101	75,000	-	2,266,101	5,534,137	71%
Contractor's Contingency (1%)	95,153	29,836	-	-	29,836	65,317	69%
Owner's contingency	305,824	38,812	-	-	38,812	267,012	87%
Change Orders	-	-	-	-	-	-	0%
Total Building Construction & Design	9,296,492	2,456,291	289,459	-	2,745,749	6,550,743	70%
Furniture, Fixtures & Equipment							
Office Furniture/Equipment	150,644	-	-	-	-	150,644	100%
IT Equipment/Servers & Specialty AV	82,500	-	-	-	-	82,500	100%
Dental-Operatories (5 units)	292,443	13,740	-	-	13,740	278,703	95%
Dental-Panoramic X-ray Unit	20,000	-	-	-	-	20,000	100%
Dental-Small Tools and Consumables	17,700	-	-	-	-	17,700	100%
Medical/Pharmacy	279,000	-	-	-	-	279,000	100%
Medical Software/Hardware	34,610	-	-	-	-	34,610	100%
Procurement Services - Medical	86,200	39,100	9,010	-	48,110	38,090	44%
Site Amenities	25,000	-	-	-	-	25,000	100%
Contingency-FFE	97,909	-	-	-	-	97,909	0%
Total Furniture, Fixtures & Equipment	1,086,006	52,840	9,010	-	61,850	492,309	45%
Total Costs	12,943,565	3,380,645	529,000	234,063	4,143,708	8,799,857	68%
NMTC Sub-Allocation Fee	360,000						
Phase I Budget as last presented	13,303,565						

Ko-Kwel Wellness Center

Contingency and Change Orders

<i>As of 9/8/2020</i>	Design Refinement	Contractor's Contingency	Owner's contingency	Total
<i>GL code</i>	<i>8401</i>	<i>8404</i>	<i>8405</i>	
Total Budget	41,387	95,153	305,824	442,364
Rectangle to Leister Spear Design	41,387	-	-	41,387
Roof framing and materials cost escalation	-	26,756	-	26,756
Fire riser installation	-	3,080	-	3,080
Hands-Free Plumbing Fixtures	-	-	12,151	12,151
Subgrade Work-SW Parking Area	-	-	2,905	2,905
Export-Import Trench Material	-	-	3,654	3,654
Upgrade Overhead Doors	-	-	3,210	3,210
Central Gathering Doors	-	-	13,950	13,950
Sewer Trench Backfill	-	-	1,628	1,628
Security Cameras	-	-	1,314	1,314
Total Costs Incurred	41,387	29,836	38,812	110,035
Remaining Budget	-	65,317	267,012	332,329
Remaining Budget %	0%	69%	87%	75%

Ko-Kwel Wellness Center Grant Funding Status

Grants not included as part of the NMTC Closing

As of 9/8/2020

Ref	Sources of Funds	ADDITIONAL GRANT FUNDING SOUGHT			Status	Next Checkpoint	Notes
		ACTUAL	BUDGET	VARIANCE			
001	Meyer Memorial Trust	-	100,000	(100,000)	Awaiting Decision	12/31/2020	2nd apl submitted 4/13/20, dental imaging, decision Dec
002	Shakopee Foundation	-	25,000	(25,000)	Awaiting Decision	Now/follow up	2nd apl submitted 12/31/19, dental imaging
003	Spirit Mountain Community Fund	-	100,000	(100,000)	Awaiting Decision	9/30/2020	2nd apl submitted 5/28/20, dental imaging, decision Sept
004	Ford Family Foundation	-	200,000	(200,000)	Reapply	Now/follow up	Apl submitted 10/19 for const, won't fund until after financing closes
005	Bay Area Hospital Foundation	-	15,000	(15,000)	Awaiting Decision	Now/follow up	Apl submitted 2/27/20, dental imaging; funder has paused due to COVID
006	Coquille Tribal Community Fund	-	-	-	Not yet applied	9/30/2020	Letter of intent due 9/30/20, amt TBD
007	Floyd Ingraham Trust	-	20,000	(20,000)	Awaiting Decision	1/31/2021	Apl submitted 4/2/20, dental imaging, decision June 20-Jan 21
008	Pacific Power Foundation	-	15,000	(15,000)	Not yet applied	12/15/2020	Apl due 12/15/20, health & safety funding
009	Kaiser Family Foundation	-	20,000	(20,000)	Not yet applied	11/1/2020	Apl due 11/1/20
010	EDA CARES Recovery Grant	-	1,486,074	(1,486,074)	Pending	9/28/2020	Selected for further consideration; only minor follow up questions
Total Sources		<u>-</u>	<u>1,981,074</u>	<u>(1,981,074)</u>			

	AWARDED GRANT FUNDING			Status	Next Checkpoint	Notes	
	ACTUAL	BUDGET	VARIANCE				
Sources of Funds							
011	Oregon Community Foundation	50,000	50,000	-	Awarded	NA	Dental imaging equipment
012	CDC Coronavirus Formula Grant	155,640	196,129	(40,489)	Awarded	NA	\$155,640 awarded 6/26/20 for generator (total award \$213,885)
013	US Treasury CARES Act	13,473	13,473	-	Awarded	NA	Incremental cost of purchasing hands-free plumbing fixtures
014	Wildhorse Foundation	20,000	20,000	-	Awarded	NA	Dental imaging equipment
Total Sources		<u>239,113</u>	<u>279,602</u>	<u>(40,489)</u>			

	DENIED GRANT FUNDING			Status	Next Checkpoint	Notes	
	ACTUAL	BUDGET	VARIANCE				
Sources of Funds							
015	Autzen Foundation	-	15,000	(15,000)	Not awarded	NA	Application not selected for funding
Total Sources		<u>-</u>	<u>15,000</u>	<u>(15,000)</u>			

KWC - Recruitment & Retention Plan

This is a written recruitment and retention plan to guide the strategies associated with the launch of the Ko-Kwel Wellness Center (KWC). The plan will be a living document designed to evolve and update as timelines are firming up. There is a strong emphasis in marketing to passive candidates already employed in the field and to ensure that Tribal family members are given internal preference. Retention efforts are designed to improve engagement and to retain key personnel during this critical expansion cycle.

Phase I: Development of Position Descriptions & Salary Grades

Based on the staffing requirements on record, 23 additional positions will need to be hired:

- ✓ Clinic Nurse Manager
- ✓ Billing Clerk
- ✓ Medical Receptionist
- ✓ IT Data Analyst
- ✓ PA-C or Family Nurse Practitioner
- ✓ Behavior Health Specialist
- ✓ Clinic Assistant (1)
- ✓ Dentist
- ✓ DHAT
- ✓ Hygienist
- ✓ Dental Assistant
- ✓ Dental Hygienist
- ✓ Dental Office Reception
- ✓ Dental Office Manager
- ✓ Pharmacist
- ~~✓ Pharmacy Tech-filled 4/20~~
- ✓ Pharmacy Clerk
- ✓ Mental Health/CD
- ~~✓ HR Manager-filled 3/20~~
- ✓ Maintenance Tech

Custodial services to be outsourced to The Laundry Mill for after-hours, specialized service.

Existing job descriptions are being modified where appropriate and HR is drafting those that are not already in existence. Final drafts are being reviewed by the consultant and will be finalized by year end.

We recommend that the Tribe's HR Director develop a separate compensation structure for KWC. This structure is supported by the consultant. Given that positions in the medical field are in high demand and difficult to recruit for in rural Oregon, a compensation structure that is designed to lead the market is essential. HR will utilize T1 Services to conduct comp studies (using OED contact and other sources listed below along with information we can get from local competition).

Key sources of salary information include the [Occupational Employment Statistics: Wage Data by Occupation](#) from the Bureau of Labor Statistics (BLS), which provides average salaries by occupation and

industry with some breakdowns by state and metropolitan area. See the BLS article [Using OES Occupation Profiles in a Job Search](#) for additional information on how to use their wage data.

Here are some additional resources that provide national data. Some include further breakdowns:

Behavioral Health Occupations

- [2017 Behavioral Health Salary & Benefits Report](#) (available for purchase)
- [2015 Salaries in Psychology](#)

Nursing Occupations

- [AANP 2017 National NP Compensation Survey](#) (available for purchase)
- [An Analysis of the Labor Markets for Anesthesiology: Earnings](#) (see page 24)

Physician Assistants

- [2017 AAPA Annual Salary Report](#) (available for purchase)

Physicians

- [AAFP Family Medicine Facts: Family Physician 2016 Income Before Taxes](#)
- [AAMC Survey of Resident/Fellow Stipends and Benefits Report, 2016-2017](#)
- [MGMA DataDive Provider Compensation Data](#) (available for purchase)

Phase II Hiring Timeline

The hiring timeline will hinge on the estimated opening date of spring of 2021. Ideally, the following positions would begin employment at least 30 days prior to opening:

- ✓ Dentist
- ✓ Dental Office Manager
- ✓ ~~HR Manager (begin recruitment in June 2020 for a September 2020 start date)~~

Most of the remaining positions will begin up to two weeks prior to opening.

Recruitment for the above positions along with other hard to fill positions including but not limited to Clinic Nurse Case Manager, Pharmacist and Behavioral Health Specialist will begin in September of 2020. The remaining positions will be posted in early 2021.

Phase III Recruitment Plan

Positions will be posted and marketed to Tribal Head of Households following the normal recruitment and hiring policies of the Tribe.

The Tribe's HRD will work with Clark Walworth to develop recruitment flyers that can be emailed and posted to contacts in the health care industry. The focus will be on the benefits of working in rural Oregon, the benefits of working for the Tribe including its vision and values, and could include information about relocation assistance, loan forgiveness, hiring bonus information, etc.

Job openings will be posted with the OR Employment Department and Indeed. Specific targeted print advertising can be considered in the Oregonian/Register Guard. In addition, see below information to be explored:

Where can rural communities get help in recruitment and retention activities?

"As one of the largest and most comprehensive recruitment and retention resources, [3RNet](#) (National Rural Recruitment and Retention Network) is a nonprofit network funded by the Federal Office of Rural Health Policy and member dues. 3RNet has one dedicated member in each of the 50 states and the Commonwealth of the Northern Mariana Islands. Additional members include the Indian Health Service, the Cherokee Nation, and the Department of Veterans Affairs. According to Executive Director Mike Shimmens, more than 2,000 medical professional placements are achieved annually through 3RNet's recruitment tools, with 90% of these in designated shortage areas.

A website, [3RNet.org](#), where members maintain their state and regional pages, job seekers can register for free to browse and search jobs, and facilities/employers can (through their 3RNet member) **post jobs."**

If additional recruitment support is needed, we can utilize the following recruiters:

Mary Brooks at www.nativerecruiter.com

Mary is an experienced HR professional formerly with Spirit Mountain Casino and she is a Grand Ronde Tribal Member. Her firm specializes in Tribal Government industries. She has a wide network of candidates in her pool and has a negotiated rate of 15% of the annual salary after 90 days of successful employment.

Lori Machara at www.volumerecruitmentservices.com

Volume Recruitment Services (VRS) at 844-877-5621. VRS handles high volume recruitment for the medical industry. Clients include Bay Area Hospital. Rates to be researched.

The recruitment budget for Human Resources may need to be adjusted for 2020-2021 given the increase in advertising that will be necessary. We've had significantly less recruitment due to COVID-19, so the required increase will be less than initially anticipated for 2020.

Retention Strategies

Retention strategies typically refer to policies companies follow in order to retain employees and reduce turnover and attrition and ensure employee engagement. The main goal is to meet the

expectations of employees without losing sight of the bottom line. Typical retention strategies involve any number of the following:

- Offering competitive pay and benefits
- Add incentive based
- Managing with trust
- Offering constructive feedback and praise
- Providing attractive perks
- Promoting from within
- Offering professional development
- Giving employees a meaningful vision to attach to their positions
- Recognizing high-performing employees
- Addressing barriers to success such as toxic co-workers, substandard equipment, etc.
- Work-life flexibility

For the purpose of this guide, Human Resources is exploring a transition to a pay for performance/merit increase system. Another retention strategy for the health care industry is an RVU model (Relative Value Unit) which is an incentive program that measures and rewards key benchmarks. This could be rolled out at the health clinic as a pilot program for key positions and considered broadly if successful.

Other strategies to assist with retention of key personnel are retention bonus systems. These are typically used during critical periods of business development to ensure staff with essential abilities are not lost during cycles of high business volume or expansions, mergers, acquisitions. A typical retention bonus agreement might be 10% of the employee's base salary paid out monthly or quarterly with a pay-back provision if the employee exits.

Useful Contacts:

Worksource OR Employment Department (state wide job postings)
541-756-8459
Coos County

Oregon Employment Dept. –South Coast Workforce Analyst Division (wage studies)
541-530-0605
Annette Shelton-Tideman

CIT COMMUNITY HEALTH CENTER
INCREASED PRODUCTIVITY WORK PLAN
January-December, 2020

Category	Task	Month
<p>Project Orientation</p>	<ul style="list-style-type: none"> • Launch project with admin/clinical staff • Identify and embrace main goal- <i>all direct services are ready to serve patients at maximum capacity and productivity effective opening day of the new Ko-Kwel Wellness Center in 2021</i> • Input from staff regarding steps forward process 	<p>January</p> <p>(Schedule significantly impacted by COVID-19)</p>
<p>Increased Productivity Implementation Timeline</p>	<ul style="list-style-type: none"> • Determine earliest 'go live' date to begin new clinic schedule <i>-Based on tasks/ramp up needing to be completed as noted in this Workplan, recommended start date is September 14. (pandemic status is unknown that may or may not impact the start date)</i> • Communicate with providers about expectations and implementation schedule; the schedule was presented to providers on 7/10. • Provider scheduling template developed with their input; team agreed to reduce the admin time, start with our stated productivity goal and re-evaluate progress in 30-day increments. • Need final approval from Kelle to move forward with the new 	<p>June/July/Aug</p>

	<p>template. IT ready to make the change upon approval. Need to provide additional staff and patient communication about changes to the scheduling template.</p> <ul style="list-style-type: none"> Announce to staff the upcoming changes, purpose and timeline; Task: need to communicate to entire HC staff at 8/20. Completed on 8/20. 	
<p>Provider Job Descriptions/Provider Contracts & Scheduling Management</p>	<ul style="list-style-type: none"> Draft new provider position descriptions that include the new productivity standards that are signed and dated by staff Task: Position description drafts should be ready for approval by the TC in September. Determine if Tribe has preference for position descriptions vs contracts. Gary will provide sample of provider contract. <p>Gary provided sample provider contract terms. Other examples forwarded. Job description drafts and contract/agreement language in process by HR/legal. Draft Agreements have been developed by Melissa and HR-need some additional input on specific items for inclusion in the Agreement. Job Description and Agreement need to align. Meet in next two weeks with providers to review and sign.</p> <ul style="list-style-type: none"> If approved by tribal leadership issue provider contracts that incorporate the productivity 	<p>June-September</p>

	<p>standards, employment timeframe, licensing requirements, etc.</p> <ul style="list-style-type: none"> • Create and implement new guidelines for scheduling management that includes oversight of the schedule and change process <p>Task: Need to create amended policies for scheduling; Gary will review current policy and provide recommendations; Gary will send example of high level scheduling policy and small group to convene to begin drafting a new consolidated scheduling policy.</p> <p>Current policy is challenging to amend so group agreed to start new. Gary sent some brief policy language for consideration; others may have provided input. Need to continue discussing options for a consolidated scheduling policy.</p> <ul style="list-style-type: none"> • Create definitions/standards for patient appointment scheduling template for: new patients, follow ups, med management, PE's, etc. Kelle/Deb/Melissa made significant progress in completing a draft of a new scheduling policy. Next step is to finalize the format with Anna to review and then present to the healthcare team & begin training prior to 9/14 	
<p>Process, Staffing and Workflow</p>	<ul style="list-style-type: none"> • Review all clinical positions to assess duties and responsibilities that need to align with increased productivity workflow & process 	<p>June-Sept</p>

	<ul style="list-style-type: none"> Determine changes in job descriptions/responsibilities to align with new productivity start date <p>Task: Wait until scheduling policies have been amended; processing job description for vacant clinic reception position, need to clarify duties first. Lab technician position is vacant and will re-assess position going forward.</p> <p>Job descriptions have been updated to reflect efficiencies and support of the overall process; may need to change some duties for workflow efficiency; ongoing process</p>	
<p>IT-Revision to NextGen Scheduling Template</p>	<ul style="list-style-type: none"> Change scheduling template for both providers to 20-minute appointment slots with the goal of seeing three patients per hour as appropriate <p>Task: Need IT to change the template upon request; team will check with IT to verify if any issues on changing the template.</p> <p>Scheduling template has been changed to accommodate 20-minute appointment slots with flexibility to amend as needed.</p>	<p>July-Sept</p>
<p>Policies</p>	<ul style="list-style-type: none"> Draft policies around medical direct care productivity expectations; management of the clinical schedule, <i>no shows</i> and other issues that require new or revised policies. For no-shows will change to 10-minute threshold and present justification to TC and then 	<p>July-Sept</p>

	<p>communicate with membership</p> <ul style="list-style-type: none"> Review all medical policies to make sure they are aligned with new productivity standards and workflow <p>Task: sub-group with Deb/Melissa/Kelle/Lisa to begin reviewing & amend these policies</p>	
<p>Staff Training</p>	<ul style="list-style-type: none"> Identify staff and supervisory oversight as to whom will be responsible for entering the day to day appts in the new appointment template Provide desk training to the scheduling staff with backup provisions and support <p>Task: Review med policies and begin to think through job responsibilities/workflow with a much larger volume of patients; Dr Willis/Deb working through list of items to increase provider/patient workflow efficiency; Kelle/Deb to reach out to tribal facilities to obtain perspective on different workflows</p>	<p>June-Sept</p>
<p>Patient/Staff Communication</p>	<ul style="list-style-type: none"> Provide communication with patients regarding new scheduling operating procedures <p>Task: Kelle to discuss with Clark re marketing and communication with the community re new scheduling changes</p> <ul style="list-style-type: none"> All staff to receive continuing updates as to new scheduling process and how best to answer questions about the changes 	<p>August-Sept</p>

<p>Implement New Scheduling Template</p>	<ul style="list-style-type: none"> • <i>Earliest effective date to begin the new appointment schedule is Sept 14. This date remains on target</i> 	<p>August-Sept</p>
<p>Productivity Monitoring, Troubleshooting & Follow Up</p>	<ul style="list-style-type: none"> • Health Center leadership will receive/review weekly productivity statistics • Clinical staff will meet weekly to troubleshoot, monitor progress and follow up to timely address issues impacting productivity expectations • Health Center will implement efforts to expand health care utilization from the current patient base 	<p>Sept-Dec</p>

Provisional Unified Calendar

Ko-Kwel Wellness Center
updated 9-4-20

	Q1 2020			Q2 2020			Q3 2020			Q4 2020		
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
		RFP for Branding Marketing							Contracts with Siren Cove, Tribal One	Behavioral Health Specialist	Logo and tagline	
Medical	Q1 2021			Q2 2021			Q3 2021			Q4 2021		
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
	Booking Patients for July 1		Mental Health Clinician 3/15		Mental Health Clinician 5/15	Soft Opening	Grand Opening			50% (capacity patients per day)		
	Council meet with Siren Cove	Website launch	PA-c (FNP)/Med Asst 3/15		PA-c (FNP)/Med Asst 5/15							

Color Codes
Begin Recruiting
Start Date
Event or Benchmark
Marketing Activity

	Q1 2020			Q2 2020			Q3 2020			Q4 2020		
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
	Develop Marketing Collateral								Price structure finalized		Contracting begins for mail order	
	Develop Marketing Strategy		Begin Direct Marketing									
Pharmacy	Q1 2021			Q2 2021			Q3 2021			Q4 2021		
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
			Same day Provider Pharmacist and 2 Techs 3/15		Same day Provider, Pharmacist and 2 Techs 5/15	Fully Operational 6/1				80% capacity (fills per day)		

Color Codes
Begin Recruiting
Start Date
Event or Benchmark
Marketing Activity

	Q1 2020			Q2 2020			Q3 2020			Q4 2020		
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
									Recruit Dentist			Recruit Office Mgr.
Dental	Q1 2021			Q2 2021			Q3 2021			Q4 2021		
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
	Dentist 1-day/week		Dental Assistant 3/15	Dentist	Dental Assistant 5/15		Grand Opening			50% Capacity (Patient Visits Per Day)		
		Office Mgr. 2/1		Taking Appts. 4/15								
			Recruit DHATs, Hygienist		DHATs, Hygienist	Soft Opening ??????						

Color Codes
Begin Recruiting
Start Date
Event or Benchmark
Marketing Activity