

## GCHC BOARD OF DIRECTORS MEETING MINUTES

December 21, 2021 at 10:00am

VIA Zoom

### Board Members Present via Zoom:

Claudnyse Holloman, Chair; Elizabeth Rushing, Michael Wright, Patrick Henry, Sam Olson, Autumn Bagley, Angela Essenburg,

### Board Members Absent:

Erica Thrash-Sall, Yolanda Oliver-Yancey, Steve Schwartz

### Guests:

Jean Troop, Executive Director; Glen Chipman, GHS CFO; Sandy Sweet, GHS Accountant

**Meeting was called to order at 10:02 a.m. by Claudnyse Holloman, Board Chair.**

#### **I. Adoption of Agenda**

M. Wright moved to accept the agenda as presented, supported by A. Essenburg

*Motion carried*

#### **III. Public Participation**

None.

#### **IV. Approval of November 19, 2021 Board Minutes**

S. Olson moved to approve the November 19, 2021 minutes as presented, supported by E. Rushing.

*Motion carried*

#### **V. Corporate Compliance**

L. Shumpert was not able to make the new meeting day/time. This will be tabled until next month.

#### **VI. Finance Committee Summary**

##### **a. FY22 November 2021 Financial Report**

G. Chipman presented the FY22 November Financial Report in detail. Glen noted that the total revenue for November 2021 was \$541,939 compared to budget of \$586,118, which is (\$44,179) under budget. The total expenses for November were \$461,589 compared to a budget of \$555,863, which is (\$94,274) less than the budgeted expenses. The surplus for the month of November was \$80,350 with a budget of \$30,255.

The Other Expenses page showed the total expenses for November were \$9,333 which is \$9,355 less than budgeted. Software Licensing and Maintenance was under budget this month because most expenses are quarterly.

G. Chipman discussed the dashboard graphs in detail. They days in A/R is remaining at 31 days for the month of November, which is the same as October. A/R % over 120 days decreased to 46% in November which is a decrease from October where it was 53%, so it was a good downward trend there.

The Cost, Reimbursement & Productivity Statistics page showed Unique Patient Count is 580 compared to budget of 750, actual for FY22 is 1,705 compared to budget of 1,500; the Medicaid eligible encounters is at

1,093 compared to the budget of 1,235. The productivity for health provider encounters was 9.2 per day in November compared to budget of 12.0; the behavioral health care provider encounters were down in November to 4.6 per day, compared to a budget of 8.0. Social Worker encounters in November were up to 5.3 encounters per day with a budget of 5.0. The total cost per encounter was \$3291 compared to a budget of \$324. There were 19 working days in November 2021.

The total November 2021 revenue of base grants was \$164,827 with a majority of the money being spent on salaries and wages and some for injectables.

Alternative Funding Sources page shows we received \$7,210 of incentive money in the month of November.

The last page of the financials is the Reconciliation of Medicaid Wrap Advance Payments in Deferred Revenue sheet that shows the Medicaid Wrap deferred revenue balance is \$422,331. The Medicaid Wrap Balance totals \$361,703.

**S. Olson moved to approve the November 2021 Financial Packet as presented, supported by E. Rushing.**

*Motion carried*

**VII. Quality and Safety Summary**

- a. October 2021 Quality Meeting Minutes
- b. Atherton Quarterly Report (August-October)
- c. Yearly QI Calendar 2022
- d. GHS Emergency Plan Calendar 2022

**a. J. Troop** states the October Quality meeting minutes were discussed last month. Of note is the Quarterly Provider Chart Review which was mentioned as not complete in September, was submitted on 09/29 just after the Sept. Quality Meeting. It was brought to the October meeting and approved.

**b. J. Troop** presented the Atherton Quarterly Report for Aug. through September showing kept appointments, breakout of race/ethnicity and homeless status. She noted the volume continues to increase at the new location and we will see that trend continue through November and December.

**c. J. Troop** presented the Yearly QI Calendar for 2022.

**d. J. Troop** presented the GHS Emergency Plan Calendar for 2022 and noted that GCHC follows GHS policies on safety and emergencies and participates in the safety drills and trainings.

**A. Bagley moved to approve September 2021 Quality Meeting Minutes, supported by E. Rushing.**

*Motion Carried*

**VIII. Personnel Committee**

**C. Holloman** reminds all Board Members to actively be recruiting potential Board Members. She noted that last week we could not have the board meeting as scheduled due to no quorum, and the need to increase both community and consumer members. **M. Wright** asked for the number of each needed. **J. Troop** noted she would provide that information to the board for consideration in identifying new potential board members. **J. Troop** did note she had a consumer member application that she will send to the personnel committee for consideration in January.

**IV. Executive Director's Report**

**J. Troop** noted the Health Center continues to remain diligent on following COVID protocols and screening



with patients and staff members. High transmission rates continue in Genesee County. She notes we are operating at around 95% capacity prior to COVID, which is up from the month prior.

J. Troop explains we continue to do Community Outreach for testing and vaccinations. The major’s office called and requested pop up clinics at 4 of the mini police stations which was done this month. Collaborated with Michigan United for pop up clinics at 4 different McDonald’s locations as well. She states we have administered 2,762 COVID vaccines to date and preformed 2,335 COVID tests to date.

Reviewed the accomplishments for the “Year in Review” that was presented during the All Staff meeting last week along with additional accomplishments for the board review. Overall good year and good opportunities coming up for next year.

J. Troop announced that the CMS COVID Vaccination mandate was under a stay as of the last meeting but recently the US 5<sup>th</sup> District Court approved for the 26 states not named in the lawsuit should pursue the mandate as directed. GHS/GCHC has continued to assess status of contracted staff and as of now looks like new compliance date is Feb. 9<sup>th</sup>. Still looking for confirmation from CMS however.

**X. Diversity, Equity, and Inclusion**

J. Troop noted that she has reached out to Stevi Atkins for DEI training for both employees and board members. Just waiting for Stevi to review with her team and get back dates/times for the training. Board training will occur on a scheduled board meeting day with additional time added for the training.

**XI. OSV!**

J. Troop discussed HRSA Compliance Chapter 13: Conflicts of Interest and how the Corporate Compliance Policy Standards of Conduct incorporate Conflict of Interest. Annually Lisa S. attends board meeting to review and discuss the policy and have board members sign their annual conflict of interest statements. An example was provided of conflict and that members may have conflicts from time to time and they just need to note them, which allows us to stay in compliance with the program requirement. C. Holloman noted that she and Angela both work at the same organization and that Angela is also a consumer which allows her to be on the board.

**XII. Other**

C. Holloman noted that her position as board chair would be ending in 2022 as she would hit her term limit and wanted others to think about the chair position. She also thanked J. Troop for her leadership over the year and the accomplishments, in particular the successful virtual HRSA OSV.

**XIII. Adjourn**

**A. Bagley moved to adjourn the GCHC Board meeting, supported by E. Rushing.**

The meeting adjourned at 10:50 a.m.

The next Board Meeting is scheduled for: January 28, 2021 at 1:00 p.m..

Claudnyse Holloman, Board Chair \_\_\_\_\_ Date \_\_\_\_\_