



**Board of Directors  
Meeting Minutes**

*Friday, January 30*

*1:00 P.M.*

*Genesee Community Health Center*

*Via Zoom/In Person CCIS*

**Board Members Present:** Claudnyse Holloman, Steve Schwartz, Melvin Eckles, Jorain Hardman

**Board Members via Zoom:** Autumn Williams, Michael Wright, Tabitha Drummond (Neff), Bonita Thomas

**Staff Members Present:** Jean Troop, GCHC CEO, Glen Chipman GHS CFO, Melissa Brown, Director, Communications and Public Relations, Autumn Rummel-Schultz, Multimedia Specialist, Communication and Public Relations, Karen Hillman, Executive Assistant

**Staff Members via Zoom:**

**Excused/Absent:** Chia Morgan (excused), Angie Essenburg (unexcused), Elizabeth Rushing (unexcused)

**Meeting called to order at 1:00 P.M. by Chair, Claudnyse Holloman**

**1. Adoption of Agenda**

S. Schwartz moved to accept the agenda, supported by J. Hardman. *Motion carried.*

**2. Roll Call**

The Chair called for roll call, all present, absent, and excused noted.

**3. Public Participation**

None.

**4. Approval of December 19, 2025 BOD Minutes**

J. Hardman moved to approve December 19, 2025, minutes, supported by M. Eckles.  
*Motion carried.*

**5. Marketing Quarterly Presentation**

M. Brown presented the quarterly market report, reviewing goals and objectives, which included brand awareness, communications, and marketing. Discussed promotion of the new housing program, with establishing a website and announcement flyers. Links to the housing and additional shelter resources were shared. Marketing also did walk throughs at each GCHC location focusing on signage, patient experience, resource stations, and general appeal. Signage and van wraps are in process of being updated. Next quarter will focus on the upcoming dental services, billboards, continued social media strategies, promotional materials, and resource fairs. Detail discussion with questions answered.

**6. FY26 October 2025- September 2026 Financial Packet (complete packet on file with the minutes)**

**a. November 2025 Financials**

G. Chipman reviewed the November financial packet, which was discussed in detail. Total revenue for November 2025 was \$455,641 compared to the budget of \$503,477. Total expenses for November were \$454,824 compared to the budget of \$501,935. The balance sheet shows a good net position.

The Cost, reimbursement & Productivity Statistics page was reviewed and discussed in detail. The Unique Patient Count was 589 for November compared to the budget of 750. Medicaid eligible encounters were 669 compared to the budget of 1,105. Total encounters for the month were 1,230 compared to the budget of 1,665. The total cost per encounter was \$370 compared to the budget of \$301. The cost per encounter varies due to the variable cost and total encounters.

Reconciliation of Medicaid Wrap Advance Payments and the Deferred Revenue sheet was reviewed and discussed.

Financials for the Burton location were reviewed and discussed in detail.

**M. Wright moved to approve the November 2025 financials, supported by S. Schwartz.**  
*Motion carried.*

**b. December 2025 Financials**

G. Chipman reviewed the December financial packet, which was discussed in detail. Total revenue for December 2025 was \$500,956 compared to the budget of \$503,477. Total expenses for December were \$500,106 compared to the budget of \$501,935. The balance sheet shows a good net position.

The Cost, reimbursement & Productivity Statistics page was reviewed and discussed in detail. The Unique Patient Count was 1,021 for December compared to the budget of 750. Medicaid eligible encounters were 667 compared to the budget of 1,105. Total encounters for the month were 1,259 compared to the budget of 1,665. The total cost per encounter was \$397 compared to the budget of \$301. The cost per encounter varies due to the variable cost and total encounters.

Reconciliation of Medicaid Wrap Advance Payments and the Deferred Revenue sheet was reviewed and discussed.

Financials for the Burton location were reviewed and discussed in detail.

**M. Wright moved to approve the December 2025 financials, supported by S. Schwartz.**  
*Motion carried.*

**c. 2026 Sliding Fee Scale**

J. Troop reviewed the 2026 Sliding Fee Scale which incorporates the 2026 Federal Poverty Rates. The framework for the Sliding Fee Scale remains the same, no changes. Nominal fee was discussed. Currently there is no nominal fee assessed for 0-100% of poverty, after board discussion it will remain \$0. Other categories will remain the same as well.

**M. Eckles moved to approve the 2026 Sliding Fee Scale, supported by S. Schwartz.**  
*Motion Carried.*



## **7. Quality and Safety Summary**

The December 2025 Quality Committee meeting minutes were reviewed in detail. J. Troop noted the 2025 QI Work Plan Year-End Review and 2026 Yearly QI Calendar reports that were included in the packet. The Hours of Care policy was reviewed and discussed. There were no changes to the policy from prior years.

**J. Hardman moved to approve the January 2026 Quality Committee minutes and the Hours of Operation policy, supported by M. Wright. *Motion carried.***

## **8. CEO Report**

J. Troop noted final occupancy for 2298 Center Rd addition was received. Delays due to the new HCVAC requirements. Finally approved all inspections so will be hiring dental staff to begin dental services in that new space. All reports have been submitted to HRSA for the capital grant received for that addition. New signage is being prepared for 725 Mason to include Housing program. New signage at 2298 Center Rd with new logo is being planned as well as new window signage for the 2 vans. City and County HARA grants were submitted. Staff are working to complete UDS reporting.

## **9. OSV!**

In Sept. of 2024 HRSA was on site for our Operational Site Visit. Last week we were awarded an 2024 Operational Site Vitis Badge which notes distinction and honors our steadfast commitment to compliance, quality, and the mission of the Health Center Program. The reason for this is that during our site visit, GCHC was able to demonstrate, via our policies, procedures, minutes, staff and board interviews that we met compliance with all program requirements. Which is not easy, is not something all health centers accomplish during their visit, but we did. Which is why your board chair wants to continue these OSV! Informational sessions each month.

## **10. Adjourn**

The meeting adjourned at 1:58 P.M.

*Respectfully submitted by Karen Hillman, EA, Recording Secretary.*

*Signature on file: C. Holloman, Chair, Board of Directors, Genesee Community Health Center*