

Attendees

Voting Members

Ms. Chantel Adams, Chair
Mr. Leland Johnson, Vice Chair
Mr. Chris Mosley, Treasurer
Mr. Sherman Ross, Secretary
Mr. Michael McElveen, Board Member
Mr. Larry Maxey, Board Member
Ms. Karen Sparks, Board Member
Ms. Christina Howell, Board Member
Mr. Steve Grimsley, Board Member

Others Present:

Mr. James Catanzaro, Jr., Legal Counsel
Ms. Melanie Dallas, Chief Executive Officer
Ms. Stephanie Bishop, Chief Compliance Officer
Mr. Jerry Koester, Chief Financial Officer
Ms. Dena Payne, Chief Operating Officer
Dr. Michelle Hamm, Chief Clinical Officer
Ms. Cheryl Lewis, Director of Outpatient Services
Mr. Mike Mullet, Community Relations Director
Ms. Kathleen Varda, Foundation Director
Ms. Melissa Stone, Executive Secretary
Ms. Candice Baldwin, Compliance Secretary

I. Call to Order

Action: Chair Chantel Adams called the meeting to order at 10:30 a.m.

II. Approval of Agenda

Action: The agenda was approved as presented upon unanimous vote of motion by Treasurer Chris Mosley and second by Mr. Larry Maxey.

III. Oath of Office for New Member

The oath of office was not administered. The member did not attend the meeting due to sickness.

IV. Executive Session

Action: Upon unanimous vote of motion by Vice Chair Leland Johnson and second by Mr. Larry Maxey, the Governing Board went into Executive Session to consult with Legal Counsel regarding pending or potential claims and to authorize negotiations to purchase, dispose of, or lease property.

V. Reconvention of Regular Session

Action: The Executive Committee, with advice and guidance from Legal Counsel, was authorized to i) pursue discussions to clarify the path forward concerning a potential combination or sale of assets with Cobb County Community Service Board, and ii) prepare and negotiate a letter of intent arranging for a possible consolidation with Cobb County Community Service Board. The path forward is to be identified by July 1st. The action was approved upon unanimous vote of motion by Secretary Sherman Ross and second by Vice Chair Leland Johnson.

VI. Consent Agenda Items

Action: The following consent agenda items were approved as presented upon unanimous vote of motion by Mr. Larry Maxey and second by Ms. Karen Sparks.

- Governing Board Meeting Minutes for October 28, 2020
- FY21 Addictive Disease Clubhouse Contract #44100-026-0000155394
- FY21 Resiliency Clubhouse Contract #44100-026-0000134005 - Amendment #01
- FY21 Crisis Respite Apartments Contract #44100-026-0000157038
- FY21 Medication Assisted Treatment Contract #44100-906-0000156282
- Department of Community Affairs - Continuum of Care Contract #GA0062L4B011912
- Department of Community Affairs - Continuum of Care Contract #GA0159L4B011905
- Transit Alliance Group Contract

VII. Finance Committee Report

Treasurer Chris Mosley informed the members that the Finance Committee had walked through and discussed the agency scorecard that would be presented by Chief Operating Officer Dena Payne after the committee report. The scorecard gave deeper insight into the operations of Highland Rivers Health. He asked Chief Financial Officer Jerry Koester to give an overview of the financial information that was discussed during the committee meeting. Mr. Koester directed the members to the balance sheet as of October 2020. Highland Rivers Health was in a good cash position. There was 12.4 days cash on hand. Total assets were up by \$552,901 compared to prior year. Total current liabilities were in line with prior year. The total long term liabilities decreased by \$729,329 compared to prior year. The decrease could be attributed to adjustments that were made to the other post-employment benefits and pension liabilities by the auditor. The decrease in long term liabilities translated into a total decrease of \$725, 876 in total liabilities. The total net assets had improved by \$1,278,777 over prior year. The improvement was driven by increased cash on hand and the decrease in the other post-employment benefits and pension liabilities. The fund balance was \$9,119,319 and had improved \$552,901 over prior year.

Mr. Koester directed the members to the statement of revenue and expenses year to date through October 2020. Total revenue was \$16,645,222 and was behind budget by \$281,375. Grant in aid was slightly down by \$113,078. This could be attributed to a slow start in Women's Outreach slots due to the public health state of emergency. Department of Behavioral Health and Developmental Disabilities revenue had increased by \$261,762 due to

the increase in the maximum reimbursement level (MRL) and the fixed payments that would come through March. Billable revenue was running behind budget. The revenue was impacted by decreases in Outpatient, Intensive Case Management, and Assertive Community Treatment services due to the public health state of emergency. It had been budgeted that the revenue would recover by October 2020. Total expenses were \$16,089,970 and were \$749,334 below budget. Salaries and benefits were down compared to prior year due to turnover and unfilled budgeted positions. Vehicle and equipment purchases were down by \$42,362. This could be attributed to a decrease in information technology equipment purchases. Vehicle repairs, maintenance, fuel and mileage reimbursements were down compared to budget. Professional fees were up \$51,467 compared to budget due to placement fees for a physician. This was a cost that should be caught up later in the fiscal year. The increase of \$32,852 in bad debt expenses could be attributed to some clean up on old claims. There was a net profit of \$555,252 year to date. This was \$467,959 better than budget. The profit could be attributed to the MRL increase and the decrease in payroll and benefits.

VIII. FY21 Agency Scorecard

Chief Operating Officer Dena Payne directed the members to the FY21 Agency Scorecard. She gave the following highlights from the scorecard.

- Productivity was still a challenge. Community services were a challenge due to the impact of the public health state of emergency. Community support workers were also having a hard time locating individuals.
- Quality audit scores had stayed strong through October.
- The operating margin was 11.1% and the operating margin was ahead of budget.
- There were 12.4 days cash on hand.
- Collections to fee for service revenue were at 118% for October due to some old claims that were paid by the Department of Behavioral Health and Developmental Disabilities.
- The bad debt to fee for service net revenue, services provided versus billed, and services provided with an authorization metrics were all met.
- The metric for documentation within 24 hours had not been met. It was an internal requirement. Strategies were being worked on to positively impact the metric.
- The turnover rate metric had not been met for September or October. This was due to the choice of some staff to leave employment in fear of contracting COVID-19. It was also due to a nursing shortage and better pay at other healthcare providers.
- The critical incident metric had improved significantly.
- The annual scores had not changed as the reviews had not been performed to date. Highland Rivers Health was waiting to hear about the possible review dates from the outside auditors.

IX. CEO Report

Chief Executive Officer Melanie Dallas directed the members to the CEO report in the packet. She gave the following highlights from the report.

- Ms. Dallas had conducted an analysis of the encounter data for the current fiscal year compared to the last fiscal year. Highland Rivers Health (HRH) was down 5% on the numbers of individuals who were seen. Encounters were down 25%. The decrease could be attributed to the continued public health state of emergency.
- Her team would bring a different report to each Finance Committee meeting for review. The reports would contain the supporting data that rolled up to the scorecard. This would give the committee a better understanding of the information that was included in the scorecard.
- There had been some challenges around staffing and morale. Staff would receive a gift bag in December as a token of appreciation for their continued hard work and dedication.
- The Department of Behavioral Health and Developmental Disabilities (DBHDD) was able to get the Community Service Boards access to BinaxNow rapid tests. The HRH Director of Nursing and Infection Control Nurse were working together on a plan for use and distribution. They would put a testing model into place. It was hoped that the testing would help to make the staff feel safer at work.
- HRH had not received the funding of \$1 million that was requested for CARES to date. Other Community Service Boards had already received their funding. Ms. Dallas had been directed to reach out to Senator Loeffler's office for assistance. The request had no political leanings. This request was based on the information received that the Senator was in a position to assist with the funding request.
- DBHDD had identified the Certified Community Behavioral Health Center model as a possible new service delivery system. The National Council for Behavioral Health and the Georgia Association of Community Service Boards (GACSB) had engaged with Texas and Missouri to discuss the possible pitfalls of moving towards the system. The GACSB Administrative Operations Committee would have a heavy lift on the implementation of the model. One thing that was very positive was the ability to get funding for things that had not been funded in the past. HRH did a lot that was not compensated for in the current model. The model would put pressure on Community Service Boards to know the true costs of providing services so that there was a clear picture of the funding that was needed to perform under the model.

Vice Chair Leland Johnson stated that he had read national reports about the movement to try to get COVID-19 vaccines for both individuals and the staff of community service agencies. He asked Ms. Dallas if Governor Kemp had weighed in on the distribution of the vaccines. Ms. Dallas stated that DBHDD was working on behalf of the Community Service Boards to get the needed vaccines. It could be a little while before HRH received them. There might not be enough of the vaccine for the first tier. She stated that more information would be available once the vaccines were rolled out. Ms. Dallas asked Treasurer Chris Mosley if he had heard any news at Cartersville Medical Center. He stated the vaccines would go out to the states as soon as FDA emergency approval was granted. The vaccines had gone through very rigorous testing. The manufacturer was ready for shipment once the

approval was given by the FDA. Georgia would get 100,000 doses. Long term care facilities and healthcare workers were highest on the list to receive the vaccine. Cartersville Medical Center was engaging staff in an education campaign about the vaccine. The hospital would put staff in tiers based on direct care and patient interaction. The vaccine would not be made mandatory. However, the hope was that the administration of the vaccine would help slow the pandemic.

X. Community Relations Report

Community Relations Director Michael Mullet directed the members to the report in the packet. He stated that it was fairly similar to the one that was presented in the prior meeting. It included a list of all the media coverage. There were over 400 media contacts to date which meant that information was being published once a day. He was the most proud of the videos that had been produced for National Disability Employment Awareness Month. The presenters were staff and individuals who were living in long term recovery. He encouraged the members to go to the Highland Rivers Health Facebook page to view the videos. Chair Chantel Adams thanked Mr. Mullet for his work to get information about the agency out to the community. She was glad to see the bylines with very relevant topics in the newspaper.

XI. Compliance Committee Report

Compliance Committee Chair Larry Maxey informed the members that the committee had a very good meeting. He asked that Chief Compliance Officer Stephanie Bishop give highlights from the meeting. Ms. Bishop stated that the committee had reviewed data and reports. There were no areas of concern identified by the members. The committee discussed that it was time to administer the board peer reviews and full board evaluations. The evaluations and reviews were required by the Commission on Accreditation of Rehabilitation Facilities (CARF). It had been approved in a prior board meeting for the items to be sent out via Survey Monkey. The results would be tallied and reported in the February board meeting. She stated that a vote was needed in order for the items to be sent to members.

Action: Distribution of the board peer review and board evaluation forms via Survey Monkey was approved upon unanimous vote of motion by Ms. Karen Sparks and second by Mr. Maxey.

XII. Recognition of Visitors

There were no visitors present.

XIII. Public Comment

There was no public comment.

XIV. Adjournment

Action: The meeting was adjourned upon unanimous vote of motion by Ms. Karen Sparks and second by Secretary Sherman Ross.

A handwritten signature in cursive script, appearing to read "Christel", written over a horizontal line.

Chairperson

2/24/21

Date