Board of Directors Meeting July 23, 2018 Olde Towne Medical & Dental Center

1.	Call to	Order and Attendance – Tom Brownlie	
2.	Visioni	ng Moment – Dr. Mann	
3.	Conser	nt Agenda – Tom Brownlie	
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12.	Other	Business	
13.	Next B	oard Meeting September 24, 2018 5:00 to 6:30 PM at the Multi-purpose Room	
14.	Adjour	n	

Board of Directors Meeting Olde Towne Medical and Dental Center Multi-Purpose Room March 12, 2018 5:00-6:45 PM

Attendance					
Members Present Members Absent Staff Prese					
Thomas Brownlie	David Masterson	Camilla Buchanan	Dr. Bill Mann		
Walt Zaremba	Steve Vignolo	Peter Walentisch			
John McGlennon	Benny Zhang	Gregory McLeod			
Anne Bradstreet Smith	Ben Puckett	David Burris			
William Bennett, DDS	Adria Vanhoosier	Dr. John Anderson			
Chris James	Ramon Rodriguez	Judy Knudson			
Brian Fuller	James White				
Sue Mellen Janna Roche					

Summary of Business Items covered:

- 1. Call to Order and Attendance Tom Brownlie
- 2. Visioning Moment Dr. Mann
- 3. Presentation Impact of New Tax Law on Donations Ray Nations
- 4. Consent Agenda Tom Brownlie
- 5. Update on FC Golf and Gala Benny Zhang
- 6. Communications Plan Chris James
- 7. Proposed Amendment of the Budget for 2018-19 Fiscal Year Ben Puckett
- 8. Committee Reports
 - a. Communications and Development
 - b. Finance Committee Report
 - c. Planning and Performance Committee Report
 - d. Governance and Nominating Committee Report
- 9. Management Discussion and Analysis
 - a. EMD Report Dr. Mann
 - b. Dental Clinic Report Dr. Bennett
- 10. Proposed Calendar for 2018-19 Tom Brownlie
- 11. Other Business
- 12. Next Board Meeting July 23, 2018 5:00 to 6:30 PM at the Multi-purpose Room
- 13. Adjourn Regular Meeting of Board
- 14. WAMAC Annual Meeting

Housekeeping Matters:

Chairman Brownlie called the meeting to order. A quorum was present.

Visioning Moment:

Dr. Mann reviewed two programs for dental health. The first covers our pre-natal patients who are provided an opportunity for a free dental check-up in coordination with their normal visit to the center. The second is a similar program for our diabetic patients. Slides covering these programs were included in the May BOD packet.

Charitable Giving in 2018 and Beyond – Ray Nations

Walt Zaremba introduced Ray Nations, an Enrolled Agent (EA) with a local practice focused on taxes. Ray provided a review of some of the changes created by the Tax Cuts and Jobs Act of 2017. Two key takeaways are the advantages provided by donated stock held for over 12 months and the donation directly from a retirement account as part of a Required Minimum Distribution. Ray provided a handout to the directors.

Consent Agenda:

Consent agenda - Benny Zhang moved and Anne Bradstreet Smith seconded a motion to adopt the consent agenda. The motion was approved.

Review Ford's Colony Golf and 25th Gala:

Benny Zhang updated the board on the final results from the 23rd annual challenge, this year the check was \$75,000 with the cumulative total now at \$970,000.

Benny also distributed a package describing the Gala and sponsorship opportunities. We need all directors to participate by finding sponsors, selling and buying tickets and locating items for the auction.

Communications Plan:

Chris James presented the draft communications plan (included in the BOD package) and emphasized key elements of the plan. The objective is to raise awareness of Olde Towne in the community, with prospective patients and donors and prospective donors. The plan calls for a higher volume of communications and expansion of the tools we are using. Additional resources we be needed to execute the plan.

Budget for 2018-19

The Finance Committee recommended proceeding with the budget approved in March. No further discussion on the budget was held.

Committee Reports:

See package

Management Discussion and Analysis:

Dr. Mann referred to the written report submitted and highlighted the current staffing with the 5th Nurse Practioner currently working part time but a possible candidate to fill the full time position. Medical appointments are now 1 month out (a 50% improvement) and Dental checkup appointments are 1 week.

Dr. Bennett reported that they are short a receptionist and dental assistant. With lots of flexibility from the whole staff the disruptions are being met. Recruiting continues.

Calendar for 2018-19

The original meeting agenda indicated the July meeting would be on July 30 while the draft calendar indicated July 23rd. The meeting will be held on July 23rd (4th Monday).

Sue Mellen suggested that we increase our meeting from 6 per year to 12 per year to provide better continuity and support the communications efforts. Tom Brownlie will conduct and e-mail survey and suggest a modified calendar for the July meeting.

Next Board Meeting:

The next meeting of the board will be on Monday July 23 at 5 PM in the multi-purpose room.

Adjourn:

The regular meeting was adjourned at 6:05.

Annual Meeting

Williamsburg Area Medical Assistance Corporation

21 May 2018

The Annual Meeting of Williamsburg Area Medical Assistance Corporation (WAMAC) was held on May 21, 2018 at the offices of Olde Towne Medical and Dental Center on Olde Towne Road in James City County, VA.

Tom Brownlie, Board Chair, called the meeting to order at 6:05 PM. The following individuals were present:

Vice Chair, Anne Bradstreet Smith, Treasurer, Ben Puckett, Executive Medical Director, Dr. William Mann, Dr. William Bennett, David Masterson, Janna Roche, Steve Vignolo, James White, John McGlennon, Sue Mellen, Brian Fuller, Chris James, Benny Shang, Ray Rodriguez, Sharan Marchelya, Adria Vanhoozier

Jim White, Chair of the Governance and Nominating Committee of the Board of Directors presided over the election of officers. Tom Brownlie was nominated for a two year term as Chair. Anne Bradstreet Smith was nominated for a two year term as Vice Chair. Benny Zhang made a motion to elect Tom and Anne, Ray Rodriguez seconded the motion. The motion was approved.

Jim White then introduced the nomination of Frank Sisto to a 3 year term as director. Anne Bradstreet Smith moved and Chris James seconded the nomination. Frank was elected to a term ending in June 2021.

The budget for the fiscal year 2018-19 was presented. Jim White moved for approval and Chris James seconded. The budget was adopted.

The meeting adjourned at 6:15.

Tom Brownlie

Chair

Williamsburg Area Medical Assistance Corporation dba Olde Towne Medical and Dental Center

OTMDC Finance Committee Minutes

Date: May 21, 2018

Location: OTMDC Conference Room

Committee Members Present	Committee Members Absent	Ex-Officio	
Ben Puckett, Chair	Peter Walentisch	Tom Brownlie	
Sue Mellen	David Burris	Denise Bowles	
Brian Fuller	Jenni Tomes	Dr. Mann	

Ben Puckett called the meeting to order.

Minutes of the March 12 meeting were approved.

The committee charter was reviewed and approved with minor revisions.

Financial reports for April (10 months of the fiscal year) were discussed. Ben distributed a comparison of revenue year to date compared to management's projection in the approved budget document, showing total revenue at 95% of the projection with 2 months of the fiscal year remaining. Ben commented that this total will be 97% with anticipated receipts from the golf tournament and Sentara. Ben also commented that the endowment fund has shown gains year-to-date of \$225k and stands at \$4.4 million. Ben noted that receivables (net of allowance for doubtful accounts) have been very stable, with a small increase from \$124k to \$127k since June 30. It was also noted that patient revenue has shown a recent uptrend.

The committee discussed the proposed revision to the budget, including adjustments for final numbers on jurisdictional support, changes in salaries from the JCC compensation study, an increase in allowed expenses for development, and an increase in revenues from public support. Discussion focused on the concerns of some members that the plan for use of the additional development resources is not well-defined. Tom Brownlie indicated that the Strategic Plan does not focus strongly on Development and needs to be strengthened. Our major funders have expressed concern about the lack of resources committed to development. This concern is also mentioned in the draft Communications and Development Plan in the May board package. After much discussion, the decision was made not to recommend any revisions to the previously approved budget. The members expressing concerns indicated they would support a later budget revision based on a defined plan for development.

The Dixon Hughes consulting study (initiated by the Williamsburg Health Foundation) was discussed briefly. The purpose of the study was to provide recommendations to strengthen OTMDC's financial policies and processes, maximize revenue collections, and assess the center's current status as a Rural Health Clinic. The consultants were on site during the past 2 weeks, and a final report is pending.

The meeting was adjourned. Next meeting date is to be determined.

Draft Minutes

July 9, 2018 Executive Committee Meeting

5:00 PM – Multipurpose Room

Present: Anne Bradstreet Smith, Dr. Bennett, Dr. Mann, Tom Brownlie, Jim White, Chris James (for Judy Knudson) and Ben Puckett (by phone)

Dr. Mann and Dr. Bennett provided a business update, books are not closed so no financials were available for the meeting.

The updated committee charters were reviewed. Dr. Bennett will provide an update on the Dental Advisory Committee charter for the July BOD meeting. The Communications and Development Committee will focus on the Gala for now and update the charter in the fall.

Gala preparations continue, we have sponsor commitments for \$30,000. Ticket sales have begun.

Jim White reviewed the 4 new candidates for director. The EC voted to present the 4 for election at the July meeting.

Tom Brownlie reviewed the survey on meetings and board operations. The EC agreed to move to 8 meetings for the coming year, adding a meeting in October and April.

Chris James presented a proposed job description for a Communications / Marketing Specialist. The EC agreed that there is a need; however, funding for the position has not been established. The EC agreed to present the position to the BOD in July to gain agreement on the need. If approved, Ben and the Finance Committee will work with Chris and Dr. Mann and Denise Bowles to establish various scenarios for funding the position with the goal to be able to make a hire early in calendar year 2019 if a means to fund the position can be established.

The meeting was adjourned at 6:15.

Tom Brownlie

Chair

OLDE TOWNE MEDICAL AND DENTAL CENTER

MINUTES – Governance and Nominating Committee, 6/11/18-4P M

Location – Thomas Nelson Community College, Historic Triangle Campus

Committee Members Present – Chris James, Greg McLeod, Jim White (G&NC Chair), Steve Vignolo

Unable to attend - Ramon Rodriguez, Walt Zaremba

Also attending – Tom Brownlie (Chair – Olde Towne Medical and Dental Center BOD)

AGENDA

Approval of minutes – G&NC meeting of 5/16/18

Board / Committee Candidates Review

Board Candidates Interview Process

Strategic Plan Discussion

Minutes – The minutes of the G&NC meeting of 5/16/18 were approved.

Board/Committee Candidates Review – A number of candidates were discussed by the committee. Four emerged as board prospects at the end of the review. Several interviews remain to be completed over the next two weeks. In addition to these four it was agreed that we would keep track of two others who were not ready to commit at the current time. The two appear to be strong board prospects. The committee was reminded that Frank Sisto was approved at the last BOD meeting and will join the board at the next meeting. The G&NC goal is to be prepared to introduce the backgrounds of the four candidates at the next Executive Committee meeting for approval and later for approval at the July BOD meeting.

Board Candidates Interview Process – The practice of requiring two members of the G&NC interview all candidates before they meet with the board chair was revised. One member of the G&NC and a committee chair was added in lieu of two G&NC members. This is in situations where the candidate is highly likely to be asked to serve on that committee chair's committee. Candidates not designated for a specific committee will continue to interview first with two members of the G&NC.

Strategic Planning Discussion – The committee repeated it's support for Mission, Core Values, and Vision Statement as presented in the 2014 Plan. Goal #5 was discussed including a related email circulated by Jim White regarding the role of G&NC in execution of it's Governance role and it's Nominating responsibilities. Chris James will follow up with Patrick Teague of JCC Human Resources regarding conducting an employee survey. A BOD survey will be considered after the completion of the employee survey.

The meeting adjourned at 5:10 P M. Submitted by Jim White -6/18/18.

Communications & Development Committee Minutes May 16, 2018 2:30-4:00 PM Minutes

Members Present	Members Absent	Staff Members Present
Judy Knudson	Chris James	Lindsay Bowles
Frank Sisto	Adria Vanhoozier	Jan MacQueston
Sue Dickler		Dr. William Mann
Sharon Marcheyla		
Anne Smith		
Benny Zhang		
Janna Roche		

Welcome and Introductions:

Judy Knudson welcomes all members to the meeting.

Approval of minutes:

A motion was made to approve the minutes from the April 2018 Meeting.

Elevate Call

The committee joins Sarah Savoy from Elevate for a conference call at 3:00 to discuss how Elevate can help with development. A brief discussion takes place following the call. Dr. Mann will follow up with Prince George Free Clinic who currently uses Elevates services.

Update from Dr. Mann

Dr. Mann presents an update of the overall clinic to the committee. The Williamsburg Health Foundation audit is complete as of this morning. The 5th Nurse Practitioner has been hired in a part-time position. We are hopeful she will take a full-time position in the fall.

Development

Jan MacQueston presented an update to the committee regarding upcoming events, meetings, and contributions according to the Development Report provided to the committee in advance of the meeting.

Website

It was suggested that the kayak and gala information be made easily accessible on the home page of the website. Lindsay Bowles will work on finding a solution.

Communications Plan

The Board of Directors will receive a copy of the Communications Plan during the upcoming Board meeting.

Antique Luncheon

The Antique Luncheon is set for March 7, 2019. Frank Sisto has been in contact with Alan Goodman regarding the event.

Wine Tasting

We are currently seeking a new venue for the tasting. A discussion took place regarding the possibility of moving the tasting event to a brewery/distillery.

Bakers Crust

We are currently looking in the October timeframe to hold the fundraising event with Bakers Crust when the college students are back.

Restaurant Fundraiser

Sharon Marcheyla will take the lead on the restaurant fundraiser event for Fall 2018. This year it is suggested that we only use one of the restaurants rather than 3.

Golf Tournament

Frank Sisto provides an update on the Golf Tournament. A \$75,000 check was presented to Dr. Mann during the golf reception. Frank gives a breakout of the income: residents' campaign, raffle, and sponsorships. The MGA is \$30,000 away from the One Million mark. A tournament date for 2019 has not been chosen. Frank is thanked by the committee for both his and the golf committee's ongoing dedication and support of Olde Towne.

Spring Mailing

The Spring Mailer was mailed on April 20th. To date, we have a 3% return. 1,500 letters were mailed, 57 donations have returned, totaling \$5,330.00.

The meeting was adjourned at 4:00 PM.

Next Meeting, Wednesday, June 20, at 3:00.

Respectfully submitted, Lindsay Bowles

Communications and Development Committee 25TH ANNIVERSARY GALA MEETING May 16, 2018 2:30 – 3:00 PM

Members Present	Members Absent	Staff Members Present
Judy Knudson	Chris James	Lindsay Bowles
Frank Sisto	Adria Vanhoozier	Jan MacQueston
Sue Dickler		Dr. William Mann
Sharon Marcheyla		
Anne Smith		
Benny Zhang		
Janna Roche		

A motion was made to approve the minutes from the April 2018 Meeting. The minutes were approved.

Invitations & Save the Date

The final Invitation and Save the Date drafts were distributed to the committee for approval. The drafts were approved and voted to use the 110lb cardstock rather than linen paper to keep costs low. The save the date will be mailed the first week June, and the invitations mailed the first week of August. The words "25th Anniversary" will be added to the top of the Save the Date.

Ticket Sales

Lindsay Bowles has researched the most efficient and cost effective way to sell tickets online, using the resources we already have in place. As soon as ticket sales are live, the Board will be notified.

Guest List

Lindsay Bowles continues to build the guest list for invitations to be mailed. Currently, the list consists of current and past Directors, as well as current and past staff members. Following a discussion regarding the concern of ticket sales, all the previous donation threshold will be lowered to \$100 and above. The committee is asked to continue thinking of individuals to invite. Please send those names to Lindsay as soon as possible. All sponsors from the annual golf tournament will be added as well.

Wine Glasses

Jan MacQueston will move forward with ordering the wine glasses with our logo since we continue to have no luck with the winery.

Cake

Frank Sisto offers to sponsor the cost of the anniversary cake. A short discussion follows regarding the best vendor.

Centerpieces

Jan MacQueston will view the centerpieces at Colonial Heritage.

Silent Auction

Colonial Williamsburg has donated a wonderful package for the silent auction. Jan MacQueston describes the package to the committee. Committee members are asked to continue to solicit silent and live auction donations.

The meeting was adjourned at 3:00. Next Meeting, Wednesday, June 20 at 2:30. Respectfully submitted, Lindsay Bowles

Communications & Development Committee Minutes June 20, 2018 2:30-4:00 PM Minutes

Members Present	Members Absent	Staff Members Present
Judy Knudson Frank Sisto Sue Dickler Anne Smith Benny Zhang Janna Roche	Adria Vanhoozier Sharon Marchelya	Lindsay Bowles Jan MacQueston Dr. William Mann
Christopher James		

Welcome and Introductions:

Judy Knudson welcomes all members to the meeting.

Approval of minutes:

A motion was made to approve the minutes from the May 2018 Meeting.

Update from Dr. Mann

Dr. Mann presents an update of the overall clinic to the committee. We are currently staffed with 4 out of 5 available Full Time Nurse Practitioner positions. Dr. Mann follows up on Elevator speeches and how information regarding Medicaid Expansion may be related. Dr. Mann leads a discussion on how Medical Expansion may effect OTMDC and other area clinic. He will also present this information to the entire Board of Directors.

Kayak update: To date, we have sold 154 tickets, totaling \$3,850. Chris James and Dr. Mann have been searching for venues and events to display the kayak and sell tickets. The next event will be "Second Sunday". Anne Smith suggests a display at the Farmers Market. Anne will follow up and send the relative information to Chris James. Lindsay Bowles will follow up with the Business Office regarding a way to accept credit cards for ticket purchases for both the kayak raffle and the Gala.

Elevate: No new comments came in regarding the Elevate during the last meeting. Dr. Mann asks for final comments regarding the call. Chris James suggests finding a technical person to analyze this information and see what is worth pursuing. Judy Knudson asked whether we should continue pursuing an outside source or expand our staff. Discussion regarding this topic followed.

Director of Development's Report

Jan MacQueston present the Director of Development report which was provided to the committee members in advance of the meeting.

Communications Plan

Chris James provides a status update for the Communications Plan. The committee is now at a point where we need to decide exactly what we are looking to accomplish. A discussion follow of the best

ways to get our name out into the community. Judy Knudson will move forward with presenting the Board with the suggestion of staff expansion.

Antique Luncheon

Frank Sisto will develop a timeline for the event and present at an upcoming meeting.

Wine Tasting

The committee continues the search for a new venue.

Golf Tournament

The annual Gazette Thank You ad ran on June 16, 2018. Money continues to come in from the tournament. Frank Sisto reviews the timeline for the 2019 tournament provided to the committee in advance of the meeting.

Spring Mailer

Lindsay Bowles provides an update regarding the Spring Mailer. To date we have receive 73 donations totaling \$7,930.00. Over 1,500 pieces were mailed.

Annual Report

The Annual Report planning and article writing has begun. The report is estimated to go out to the community mid-August.

The meeting was adjourned at 4:00 PM.

Next Meeting, Wednesday, July 18, at 3:00.

Respectfully submitted, Lindsay Bowles

Communications and Development Committee 25TH ANNIVERSARY GALA MEETING June 20, 2018 2:30 – 3:00 PM

Members Present	Members Absent	Staff Members Present
Judy Knudson	Adria Vanhoozier	Lindsay Bowles
Frank Sisto	Sharon Marchelya	Jan MacQueston
Sue Dickler		Dr. William Mann
Anne Smith		
Benny Zhang		
Janna Roche		
Christopher James		

A motion was made to approve the minutes from the May 2018 Meeting. The minutes were approved.

Sponsorships

Jan MacQueston presents the current sponsorships commitments. Riverside, Sentara, Hudgins Holiday, Williamsburg Dental Group, Bucktrout Funeral Home, and The Zhang Family Foundation have committed to sponsorships. If all pledges to date come through, the Gala expenses will be paid for. To date, we have 4 complete tables and 3 tickets pledged.

Invitations

Committee members continue to be enoucouraged to pass information to Lindsay Bowles regarding individuals who should receive an invitation. Anne Smith will mail her current list and Benny Zhang will send information from William and Mary.

Gala Favors

Jan MacQueston reports a possible donation of wine glasses per Chris James. Chris has been in contact with a wine distributor and hopes to have an answer soon.

Centerpieces

Jan MacQueston met with Stacey at Colonial Heritage. The venue can provide us with round mirrors for the center of the table. Jan will begin searching for centerpieces. Anne Smith mentions her contact at Williamsburg Floral as a possible donor for centerpieces. Jan will follow up.

Cake

Frank Sisto offers to sponsor the cost of the anniversary cake. Jan MacQueston will contact Tawanda. Upon contact, Lindsay Bowles will send the Anniversary logo via email.

Silent Auction

We are still in need of items for the silent and live auctions. A call to action has been sent to the Board of Directors with no response. A discussion follows regarding possible business to solicit items from. Sue Dickler presents the idea of items such as lunch with politicians and asks for committee opinions. Benny Zhang will reach out for an auction item from the Chesapeake Bay Foundation. All committee members are asked to think of auctions items and present them during the next meeting.

The meeting was adjourned at 3:00. Next Meeting, Wednesday, July 18 at 2:30. Respectfully submitted, Lindsay Bowles

2018-2019 WAMAC BOARD LISTING

Thomas Brownlie, Chair

121 Ainsdale Williamsburg, VA 23188 757-206-1715 (h) 713-502-8256 (c)

tbrownlie@cox.net

Chair, Executive Committee 2nd Term Expires: June 30, 2020

Anne Bradstreet Smith, Vice Chair

288 East Queens Drive Williamsburg, VA 23185 757-253-1970 annebradstreetsmith@gmail.com Executive Committee

2nd Term Expires: June 30, 2020

John Anderson, MD

106 Eltham Court
Williamsburg, Va. 23188
(H) 757-345-3312. (C) 757 876-1371
janderson201@cox.net

Planning & Performance Committee 1st Term Expires: June 30, 2018

William Bennett, DDS

350 Colony Trail Lanexa, VA 23089 804-966-5056 (H) 757-880-0906 (C) seaplane@cox.net Dental Clinic Director

Executive Committee

2nd Term Expires: June 30, 2020

Ben Puckett, Treasurer

2743 Linden Lane Williamsburg, VA 23185 253-2612 (H) 784-1932 (C) 258-2163 (O) Bpuckett2@cox.net Chair, Finance Committee

Executive Committee
Planning & Performance Committee
1st Term Expires: June 30, 2020

Camilla Buchanan, M.D., M.P.H

196 The Maine
Williamsburg, VA 23188
(757) 253-0423
cmbuch@wm.edu
Communications and Development Comm.

1st Term Expires June 30, 2020

Christopher James

112 Worksop Williamsburg, VA 23188 (757) 293-8385 <u>Chilai88@gmail.com</u>

Communications & Development Comm. Governance & Nominating Comm. 1st Term Expires: June 30, 2020

Judith N. Knudson

710 Goodwin Street Williamsburg, VA 23185 757-220-0051

Judyknudson20@gmail.com

Chair, Comm. & Development **Executive Committee**

1st Term Expires: June 30, 2019

Sharon Marchelya

105 Brewhouse Ave. Williamsburg, VA 23185 220-1801 (H) 713-1801 (C)

scmarc4212@cox.net

Communications & Development Comm.

1st Term Expires: June 30, 2020

David Masterson

President, SWRMC 100 Sentara Circle Williamsburg, VA 23188 (757) 984-8140 dimaster@sentara.com

1st Term Expires: June 30, 2020

Gregory McLeod, Ph. D

103 Workington Williamsburg, VA 23188 (757) 634-3306

gregorykmcleod@yahoo.com

Governance & Nominating Comm. 1st Term Expires: June 30, 2021

Ramon Rodriguez, III, MD, JD

2636 Sir Thomas Way Williamsburg, VA 23185 (757) 869-5047

Rrodrigueziii@verizon.net

Governance & Nominating Comm. 1st Term Expires: June 30, 2020

Janna Roche

6310 Chiswick Park Williamsburg, VA 23188 (C) 757 291-2788 jannaroche@cox.net

Communications & Development Comm.

1st Term Expires: June 30, 2018

Frank Sisto

125 Saint Annes Williamsburg, VA 23188 (757)345-2478 Fsisto125@cox.net

Comm. & Dev. Committee

1st Term Expires: June 30, 2021

Adria Vanhoozier

VP Riverside Doctors Hospital, Wmbq 1500 Commonwealth Avenue Williamsburg, VA 23185 (w) 757-585-2200 Adria.vanhoozier@rivhs.com Communications & Development 1st term expires June 2020

Steve Vignolo

141 Hollinwell Williamsburg, Va. 23188 645-4292 (H) (973) 454-4422 (C) svignolo@cox.net Chair, Planning & Performance Committee **Executive Committee** Governance & Nominating Committee 2nd Term Expires: June 30, 2019

James White

1625 Founder's Hill North Williamsburg, VA 23185 757-784-2388 whitejima@aol.com

Chair, Governance and Nominating **Executive Committee** 2nd Term expires June 30, 2019

JURISDICTIONAL REPRESENTATION

JAMES CITY COUNTY

John J. McGlennon

Member, JCC Board of Supervisors 2817 Mockingbird Lane Williamsburg, VA 23185 220-0568 (H) 221-3034 (O)

John.mcglennon@jamescitycountyva.gov

Planning & Performance Committee

Term Expires: June 30, 2020

Suzanne Mellen

3210 W. Leigh Street Richmond, VA 23230 757-253-6638 (O)

Sue.mellen@jamescitycountyva.gov

Finance Committee

Term Expires: June 30, 2020

CITY OF WILLIAMSBURG

Peter Walentisch

Director of Human Services, City of WMBG 401 Lafayette Street Williamsburg, VA 23185 757-220-6166 (O)

pwalenti@williamsburgva.gov

Finance Committee

Term Expires: June 30, 2020

Benming "Benny" Zhang

Williamsburg City Council 705 Goodwin Street Williamsburg, VA 23185 (C) 757-920-3125

Bzhang@williamsburgva.gov

Communications & Development Comm.

Term Expires: June 30, 2020

YORK COUNTY

Walter Zaremba

York County, Board of Supervisors 123 Bulifants Blvd Williamsburg, VA 23188 757-253-0477 (H) 757-259-0707 (O) walt@zarembalaw.com

Governance & Nominating Comm.

Term Expires: June 30, 2018

Brian Fuller

Deputy Director of Comm. Services PO Box 532 Yorktown, VA 23690 757-890-3500

bfuller@yorkcounty.gov

Finance Committee

Term Expires: June 30, 2019

OTMDC STAFF

William J. Mann, MD
Executive Medical Director
757-259-3275
Williamj.mann@jamescitycountyva.gov

Denise Bowles

Business Manager 757-259-3254 Denise.Bowles@jamescitycountyva.gov

Lindsay Bowles

Administrative Secretary 757-259-3263 Lindsay.Bowles@jamescitycountyva.gov

Olde Towne Medical and Dental Center

SUMMARY VOLUNTEER HOURS YEAR END FISCAL YEAR 2017-2018

To: Board Members Olde Towne Medical and Dental Center

From: Elaine Swartz, Volunteer Coordinator

Subject: Summary Year End Report Fiscal Year June 30, 2018

RECRUITMENT ACTIVITIES

- Attend Live Well Seminar, James City Rec Center
- Attend Healthy Living Conference, King of Glory Church
- Attend Family Health Fair, Jams City Rec Center
- Attend ARC Family Health Fair
- Attend W&M Partner Breakfast

VOLUNTEER OBSERVATIONS

- My goal for this year was to improve communications with staff members regarding their volunteer needs and I was very gratified with their cooperation. Kendra and Wilma were especially helpful. Consequently, we have gotten volunteers that are helping eliminate tasks the staff was doing making their time more efficient.
- We partnered with the W&M Medical Interpretation program and had 12 students observe at Olde Towne. The benefit of this was that, so far, four students have applied to be interpreters this coming year. Finding bilingual volunteers is always a priory.
- Our greatest need right now is to find Nurses, especially nurses that are willing to give immunizations. One of our volunteer nurses just retired after giving her time at Olde Towne for 11 years. Another of our volunteer nurses goes south for a couple month in the winter.

Community, College, Nurses, Dental A's & HYG's

TOTAL VOLUNTEER HOURS FY Q3 & Q4	1540.50	Q1 & Q2	1475.75
TOTAL ACTIVE VOLUNTEERS	34		36
Physicians And Dentists			
TOTAL VOLUNTEER HOURS FY Q3 & Q4	382	Q1 & Q2	286
TOTAL ACTIVE VOLUNTEERS	19		17
GRAND TOTAL Q3 & Q4			
VOLUNTEER HOURS	1922.50	Q1 & Q2	1761.75

53

GRAND TOTAL FISCAL YEAR 2017-2018

ACTIVE VOLUNTEERS

VOLUNTEER HOURS 3684.25

ACTIVE VOLUNTEERS 53 *53*

Volunteer Tasks

Task Discription:	Task Location:	Reports To:	Hours Per Week:	Number Currently Number Needed:	
Triage, assist in clinic	Clinic	Wilma	12 hrs	6	9
Assist with Mailings	Administration	Lindsay	Seasonal	0	2
Assist with purged charts	Administration	Maggie	4 hrs per week	0	1
Special Projects	OTMDC	Lesia, Lindsay, Jan,	K As Needed	0	6
Re-orders, filing, phone calls, unpacking meds, etc.	MAP	Paula & Georgia	4-5 Hrs	4-5	5
Sterilize instruments, bring patients back, clean rooms,	e Dental	Venora	16 Hrs.	3	5 2
Scrib	Wozniak	Teresa & Wozniak	40 hrs.	2	3 /
hand out surveys, file papers, Shred documents, etc.	Front Desk	Front Desk	2-3thrs.	0	1
Interpurters	Clinic	Kendra	As Needed	3	3
prepare lab specimins, etc.	Lab	Tammy	8 hrs.	2	2
Administor Immunizations, bring patients back, etc.	Immunization	Kendra	8hrs.	2	2
gather invoices for approval, file papers, etc.	Administration	Denise & Tabitha	3-4 hrs	1	1
Totals:				20	37

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OLDE TOWNE MEDICAL & DENTAL CENTER DIRECTOR OF DEVELOPMENT - ANNUAL REPORT July 1, 2017 – June 30, 2018

Executive Summary: During the last fiscal year the foundation grant awards have remained stable. Our success lies with requests of tangible items i.e. medical/dental equipment, educational material, etc. Funding for operations/salaries comes to Olde Towne from the Williamsburg Health Foundation and our three jurisdictions.

We sent out two direct mailers (fall (125 donors, net \$14,787) and spring (77 donors, net \$6,630), an enclosed envelope in the Annual Report (65 donors, net \$7,614) and a letter sent to dentists requesting funds for the Dental Clinic over Dr. Bill Bennett's signature (2 donors, net \$978).

Thanks to personal cultivation, we have regained several major donors and received our first IRA gift in the amount of \$10,000. This gift will be given annually during the life of the donor. The future of large gifts is through the cultivation of major gifts.

Our special events serve not only as a fundraising tool but a friend raising tool. They expose individuals to Olde Towne's mission and become donor prospects. Development is an integral part in assisting with third party special events i.e., Ford's Colony and Ovarian Cancer Run, Miles for Smiles Run all of which benefit Olde Towne.

The Annual Report, now printed in house, is an attractive, polished and informative marketing tool. Community outreach is yet another way for Olde Towne to become a familiar face in our catchment area and I strive to meet/present with a variety of agencies. We have received many compliments on the publication from other nonprofits who are trying to copy our success.

Having a strong relationship with the Communications & Development Committee, the 25th Anniversary Gala Committee and working closely with board members and the executive medical director assists me in planning the development plan for Olde Towne.

- **Grant Writing:** Submitted nine proposals totaling \$582,031; all were awarded. (All grant writing is a collaborative effort).
- Events: Participated and assisted in a variety of community health fairs, Infortainment Fairs, Miles for Smiles Run, Ovarian Cancer Run; wrote news releases, met with media, met with planners, attended events, follow-up
- **Special Events:** Coordinated the Wine Tasting event (61 participants, net \$2,201), Restaurant Day (\$1016) and assisted with the annual Ford's Colony Men's Golf Association Golf Challenge \$75,000); wrote copy, wrote news releases, attended events, follow-up.

Page: 2/Director of Development Annual Report 2017/18

- Unsolicited gifts: \$37,451 (a 28% over last fiscal year)
- **New Special Event:** We are planning a "The Great Antiques Highway Luncheon" at Governors Land in March 2019.
- **Direct Mail:** Prepared, developed direct mail pieces for fall 2017 and spring 2018. The fall campaign netted \$18,430 with 137 donors (up from the previous year) and the spring 2017 campaign netted \$6,255 with 50 donors (down from the previous year).
- **Annual Report:** Responsible for writing Annual Report articles; taking photos. A donor envelope is enclosed for gifts...we received a net amount of \$4,274 from 52 donors.
- Marketing/Public Relations/Cultivation: Dr. Bill Mann and I gave tours to media reporters and donors. We met with donors during lunch meetings and discussed planned giving and, at other community functions.
- Community Outreach: I made several presentations at local church services; met with Hope
 Pregnancy Center which resulted in a smoother transition when their clients have scheduled prenatal appointments at Olde Towne, House of Mercy, Peninsula Agency on Aging, JCC Public
 Outreach Coordinator, CDR, CSB/Newport News, Colonial Williamsburg, Network Peninsula,
 Chamber of Commerce, various media and others.
- **Research:** Ongoing research continues to seek new donor prospects, foundation and corporate opportunities.
- Designed the 25th Anniversary logo.
- **25**th **Anniversary Gala:** Gala will be held on Friday, September 21, 2018 at Colonial Heritage. Save the date cards have been mailed. Entertainment will be provided by Good Shot Judy. Kathy Yankovich Hornsby and Julie Yankovich Hummel will serve as co-chairs of the event. Additionally, the 25th anniversary should spark a renewed interest in Olde Towne by the community.

Respectfully submitted,

Janis C. L. MacQueston Director of Development

July 1, 2018

FY 2018 - 2019 Grant Report

Updated July 17, 2018

ACCEPTED						
Funder	Requested Amount	Amount Awarded Date Received	Intended Use	Status		
RECURRING:				I.		
VCHA City of Williamsburg James City County York County SWRMC VHCF VCHA	\$ 88,511 350,893 94,642 30,000	97,366 FY18 88,511 FY19 350,893 FY19 94,642 FY19 100,000 FY18 110,259 FY19 30,000	General Support General Support General Support General Support Prenatal MAP Lab Corp	Funded Funded Funded Funded Funded Funded Funded		
VA Dept. of Health	7,837	7,837	General Support	Funded		
Total	\$ 571,883	\$ 879,508				
ONE TIME:						
TOTAL						

PENDING					
Funder	Requested Amount	Amount Awarded Date Received	Intended Use	Status	
WHF PCF Sentara Fdn. Wmsbg. Presby. Church	\$ 450,000 CY18 50,000 32,000 2,500		Basic Operating Expenses Ultrasound machine Dental Clinic/staff and supplies Care of uninsured patients		
Total	\$ 534,500				

DENIED						
Funder Requested Amount Amount Awarded Intended Use Status Date Received						

Williamsburg Health Foundation = WHF

Sentara Williamsburg Regional Medical Center = **SWRMC**

Virginia Community Healthcare Association = VCHA

Virginia Department of Health = **VDH**

Peninsula Community Foundation of Virginia = **PCF**

Virginia Health Care Foundation = VHCF

Sentara Foundation = **SF**

Williamsburg Community Foundation = WCF

APPROACHING the following foundations for funding:

Bank of America, Clark Foundation, Delta Dental Foundation of Virginia Foundation,

Huston Foundation, Rapoport Foundation, Wells Fargo



Brian J. Smalls Bio

Brian Smalls is a Williamsburg native. A proud graduate of Lafayette High School, in the fall of 1999, he matriculated at the University of Michigan-Ann Arbor. While at Michigan, Brian was a member of the University of Michigan football team, winning a Big Ten Championship and playing alongside the likes of NFL All-Pro quarterback, Tom Brady. He was also awarded the prestigious University of Michigan Athletic Academic Achievement award. After graduating from Michigan with distinction in 2003, Brian enrolled in the School of Law at the University of Miami-Florida. During his tenure there, he was selected to The Society of Bar and Gavel, the school's top honor society. Upon graduating from law school in 2006, he returned to the Commonwealth to begin his esteemed legal career.

A former prosecutor for the City of Newport News, Brian has extensive trial litigation experience. While serving as an Assistant Commonwealth Attorney, he handled a variety of matters ranging from trespassing to murder. His experience also includes argument before the Supreme Court of Virginia, the highest court in the Commonwealth.

An entrepreneur at heart, in 2012, Brian hung out his own shingle opening his own law firm, Cornerstone Estate Planners. Located in Williamsburg, VA, the firm's areas of focus are estate planning and business law. Brian is a member of the Virginia State Bar, the Williamsburg Bar Association, and the Peninsula Bar Association.

In June of 2015, Brian was tapped as the acting Commonwealth Attorney for Surry County when he was appointed by the Honorable W. Allan Sharrett, Chief Judge of the 6th Judicial District. Brian served in that capacity through the end of December 2015.

In November of 2016, Brian was elected as the President of the York-James City-Williamsburg Branch of the NAACP.

Brian is married to his beautiful wife Sonya, and they have two wonderful children, Brayden and Brielle.

Cheryl A. Fields, CMI, CPA, MBA

Cfields1908@hotmail.com

Professional Experience

Owens & Minor, Mechanicsville, VA

April 2018 – Present

Business Tax Manager – Manages planning and compliance for all non-income taxes. Responsible for staff development and training. Review and approve all activities for business taxes; Tracks developments in all areas of non-income tax and research impact on all companies; Review and implement process improvements and efficiencies; Identify, develop and implement tax savings plans

Clarus Partners, Columbus, OH

June 2014-Present

Senior Manager, State and Local Tax: Accountable for client services for multiple clients in state and local taxation; manage state and local tax departments for several corporations ensuring that all departments are running efficiently, meeting deadlines, recommend process improvements and provide updates to the CFO of the client and our management team of the firm.

- Successfully served as interim tax manager for large company by maintaining day to day operations without any interruptions or missed deadlines;
- Developed working relationship with departments where we collaborated to improve efficiency and accuracy;
- Quickly learned company structure and financial systems.

The Wendy's Company, Dublin, OH

June 2012 - May 2014

Tax Manager, Sales & Use Tax: Responsible for managing sales and use tax department including compliance, audits, SOX and FAS 5 calculations for financial statements; mergers and acquisitions; plan and monitor budget for department and evaluate processes for efficiency and implement changes.

 Received employee of the quarter for successfully leading the tax area of mergers and acquisitions of over 400 restaurants within a 6 month period.

Dollar Tree Stores, Inc., Chesapeake, VA

December 2004 - June 2012

Senior Tax Analyst: Responsible for accurate and timely account reconciliations of tax accounts, audits, solicited RFP's to select and implement software to promote efficiency within finance department; develop training materials for departments on application of tax and conducted training sessions; effectively managed staff to promote efficiency in audit strategies to reduce number of open audits.

- Improved efficiency by researching implementing tax software systems for improved compliance;
- Reduced number of outstanding audits by 30% with the implementing improvements in reports provided to auditors and improved compliance thereby reducing assessments;
- Collaborated with departments to improve their knowledge of tax and influence changes to increase compliance.

 Served as project leader on company initiatives where the company grew from 2500 stores to close to 5,000 and moving the company presence into Canada. Quickly became expert in Canadian tax and trained others.

Virginia Department of Taxation, Richmond, VA

Positions held: Auditor, Regulations Specialist, Collections Specialist, and Tax Examiner

Audit income returns for accuracy, contact delinquent taxpayers to resolve outstanding assessments; resolved contested audits; research fiscal impact on legislation introduced by General Assembly; write determinations and opinions for state officials, conduct compliance audits of fortune 500 corporations.

Previous Relevant Experience

- Supervisor, Central Fidelity Bank, Poquoson, VA
- Tax Preparer H & R Block, Williamsburg, VA

Education:

- Master of Business Administration with emphasis in Accounting and Management, Strayer University,
 Newport News, VA
- Bachelor of Arts in Political Science with an emphasis in Public Administration, University of Virginia, Charlottesville, VA
- Dublin Chamber of Commerce Executive Leadership Program Leadership Class
- Williamsburg Chamber of Commerce Leadership Institute

Certifications

• Certified Public Accounting (CPA) – Ohio and Virginia

Affiliations:

- Institute of Professionals in Taxation Certified Member of Institute
- Junior League of Columbus, OH Chairman Volunteer Database Management
- Junior League of Richmond, VA New Transfers, Internal Communications Committees
- Alpha Kappa Alpha Sorority, Incorporated; Former Positions Treasurer, 2018 Southern Ohio Cluster Conference; Regional Conference Chairman, Regional Graduate Advisors Institute Training; Regional Scholarship Committee; Chapter President, Vice President, Treasurer, Financial Secretary, Graduate Advisor – College of William and Mary; Workshop Presenter, Protocol Liaison – Virginia Day at Capitol
- Former Board Member of Virginia Society of CPA's Educational Foundation
- Virginia Society of CPA
- Ohio Society of CPA

References available upon request

Daniel Scott Foster Jr.

202 Tyler Brooks Drive | Williamsburg, VA 23185 | (757) 634-7592 | d.scottfoster@gmail.com

SUMMARY

Eight years as a local elected official and four years as successful real estate and small business attorney in Williamsburg and Hampton Roads. Unique perspective and experience having both served in and advocated before local governments. Advised clients on various successful developments and redevelopments resulting in benefit to owners/developers and community. Experience in negotiation and cooperation with large corporate and non-profit entities. Demonstrated effectiveness of both written and spoken communications when dealing with difficult issues.

HIGHLIGHTS

- Land Use and Zoning Advocacy
- Commercial Real Estate Closings
- Contract Drafting
- Commercial Real Estate Development
- Public Relations

- Community Association Management
- Complex Easement Issues
- Legislative Advocacy
- Land Use Planning
- Corporate Entity Formation and Operation

LEGAL EXPERIENCE

Tarley Robinson, PLC, Williamsburg, VA

Associate Attorney

October 2014 - Present

- Successfully advocated for the rezoning of a large commercial parcel to residential use resulting in ninety-seven townhome units
- Represented and managed one of the largest owners associations in the Williamsburg market dealing with both commercial and residential association issues
- Represented individual clients in commercial property acquisition, local government permitting and land use regulation and successful build out and operation of various small businesses
- Shared responsibility of representation of over 100 community associations in Hampton Roads

LOCAL GOVERNMENT EXPERIENCE

The Williamsburg City Council

Vice-Mayor

May 2016 - Present

- Currently negotiating terms of a vertical mixed use redevelopment of two 1950s era shopping centers and associated upgraded public infrastructure, providing revitalization of Williamsburg's largest commercial center
- Supported comprehensive examination of downtown vibrancy and parking infrastructure in an effort to support economic activity adjacent to the Colonial Williamsburg historic area

Member

Elected May 2010 – May 2016

- Liaison between the College of William & Mary, its students, and the City
- Championed plan for increased residential density in Downtown Williamsburg to create a more vibrant, walkable City, which was implemented in Summer 2013

City of Williamsburg Economic Development Authority

Council Liaison

July 2016 - Present

Williamsburg Area Destination Marketing Committee

City of Williamsburg Representative

July 2016 – Present

Greater Williamsburg Chamber and Tourism Alliance

Executive Committee

July 2014 - July 2016

Board of Directors

July 2010 - July 2016

EDUCATION

The College of William and Mary, Williamsburg, VA

Juris Doctorate
Bachelor of Arts, Government

May 2014

May 2010

Section I. General Information

Name: Amanda S. Ulishney

Employer: TowneBank

Title: SVP, Private Banking

Office Phone: (757) 564-4708 Cell Phone: (757) 679-4628

Email: <u>Amanda.Ulishney@TowneBank.net</u>

Section II. Professional Accomplishments

- In September 2002, Amanda joined Harbor Bank in a management-training program after a successful career (13 years) at what is now known as Wells Fargo.
- In October 2003, TowneBank purchased Harbor and Amanda took over as the retail Branch Manager of the Williamsburg office and served as a Vice President. TowneBank is a community bank headquartered in Portsmouth, Virginia. Since the bank's inception in 1999, it has grown to \$ 10.62 billion in assets and \$7.47 billion in loans at March 31, 2018.
 - Amanda ran the office located on Jamestown Road until the main headquarters in Williamsburg opened in January 2006.
 - In January 2008, Amanda was promoted to Private Banking a new position at TowneBank Williamsburg, as TowneBank Williamsburg only Private Banker, Amanda's focus was placed on servicing the needs of executives and members of the community who preferred individual financial attention.

- In March 2011, Amanda was promoted to Senior Vice President of Private Banking.
- Amanda began her banking career with Central Fidelity in 1989 as a Teller in Hampton. In spring, 1991 Amanda moved into a role that allowed her to travel from branch to branch in different departments where she underwent two years of intensive training in all aspects of banking. In 1995, she accepted a position in Williamsburg as a New Account Representative and began to develop and grow her own portfolio of business and personal clients in the Williamsburg market.

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- Because of her outstanding performance with Wachovia, she was given the opportunity to assist in opening the second branch in Williamsburg located in the Newtown area.
- Following her service to Central Fidelity/Wachovia, Amanda moved into her role at Harbor Bank/TowneBank.

Amanda now manages one of the largest Private Banking portfolios

Section III. Community Involvement

- Graduate of the Virginia Bankers Association class of 2008. The Institute is a three- year program designed to prepare bankers to take on additional responsibility and promote further develop and growth in the banking industry.
- Former member of the Board of Directors of Williamsburg Area Meals on Wheels
- Former and current Member of the Board of Directors of the Williamsburg Community Action Agency
- Finance representative in the 2008 Williamsburg United Way Campaign.
- Former member of the Board of Directors of the Hospice House of Greater Williamsburg
- Former member of the Board of Directors of the Wellington Wave
- Former volunteer at Williamsburg Big Brothers Big Sisters

Current Board member of Youth Engineering and Aviation Program

Current Board member of WJCC School Foundation

Section IV. Awards and Honors

- Member of Wachovia's <u>President's Club</u> which recognizes the top producing associates across the Bank's multi-national footprint
- Member of TowneBank's <u>Chairman's Club, which recognizes</u> the top producing, associates in the TowneBank footprint for ten consecutive years starting in 2007.

DRAFT 7/9/2018

Title: Marketing/Communications Specialist

Status: Full-time, exempt

Salary: TBD

Reports to: Executive Medical Director, Olde Towne Medical and Dental Center

Summary: This position is responsible for planning and executing Olde Towne Medical and Dental Center's marketing, communications and event activities that strengthens the organization's presence in the community and enhances outreach efforts to patients, staff, volunteers, donors and supporting jurisdictional stakeholders.

Major Duties:

- Develop a coordinated communications/marketing plan and supporting materials and execute plan
- Strategically exploit all aspects of social media in OTMDC's marketing, development and communications efforts
- Organize, oversee, and execute events and donor solicitations. Identify potential sponsors and donors, developing long term relationships and commitments to ongoing support; present opportunities for sponsorship/donations and secure funding commitments

Typical Responsibilities:

- Maintain a comprehensive communications plan that supports the agreed to communications strategy and includes: targeted stakeholder, goals, a tactical calendar, success metrics and budget
- Oversee monthly e-newsletter, website content, news releases, presentation material, promotional, and collateral material
- Develop and oversee a comprehensive electronic mailing list of patients, staff, donors, jurisdictional stakeholders and potential donors and friends
- Build and execute social media strategy through research, benchmarking, messaging, and audience identification
- Build meaningful connections and encourage community involvement through dialog and messaging
- On-going outreach to patients, staff, volunteers, donors, jurisdictional stakeholders and the greater Williamsburg community

Qualifications:

- Bachelor's degree in marketing, communication, or related field
- 2+ years' relevant work experience with strength in digital communications and social media
- Ability to work independently while also functioning effectively as a team member
- Strong analytical and problem-solving skills; knowledge of project management and familiarity with the business applications of social media platforms (Facebook, Twitter, YouTube, LinkedIn, etc.)
- Strong written and verbal communication skills

Communications and Development Committee July 18, 2018 Summary Report to the Board

Recommended actions:

- Sell tickets for the Kayak Raffle. So far only 158 tickets have been sold. The deadline is Labor Day.
- GALA
 - o The invitations will be going out at the end of July.
 - o Buy tickets, bring a friend, arrange a table of 8
 - o Donate high quality items for the Silent Auction and the live auction
 - Help find sponsors. Please refer to the packet provided by Jan MacQuestion for information on sponsorships.
 - o Spread the word about the Gala

Items of Interest to the Board:

- Board members should have received a packet outlining sponsorship opportunities for The Gala, our celebration of the 25th Anniversary. The Director of Development has put together an Event Plan and this packet. The date is Friday in September 21, 2018 from 6:30 to 11 at the Colonial Heritage Ballroom. The theme for the event is "Past, Present and Future: 25 Years of Caring. Kathy Hornsby and Julie Hummel, daughters of Ann Yankovich, a founder of the clinic, have agreed to be honorary co-chairmen of the event. Both a Silent Auction and a live auction are planned as part of this event and we would very much like to have some "major" items such as trips, condos, etc. Please let Jan MacQuestion know if you either can donate such an item or know someone who might be able to do so.
- There are more events in September! Put on your running shoes:
 - o Ovarian Cancer Run- September 8, 2018- 10th Annual
 - o Miles For Smiles Ruin- September 29, 2018- 2nd Annual
- The Antique Appraisal and Luncheon Event will be held on March 7, 2019 at Two Rivers Country Club.
- The committee is planning a Wine Tasting or brew tasting or something for September 19, 2019.
- A dinner at Bakers Crust is planed for October, 2018.
- Lindsay Bowles reported that \$8,250 has been received from the Spring mailer.
- The committee will be reviewing the Charter after the Gala.
- Work continues (slowly) on the Communications Plan.

OTMDC Finance Committee

July 23, 2018

Summary Report to the Board

Recommended Actions: None

Items of Interest to the Board:

- 1. Preliminary financials for the fiscal year ended June 30 show revenues (net of endowment transfer) exceeding budget by \$183k (8%) and expenses under budget by \$11k (0.5%). Net revenues from operation of the Clinic exceeded expenses by \$62k. Patient revenue ended the year on a strong trend and finished at 97% of budget. Note that the financials are preliminary, unaudited.
- 2. The summary of the Investment Fund (Endowment) for the past 3 years is enclosed. It is noteworthy that the Fund has earned almost \$800k over the period, and has largely offset the losses from operations over the same period.
- 3. The Committee will be studying a proposal from the Development Committee for a new position to support communications. The committee will conduct an analysis of long range revenues, expenses and draws from the endowment fund. Several scenarios will be studied to develop a recommendation for funding the new position.

OTMDC Investment Fund Summary:											
		2015-'16		2016-'17	FY '18 YTD			Total 36 mos.			
		6/30/2016		6/30/2017		6/30/2018					
Beg. Balance	\$	4,207,422	\$	4,278,476	\$	4,287,137	\$	4,207,422			
Change in Value	\$	143,268	\$	391,164	\$	245,821	\$	780,253			
Transfer to Operations	\$	(72,214)	\$	(382,503)	\$	(132,651)	\$	(587,368)			
Ending Balance	\$	4,278,476	\$	4,287,137	\$	4,400,307	\$	4,400,307			
								3			
Operating Results:											
Income	\$	2,261,305	\$	1,867,689	\$	2,555,694	\$	6,684,688			
Expenses	\$	(2,457,923)	\$	(2,492,284)	\$	(2,493,339)	\$	(7,443,546)			
Income less Expenses	\$	(196,618)	\$	(624,595)	\$	62,355	\$	(758,858)			

Olde Towne Medical and Dental Center

Revenues and Expenditures Report

7/10/2018

Fiscal year: 2018 Period: 12

Revenue Summary						
	Budget	Current	YTD	Prior Year YTD	Variance	Variance %
Local Government	\$528,711.00	\$0.00	\$521,069.00	\$513,303.00	\$7,766.00	1.51%
Patient Revenue	\$465,000.00	\$94,665.96	\$479,896.20	\$341,963.67	\$137,932.53	40.34%
Bad Debt	\$0.00	(\$30,139.52)	(\$30,790.81)	\$0.00	(\$30,790.81)	
Public Support	\$233,500.00	\$12,206.33	\$211,756.58	\$196,085.75	\$15,670.83	7.99%
Special Events - Fundraising	\$85,000.00	\$4,550.00	\$91,323.70	\$74,084.00	\$17,239.70	23.27%
Grants	\$1,049,789.00	\$12,032.33	\$1,268,303.70	\$1,072,985.13	\$195,318.57	18.20%
Other	\$142,651.00	(\$5,835.93)	\$259,996.83	\$174,168.77	\$85,828.06	49.28%
Total Revenue	\$2,504,651.00	\$87,479.17	\$2,801,555.20	\$2,372,590.32	\$428,964.88	18.08%

Expenditures Summary YTD Percent Spent Budget Current Variance **Admin Department** Personnel \$612,806.00 \$52,321.22 \$603,470.68 \$9,335.32 98.48% Operating \$153,095.00 \$3,243.38 \$122,493.80 \$30,601.20 80.01% Furniture and Equipment \$6,540.00 \$0.00 \$4,574.61 \$1,965.39 69.95% **Total Admin Department** \$772,441.00 \$55,564.60 \$730,539.09 \$41,901.91 94.58% **Direct Services** Personnel \$1,225,124.00 \$99,883.81 \$1,169,225.23 \$55,898.77 95.44% Operating \$287,318.00 \$28,003.14 \$375,945.90 130.85% (\$88,627.90) Furniture and Equipment \$12,043.00 \$194.78 \$20,263.26 (\$8,220.26) 168.26% **Total Direct Services** \$1,524,485.00 \$128,081.73 \$1,565,434.39 (\$40,949.39) 102.69% **MAP-Grant** Personnel \$94,442.00 \$8,913.14 \$106,866.81 (\$12,424.81) 113.16% Operating \$26,032.00 \$1,181.45 \$12,321.37 \$13,710.63 47.33% Furniture and Equipment \$2,517.00 \$0.00 \$4,137.28 (\$1,620.28) 164.37% Total MAP-Grant \$122,991.00 \$10,094.59 \$123,325.46 (\$334.46)100.27% **Fundraising** Personnel \$52,830.00 \$53,338.85 100.96% \$5,313.25 (\$508.85)\$31,904.00 \$1,719.21 \$20,701.13 \$11,202.87 64.89% Operating Total Fundraising \$84,734.00 \$7,032.46 \$74.039.98 \$10.694.02 87.38%

\$200,773.38

\$2,493,338.92

\$11,312.08

99.55%

\$2,504,651.00

Fiscal year: 2018 Period: 12

Total Expenditures

Executive Medical Director's Report: July 2018

Summary: Fiscal year 2017-2018 we had 15,745 patient visits, 245 visits more than projected. Of these, ~26% were dental visits. Our uninsured rate was 76%, with 36% of visits for those below 100% of the federal poverty level, and 56% below 200%. Eight-eight percent of our patient visits were for patients from York and James City Counties and the greater city of Williamsburg. Patient revenue was \$57,212 less than budgeted. Total income was \$2,644,485, of which \$225,000 was a grant from prior fiscal year (timing issue) and \$132,651 was a transfer from our investment account. Expenses were \$11,312 below budget. We added two new nurse practitioners, and now have five. Competitive salaries for our providers caused a marked increase in our personnel expenses.

This report summarizing the past fiscal year is lengthy and detailed in an effort to insure transparency to the board.

Patient Services and Staffing: Several months this year we were down a nurse practitioner (NP) and when we were able to hire two new staff, their orientation took between 30-40 days. Given this, it is amazing that we were still able to exceed our budgeted patient visits by 245. We also were short a receptionist and dental assistant for over a month, but at the current time all of our positions, both providers and support staff, are filled. A fourth part time dentist was added allowing us to be open 40 hours a week.

We received donated equipment from the Lions Club which allowed us to markedly expand the eye services we provide to our patients. This patient service was further enhanced by our ability to obtain free eyeglasses for our patients.

Our medication assistance program (MAP) provided \$6,865,018 worth of free brand name medications, which equates to 925 patients receiving 5,565 free prescriptions. We also began an access to medication (AMP) program in collaboration with RxPartners. This allowed us to write electronic prescriptions for generic drugs, which were filled in a central pharmacy in Fredericksburg, mailed to Olde Towne, and then given to our patients. This allowed 559 patients to receive 5,694 generic prescriptions. The combination of MAP and AMP, brand and generic drugs, which we provide for free allows us to fulfill many of the

functions of a dispensing pharmacy but avoids the estimated \$200,000+ cost of hiring a pharmacist and pharm tech. MAP is supported by a \$107,000 grant from the Virginia Health Foundation. AMP was supported by a \$24,000 grant from the Williamsburg Health Foundation (WHF). The AMP program also lowered our costs for a drug formulary we maintain by ~\$5,000. Patient voluntary donations for AMP were ~\$700. We are asking WHF to include the funding for AMP in our Basic Operating Grant.

Our Transitional Nurse Program ended, but patient referral numbers did not change, and we continue to see large numbers of patients sent to us by both of our local hospitals.

We have a WHF grant funded program for using health coaches to try to improve the performance of diabetic patients who fail to meet their therapeutic goals. We are 6 months into that grant and the results are not good. These patients at high risk of failing our current treatment approach are not at all receptive to working with a health coach, and while we will continue to try innovative ways to get the coaches involved in patient treatment we are not optimistic.

We have a small number of patients participating in exercise programs with our RN educator, and were able to get 30 one month passes to the JCC Community Center for patients. We continue to have certified medical translators available to our patients, augmented by a few community volunteer translators.

Approximately 60% of our patients have chronic medical diseases, often more than one. More recent data suggest this percentage is increasing to over 70%. Please see attachments "Patient Profile for July 1, 2017-June 30, 2018" for a more thorough summary of our patients. We have also attached one of our quality reports, "OTMC Monthly Quality Indic." We continue to hold group teaching classes with our RN patient educator, and group patients seem to always do better than those treated one on one by a provider. The attached "Clinical Services Report" summarizes all patients, not those just with chronic diseases.

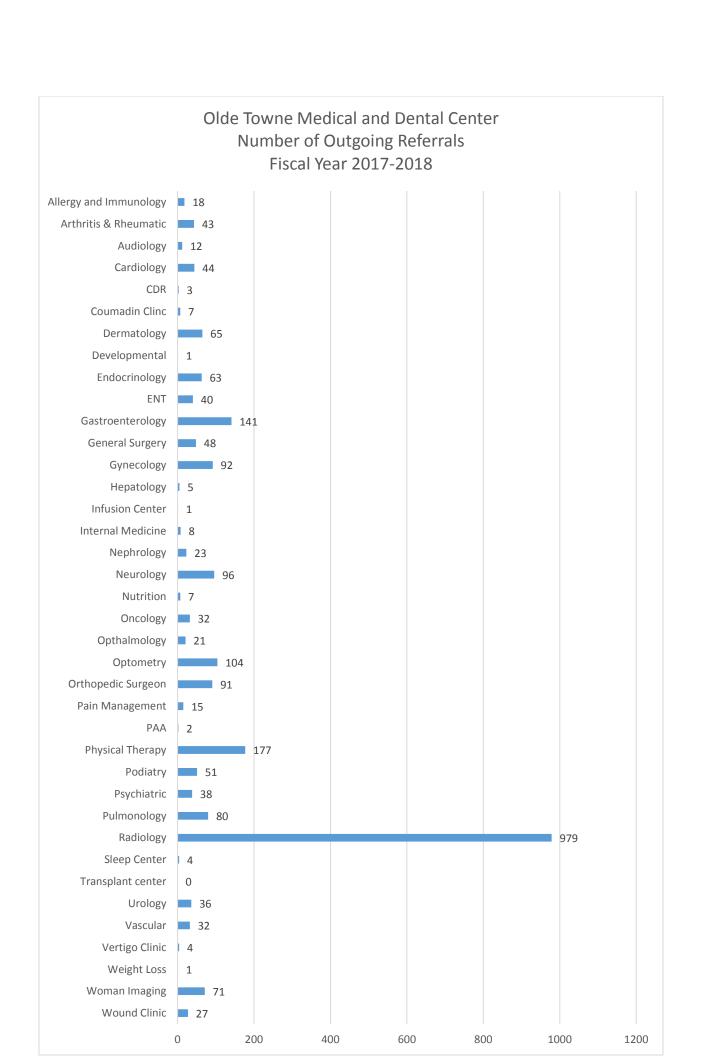
Our 5 NP's and two part time physicians (psychiatrist, obstetrician) are supplemented by volunteer providers. See below.

Volunteer Name	Number of Visits	
Bruce Fuller, MD	2	Dermatology/
Vasudev Ananthram, MD	35	Cardiology
Shuping Wang, MD	31	Nephrology
Adam Wilding, MD	7	chiropractor
Ronald Grossman, MD	235	sports medicine/family practice
Pamela Lundberg, OD	7	Optometrist
Andrew Goodman, OD	8	Optometrist
Andrew Ambrose, OD	3	Optometrist
Kelsey Guth, OD	2	Optometrist
Itrish Scott-Brown, MD	29	family practice
Camilla Buchanan, MD	68	gynecology
Margaret Diat, MD	9	family practice
S. Zafar Ahsan, MD	102	psychiatrist
	538	Total Visits

Volunteer Name	Number of Visits	
Lawrence Sarmiere, DDS	112	
Christine Piascik, DDS	47	
Mary Jo Headley, RDH	16	
Martin Oakes, DDS	357	
Stephen Murphy, DDS	141	
Thomas Morris, DDS	49	
William Bennett, DDS	15	
TNCC Hygiene Students	81	
	818	Total Visits

Our open scheduling continues, and it has levelled off at ~25% of patient visits, while another ~25% are hospital follow up visits.

We also continue to refer our patients, who appear to be becoming more complex with respect to intercurrent medical diseases and the need for multiple medications, to outside resources for consultation and diagnostic studies. Sentara Williamsburg Regional Medical Center is a most valued collaborator and their support is greatly appreciated and vital. See below.



Physical Plant: Our new roof, HVAC, conference rooms and waiting area are all welcome improvements by JCC. We are collaborating with JCC Human Services on a child health initiative, and we will be providing office space and clinical services to families identified as being in need. Discussions about a proposed re-location of Olde Towne to a site at the Eastern State Hospital have begun.

Finances/Grants/Donors: An attachment "Cash Flow Projection FY 17-18" shows the financial data used by administration to manage our clinic, and the format allows for assessment of month to month variation. The first page is a summary overview, while the additional pages show a detailed breakdown of expenses and revenue items. A graphic overview of our funding is also attached. We continue to focus on trying to find new sources of income. We are always looking for new grant opportunities. We have approached the three jurisdictions and requested additional funding. JCC has as mentioned made a tremendous investment in improving our physical plant.

I have attached a more detailed document, "Current Strategy for Increasing Revenue," to this report. This attempts to summarize our current multiple efforts to generate funding and perhaps serve as a start for a discussion. In the future, a document dealing with expenses is planned.

Community Collaboration: We have met with JCC staff to discuss our providers' role in dealing with community emergencies, such as flood, tornado, etc. I attended the annual meeting of the Virginia Community Healthcare Association, where an extended and detailed discussion was carried out about the effect of Medicaid expansion on safety net clinics. Enormous uncertainty exists, and the impact will probably take years to become evident. Our DOD and I attended Cocktails for a Cause at Brookdale. We were very pleasantly surprised by the fact that there were a large number of people present, representing several non-profits, as well as a large number of senior citizens, and all of them were very familiar with Olde Towne.

Patient Profile for July 1, 2017- June 30, 2018

For patient profile reporting, use the CCC definition of an active safety net patient with diagnosed chronic conditions (#3 below):

Active Safety Net Patient with Diagnosed Chronic Conditions: The number of active patients seen at the clinic for at least one face-to-face visit with a physician, physician assistant, nurse practitioner, nurse, dentist, licensed mental health professional, or other credentialed health provider within the 6 month reporting period who are: a) uninsured or underinsured for medically necessary services, b) from the WHF service area, and c) have a chronic disease diagnosis.

Total a y Age (Total - 0-17 - 18-29 - 30-44 - 45-64 - 65+ - Unkno y Sex (Total - Femal 0. Male y Race 1. Asian 2. Americ 3. Black/ 4. Native 5. White 6. More t 7. Unrep 8. Hispan y Chronic F 9. Asthm 0. Behav 1. Depre 2. Cereb 3. Heart 4. Hyper 5. Other 6. Dyslip 7. Chron 8. Denta 9. Diaber 10. Endoc 11. Muscu 12. Obesit 13. Substa 14. Other 15. Other 16. Dyslip 17. Chron 18. Denta 19. Diaber 19. Diaber 19. Diaber 19. Chron 19. Diaber 19. Diaber 19. Other 19. Other 19. Other 19. Diaber 19. Other 19. Diaber 19. Other 19. Diaber 19. Di	nown Ital count should equal Line 1) Itale	75 323 759 1163 202 -	3% 13% 30% 46% 8%
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45-64 65+ Unkno y Sex (Tota Femal D. Male y Race 1. Asian 2. Americ 3. Black/ 4. Native 6. White 6. More t 7. Unrep 8. Hispan y Chronic F 9. Asthm Depre 2. Cereb 3. Heart 4. Hyper 6. Dyslip 7. Chron 8. Denta 9. Diaber 10. Endoc 11. Muscu 12. Obesi 13. Substa 14. Other 15. Other 16. Dyslip 17. Chron 18. Denta 19. Diaber 19. Diaber 19. Diaber 19. Diaber 19. Diaber 19. Other	nown Ital count should equal Line 1) Itale	1163 202	46%
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1. Asian 2. America 3. Black/ 4. Native 5. White 6. More ta 7. Unrep 8. Hispan 9. Asthm 0. Behav 1. Depre 2. Cereb 3. Heart 4. Hyper 5. Other 6. Dyslip 7. Chron 8. Denta 9. Diaber 0. Endoc 1. Muscu 2. Obesit 3. Substa 4. Other 7. Other 7. Other 8. Denta 9. Diaber 9. Diaber 9. Diaber 9. Diaber 9. Obesit 1. Muscu 1. Other 1. Muscu 2. Obesit 1. Other	n	809	32%
2. America 2. America 3. Black/4. Native 5. White 6. More 1. 7. Unrep 8. Hispan y Chronic F 9. Asthm 0. Behav 1. Depre 2. Cereb 3. Heart 4. Hyper 6. Dyslip 7. Chron 8. Denta 9. Diaber 0. Endoc 1. Muscu 2. Obesit 3. Substa 4. Other y Physical	n		
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5. White 6. More 1 7. Unrep 8. Hispan y Chronic F 9. Asthm 0. Behav 1. Depre 2. Cereb 3. Heart 4. Hyper 6. Dyslip 7. Chron 8. Denta 9. Diaber 0. Endoc 1. Muscu 2. Obesi 3. Substa 4. Other y Physical	k/African American	834	33%
6. More to 7. Unrep 8. Hispan y Chronic F 9. Asthm 0. Behav 1. Depre 2. Cereb 3. Heart 4. Hyper 6. Other 6. Dyslip 7. Chron 8. Denta 9. Diaber 0. Endoc 1. Muscu 2. Obesit 3. Substa 4. Other y Physical	ve Hawaiian or Pacific Islander	-	-
7. Unrep 8. Hispan y Chronic F 9. Asthm 0. Behav 1. Depre 2. Cereb 3. Heart 4. Hyper 5. Other 6. Dyslip 7. Chron 8. Denta 9. Diaber 0. Endoc 1. Muscu 2. Obesin 3. Substa 4. Other	ne	1012	40%
8. Hispan y Chronic F 9. Asthm 0. Behav 1. Depre 2. Cereb 3. Heart 4. Hyper 5. Other 6. Dyslip 7. Chron 8. Denta 9. Diaber 0. Endoor 1. Muscu 2. Obesii 3. Substa 4. Other y Physical	e than One Race	126	5%
y Chronic F 9. Asthm 0. Behav 1. Depre 2. Cereb 3. Heart 4. Hyper 5. Other 6. Dyslip 7. Chron 8. Denta 9. Diaber 0. Endoc 1. Muscu 2. Obesi 3. Substa 4. Other y Physical	eported/Refused to Report Race	-	-
9. Asthm 0. Behav 1. Depre 2. Cereb 3. Heart 4. Hyper 5. Other 6. Dyslip 7. Chron 8. Denta 9. Diaber 0. Endoc 1. Muscu 2. Obesi 3. Substa 4. Other y Physical	panic Ethnicity (Any Race)	481	19%
D. Behav D. Depre C. Cereb B. Heart Hyper D. Other Dyslip Chron Diaber Diaber D. Endoc Muscu Desir Substa Chron Chro Chron Chro Chron Chro Chro Chro Chro Chro Chro Chro Chro	Physical Condition (Note: Patients with multiple diagnoses can be counted in multiple ca	ategories)	
1. Depre 2. Cereb 3. Heart 4. Hyper 5. Other 6. Dyslip 7. Chron 8. Denta 9. Diaber 0. Endoc 1. Muscu 2. Obesi 3. Substa 4. Other y Physical	ma/COPD	531	21%
2. Cereb 3. Heart 4. Hyper 5. Other 6. Dyslip 7. Chron 8. Denta 9. Diaber 0. Endoc 1. Muscu 2. Obesi 3. Substa 4. Other	avioral Health (other than Depression / Anxiety)	405	16%
3. Heart 4. Hyper 5. Other 6. Dyslip 7. Chron 8. Denta 9. Diaber 0. Endoc 1. Muscu 2. Obesi 3. Substa 4. Other	ression/Anxiety	1441	57%
4. Hyper 5. Other 6. Dyslip 7. Chron 8. Denta 9. Diaber 0. Endoo 1. Muscu 2. Obesit 3. Substa 4. Other	ebrovascular Disease (ICD10 I60-I69) (ICD9 430-438)	303	12%
5. Other 6. Dyslip 7. Chron 8. Denta 9. Diaber 0. Endoc 1. Muscu 2. Obesii 3. Substa 4. Other y Physical	rt Disease (ICD10 I05-I09; I20-I28; I30-I52) (ICD9 393-398; 410-417; 420-429)	404	16%
6. Dyslip 7. Chron 8. Denta 9. Diaber 0. Endoo 1. Muscu 2. Obesi 3. Substa 4. Other y Physical	ertension (ICD10 I10-I15) (ICD9 401-405)	1618	64%
7. Chron 8. Denta 9. Diabet 0. Endoo 1. Muscu 2. Obesit 3. Substa 4. Other y Physical	er Circulatory Diseases (ICD10 I70-I89) (ICD9 440-448; 451-459)	76	3%
8. Denta 9. Diabet 0. Endoo 1. Muscu 2. Obesit 3. Substa 4. Other y Physical	ipidemia (ICD10 E78) (ICD9 272)	1138	45%
9. Diabet 0. Endoo 1. Muscu 2. Obesit 3. Substa 4. Other y Physical	onic Pain	783	31%
O. Endoo 1. Muscu 2. Obesii 3. Substa 4. Other y Physical	tal	480	19%
1. Muscu 2. Obesit 3. Substa 4. Other y Physical	etes	859	34%
2. Obesit 3. Substa 4. Other y Physical	ocrine (other than Diabetes)	403	16%
3. Substa 4. Other y Physical	culoskeletal	910	36%
4. Other y Physical	sity (defined by both BMI and Waist Circumference)	1439	57%
y Physical	stance Use	480	19%
 	er Chronic Condition (smoker, Tobacco abuse)	682	27%
	al and Behavioral Health Diagnosis		
	ents with a diagnosed chronic physical condition AND a diagnosed serious mental illness (SMI)	278	10%
o. other t	ents with a diagnosed chronic physical condition AND a diagnosed behavioral health condition or than SMI (depression, mild anxiety, mild PTSD, ADD, ADHD, Mild dementia)	1113	44%
		(i= h	h "
	(Note: Complete only for the <u>Uninsured</u> Patients Included in Line 1.)		
	(Note: Complete only for the <u>Uninsured</u> Patients Included in Line 1.) e categories are mutually exclusive, (not cumulative); each uninsured patient appears in this sect	1340	53%
	(Note: Complete only for the <u>Uninsured</u> Patients Included in Line 1.) e categories are mutually exclusive, (not cumulative); each uninsured patient appears in this sect 00% FPL	303	12%
	(Note: Complete only for the <u>Uninsured</u> Patients Included in Line 1.) e categories are mutually exclusive, (not cumulative); each uninsured patient appears in this sect 00% FPL 138% FPL (101-133% FPL)	202	8%
	(Note: Complete only for the <u>Uninsured</u> Patients Included in Line 1.) e categories are mutually exclusive, (not cumulative); each uninsured patient appears in this section FPL 138% FPL (101-133% FPL) 200% FPL (134-166% FPL)		
1. 201-40 2. 250%	(Note: Complete only for the <u>Uninsured</u> Patients Included in Line 1.) e categories are mutually exclusive, (not cumulative); each uninsured patient appears in this sect 00% FPL 138% FPL (101-133% FPL)	101	4% 2%

Patient Profile for July 1, 2017- June 30, 2018

		Category	Count	Percent of Total from Line 1
4	3.	Underinsured (i.e. ACA, commercial plans with high deductibles; Medicare patients on sliding scale receiving dental services)	76	3%

^{**}This number also includes patients whose sliding scale eligibility has expired. These patients may very well be below 100% of the FPL, however, since they have not updated their income information, their sliding scale status returns to "full fee" until they provide the necessary documents. Olde Towne's Full Fee criteria includes those who meet or exceed 250% of the FPL. I suspect that the number of patients actually above 250% of FPL is much lower.

OTMC MONTHLY QUALITY INDIC	OTMC	OTMC MC	ONTHLY (JUALITY IN	DICATORS	3				
<u> </u>		C	/14							
Date Range:	7/1/17-6/	/30/18								
Major Source 2015 NCQA data	2015 NC	CQA data fo	or 90th pe	rcentile ratir	ng for medic	caid, medic	are, comm	ercial insur	ance and na	ational ratings
NA = Not Available										
GOALS:						ACTION:				
NEEDS IMPROVEMENT: Below M							ORITY - PD			
MINIMUM ACCEPTABLE: Medica						_	PRIORITY -			
TARGET: Medicare or Commerica	•	_	•			. —	INTENANC	E		
LT GOAL: Exceed Medicare/Com	merical a	nd eventua	lly Nat. 90)%		MAINTEN	ANCE			
*PDCA = Plan/Do/Check/Act Cycle	e. Monito	r through C	CQI proces	SS.						
Diabetes (Seen in the last year)										
all patients seen includes patients			لبسيا							
	ОТМС			OTMC						
	Group	Group %	ALL DM	ALL DM %	Benchmar	rks - Mostl	ly 2015 NO	QA/HEDIS	data	
			$\overline{}$							
A1: Patients Seen	36		664		Medicaid	Medicare	Commer.			
A2: Pts with HbA1c	36	100.0%	637	95.9%	Medicaid 92.0%	Medicare 97.0%	Commer. 94.0%	NA		
A2: Pts with HbA1c A3: HbA1c < 8.0	36 21	100.0% 58.3%	637 391	95.9% 61.4%	Medicaid 92.0% 59.0%	Medicare 97.0% 77.0%	94.0% 68.0%	NA NA		
A2: Pts with HbA1c A3: HbA1c < 8.0 A4: HbA1c >= 8	36 21 11	100.0% 58.3% 30.6%	637 391 204	95.9% 61.4% 32.0%	92.0% 59.0% 54.3%	97.0% 77.0% 36.3%	94.0% 68.0% 38.4%	NA NA NA		percentages
A2: Pts with HbA1c A3: HbA1c < 8.0 A4: HbA1c >= 8 A5: HbA1c < 7.0	36 21 11 16	100.0% 58.3% 30.6% 44.4%	637 391 204 105	95.9% 61.4% 32.0% 16.5%	92.0% 59.0% 54.3% 35.4%	97.0% 77.0% 36.3% NA	94.0% 68.0% 38.4% 42.2%	NA NA NA NA	2014 data	percentages percentages
A2: Pts with HbA1c A3: HbA1c < 8.0 A4: HbA1c >= 8 A5: HbA1c < 7.0 A6: HbA1c >= 9.0	36 21 11 16 6	100.0% 58.3% 30.6% 44.4% 16.7%	637 391 204 105 127	95.9% 61.4% 32.0% 16.5% 19.9%	92.0% 59.0% 54.3% 35.4% 30.0%	97.0% 77.0% 36.3% NA 12.0%	94.0% 68.0% 38.4% 42.2% 21.0%	NA NA NA NA 29.8%	2014 data p	•
A2: Pts with HbA1c A3: HbA1c < 8.0 A4: HbA1c >= 8 A5: HbA1c < 7.0 A6: HbA1c >= 9.0 A7: Eye Exam*	36 21 11 16 6 36	100.0% 58.3% 30.6% 44.4% 16.7% 100.0%	637 391 204 105 127 438	95.9% 61.4% 32.0% 16.5% 19.9% 66.0%	92.0% 59.0% 54.3% 35.4% 30.0% 68.0%	97.0% 77.0% 36.3% NA 12.0% 82.0%	94.0% 68.0% 38.4% 42.2% 21.0% 70.0%	NA NA NA NA 29.8% 70.0%	2014 data p	•
A2: Pts with HbA1c A3: HbA1c < 8.0 A4: HbA1c >= 8 A5: HbA1c < 7.0 A6: HbA1c >= 9.0 A7: Eye Exam* A8: Pneum. Vac.	36 21 11 16 6 36 30	100.0% 58.3% 30.6% 44.4% 16.7% 100.0% 83.3%	637 391 204 105 127 438 351	95.9% 61.4% 32.0% 16.5% 19.9% 66.0% 52.9%	92.0% 59.0% 54.3% 35.4% 30.0% 68.0%	97.0% 77.0% 36.3% NA 12.0% 82.0%	94.0% 68.0% 38.4% 42.2% 21.0% 70.0% 69.4%	NA NA NA NA 29.8% 70.0%	2014 data p	•
A2: Pts with HbA1c A3: HbA1c < 8.0 A4: HbA1c >= 8 A5: HbA1c < 7.0 A6: HbA1c >= 9.0 A7: Eye Exam*	36 21 11 16 6 36 30 36	100.0% 58.3% 30.6% 44.4% 16.7% 100.0% 83.3%	637 391 204 105 127 438 351 592	95.9% 61.4% 32.0% 16.5% 19.9% 66.0% 52.9% 89.2%	92.0% 59.0% 54.3% 35.4% 30.0% 68.0% NA	97.0% 77.0% 36.3% NA 12.0% 82.0% NA 96.0%	Commer. 94.0% 68.0% 38.4% 42.2% 21.0% 70.0% 69.4% 90.0%	NA NA NA NA 29.8% 70.0% NA NA	2014 data p	•
A2: Pts with HbA1c A3: HbA1c < 8.0 A4: HbA1c >= 8 A5: HbA1c < 7.0 A6: HbA1c >= 9.0 A7: Eye Exam* A8: Pneum. Vac.	36 21 11 16 6 36 30 36 36	100.0% 58.3% 30.6% 44.4% 16.7% 100.0% 83.3% 100.0%	637 391 204 105 127 438 351 592 663	95.9% 61.4% 32.0% 16.5% 19.9% 66.0% 52.9% 89.2% 99.8%	92.0% 59.0% 54.3% 35.4% 30.0% 68.0% NA 88.0%	97.0% 97.0% 36.3% NA 12.0% 82.0% NA 96.0%	94.0% 68.0% 38.4% 42.2% 21.0% 70.0% 69.4% 90.0%	NA NA NA NA 29.8% 70.0% NA NA	2014 data p	•
A2: Pts with HbA1c A3: HbA1c < 8.0 A4: HbA1c >= 8 A5: HbA1c < 7.0 A6: HbA1c >= 9.0 A7: Eye Exam* A8: Pneum. Vac. A9: Nephr. Screen* B1: BP Documented B2: BP < 130/80	36 21 11 16 6 36 30 36 36 12	100.0% 58.3% 30.6% 44.4% 16.7% 100.0% 83.3% 100.0% 100.0% 33.3%	637 391 204 105 127 438 351 592 663 174	95.9% 61.4% 32.0% 16.5% 19.9% 66.0% 52.9% 89.2% 99.8% 26.2%	Medicaid 92.0% 59.0% 54.3% 35.4% 30.0% 68.0% NA 88.0% NA 31.0%	97.0% 97.0% 36.3% NA 12.0% 82.0% NA 96.0% NA 33.3%	Commer. 94.0% 68.0% 38.4% 42.2% 21.0% 70.0% 69.4% 90.0% NA 33.9%	NA NA NA NA 29.8% 70.0% NA NA NA 43.8%	2014 data p	•
A2: Pts with HbA1c A3: HbA1c < 8.0 A4: HbA1c >= 8 A5: HbA1c < 7.0 A6: HbA1c >= 9.0 A7: Eye Exam* A8: Pneum. Vac. A9: Nephr. Screen* B1: BP Documented B2: BP < 130/80 B3: BP < 140/90	36 21 11 16 6 36 30 36 36 12 25	100.0% 58.3% 30.6% 44.4% 16.7% 100.0% 83.3% 100.0% 33.3% 69.4%	637 391 204 105 127 438 351 592 663 174 437	95.9% 61.4% 32.0% 16.5% 19.9% 66.0% 52.9% 89.2% 99.8% 26.2% 65.9%	Medicaid 92.0% 59.0% 54.3% 35.4% 30.0% 68.0% NA 88.0% NA 31.0% 77.0%	97.0% 97.0% 36.3% NA 12.0% 82.0% NA 96.0% NA 78.0%	Commer. 94.0% 68.0% 38.4% 42.2% 21.0% 70.0% 69.4% 90.0% NA 33.9% 65.8%	NA NA NA 29.8% 70.0% NA NA NA 43.8% 76.0%	2014 data p	percentages
A2: Pts with HbA1c A3: HbA1c < 8.0 A4: HbA1c >= 8 A5: HbA1c < 7.0 A6: HbA1c >= 9.0 A7: Eye Exam* A8: Pneum. Vac. A9: Nephr. Screen* B1: BP Documented B2: BP < 130/80 B3: BP < 140/90 C1: Pts with LDL**	36 21 11 16 6 36 30 36 36 12 25 36	100.0% 58.3% 30.6% 44.4% 16.7% 100.0% 83.3% 100.0% 33.3% 69.4% 100.0%	637 391 204 105 127 438 351 592 663 174 437	95.9% 61.4% 32.0% 16.5% 19.9% 66.0% 52.9% 89.2% 99.8% 26.2% 65.9% 75.2%	Medicaid 92.0% 59.0% 54.3% 35.4% 30.0% 68.0% NA 88.0% NA 31.0% 77.0%	97.0% 97.0% 36.3% NA 12.0% 82.0% NA 96.0% NA 98.3%	Commer. 94.0% 68.0% 38.4% 42.2% 21.0% 70.0% 69.4% 90.0% NA 33.9% 65.8% 85.3%	NA NA NA 29.8% 70.0% NA NA NA 43.8% 76.0%	2014 data p	percentages I data percentages for
A2: Pts with HbA1c A3: HbA1c < 8.0 A4: HbA1c >= 8 A5: HbA1c < 7.0 A6: HbA1c >= 9.0 A7: Eye Exam* A8: Pneum. Vac. A9: Nephr. Screen* B1: BP Documented B2: BP < 130/80 B3: BP < 140/90 C1: Pts with LDL** C2: LDL < 100 within the last 2 years	36 21 11 16 6 36 30 36 36 25 36 17	100.0% 58.3% 30.6% 44.4% 16.7% 100.0% 83.3% 100.0% 33.3% 69.4% 100.0% 47.2%	637 391 204 105 127 438 351 592 663 174 437 499	95.9% 61.4% 32.0% 16.5% 19.9% 66.0% 52.9% 89.2% 99.8% 26.2% 65.9% 75.2% 41.9%	Medicaid 92.0% 59.0% 54.3% 35.4% 30.0% 68.0% NA 88.0% NA 31.0% 77.0% 75.0% 35.2%	97.0% 97.0% 36.3% NA 12.0% 82.0% NA 96.0% NA 98.3% 78.0% 88.3% 52.5%	Commer. 94.0% 68.0% 38.4% 42.2% 21.0% 70.0% 69.4% 90.0% NA 33.9% 65.8% 85.3% 48.1%	NA NA NA 29.8% 70.0% NA NA NA 43.8% 76.0% 90.5% 56.3%	2014 data p	percentages
A2: Pts with HbA1c A3: HbA1c < 8.0 A4: HbA1c >= 8 A5: HbA1c < 7.0 A6: HbA1c >= 9.0 A7: Eye Exam* A8: Pneum. Vac. A9: Nephr. Screen* B1: BP Documented B2: BP < 130/80 B3: BP < 140/90 C1: Pts with LDL**	36 21 11 16 6 36 30 36 36 12 25 36 17 36	100.0% 58.3% 30.6% 44.4% 16.7% 100.0% 83.3% 100.0% 33.3% 69.4% 100.0% 47.2% 100.0%	637 391 204 105 127 438 351 592 663 174 437 499 209 661	95.9% 61.4% 32.0% 16.5% 19.9% 66.0% 52.9% 89.2% 99.8% 26.2% 65.9% 75.2% 41.9% 99.5%	Medicaid 92.0% 59.0% 54.3% 35.4% 30.0% 68.0% NA 88.0% NA 31.0% 77.0% 75.0% 35.2%	97.0% 97.0% 36.3% NA 12.0% 82.0% NA 96.0% NA 33.3% 78.0% 88.3% 52.5% 97.0%	Commer. 94.0% 68.0% 38.4% 42.2% 21.0% 70.0% 69.4% 90.0% NA 33.9% 65.8% 85.3% 48.1% 84.0%	NA NA NA 29.8% 70.0% NA NA NA 43.8% 76.0% 90.5% 56.3%	2014 data p	percentages I data percentages for
A2: Pts with HbA1c A3: HbA1c < 8.0 A4: HbA1c >= 8 A5: HbA1c < 7.0 A6: HbA1c >= 9.0 A7: Eye Exam* A8: Pneum. Vac. A9: Nephr. Screen* B1: BP Documented B2: BP < 130/80 B3: BP < 140/90 C1: Pts with LDL** C2: LDL < 100 within the last 2 years	36 21 11 16 6 36 30 36 36 25 36 17	100.0% 58.3% 30.6% 44.4% 16.7% 100.0% 83.3% 100.0% 33.3% 69.4% 100.0% 47.2% 100.0%	637 391 204 105 127 438 351 592 663 174 437 499 209 661	95.9% 61.4% 32.0% 16.5% 19.9% 66.0% 52.9% 89.2% 99.8% 26.2% 65.9% 75.2% 41.9%	Medicaid 92.0% 59.0% 54.3% 35.4% 30.0% 68.0% NA 88.0% NA 31.0% 77.0% 75.0% 35.2%	97.0% 97.0% 36.3% NA 12.0% 82.0% NA 96.0% NA 33.3% 78.0% 88.3% 52.5% 97.0%	Commer. 94.0% 68.0% 38.4% 42.2% 21.0% 70.0% 69.4% 90.0% NA 33.9% 65.8% 85.3% 48.1%	NA NA NA 29.8% 70.0% NA NA NA 43.8% 76.0% 90.5% 56.3%	2014 data p	percentages I data percentages for
A2: Pts with HbA1c A3: HbA1c < 8.0 A4: HbA1c >= 8 A5: HbA1c < 7.0 A6: HbA1c >= 9.0 A7: Eye Exam* A8: Pneum. Vac. A9: Nephr. Screen* B1: BP Documented B2: BP < 130/80 B3: BP < 140/90 C1: Pts with LDL** C2: LDL < 100 within the last 2 years D: BMI Done	36 21 11 16 6 36 30 36 36 12 25 36 17 36	100.0% 58.3% 30.6% 44.4% 16.7% 100.0% 83.3% 100.0% 33.3% 69.4% 100.0% 47.2% 100.0%	637 391 204 105 127 438 351 592 663 174 437 499 209 661	95.9% 61.4% 32.0% 16.5% 19.9% 66.0% 52.9% 89.2% 99.8% 26.2% 65.9% 75.2% 41.9% 99.5%	Medicaid 92.0% 59.0% 54.3% 35.4% 30.0% 68.0% NA 88.0% NA 31.0% 77.0% 75.0% 35.2%	97.0% 97.0% 36.3% NA 12.0% 82.0% NA 96.0% NA 33.3% 78.0% 88.3% 52.5% 97.0%	Commer. 94.0% 68.0% 38.4% 42.2% 21.0% 70.0% 69.4% 90.0% NA 33.9% 65.8% 85.3% 48.1% 84.0%	NA NA NA 29.8% 70.0% NA NA NA 43.8% 76.0% 90.5% 56.3%	2014 data p	percentages I data percentages for
A2: Pts with HbA1c A3: HbA1c < 8.0 A4: HbA1c >= 8 A5: HbA1c < 7.0 A6: HbA1c >= 9.0 A7: Eye Exam* A8: Pneum. Vac. A9: Nephr. Screen* B1: BP Documented B2: BP < 130/80 B3: BP < 140/90 C1: Pts with LDL** C2: LDL < 100 within the last 2 years D: BMI Done D1: Dental screen	36 21 11 16 6 36 30 36 36 12 25 36 17 36	100.0% 58.3% 30.6% 44.4% 16.7% 100.0% 83.3% 100.0% 33.3% 69.4% 100.0% 47.2% 100.0%	637 391 204 105 127 438 351 592 663 174 437 499 209 661	95.9% 61.4% 32.0% 16.5% 19.9% 66.0% 52.9% 89.2% 99.8% 26.2% 65.9% 75.2% 41.9% 99.5%	Medicaid 92.0% 59.0% 54.3% 35.4% 30.0% 68.0% NA 88.0% NA 31.0% 77.0% 75.0% 35.2%	97.0% 97.0% 36.3% NA 12.0% 82.0% NA 96.0% NA 33.3% 78.0% 88.3% 52.5% 97.0%	Commer. 94.0% 68.0% 38.4% 42.2% 21.0% 70.0% 69.4% 90.0% NA 33.9% 65.8% 85.3% 48.1% 84.0%	NA NA NA 29.8% 70.0% NA NA NA 43.8% 76.0% 90.5% 56.3%	2014 data p	percentages I data percentages for
A2: Pts with HbA1c A3: HbA1c < 8.0 A4: HbA1c >= 8 A5: HbA1c < 7.0 A6: HbA1c >= 9.0 A7: Eye Exam* A8: Pneum. Vac. A9: Nephr. Screen* B1: BP Documented B2: BP < 130/80 B3: BP < 140/90 C1: Pts with LDL** C2: LDL < 100 within the last 2 years D: BMI Done D1: Dental screen * Done in the last year.	36 21 11 16 6 36 30 36 36 12 25 36 17 36	100.0% 58.3% 30.6% 44.4% 16.7% 100.0% 83.3% 100.0% 33.3% 69.4% 100.0% 47.2% 100.0%	637 391 204 105 127 438 351 592 663 174 437 499 209 661	95.9% 61.4% 32.0% 16.5% 19.9% 66.0% 52.9% 89.2% 99.8% 26.2% 65.9% 75.2% 41.9% 99.5%	Medicaid 92.0% 59.0% 54.3% 35.4% 30.0% 68.0% NA 88.0% NA 31.0% 77.0% 75.0% 35.2%	97.0% 97.0% 36.3% NA 12.0% 82.0% NA 96.0% NA 33.3% 78.0% 88.3% 52.5% 97.0%	Commer. 94.0% 68.0% 38.4% 42.2% 21.0% 70.0% 69.4% 90.0% NA 33.9% 65.8% 85.3% 48.1% 84.0%	NA NA NA 29.8% 70.0% NA NA NA 43.8% 76.0% 90.5% 56.3%	2014 data p	percentages I data percentages for
A2: Pts with HbA1c A3: HbA1c < 8.0 A4: HbA1c >= 8 A5: HbA1c < 7.0 A6: HbA1c >= 9.0 A7: Eye Exam* A8: Pneum. Vac. A9: Nephr. Screen* B1: BP Documented B2: BP < 130/80 B3: BP < 140/90 C1: Pts with LDL** C2: LDL < 100 within the last 2 years D: BMI Done D1: Dental screen	36 21 11 16 6 36 30 36 36 12 25 36 17 36	100.0% 58.3% 30.6% 44.4% 16.7% 100.0% 83.3% 100.0% 33.3% 69.4% 100.0% 47.2% 100.0%	637 391 204 105 127 438 351 592 663 174 437 499 209 661	95.9% 61.4% 32.0% 16.5% 19.9% 66.0% 52.9% 89.2% 99.8% 26.2% 65.9% 75.2% 41.9% 99.5%	Medicaid 92.0% 59.0% 54.3% 35.4% 30.0% 68.0% NA 88.0% NA 31.0% 77.0% 75.0% 35.2%	97.0% 97.0% 36.3% NA 12.0% 82.0% NA 96.0% NA 33.3% 78.0% 88.3% 52.5% 97.0%	Commer. 94.0% 68.0% 38.4% 42.2% 21.0% 70.0% 69.4% 90.0% NA 33.9% 65.8% 85.3% 48.1% 84.0%	NA NA NA 29.8% 70.0% NA NA NA 43.8% 76.0% 90.5% 56.3%	2014 data p	percentages I data percentages for

CLINICAL SERVICES REPORT FY 17/18

NUMBER OF CLIENTS SER FY-17/18	Patients	Visits	
Total Number of Patients	4832		
Total number of Visits	4032	15765	
Total Dental	2084	4023	26%
Total Medical	3613	11742	74%
GENDER			
			-
Male	1820	5011	32%
Female	3012	10754	68%
AGE			
0-11 Months	15	42	0%
1-11 Years	482	844	5%
12-18 Years	243	459	3%
19-35 Years	1408	4690	30%
36-64 Years	2270	8521	54%
65+ Years	414	1209	8%
RACE			
A	454	400	00/
Asian Black	154 1595	460 5131	3% 33%
Hispanic	898	3389	21%
White	1952	5981	38%
Other	233	804	5%
SLIDING SCALE			
	4000/ 0 D	5000	000/
Level B	100% & Below	5666	36%
Level C Level D	>101-133% >134-166%	1701 981	11% 6%
Level E	>167-200%	551	3%
Level F	>201% to 250%	326	2%
Full Fee	>250% and above	2689	17%
Level I (Insured)		3851	24%
HEALTH INSURANCE			
Uninsured	3519	11914	76%
Medicaid	181	603	4%
Healthkeepers Plus	201	636	4%
Optima Family Care	164	569	4%
Medicaid Dental	71	111	1%
Medicare	315	1039	7%
Dual Eligible Commercial	80 97	342 318	2% 2%
Offillerdal	31	310	∠ /0
	1	1	

CLINICAL SERVICES REPORT FY 17/18

LOCALITY	FY 17/18		
	0.10-		400/
James City County	2427	7777	49%
City of Williamsburg	1342	4597	29%
York County	458	1453	9%
Charles City	15	48	0%
Gloucester	48	104	1%
King Queen	29	124	1%
New Kent	86	295	2%
Newport News	250	836	5%
Surry	21	105	1%
Other	156	426	3%

VISITS Cash Balance @7/1/17	July Actual 1232 143,575	Aug Actual 1556 251,490	Sept Actual 1310 205,493	Oct Actual 1594 202,374	Nov Actual 1354 207,239	Dec Actual 1121 56,750	Jan Actual 1142 538,800	Feb Actual 1158 524,805	Mar Actual 1312 455,960	April Actual 1393 399,547	May Actual 1294 338,634	June Actual 1279 209,671	Total Actual 15,745	ANNUAL BUDGET 15,500
Local Government	45,943	0	173,679	170,337	0	0	85,168	45,943	85,168	0	0	0	\$521,068	528,711
Patient Revenue	38,083	40,339	33,929	31,625	27,945	33,540	34,332	22,856	34,530	49,266	34,018	25,904	\$407,788	465,000
SWRMC	0	16,667	8,333	0	8,333	8,333	16,667	8,333	8,333	0	16,667	8,333	\$100,000	100,000
Contributions	2,813	1,632	13,146	6,267	13,498	21,775	10,024	160	2,095	26,531	9,941	3,873	\$111,757	133,500
Special Events	3,366	550	300	<i>7</i> 5	4,935	1,086	275	3,675	11,175	40,672	20,665	4,550	\$91,324	85,000
Grants	274,053	98,844	0	8,114	8,114	487,864	49,499	47,146	0	20,638	0	12,032	\$1,268,304	1,049,789
Investment Income	0	0	0	0	0	132,651	0	0	0	0	0	0	\$132,651	132,651
Other	125	1,607	0	35	922	0	601	6	600	6,725	905	66	\$11,593	10,000
Total Income	364,383	159,639	229,388	216,453	63,747	685,249	196,566	128,119	141,901	143,832	82,195	<i>54,758</i>	\$2,644,485	2,504,651
Period 13 Income														139,834
Staff Costs	154,514	150,396	172,132	169,674	166,944	166,855	136,970	161,952	156,941	160,980	154,127	166,431	\$1,932,902	1,985,201
Operating Expenses	16,397	22,802	19,145	19,993	17,108	22,319	18,336	14,219	22,997	25,809	19,138	5,372	\$211,101	214,200
Medications	2,589	3,498	6,140	3,021	1,383	662	4,053	519	1,866	1,121	430	1,114	\$26,409	45,000
Contract Services	1,954	20,498	26,649	10,459	20,361	4,922	42,761	6,835	8,070	8,394	29,022	19,415	\$200,985	153,500
Rent/Insurance	24,093	8,441	8,441	8,441	8,441	8,441	8,441	13,439	8,441	8,441	8,441	8,441	\$121,942	106,750
Total Expenditures	199,547	205,635	232,507	211,588	214,237	203,199	210,561	196,964	198,315	204,745	211,158	200,773	\$2,493,339	2,504,651 11,312
Period 13 Expenditures	56,921													11,312
Ending Cash Balance	251,490	205,493	202,374	207,239	56,750	538,800	524,805	455,960	399,547	338,634	209,671	63,656		\$151,146
Budgeted Balance	\$332,770	\$414,818	\$292,581	\$242,410	\$106,372	\$351,275	\$341,512	\$ 217,074	\$123,769	\$140,182	\$42,047	\$159,907		
Actual Balance	\$251,490	\$205,493	\$202,374	\$207,239	\$5 <i>4</i> ,838	\$538,800	\$527,819	\$ 455,960	\$399,547	\$338,634	\$209,671	\$63,656		
Variance	-\$81,280	-\$209,325	-\$90,207	-\$35,171	-\$51,534	\$187,525	\$186,307	\$238,886	\$275,778	\$198,452	\$167,624	-96251		

Expenditure June 2018

		Month Endi	ng: June 30 ,	, 2018		Yearly Totals		
		ACTUAL CURRENT	BUDGET CURRENT	\$ Variance	Year to Date	Forecast	BUDGET YEAR	\$ Variance
110	Salaries, Full Time	\$93,537	\$99,954	\$6,417	\$1,177,479	\$1,177,479	\$1,199,443	\$21,964
150	Benefits	\$39,131	\$44,542	\$5,411	\$477,902	\$477,902	\$534,503	\$56,601
140	Salaries, Temporary	\$33,764	\$20,938	-\$12,826	\$277,520	\$277,520	\$251,256	-\$26,264
	TOTAL PERSONNEL	\$166,431	\$165,433	-\$998	\$1,932,902	\$1,932,902	\$1,985,202	\$52,300
	SUPPLIES							
318	Operating Supplies	\$1,162	\$2,917	\$1,755	\$20,488	\$20,488	\$35,000	\$14,512
316	Medical Supplies	\$481	\$2,083	\$1,603	\$14,011	\$14,011	\$25,000	\$10,989
309	Dental Supplies	\$1,489	\$2,083	\$594	\$49,007	\$49,007	\$25,000	-\$24,007
1806	Pharmacy Supplies	\$0	\$38	\$38	\$0	\$0	\$450	\$450
1808	Medical Supplies-Patients	\$430	\$858	\$428	\$10,015	\$10,015	\$10,300	\$285
	TOTAL SUPPLIES		\$7,979	\$4,418	\$93,521	\$93,521	\$95,750	\$2,229
	PRINTING AND PUBLICATI							
204	Professional Journals	\$0	\$8	\$8	\$0	\$0	\$100	\$100
238	Resource/Library Materials	\$0	\$25	\$25	\$79	\$79	\$300	\$221
323	Printing/copies	\$0	\$208	\$208	\$468	\$468	\$2,500	\$2,032
	TOTAL PRINTING/PUBS	\$0	\$242	\$242	\$547	\$547	\$2,900	\$2,353
	TRAVEL AND TRAINING							
220	Travel and Training	\$0	\$500	\$500	\$7,859	\$7,859	\$6,000	-\$1,859
233	Staff Development	\$0	\$250	\$250	\$682	\$682	\$3,000	\$2,318
	TOTAL TRAVEL/TRAINING	\$0	\$750	\$750	\$8,541	\$8,541	\$9,000	\$459

Expenditure June 2018

		Month Endi	ng: June 30,	2018		Yearly Totals		
		ACTUAL CURRENT	BUDGET CURRENT	\$ Variance	Year to Date	Forecast	BUDGET YEAR	\$ Variance
	MEDICATIONS							
1809	Medications	\$188	\$2,750	\$2,562	\$21,383	\$21,383	\$33,000	\$11,617
1807	Pharmacy	\$926	\$1,000	\$74	\$5,026	\$5,026	\$12,000	\$6,974
	TOTAL MEDICATIONS	\$1,114	\$3,750	\$2,636	\$26,409	\$26,409	\$45,000	\$18,591
	EQUIPMENT							
215	Equipment Maintenance	\$0	\$417	\$417	\$440	\$440	\$5,000	\$4,560
328	Equipment Lease	\$530	\$2,000	\$1,470	\$21,925	\$21,925	\$24,000	\$2,075
219	Telecommunications	\$578	\$708	\$130	\$11,062		\$8,500	\$8,500
	TOTAL EQUIPMENT	\$1,108	\$3,125	\$2,017	\$ 33,426	\$22,365	\$37,500	\$15,135
	CONTRACT SERVICES							
203	Professional	\$19,324	\$11,227	-\$8,097	\$142,669	\$142,669	\$100,000	-\$42,669
1801	Medical	\$38	\$167	\$129	\$2,846	\$2,846	\$2,000	-\$846
1805	Laboratory	\$53	\$4,292	\$4,239	\$55,470	\$55,470	\$51,500	-\$3,970
	TOTAL CONTRACT SERVS	\$19,415	\$15,685	-\$3,729	\$200,985	\$200,985	\$153,500	-\$47,485
	RENT/INSURANCE							
255	Space Rental	\$8,441	\$8,441	\$0	\$101,292	\$101,292	\$92,750	-\$8,542
210	Insurance	\$0	\$0	\$0	\$20,650	\$20,650	\$14,000	-\$6,650
	TOTAL RENT/INSURANCE	\$8,441	\$8,441	0	\$121,942	\$121,942	\$106,750	-\$15,192
	FUND RAISING							
1852	Fundraising Events	\$0	\$417	\$417	\$5,332	\$5,332	\$5,000	-\$332
1851	Fords Colony Mens Golf	\$0	\$0	\$0	\$249	\$249	\$2,000	\$1,751
	TOTAL FUND RAISING	\$0	\$417	\$417	\$5,581	\$5,581	\$7,000	\$1,419

Expenditure June 2018

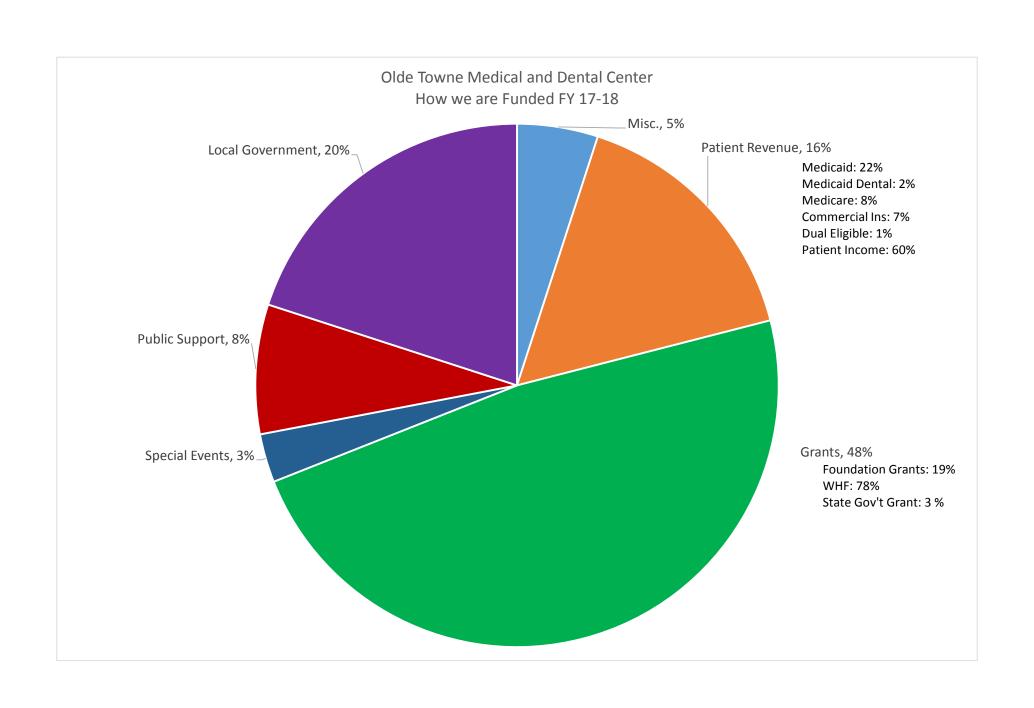
		Month Ending: June 30, 2018			Yearly Totals			
		ACTUAL CURRENT	BUDGET CURRENT	\$ Variance	Year to Date	Forecast	BUDGET YEAR	\$ Variance
	MISCELLANEOUS							
1853	Volunteer Expenses	\$0	\$0	\$0	\$1,220	\$1,220	\$2,000	\$780
235	Annual Audit	\$0	\$0	\$0	\$27,720	\$27,720	\$25,000	-\$2,720
206	Dues, Membership, Subsc	\$0	\$417	\$417	\$10,288	\$10,288	\$5,000	-\$5,288
1803	Patient Reimbursement	\$174	\$250	\$76	\$737	\$737	\$3,000	\$2,263
310	Food Supplies	\$0	\$21	\$21	\$159	\$159	\$250	\$91
	TOTAL MISC.	\$174	\$687	\$513	\$40,125	\$40,125	\$35,250	-\$4,875
705	Operating Contingency	\$0	\$0	0	\$0	\$0	\$5,000	\$5,000
415	Capital Equipment	\$195	\$1,817	\$1,622	\$29,025	\$29,025	\$21,800	-\$7,225
		\$200,773	\$208,326	\$7,553	\$2,493,339	\$2,493,339	\$2,504,651	\$11,312

Revenue June 2018 Red = Under Budget Green = Over Budget Black = On Budget

		Month Ending: June 30, 2018			Yearly totals			
		ACTUAL CURRENT	BUDGET CURRENT	\$ Variance	Year to Date	Forecast	BUDGET YEAR	\$ Variance
	LOCAL GOVERNMENT							
3014	James City County	\$0	\$0	\$0	\$340,673	\$340,673	\$350,893	-\$10,220
3016	York County	\$0	\$0	\$0	\$91,885	\$91,885	\$91,885	\$0
3015	Williamsburg	\$0	\$0	\$0	\$88,511	\$88,511	\$85,933	\$2,578
	TOTAL LOCAL GOVERNMENT	\$0	\$0	\$0	\$521,069	\$521,069	\$528,711	-\$7,642
	Patient Revenue							
3007	Medicaid	\$1,490	\$10,000	-\$8,510	\$84,350	\$84,350	\$120,000	-\$35,650
3008	Medicaid- Dental	\$102	\$1,500	-\$1,398	\$11,060	\$11,060	\$18,000	-\$6,940
3010	Medicare	\$2,550	\$5,667	-\$3,116	\$36,251	\$36,251	\$68,000	-\$31,749
3011	Commercial Ins	\$907	\$1,917	-\$1,009	\$30,923	\$30,923	\$23,000	\$7,923
3009	Patient Income	\$20,268	\$19,667	\$601	\$241,768	\$241,768	\$236,000	\$5,768
	Dual Eligible	\$587	\$0	\$587	\$3,437	\$3,437	\$0	\$3,437
	TOTAL PT REV	\$25,904	\$38,750	(\$12,846)	\$407,788	\$407,789	\$465,000	-\$57,211
	Visits	1,279	1,200	79	15,745	15,745	15,500	245
	PUBLIC SUPPORT							
3013	UWS CFC/CVC Designations	\$80	\$438	-\$358	\$659	\$659	\$5,250	-\$4,591
3017	Sentara WRMC	\$8,333	\$8,333	\$0	\$100,000	\$100,000	\$100,000	\$0
3018	Local Organization	\$1,400	\$1,000	\$400	\$19,344	\$19,344	\$12,000	\$7,344
3020	Individual Giving	\$1,043	\$5,833	-\$4,790	\$80,116	\$80,116	\$70,000	\$10,116
3084	Foundation Giving	\$1,350	\$2,083	-\$733	\$5,950	\$5,950	\$25,000	-\$19,050
3021	Corporate Contributions	\$0	\$21,250	-\$21,250	\$5,688	\$5,688	\$21,250	-\$15,563
	TOTAL PUBLIC SUPPORT	\$12,206	\$38,937	-\$26,731	\$211,757	\$211,757	\$233,500	-\$21,743
	SPECIAL EVENTS							
3029	Fundraising Events	(\$2,275)	\$833	(\$3,108)	\$5,816	\$5,816	\$10,000	-\$4,184
3022	Fords Colony Mens Golf	\$750	\$5,000	-\$4,250	\$70,358	\$70,358	\$75,000	-\$4,642
1858	25th Gala	\$6,075	\$0	\$0	\$15,150	\$15,150	\$0	\$15,150
	TOTAL SPECIAL EVENTS	\$4,550	\$5,833	-\$1,283	\$91,324	\$91,324	\$85,000	\$6,324

Revenue June 2018 Red = Under Budget Green = Over Budget Black = On Budget

		Month Ending:	June 30, 2018	}		Yearly totals		
		ACTUAL CURRENT	BUDGET CURRENT	\$ Variance	Year to Date	Forecast	BUDGET YEAR	\$ Variance
	GRANTS							
3023	All Foundation Grants	\$8,114	\$7,722	\$392	\$244,217	\$244,217	\$280,000	-\$35,783
3024	WHF Grant	\$0	\$0	\$0	\$998,750	\$998,750	\$762,000	\$236,750
3671	Government Grants	\$3,919	\$3,919	\$0	\$25,337	\$25,337	\$7,789	\$17,548
	TOTAL GRANTS	\$12,032	\$11,640	\$392	\$1,268,304	\$1,268,304	\$1,049,789	\$218,515
	OTHER							
3699	Miscellaneous	\$66	\$833	-\$767	\$11,593	\$11,593	\$10,000	\$1,593
3513	Income from Investment Fund	\$0	\$0	\$0	\$132,651	\$132,651	\$132,651	\$0
	TOTAL REVENUE	\$54,758	\$95,994	-\$41,235	\$2,644,485	\$2,644,486	\$2,504,651	\$139,835
	EXPENSES	\$200,773			\$2,493,339			
	NET INCOME	-\$146,015			\$151,146			



Current Approaches for Increasing Revenue

Recognizing the falling patient revenue, flat support of major funders and increasing use of the funds generated by our investment account, a multi-pronged approach to generating increased income has evolved. We continually try to find new grant sources, but rely heavily on the Williamsburg Health Foundation who give us 78% of grant monies. Jurisdictional support has increased, and we are seeing a small increase in revenue from insured patients, although 76% of our patients remain uninsured. Donor development continues, and special events generate additional funds, with the Ford's Colony golf tournament being by far the major revenue maker.

Grant Funding: Currently we receive 41% of our revenue from grants, and three quarters of this funding is from the Williamsburg Health Foundation (WHF) through a \$250,000 Chronic Care Collaborative and \$450,000 Basic Operating support grants. These amounts have been flat for five years. Over this time period, we have emphasized in our grant reports as well as personal contact with WHF that our expenses, particularly personnel related, have markedly increased.

We also have received WHF grants in the past for specific projects, i.e. transition from hospital to home, provision of certified medical translators, and currently have a grant supporting two part-time health coaches. These other smaller grants, usually in the \$33-66,000 range, are given for short periods of time, one to three years, and funding typically decreases in years two and three. These smaller grants allow for creation of new approaches or services to be introduced at OTMDC, with the understanding that their adoption and integration into care must ultimately be funded with money from sources other than WHF. Consequently, after the first year of these grants, it becomes necessary for OTMDC to take on more of the cost of these programs, and decisions must be made as to whether the cost is worth the benefit. So, for example, we discontinued the transition from hospital to home program after 3 years, but have continued to provide certified medical translators (a HRSA requirement).

We are planning to request small grants to support community outreach efforts, particularly to support dental outreach. We also are requesting support for our translator program.

Given the current budget circumstances, we plan to continue to emphasize the need for our two core grants to be increased, but will be very frugal in requesting smaller grants for new programs. We are closely monitoring our current grant for health coaches.

We have developed over the past three years a relationship with the Virginia Dept. of Health and have been able to get two \$17,500 grants to support dental initiatives providing oral health care to diabetic and pregnant patients. These funds went largely towards personnel costs already in place. We are hoping to continue funding for a third year. We will receive \$7837 from the state this year, and through the Virginia Community Healthcare Association we received \$30,000 for laboratory expenses and \$97,366 for operating expenses, money essentially passed through to us from the general assembly of the Commonwealth.

The Williamsburg Community Foundation provides grants of up to \$5000, and we frequently receive these for specific equipment purchases. The trend appears to be that we receive such a grant once out of every two to three funding cycles, with two cycles occurring a year. We do not apply the cycle following one in which we receive a grant.

We are also communicating with the Rapoport, Huston and Clark foundations about capital acquisition, and are reaching out to Bank of America, Ferguson, NN Shipyard, Wells Fargo and the Peninsula Community Foundation. These foundations do not appear to fund operations.

We also seek smaller grants from St. Martin Williamsburg Presbyterian church, and other houses of worship each year.

We have presented information on *Elevate*, which is a firm that offers services around grant identification, application and management, to the C&D committee and discussion continues.

We are constantly seeking new opportunities for grants, and are on numerous email lists and attend functions where funding is discussed. The executive medical director, the business manager and our director of development (DOD) complete grant applications and reports. This process is cyclic and not continuous. Some months there is no work to be done other than searching for opportunities, while other months may see up to 6 applications and reports due, usually utilizing data that is based on fiscal or calendar year summaries. Format, due dates, length of process, and formality of process, available funds and level of competition vary for each grant.

We also receive ~\$130,000 annually from Sentara to support our operations. This funding has been constant for well over ten years, and will hopefully continue. Sentara also provides our patients with a wide range of diagnostic studies which are invaluable to our provider staff and patients, and the obstetricians at Sentara Williamsburg Regional Medical Center deliver our prenatal patients. We are asking for increased funding.

Patient Revenue: Our percentage of uninsured patients has risen to ~78-80%, and we have no control over this. But we have begun to focus more on being inclusive and serving underinsured patients who have Tricare, Medicare, Medicaid, Medicaid managed care and affordable care act plans. For purposes of good will, we also accept the insurance of employees of York and James City (JCC) counties, who are seen without a co-pay.

	FY 16	FY 17	FY 18	Change FY16 vs. FY 1	
Pt Revenue	\$443,090	\$351,538	\$479,896	\$36,806	8%
# Pt. Visits	\$15,390	\$14,402	\$15,765	375	2%
Cost/Pt Visits	\$158	\$175	\$158	\$0	0%
Rev/Pt Visits	\$29	\$24	\$30	\$2	6%

It is not clear how Medicaid expansion, theoretically beginning in January 2019, will affect us. Our Level B and C patients (annual income \$0-27,637 for a family of 3) comprise ~50% of our patient visits. If these patients obtain Medicaid coverage (usually about 50-60% of eligible patients do so) then this could increase our patient revenue, if the patients continue to come to Olde Towne. If, however, the patients choose other providers who accept Medicaid or managed Medicaid (Healthkeepers Plus, Optima Family Care) for their care, then our patient volume would decrease, and there would be little effect on revenue. A review of the attached Clinical Services Report may help in understanding this. We anticipate it will be 2020 before the effects of Medicaid expansion can be ascertained.

Local Government Support: While in prior years we have focused on keeping a low profile and remaining "below the radar," the past two years we have begun making presentation to the City of Williamsburg and York County. We have seen increases in funding in the neighborhood of 3% or more from York County and the City, and a slight increase from JCC.

	FY 16	FY 17	FY 18	Change FY16 vs. FY 18	
James City County	\$330,750	\$340,673	\$340,673	\$9,923	3%
York County	\$86,611	\$89,200	\$91,885	\$5,274	6%
City of Williamsburg	\$83,430	\$83,430	\$88,511	\$5,081	6%

During this same period JCC has provided us with a new roof, HVAC system, markedly improved patient waiting area, new building entrance and improved meeting room facilities. Our annual rent to JCC is increasing, but the rates remain a bargain.

As previously mentioned, we see employees of JCC and York County and do not require the copay in an effort to increase our value to the counties. The City is not self insured, but we are reaching out to their HR to see if we can be of assistance.

We are also engaged with the City of Williamsburg, and beginning July 2018 also with JCC in providing medical and dental care to support Child Health Initiative programs in the two jurisdictions which target children who are not doing well in school, and provide social services support as well as any needed medical or dental services. JCC has received a \$250,000 grant from the WHF to support this initiative, and the City had received WHF support in the past for this program which is now in transition for the City.

Public Support: We have three mailing each year, a spring mailing, an early fall Annual report mailing and a November mailing. Our DOD has created and put into place a planned giving program, and our first donor has taken advantage of this. Each week, our DOD researches potential donors, and also working with EMD to develop donors who have consistently supported OTMDC. We now have a computerized listing of 922 donors, have collected email addresses for 269 of them and reach out to them during the year with updates, personal messages and requests.

Donor Management: When we hired our current DOD one of her first requests was that we computerize our donor information. Approval for this took over a year, but we now are using E-tapestry and are able to search donor data for information. We were previously using a Word document that could not be searched. Our DOD reviews 1-2 donors each week, new or repeat, and luncheons, phone calls, email exchanges and other informal meetings are arranged. There currently are no budgeted funds for these "meets" and the EMD has funded them. We are also using our various mailings as well as our contacts with donors to request their email addresses to allow development and dissemination of a newsletter. For the past three years, we have identified 956 donors, and have email addresses for 275. We have reached out to interview consultants in both grant management and donor management, as well as social media.

Special Events: Our major fund raiser is the Ford's Colony Olde Towne Golf Challenge, now in its 23rd consecutive year. This event reflects the tremendous support we receive from Ford's colony residents. Hopefully it will continue into the future, and one of our director of development's (DOD) goals is to try to reach out to Governors Landing, King's Mill and other residential communities where we now h modest community support and have little or no presence.

Our additional special events consist of two 5K runs, which receive and generate a few thousand dollars annually. Other events, such as wine tastings, generally reach out to board members and generate a few hundred to a thousand dollars per event. It is recognized that all of these special events, in addition to generating revenue, also increase Olde Towne's visibility in the community. Return on investment (ROI) for these events is shown below.

Development ROI- COMPARISON BY CAMPAIGN							
UPDATED:07/02/2	018						
Campaign	Spring2016	Spring2017	Spring 2018				
Total funds							
raised to date:	\$9,473.00	\$10,740.00	\$8,230.00				
	FCMGA16	FCMGA17	FCMGA18				
	\$63,790.00	\$73,678.94	\$66,691.67				
	Fall2015	Fall2016	Fall2017				
	\$14,870.00	\$19,773.00	\$16,070.00				
	Annual2015	Annual16	Annual17				
	\$25,074.00	\$7,285.00	\$10,522.50				
	Unsolicited16	Unsolicited17	Unsolicited18				
	\$22,563.58	\$26,803.25	\$36,682.76				
		Restaurant					
		Day 2017					
		\$1,016.11					
	Wine Tasting	Wine Tasting					
	2016	2017					
	\$9,130.00	\$4,900.00					
	Dental						
	Letter 2016						
	\$1,100.00						
	Director	Director	Director				
	Solicitation	Solicitation	Solicitation				
	FY16	FY17	FY18				
	\$36,750.00	\$500.00	\$10,750.94				
	TOTAL	TOTAL	TOTAL				
	FY2016	FY17	FY18				
	\$172,520.58	\$149,010.19	\$154,863.98				

Dental Clinic July 11, 2018 Summary Report to the Board

Recommended Actions:

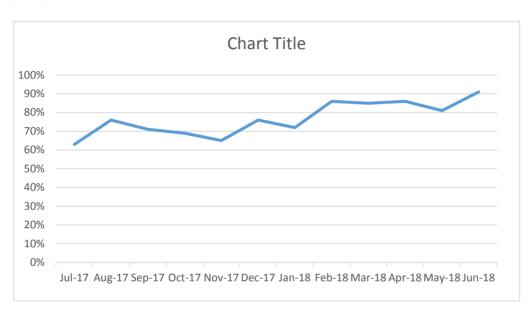
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Items to Interest the Board:

- The dental clinic is back up to full staff with the addition a dental receptionist, Shakira Lawson and our dental assistant, Valerie Dominguez.
- Dental x-ray system has been a struggle this past year with waiting for the new server to be purchased and installed and with the glitch we ran into after it was installed. All issue have now been resolved and the dental x-ray system is fully operational.
- We have recently met with York County Head Start to discuss expanding our partnership with them. We have had an ongoing relationship with them and James City/City of Williamsburg Head Start for some time now, but we met this week to talk about ways we could expand. It was decided that we would continue to perform their dental screenings. In addition we will set aside time on our schedule with the help of a volunteer for students who were found to have serious dental issues and do not already have a dental home. We will also provide fluoride applications at the time of the dental screenings.
- Please find attached the dental matrix which has increased this last year.

Dental Matrix FY 18

Jul-17	63%
Aug-17	76%
Sep-17	71%
Oct-17	69%
Nov-17	65%
Dec-17	76%
Jan-18	72%
Feb-18	86%
Mar-18	85%
Apr-18	86%
May-18	81%
Jun-18	91%



Suggested Operating Improvements

How can we improve board and committee operations?

- Much of our communications is centered on the 6 Board of Directors meetings.
 - The minutes of committee meetings are included in the board package but can be several months old due to the approval process and timing of board and committee meetings.
 - Due to the many conflicts that may interfere with attendance at the board meetings, directors can go 4 months between board meetings.
- There are times when it can be useful to meet more frequently, for example while considering the annual budget.
- There are no routine communications during the 2 months between board meetings.

Number of Board Meetings

- The Board has met 6 times per year with several special meetings called to share information (for example the designation study) or handle a specific need (for example to pass the annual budget)
- Finance and the Executive Committee have also used a base schedule of 6 per year; however, there have always been more meetings to deal with specific issues.
- Communications and Development, Governance and Nominating and Planning and Performance have started with a 12 meeting schedule and cancelled meetings where there were either quorum issues or no need for a meeting.
- The recent survey provided an average preferred number of meetings of eight (8.063)

Recommendation for 2018-19

- Add two board meetings to the calendar and retain the option to add a special meeting as needed.
- Suggest October 22 and April 29
- Add EC meetings on October 8 and April 15

Committees

- Current practice is to record meeting minutes and circulate to the committee members for approval at the next committee meeting.
- Minutes are then included in the board package after approval.
- This can create a significant lag between the meeting and the time the directors who are not committee members get a chance to see what has transpired.
- The Finance Committee meets directly before the board meetings, which provides the advantage of efficient use of committee members' time but creates several problems.

Suggested General Changes to Committee Procedures

- Schedule meetings so that the minutes can be approved and included in the next board meeting package.
- Within one week of the committee meeting:
 - Complete the meeting minutes
 - Circulate to committee members for comment and approval
 - Provide approved minutes to Lindsay for circulation to all directors and inclusion in the next board package.
- Committees may chose to rotate the role of recorder or designate a single person responsible. Minutes should focus on the topics covered (not the details of the discussion) and any decisions made.

Desired Outcome

- A more consistent flow of information about Olde Towne to all directors
- No lag between significant decisions and sharing with all directors
- Greater involvement throughout the year of all directors
- Better outreach fueled by more information
- A stronger, more connected board supporting a flourishing Olde Towne.

OTMDC Meeting Calendar Fiscal Year 2018-2019

2018

	July	August	September	October	November	December
Board of Directors	July 23		September 24	October 22	November 26	
	5-6:30pm		5-6:30pm	5-6:30pm	5-6:30pm	
Finance	July 23 4-5pm		September 24 4-5pm		November 26 4-5pm	
C&D	July 18 3-4pm	August 15 3-4pm	September 19 3-4pm	October 17 3-4pm	November 21 3-4pm	December 19 3-4pm
P&P	July 17 4-5pm	August 21 4-5pm	September 18 4-5pm	October 16 4-5pm	November 13 4-5pm	December 18 4-5pm
G&N	July 12 Thomas Nelson 4pm	August 9 Thomas Nelson 4pm	September 13 Thomas Nelson 4pm	October 11 Thomas Nelson 4pm	November 8 Thomas Nelson 4pm	December 13 Thomas Nelson 4pm
Executive Comm.	July 9 5-6:30 pm		September 13 5-6:30pm	October 8 5-6:30pm	November 13 5-6:30pm	

	January	February	March	April	May	June
Board of Directors	January 28		March 25	April 29	May 20	
	5-6:30pm		5-6:30pm	5-6:30pm	5-6:30pm	
Finance	January 28		March 25		May 20	
	4-5pm		4-5pm		4-5pm	
C&D	January 16	February 20	March 20	April 17	May 15	June 19
	2:30-4pm	2:30-4pm	2:30-4pm	2:30-4pm	2:30-4pm	2:30-4pm
P&P	January 15	February 19	March 19	April 16	May 20	June 18
	4-5pm	4-5pm	4-5pm	4-5pm	4-5pm	4-5pm
G&N	January 10	February 14	March	April 11	May 16	June 13
	4:00 pm					
	Thomas Nelson					
Executive Comm.	January 14		March 11	April 15	May 6	
	5-6:30 pm		5-6:30pm	5-6:30pm	5-6:30pm	

^{**}May Board and Executive Committee Meetings are moved ahead one week due to the Memorial Day Holiday.

Executive Committee

Charter

Purpose

The Executive Committee provides general oversight of the operations of the Olde Towne Medical & Dental Center (OTMDC) and facilitates Board support for OTMDC. In all such cases the Committee shall report its actions to the Board at its next regularly scheduled meeting.

The committee may act on behalf of the Board when it is impossible to arrange, in a timely fashion, a full board meeting with a quorum present.

Organization

The Committee is comprised of the officers of the Board of Directors and the Chairs of the standing committees. The Committee is chaired by the Board Chair and meets at the Board Chair's direction. In addition, the Executive Medical Director and any other officers, are non-voting members on the Committee. In the absence of the Board Chair the Board Vice Chair shall preside.

Qualification of Members

The officers of the Board of Directors and the chairs of the standing committees shall constitute the Executive Committee.

Meetings

The Committee shall meet as often as the Chair deems necessary. Board members may attend meetings of the Executive Committee at the invitation of the Chair.

Minutes

The Committee shall maintain minutes of each of its meetings. Copies of approved minutes shall be routinely provided to the Board. To ensure timeliness of the Board's receipt of approved minutes, a vote to approve minutes may be taken electronically.

Responsibilities

The principal duties and responsibilities of the Committee are:

- Establishes, coordinates and communicates priorities among the Board of Directors and senior staff
- Acts as the Personnel Committee when needed
- Performs the evaluation of and determines compensation for the Executive Medical Director and other officers of the OTMDC
- Approves the nomination of Board officers and new Board members as presented by the Governance Committee for recommendation to the OTMDC Board of Directors
- Executes the responsibilities of all standing committees, when needed

Governance & Nominating Committee Charter

Purpose

Reporting to the Olde Towne Medical Center (OTMC) Board of Directors (BoD), and the Executive Committee for nominations, the Governance & Nominating Committee:

- Advises the Board on governance principles applicable to OTMC, thereby taking a leadership role
 in shaping OTMC's governance;
- Identifies individuals qualified to become Board members, and selects director nominees in order to enhance the quality of nominees and the resulting overall body of OTMC directors; and
- Nominates board members for election to board officer positions for the consideration of the Executive Committee

Organization

Members of the Committee shall be members of the OTMC Board of Directors. The Chair of the Board shall appoint the Chair of the Committee for a two (2) year term and shall appoint at least three (3) Board members to the Committee. Appointed board members shall serve a three year term, and shall serve a maximum of two successive terms. Annually the Committee Chair selects one of the other members to serve as co-chair. Board members may, from time to time, be asked to serve on the Committee on an ad hoc basis.

In order to achieve continuity and retain institutional knowledge the Board Chair and Committee Chair shall endeavor to ensure that the Committee is comprised of a balanced number of members with staggered terms (one, two and three years remaining on their respective terms).

The chair shall preside at meetings of the Committee. In the absence of the chair the co-chair shall preside. If, in the absence of the chair, the co-chair is unavailable the chair shall designate a member of the Committee to preside.

Qualification of Members

Each member of the Committee shall have an interest in governance and director recruitment; have background that is commensurate with the responsibilities of the Governance & Nominating Committee, and strong ties to the communities served by OTMC.

Meetings

The Committee shall meet at least quarterly, but as often as the chair deems necessary in order to achieve the goals and responsibilities of the Committee as outline by the Board and its Committee Charter. Non-Committee members may attend committee meetings as non-voting participants when coordinated through the committee chair.

Minutes

The committee shall maintain minutes of its meetings. Copies of approved minutes shall routinely be provided to the Secretary of the board for subsequent distribution to the Board and kept on file GNC Charter 01/20/2016- reviewed 05/10/2018 no changes

Responsibilities

The Governance & Nominating Committee works in conjunction with the Executive Director to support the governance needs of the Board of Directors. The procedures of the Committee shall remain flexible in order to best react to changing conditions and circumstances. The Committee shall apprise the Board of its primary goals and objectives for the current operating year at the first meeting of the fiscal year. The following shall be the principal duties and responsibilities of the Committee. These are set forth as a guide with the understanding that the committee may modify them as appropriate:

- Developing and recommending to the Board a set of governance principles applicable to OTMC, which principles shall address, at minimum:
 - Director qualification standards,
 - Director responsibilities,
 - Director orientation and education,
 - o Management succession, and
 - Annual Board performance evaluation;
- Reviewing and assessing the adequacy of OTMC's governance principles at least annually, and recommending to the Board changes deemed appropriate;
- Leads in assessing current and anticipated needs related to board composition, determining the knowledge, attributes, skills, abilities, influence, and access to resources the board will need to consider in order to accomplish the future work of the board and the strategic interests of OTMC;
- Conducts searches for and recruits prospective Board members with the desired skills and attributes;
- In cooperation with the board chair, annually contacts each board member to assess his or her continuing interest in board membership, term of service and works with each board member to identify the appropriate role he or she might assume on behalf of OTMC;
- Takes the lead in succession planning, taking steps to recruit and prepare for future board leadership;
- Nominates individuals to be elected as members of the board to the executive committee with final approval by the board of directors;
- Regularly reviews the board's practices regarding member participation, conflict of interest, confidentiality, etc. and suggests improvements as needed;
- Reviews its Committee Charter annually and makes recommendations regarding any appropriate revisions;
- Annually reviews all committee charters and makes recommendations regarding appropriate revisions to the respective committee and the board;
- Evaluates OTMC performance against annual and strategic governance / board performance objectives;
- Reviews, at least annually, OTMC's governance related risk exposures and the steps the board has taken to monitor and control such exposures and Annually reviews and assesses the Committee's performance.

Planning & Performance Committee Charter

Purpose

Reporting to the Olde Towne Medical & Dental Center (OTMDC) Board of Directors (Board), the Committee is primarily responsible for ongoing review and recommendations to enhance the performance and future viability of OTMDC. The primary work of the committee includes the following:

- Leads the board in measuring OTMDC performance with emphasis on fulfilling the OTMDC Mission and Vision
- Maintains and regularly updates the OTMDC Strategic Plan, and monitors performance against goals and objectives identified therein

Organization

The Chair of the Board shall appoint the Chair of the Committee for a two (2) year term and shall appoint at least six (6) Board members to the Committee. Appointed board members shall serve a three year term and shall serve a maximum of two successive terms. Annually the Committee Chair selects one of the other five board members to serve as co-chair. The Committee Chair may select non-Board members to serve as voting members of the Committee but the number of non-Board members shall not exceed the total number of appointed board committee members. The Chair shall notify the Board of all such selections. Non-Board members shall serve a length of time determined at the discretion of the Committee Chair.

In order to achieve continuity and retain institutional knowledge the Board Chair and Committee Chair shall endeavor to ensure that the Committee is comprised of a balanced number of members with staggered terms (one, two and three years remaining on their term).

The chair shall preside at all meetings of the Committee. In the absence of the chair the cochair shall preside. If, in the absence of the chair, the co-chair is unavailable the chair shall designate a member of the Committee to preside.

Qualification of members

Each member of the Committee shall have an interest in strategic planning and have background and interest commensurate with the activities and responsibilities of the Planning & Performance Committee.

Meetings

The Committee shall meet at least quarterly, but as often as the chair deems necessary in order to achieve the goals and responsibilities of the Committee as outlined by the Board. Non-Committee members may attend committee meetings as non-voting participants when coordinated through the committee chair.

Minutes

The Committee shall maintain minutes of each of its meetings. Copies of approved minutes shall routinely be provided to the Board for subsequent distribution to the Board and kept on file.

Responsibilities

The Committee, in carrying out its responsibilities, believes its procedures should remain flexible in order to best react to changing conditions and circumstances. The Committee will take appropriate actions to monitor the overall institutional "tone" relating to quality, sound business practice, risk and ethical behavior. The Committee shall apprise the Board, following the annual meeting, of its primary goals and objectives for the coming year.

The following shall be the principal duties and responsibilities of the Committee. These are set forth as a guide with the understanding that the committee may modify them as appropriate:

- Develop/revise as necessary and monitor Measures of Success (MOS) in relation to the fulfillment of the OTMDC Mission and Vision
- Update the Strategic Plan annually, on a rolling basis, and with a 3-year time horizon
- Track performance against annual and strategic plans
- Track quality, productivity, facility utilization and other relevant success indicators
- Monitor environmental changes that impact the delivery of services
- Monitor organizational and institutional "risks" as they relate to the scope of its responsibilities
- Review and reassess its charter biannually; and submit any recommended revisions to the Board for approval
- Perform a self-evaluation of its performance annually to determine the effectiveness of the Committee in support of OTMDC
- With staff, prepare and review periodic surveys of patients, employees/volunteers and the community; and provide Board with summarized data

Charter

Finance Committee

Purpose

Reporting to the Olde Town Medical & Dental Center (OTMDC) Board of Directors (BoD), the Finance Committee has primary oversight responsibilities relating to:

- The integrity of the OTMDC's financial statements and the effectiveness of OTMDC's internal controls over financial reporting;
- The review of OTMDC's annual operating budget as presented by the Executive Medical Director and recommendations to the Board in connection therewith;
- iii. Oversight of OTMDC's cash position and liquidity including the OTMDC Investment Fund:
- Recommends investment guidelines as approved and authorized by the OTMDC Board for the management of the investment Fund;
- v. Oversight of OTMDC's compliance with legal/jurisdictional and regulatory requirements where applicable; and
- vi. The performance and evaluation of the OTMDC's audit and audit process.

Organization

The OTMDC Treasurer shall serve as the Chair of the Committee. In addition, the Board Chair and one representative from each of three_jurisdictions (Williamsburg, James City County, York County) shall serve on the committee. The Board Chair may appoint up to three board members, in addition to jurisdictional members, to the Committee. The Committee Chair may select non-Board members to serve as voting members of the Committee, but the number of non-Board members shall not exceed the total number of appointed board committee members. The Chair shall notify the Board of all such selections. Non-Board members shall serve a length of time determined at the discretion of the Committee Chair.

The Executive Medical Director and Business Manager of OTMDC, shall serve as ex-officio members of the Committee.

In order to achieve continuity and retain institutional knowledge, the BoD Chair and Treasurer shall attempt to ensure the committee is comprised of a balanced number of members with staggered terms.

The committee chair shall preside at all meetings. In the absence of the chairperson, the chair shall designate a member of the Committee to preside.

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chair

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Qualification of members

Members of the Committee will be selected for their experience in accounting, financial and investment management, and therefore shall have the background and interest necessary to perform the responsibilities of the Committee.

Meetings

The Finance Committee shall meet in preparation for each board meeting, but as often as the chairperson deems necessary in order to fulfill its responsibilities. The Finance Committee may invite other individuals, such as staff, auditors or other technical experts to attend meetings and provide pertinent information, as necessary. A majority of the committee members present or participating through telephone or videoconference shall constitute a quorum. Noncommittee members may attend committee meetings as non-voting participants when coordinated through the committee chair.

Minutes

The Committee shall maintain minutes of each of its meetings. Copies of approved minutes shall routinely be provided to the Board and kept on file.

Responsibilities

The procedures used to execute the responsibilities of the Committee shall remain flexible, in order to best react to changing conditions and circumstances. The Committee will take appropriate actions to monitor the overall institutional "tone" for quality financial reporting, sound business risk practices, and ethical behavior.

The following shall be the principal duties and responsibilities of the Committee:

- Recommends financial policies that maintain and improve the financial health of OTMDC and support its mission, values, annual and strategic goals.
- 2. Recommends to the Board guidelines and objectives for management of the investment Fund and reports investment performance.
- Reviews the Executive Medical Director's reporting of OTMDC's financial performance and operational cash position and reports all material budget variances to the Board.
- Makes recommendations concerning the appointment and compensation of advisors and auditors.
- 5. Conducts an annual self-evaluation of its performance, including its effectiveness and compliance with the charter.

- 6. Assesses the financial requirements of OTMDC's capital plans, to include current and future needs, justification for capital expenditures, and funding sources.
- 7. Serves as OTMDC's Audit Committee ensuring that OTMDC's financial records and procedures are independently audited annually.
- 8. Annually reconciles the WAMAC 990 with the auditors and reviews the 990 with the
- 9. Reviews the financial aspects of major proposed transactions, significant expenditures, new programs and services, as well as proposals to discontinue programs or services, and making action recommendations to the BoD.
- 10. Reviews its Committee Charter annually and makes recommendations regarding any appropriate revisions