Strategic Planning

Preparing in Times of Uncertainty

December 2022

CAPITAL LINK

Beth Edwards

Operations & Facilities Planner

Adrienne Cooksey

Project Consultant & Team Manager

www.caplink.org

- Participants will be able to:

    1. Describe the unique health center business model and operational efforts in exploring and utilizing planning resources.

    2. Discuss the use of various scenarios to examine your health center's sustainability in a changing environment.

    3. Describe ideas and strategies for strengthening health center operations and the ability to provide ongoing access, using the health center's own data.

About Capital Link

Our Vision: Stronger health centers, actively building healthy communities

Our Mission: Capital Link works to strengthen community health centers—financially and operationally—in a rapidly changing marketplace. We help health centers:

Plan for health center sustainability and growth

Help health centers access capital

Improve and optimize health center operations and financial management

Articulate health center value

28 years of experience

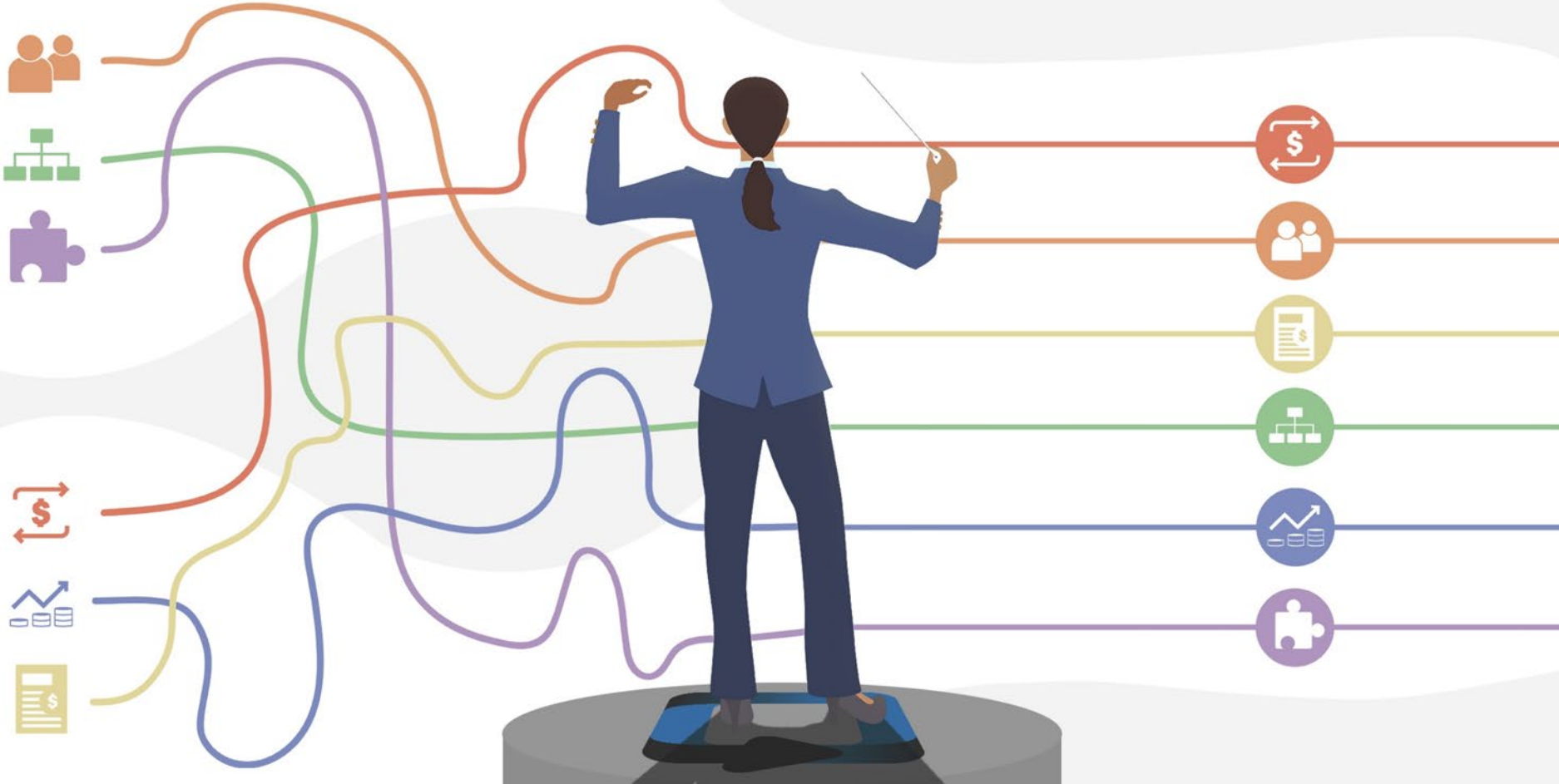**Worked with 50+** PCAs/HCCNs and regional consortia

ASSISTED **2/3rds** OF HEALTH CENTERS NATIONALLY

LEVERAGED **$1.3 billion**

FOR **244+** HEALTH CENTER PROJECTS

$1.6 billion

Why Have a Strategic Plan?

- Provides a guide for *everyday* decisions and *long-term* direction

- A tool to help keep pace with changes

- HRSA kindly asks of you ☺

  - The health center's board minutes and other relevant documents confirm that the board exercises, without restriction, the following authorities, and functions:

    - Conducting long-range/strategic planning at least once every three years, which at a minimum addresses financial management and capital expenditure needs

"If you don't know where you are going, any road will get you there."

Why Should We Plan & Strategically Manage?

CAPITAL LINK
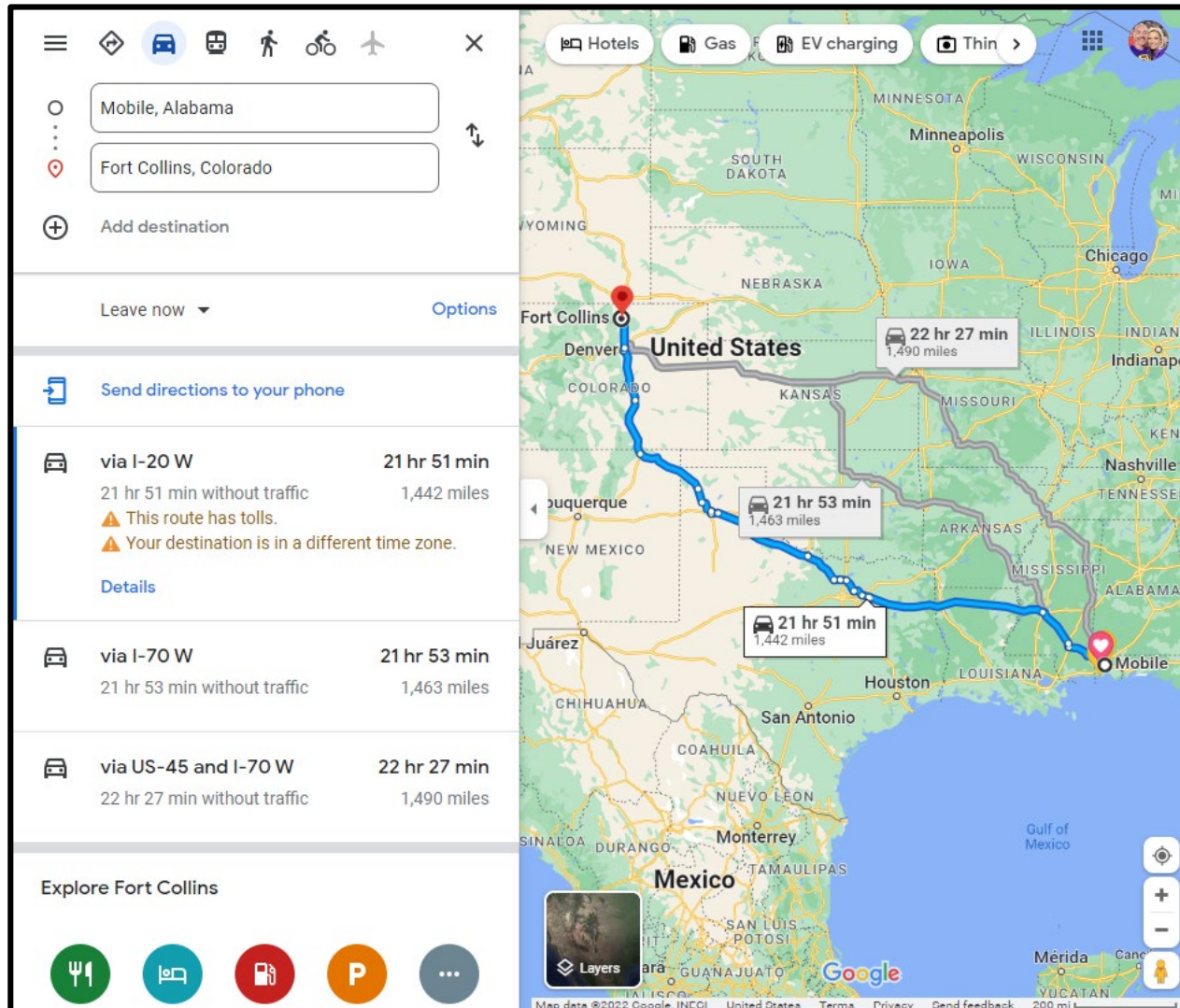
- How?

- Fuel?

- Food?

- Time?

- Weather?

- Road Conditions?

Pre-Planning

CAPITAL LINK

- Majority of the effort is in Pre-Planning

    ✓ Information gathering

    ✓ Coordination of activities & resources

How is the Health Center Model Different?

1. Know the expectations of leadership

2. Develop a timeline

3. Align with Mission, Vision, & Values

CAPITAL LINK

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1															
2	**SAMPLE STRATEGIC PLANNING TIMELINE**				**Timeline in Months, Weeks, Dates, etc**										
3	Project Process Stage														
4			1	2	3	4	5	6	7	8	9	10	11	12	13
5	**Self-Assessment**													EVENT	
6	Readiness Checklist		Ron												
7	Defining Roles		Alice	Alice											
8	Vision, Mission, and Values Review			Sue	Sue								Sue		
9	History and Accomplishments			Fred	Fred										
10	SWOT Analysis				Amy	Amy	Amy						Amy	Amy	
11	Leadership Assessment			CEO											
12	Financial Capacity Reveiw			CFO	CFO	CFO							CFO	CFO	
13	Operational Readiness & Quality Assessment						Mgrs	Mgrs	Mgrs						
14	Physical Space Assessment							COO							
15	Technology Assessment								CIO						
16	**Environmental Scan**														
17	Issue Inventory														
18	Issue Research														
19	Web Search														
20	Stakeholder Input														
21	Market Assessment														
22	Possibilities Inventory														

- Initial Strategic Planning Considerations

- Leadership Assessment

- Timeline

- Mission, Vision, and Values

    - Funding, Capacity, and Quality

Internal Assessment

Define Roles
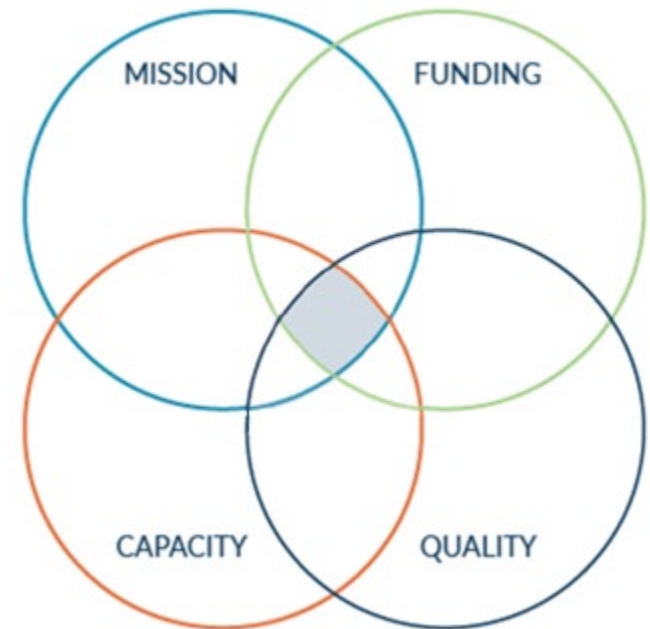
The CEO in collaboration with Board Chair will decide who's who on the team/committee:

- ➢ Should the whole board participate?

- ➢ Develop a new committee for strategic planning?

- ➢ Which staff/leadership should participate?

- ➢ Designate who are Decision Makers vs. Participants

- ➢ Who will lead?

- ➢ Should patients be included?

- ➢ What process will be used?

- ➢ Should we use a consultant to facilitate?

Productivity

- Visits
- Patients

Patient Characteristics

- Demographics
- Special Populations

Financial Metrics

- Billing & Collections

Operation & Utilization

- Revenue & Cost / Patient
- Revenue & Cost / Visit
- Staffing
- Quality of Care
- Service Mix
- Utilization Growth Rates

Financial Health

- Performance & Liquidity Measures
- Financial Growth Rates

Contents

Methodology

The analysis and results contained in this report are based on two primary data sources covering the 2018 - 2021 period.

- Audited financial statements of health center corporations reported by fiscal year.
- Uniform Data System (UDS) information as self-reported by health centers each calendar year.

The comparative data sets include aggregated data from audited financial statements and UDS reports from Capital Link's proprietary financial and operational database.

The specific number of health centers included in each comparative data set is listed below.

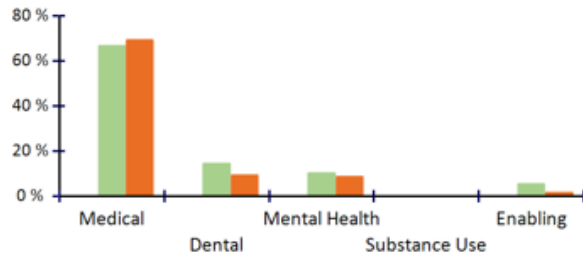| Data	Brilliant Health Center				CO FQHCs 2021	National FQHCs 2021
	2018	2019	2020	2021		
Financial Audits	1	1	1	1	16	1,148
UDS Data	0	0	0	0	18	1,387

Percentiles

Statistical measures used to describe the financial ratios and trends include the 50th percentile (median), 75th percentile, and 25th percentile. Half (by definition) of the values in a set are greater than the median and half are less. Therefore, the median is not skewed by large or small values outside the typical range as can happen with average figures. The 75th percentile is a value that is equal to or greater than 75 percent of others in the data set. The 25th percentile is a value that is equal to or greater than 25 percent of others.

CAPITAL LINK

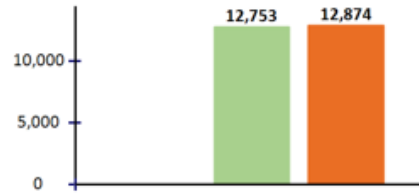## Peer Comparison

2021

- ■ Brilliant Health Center
- ■ CO FQHC median
- ■ National FQHC median

Patients Served 2021

Revenues 2021

Array of Services 2021
(Percentage of Total Visits)
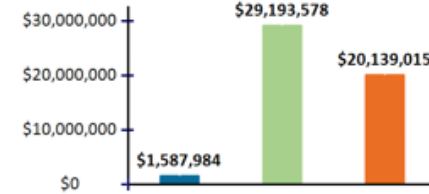
Total Visits 2021
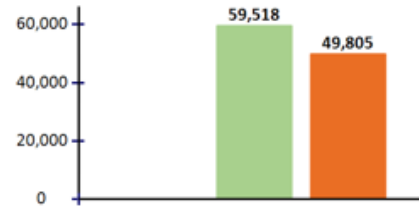
Full-Time Equivalent Employees 2021
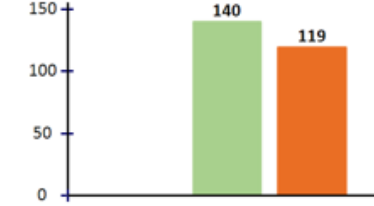
Key Metrics	Brilliant Health Center 2021	CO FQHC Median 2021	National FQHC Median 2021
Medical Visits as a Percentage of Total Visits	-	67%	69%
Dental Visits as a Percentage of Total Visits	-	14%	9%
Mental Health Visits as a Percentage of Total Visits	-	10%	9%
Substance Use Disorder Visits as a Percentage of Total Visits	-	-	0%
Enabling Visits as a Percentage of Total Visits	-	6%	2%

Key Metrics	Brilliant Health Center 2021	CO FQHC Median 2021	National FQHC Median 2021
Total Operating Revenue	$1,587,984	$29,193,578	$20,139,015
Total Patients	-	12,753	12,874
Total Visits	-	59,518	49,805
Total FTEs	-	140	119

PEP

Financial Dashboard
ABC Health Center
2018-2021

— Capital Link Benchmark

Operating Margin
2018: 2.6%, 2019: 1.1%, 2020: 3.7%, 2021: 9.4%

Days Cash on Hand
2018: 67, 2019: 75, 2020: 86, 2021: 73

Bottom Line Margin
2018: 4.6%, 2019: 3.1%, 2020: 4.1%, 2021: 16.1%

Personnel-Related Expense as a % of Operating Revenue
2018: 73%, 2019: 74%, 2020: 70%, 2021: 68%

Days in Net Patient Receivables
2018: 50, 2019: 46, 2020: 36, 2021: 37
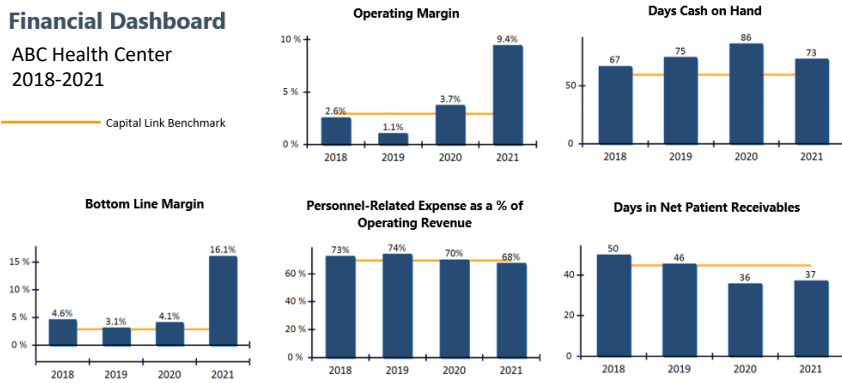
Key Financial Metrics	Target	2018	2019	2020	2021	US FQHCs Median 2021
Operating Margin	> 3%	2.6%	1.1%	3.7%	9.4%	10.8%
Bottom Line Margin	> 3%	4.6%	3.1%	4.1%	16.1%	13.9%
Personnel-Related Expense as Percentage of Operating Revenue	< 70%	72.5%	73.9%	70.0%	67.6%	65.3%
Days Cash on Hand	> 60 Days	67	75	86	73	118
Days in Net Patient Receivables	< 45 Days	50	46	36	37	37

■ Benchmark Unmet

Productivity: Visits Dashboard
ABC Health Center
2018-2021

Physician Visits per Physician FTEs
2021: 2,646, 2020: 2,738, 2019: 2,810, 2018: 2,877

Non-Physician Visits per Non-Physician Provider FTEs
2021: 2,386, 2020: 2,248, 2019: 2,352, 2018: 2,224

Dental Visits per Dental Provider FTEs
2021: 1,689, 2020: 1,212, 2019: 2,017, 2018: 2,017

Mental Health Visits per MH FTE
2021: 1,324, 2020: 1,411, 2019: 1,371, 2018: 1,285

Substance Use Disorder Visits per SUD FTEs
2021: 553, 2020: 418, 2019: 737, 2018: 500

Key Productivity Metrics	2018	2019	2020	2021	US FQHCs Median 2021
Physician Visits per Physician FTE	2,877	2,810	2,738	2,646	2,506
Non-Physician Provider Visits per Non-Physician Provider FTE	2,224	2,352	2,248	2,386	2,283
Dental Visits per Dental Provider FTE	2,017	2,017	1,212	1,689	1,517
Mental Health Visits per Mental Health Provider FTE	1,285	1,371	1,411	1,324	1,006
Substance Use Disorder Visits per Substance Use Disorder FTE	500	737	418	553	647

Operations & Utilization Dashboard
ABC Health Center
2018-2021

Operating Revenue & Expense per Patient
■ Operating Revenue per Patient ■ Operating Expense per Patient

Operating Revenue & Expense per Visit
-○- Op Rev per Visit -○- Op Exp per Visit

330 Grant Dollars per Uninsured Patient
2021: 934, 2020: 819, 2019: 867, 2018: 854

Total Clinic and Virtual Visits
■ Total Clinic Visits ■ Total Virtual Visits

Total Visits
2018: 74,713, 2019: 73,700, 2020: 66,514, 2021: 63,970
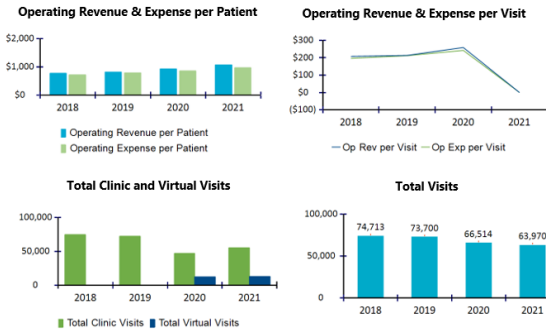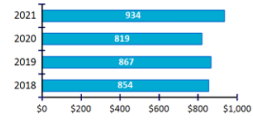
Key Operations & Utilization Metrics	2018	2019	2020	2021	US FQHCs Median 2021
Operating Revenue per Patient	$768	$810	$934	$1,064	$1,289
Operating Expense per Patient	$719	$786	$864	$970	$1,132
Operating Revenue per Patient Visit	$208	$214	$259	-	$213
Operating Expense per Patient Visit	$197	$212	$243	-	$185
Total Clinic Visits	74,713	72,611	47,278	55,273	41,399
Total Virtual Visits*	-	9	12,259	12,746	5,312
Total Visits	74,713	73,700	66,514	63,970	49,794
330 Grant Dollars per Uninsured Patient	$854	$867	$819	$934	$1,148

* Virtual Visits as defined by HRSA were not captured in the UDS until 2019.
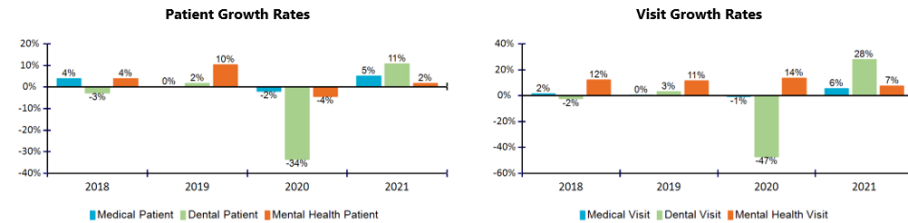
Growth Rates Dashboard
ABC Health Center
2018-2021

Patient Growth Rates
■ Medical Patient ■ Dental Patient ■ Mental Health Patient

Visit Growth Rates
■ Medical Visit ■ Dental Visit ■ Mental Health Visit

Growth Rates	2018	2019	2020	2021	US FQHCs Median 2021
Medical Patient Growth Rate	4%	0%	-2%	5%	6%
Medical Visit Growth Rate	2%	0%	-1%	6%	7%
Dental Patient Growth Rate	-3%	2%	-34%	11%	14%
Dental Visit Growth Rate	-2%	3%	-47%	28%	27%
Mental Health Patient Growth Rate	4%	10%	-4%	2%	7%
Mental Health Visit Growth Rate	12%	11%	14%	8%	10%
Patient Growth Rate	3%	1%	-5%	5%	7%
Visit Growth Rate	2%	1%	-6%	7%	10%
FTE Growth Rate	2%	5%	2%	6%	7%

Operating Margin

Year	"Median Health Center"	
	2015	%
Operating Revenue	$20,044,692	
Personnel-Related Expenses	$14,853,117	74.1%
Total Operating Expenses	$19,964,513	
Net Income	$80,179	
Operating Margin	0.4%	
Total Patients	16,353	
Total Visits	78,494	
Total Visits / Patient	4.8	
Total Provider FTEs	20.7	
Non-Provider Medical Support Staff	41.3	
Non-Provider Med Support Staff / Medical Provider	2.0	
Total Medical Visits	44,506	56.7%
Medical Visits / Med Provider FTE	2,469	
Operating Revenue / Visit	$255	
Operating Expense / Visit	$254	

Debt Capacity

Debt Capacity Sensitivity Analysis

Key Metrics	2018	2019	2020	2021
Change in Net Assets [Operating]	$5,321	$105,249	$195,100	$859,494
Add: Depreciation	$9,301	$3,313	$9,565	$17,819
Add: Interest Exp.	-	-	-	-
Funds Available For Debt Service	**$14,622**	**$108,562**	**$204,665**	**$877,313**
Add: Annual Rent Rebate/Savings	-	-	-	-
Total Funds Available for Debt Service	**$14,622**	**$108,562**	**$204,665**	**$877,313**
Debt Service Coverage discount (1.25)	$11,698	$86,850	$163,732	$701,850
Interest Rate	4.0%	4.0%	4.0%	4.0%
Term (years)	20	20	20	20
Debt Capacity	**$158,974**	**$1,180,314**	**$2,225,171**	**$9,538,376**
Interest Rate	5.0%	5.0%	5.0%	5.0%
Term (years)	20	20	20	20
Debt Capacity	**$145,778**	**$1,082,338**	**$2,040,463**	**$8,746,607**
Interest Rate	6.0%	6.0%	6.0%	6.0%
Term (years)	20	20	20	20
Debt Capacity	**$134,171**	**$996,158**	**$1,877,993**	**$8,050,169**

Finance:

- Working capital and/or debt capacity to improve or expand your existing space/services
- Grant availability

Operations:

- Scope of services *(HRSA EHB Form 5A)*
    - Referral patterns
- Locations and hours of operations *(HRSA EHB Form 5B)*
    - Physical space assessment
    - Status of existing buildings
    - Future growth potential
- Staffing
- Technology

CAPITAL LINK

Self-Assessment Questionnaire

- Summary of various internal assessments

- Send to:
    - ➢Leadership
    - ➢Staff
    - ➢Providers
    - ➢Board members
    - ➢Patients
    - ➢Other stakeholders

The objective is to determine the capacity and readiness of the health center to initiate and complete the Strategic Plan process.

External Assessment

Typical External Assessment Components

- Examine and map patient origin

- Approximately 75% is considered Primary Service Area

- Next 10-15% is Secondary

- Similar to HRSA UDS Service Area Map and UDSMAPPER
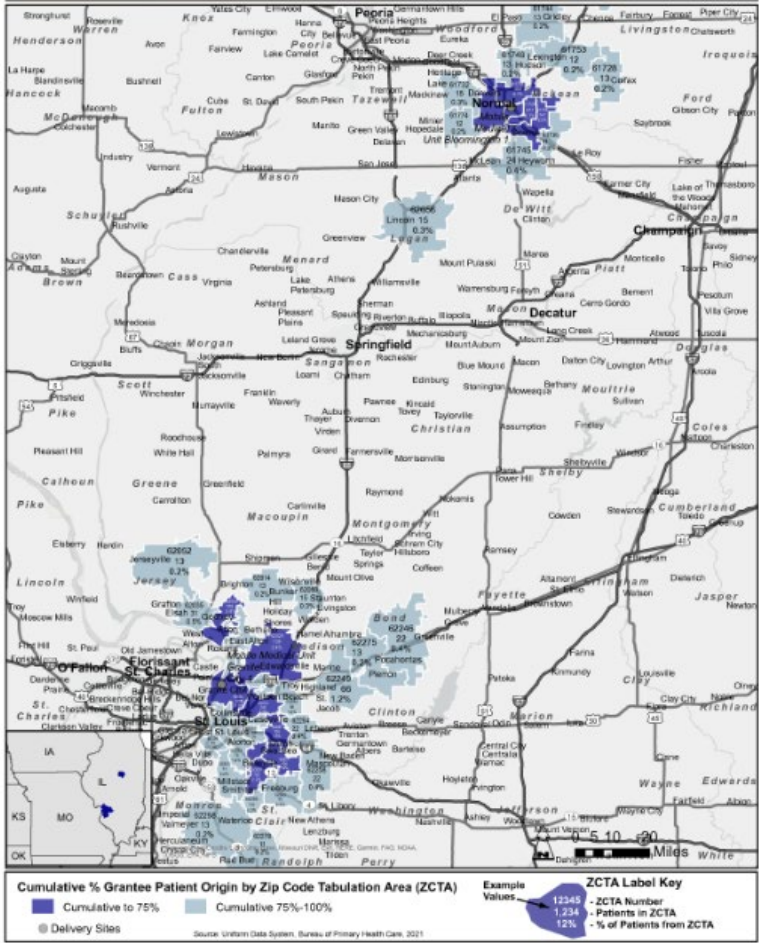
data.**HRSA**.gov

Chicago, Illinois

📖 Service Area Map **Total Patients Served:** 8,753

Service Area Description

- Basic mapping to present geographical place & surroundings

- Establish basic population segments
  - Total
  - Low income
  - Low income not served by health centers
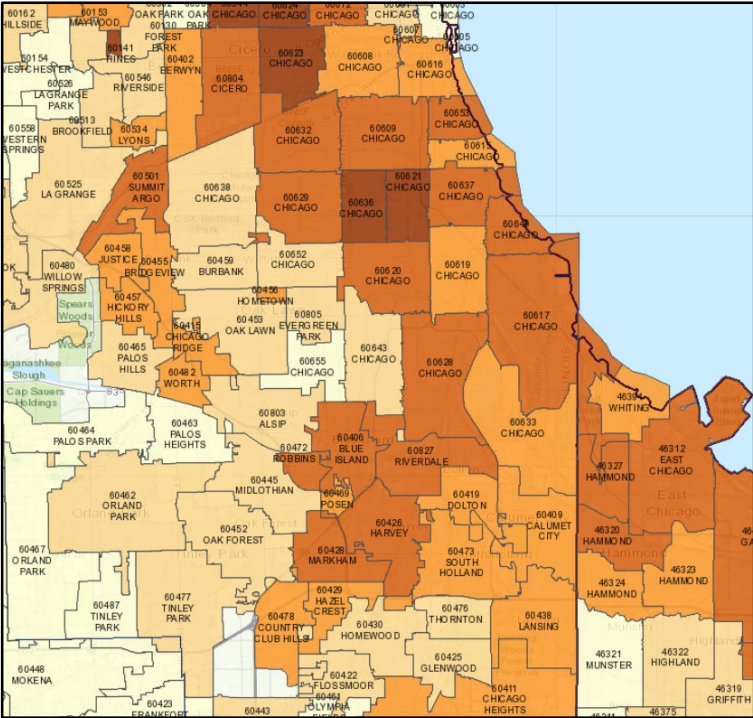
80549	Wellington
Total Low Income Population (2019)	12,380
% Low Income (<200% FPL, 2019)	48.9%

CAPITAL LINK

- Compare state, county, metropolitan areas, cities, zip codes, etc.
    - Populations
    - Race
    - Income Ratios
    - Education
    - Language
    - Business Establishments and Employees by Industry
    - Disabilities

Medical Needs of Service Area

- Compare state, county, metropolitan areas, cities, zip codes, etc.
  - General health indicators

- Other health providers and facilities

- Health Professional Shortage Areas (HPSA) and MUA/Ps

- Health Disparities

- Selected Workforce Considerations

- Evaluate service area market share

  - Total population and low income population

  - Payer mix

- Population Projections

  - Anticipate changing demographics and their effect

- Estimating potential patients, visits, providers, capital needs

US Census: Health Care Establishments

2019 Health Care Establishments Ratio per 100,000 population	Service Area	State	US
Offices of Physicians	47.7	79.1	67.8
Offices of Dentists	22.8	34.1	41.5
Offices of Mental Health Practitioners	0.4	7.0	7.7
Offices of Optometrists	4.9	5.0	6.8
Outpatient Care Centers	2.6	17.5	13.8
Medical and Diagnostic Laboratories	0.8	5.0	5.1
Home Health Care Services	3.9	10.8	10.2
Other Ambulatory Health Care Srvc.	0.3	4.3	3.5
Nursing Care Facilities (Skilled Nursing Facilities)	0.9	6.4	5.1
Continuing Care Retirement Communities/ Assisted Living	1.1	3.1	7.7
Individual and Family Services	1.7	23.0	22.1

CDC Places

| Arthritis | Asthma | High Blood Pressure | Cancer | High Cholesterol | Kidney Disease | COPD | Heart Disease | Diabetes | Depression | Obesity |

Diabetes crude prevalence (%)

> 14.6

10.96

< 7.3

PLACES
LOCAL DATA FOR BETTER HEALTH

CAPITAL LINK
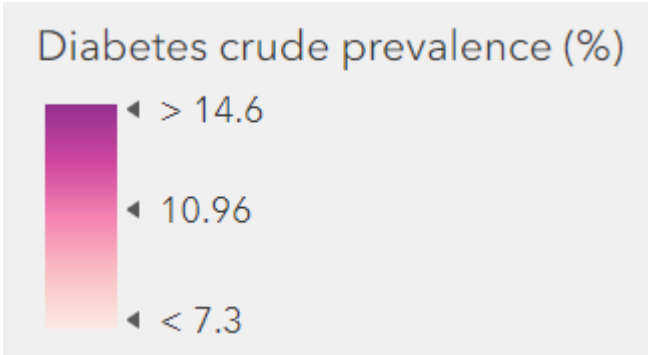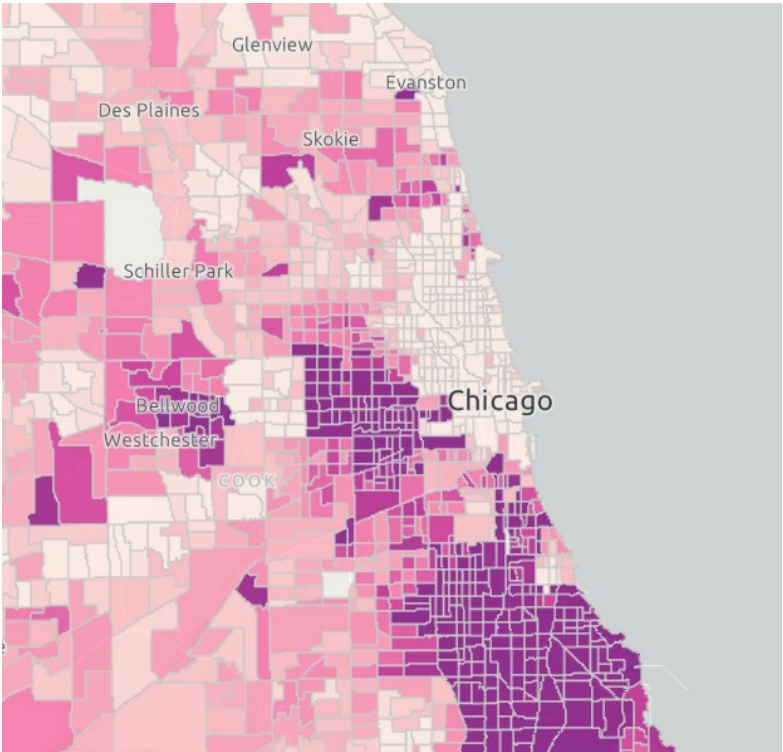
HDPulse | An Ecosystem of Health Disparities and Minority Health Resources

Death Rates Table for Illinois by County
Cancer, 2015-2019
Black (Non-Hispanic/Latino), Both Sexes, All Ages
Sorted by Rate

County	Met Healthy People Objective of 161.4?	Age-Adjusted Death Rate[†] deaths per 100,000 (95% Confidence Interval)	Rate Ratio Compared to White (NH)	Average Annual Count	Recent Trend	Recent 5-Year Trend[‡] in Death Rates (95% Confidence Interval)
Illinois	No	202.4 (199.5, 205.4)	1.25 ^ (1.23, 1.27)	3,774	falling ↓	-1.7 (-1.8, -1.6)
United States	No	178.6 (178.0, 179.2)	1.14 ^ (1.13, 1.14)	69,795	falling ↓	-2.0 (-2.1, -2.0)
Randolph County	No	286.0 (157.2, 467.8)	1.66 (0.98, 2.82)	4	*	*
Kendall County	No	271.9 (187.6, 375.8)	1.77 ^ (1.25, 2.50)	10	*	*
Alexander County	No	260.7 (179.0, 369.7)	1.27 (0.84, 1.91)	7	*	*
Vermilion County	No	252.0 (201.6, 310.3)	1.27 ^ (1.01, 1.58)	19	stable →	-0.9 (-2.7, 1.0)
Kankakee County	No	246.9 (211.2, 286.7)	1.34 ^ (1.14, 1.58)	37	stable →	-1.4 (-2.8, 0.0)
Marion County	No	229.2 (132.1, 367.0)	1.06 (0.65, 1.73)	3	*	*
Madison County	No	214.5 (183.6, 248.9)	1.22 ^ (1.05, 1.42)	38	stable →	-0.9 (-2.6, 0.8)
Peoria County	No	214.3 (188.7, 242.2)	1.26 ^ (1.10, 1.44)	57	falling ↓	-1.2 (-2.3, -0.1)
DeKalb County	No	213.3 (123.3, 335.6)	1.24 (0.77, 2.02)	5	*	*
St. Clair County	No	212.2 (197.4, 227.8)	1.29 ^ (1.19, 1.41)	162	falling ↓	-1.6 (-2.2, -1.0)
Pulaski County	No	210.8 (136.9, 316.0)	0.73 (0.46, 1.14)	6	*	*
Cook County	No	207.3 (203.9, 210.8)	1.34 ^ (1.31, 1.37)	2,891	falling ↓	-1.7 (-1.8, -1.5)

External Assessment Additional Resources

- UDSMAPPER and HealthLandscape: www.udsmapper.org

- US Census Data: www.census.data.gov

- US Census QuickFacts: www.census.gov/quickfacts

- County Health Rankings: www.countyhealthrankings.org

- HRSA's Data Warehouse and Area Health Resource Files: www.data.hrsa.gov

- CDC/Nat'l Center for Health Statistics (FastStats): www.cdc.gov/nchs/fastats/default.htm

- CDC WONDER: www.wonder.cdc.gov

- Policy Map: www.policymap.com

- The United States Prosperity Index: www.usprosperity.net

- Aunt Bertha www.auntbertha.com

- Capital Link Publications and Toolkits: https://www.caplink.org/index.php/resources

- US SBA's Market Analysis:
  https://www.sba.gov/tools/sba-learning-center/training/market-research

- United Health Foundation, America's Health Rankings: https://www.americashealthrankings.org/

Putting It All Together
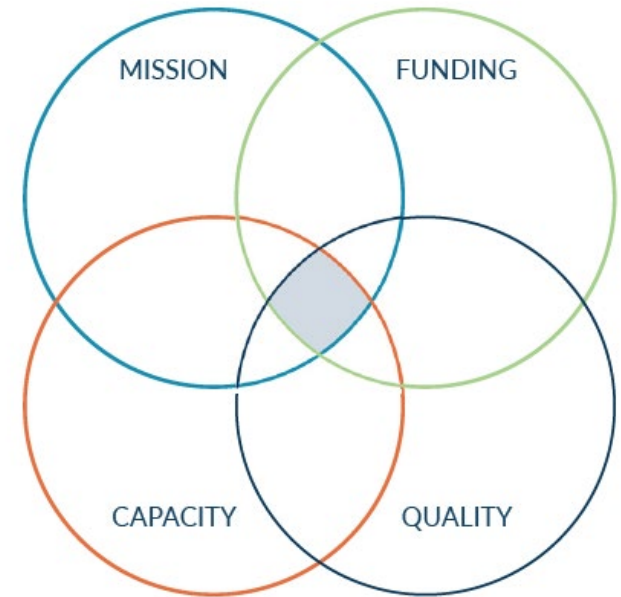
- Strategic Goals and Initiatives

  ➢Identify – how will we measure success?

  ➢Refine – narrow focus

  ➢Prioritize

Prioritizing Goals and Resources

CAPITAL LINK

		MISSION		Funding, Organizational Capacity, and Quality Improvement/Value-Based					
Strategic Goal	2	Yes		1	the organization **cannot consider** under current circumstances				
	0	No		2	the organization **may consider if** additional resources are made available				
	1	Maybe		3	the organziation **may consider** with appropriate resources and impact				
				4	the organization **can consider** with current resources and impact				
				5	the organization **should begin addressing** if not already in process				

	Mission	Funding	Capacity	QI-Value	Points
New Facility	2	3	4	3	12
Integrate Behavioral Health	2	4	3	5	14
Expansion Project	1	1	2	2	6
					0
					0
					0

CAPITAL LINK

- Finalizing (SMART) Goals, Initiatives, and Objectives

- Strategic Work Plan

- Monitoring Activities

- Messaging

Post Planning – SMART Goals

S — Specific
Who, What, Where, When, Why, Which → Define a goal as much as possible

M — Measurable
From and To → Can you track progress and measure the outcome?

A — Attainable
How → Is the goal reasonable enough to be accomplished?

R — Relevant (Realistic)
Worthwhile → Will it meet your needs?

T — Timely
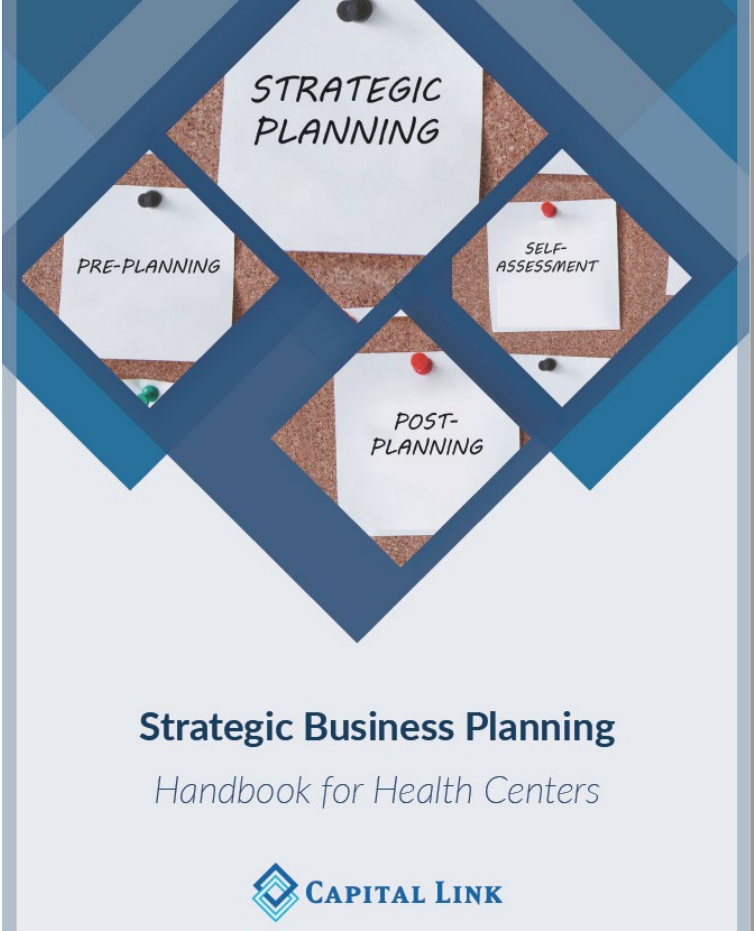- Objective should include a time limit. → Complete by month/day/year

Pillar/Focus Area	Strategic Goals and Activities
Board Governance and Management	Expand BOD Individual Knowledge of FQHC Governance and Compliance
	Identify and Recruit New B...
	Leadership Will Inform and Implem...
	Leadership Will Work to Ensure Complianc...
Financial Sustainability	Leadership will share metrics and maintain the...
	BOD and Leadership Will Continue to Asses...
	Leadership will identify and address coding metho...
Workforce	Leadership Will Provide Comprehensive Training...
	Review of Organization's Compensa...
	Establish Methodology to Survey...
Improving Community Health	Participation in and Utilization of HOSPITAL's...
	Provide Non-Clinical Enabling Services to Enhance F...
	Improved Health O...
	Provide Education About HEALTH CENTER to Local... Partners
Quality, Patient Care, and Safety	Ensure patients receive high-quality services...
	Work to ensure patients receive continuum of ca... healthcare prov...
	Encourage patients to access care using new technol... access
	Work to Expand Current Services to R...

Board Governance and Management

Strategic Goals & Activities	Metric	Timeframe	Senior Staff Assignment
Expand BOD Individual Knowledge of FQHC Governance and Compliance	Each Member of BOD of will attend (2) education sessions per year	Annually	CEO
Board of Directors along with Operational Leadership will work to identify and recruit new board members.	Two new Board members will be recruited	CYE 2023	CEO
Leadership will guide and implement HEALTH CENTER strategic plan objectives.	Development of new dashboards and metrics to better convey financial and clinical outcomes to BOD	By Sept 2022	CEO
	Updates from the strategic work plan will be incorporated into future, ongoing BOD meetings	Monthly	CEO
Leadership continuously works to ensure operations are compliant, cohesive and function optimally.	Leadership will review all HRSA compliance within established and ongoing board meeting agenda items	Monthly	CEO
	BOD will prepare for next OSV by reviewing all appropriate guidance and compliance prior to OSV	Monthly	CEO

Financial Sustainability

Strategic Goals & Activities	Metric	Timeframe	Senior Staff Assignment
Leadership will share metrics and maintain the financial stability of HEALTH CENTER	Leadership will develop new dashboards and metrics based upon PEP and other operational reports to comprehensively show HEALTH CENTER financials	By Sept 2022	CFO
	Leadership will engage in financial reviews specific to service lines as well as organizationally	Monthly	CFO
The Board and Leadership will continue to assess funding opportunities available to address clinic/facility concerns	Assess the viability of various funding options on a regular basis by reviewing one or two as a monthly or bimonthly BOD meeting agenda item	Monthly beginning Sept 2022	CFO
	Accessing specific HRSA-funded learning collaboratives and their materials	Monthly beginning May 2022	CFO
Leadership will identify and address coding methodologies to ensure full documentation and reimbursement is achieved	Implement coding training for all providers and billing staff	Annually	CFO

Strategic Work Plan

- Separate document

- Reflects Strategic Plan

- Detailed with expected results

- Internal document

- Includes:
  - Approved goals and objectives
  - Specific activities with assignments
  - Timelines and metrics for measuring progress

- Monitor activities
  - Monthly, quarterly, annually

- Messaging
  - Share with different audiences

- Strategic Plan provides guidance for decisions and long-term direction.

- At a minimum, must include financial and capital considerations.

- Use scenarios to examine your health center's sustainability in a changing environment.

- Use _YOUR_ data.

- The Board of Directors must approve and adopt the Strategic Plan.

- Decide how often the health center will review and update the work plan.

- Not a document to create and forget.

Strategic Business Planning

Handbook for Health Centers

https://www.caplink.org/strategic-planning-handbook

Questions?

CAPITAL LINK

Capital Link Publications (informational publications and fact sheets, toolkits and guides, and industry research reports)**:**
https://caplink.org/publications

Capital Link Newsletter: https://caplink.org/resources/newsletter

Capital Link Blog: https://caplink.org/blog

Webinar Recordings: https://caplink.org/resources/webinar-recordings

Health Center Resources Clearinghouse:
https://www.healthcenterinfo.org/

COVID-19 Resources: https://caplink.org/covid-19

Contact Us

Beth Edwards

Operations & Facilities Planner

(251) 293-2731

bedwards@caplink.org

Adrienne Cooksey

Project Consultant & Team Manager

(970) 325-3325

acooksey@caplink.org

Visit us online: www.caplink.org

- Learn more about our products and services

- Download our free publications and resources

- Register for upcoming webinars

- Sign up for our newsletter and email updates

- Check out our blog