

## Minutes

**Valleywise Community Health Centers Governing Council's  
Connecting with the Community Committee  
Virginia G. Piper Charitable Trust Pavilion  
2609 East Roosevelt Street, Phoenix, AZ 85008  
2<sup>nd</sup> Floor, Auditorium 1  
January 13, 2026, 3:00 p.m.**

**Members Present:**

Chris Hooper, Chairman  
Jason Vail Cruz, Vice Chairman  
Earl Arbuckle, Member  
Shelbi Bahena, Member – *participated remotely*  
Rebecca Birr, Member  
Piedad Blake, Member – *participated remotely*  
Dr. Nelly Clotter-Woods, Member – *participated remotely*  
Claudia Inabinet, Member  
Scott Jacobson, Member – *participated remotely*  
Helen Kennedy, Member – *participated remotely*  
Jose Luis Madera, Member – *participated remotely*  
Jee Moon, Member – *participated remotely*  
Irene Noriega, Member – *participated remotely*  
Dr. Michelle Barker, Ex-Officio Member

**Recorded by:**

Cynthia Cornejo, Senior Deputy Clerk of the Board

**Call to Order:**

Chairman Hooper called the meeting to order at 3:04 p.m.

**Roll Call**

Ms. Cornejo called roll. Following roll call, she noted that eleven of the fourteen voting members of the Valleywise Community Health Centers Governing Council's Connecting with the Community Ad Hoc Committee members were present, which represented a quorum. Mr. Jacobson, Ms. Kennedy, and Ms. Moon joined after roll call.

For the benefit of all participants, Ms. Cornejo announced the Committee members who participated remotely.

**Call to the Public**

Chairman Hooper called for public comment. There were no comments.

**General Session, Presentation, Discussion and Action:**

1. Approval of Consent Agenda:
  - a. Minutes:
    - i. Approve Valleywise Community Health Centers Governing Council's Connecting with the Community Committee meeting minutes dated October 14, 2025

**Valleywise Community Health Centers Governing Council's Connecting with the Community Ad Hoc Committee Meeting Minutes – General Session – January 13, 2026**

**General Session, Presentation, Discussion and Action, cont.:**

1. Approval of Consent Agenda, cont.

**MOTION:** Mr. Arbuckle moved to approve the consent agenda. Ms. Inabinet seconded.

**VOTE:** 11 Ayes: Chairman Hooper, Vice Chairman Vail Cruz, Mr. Arbuckle, Ms. Bahena, Ms. Birr, Ms. Blake, Ms. Inabinet, Dr. Clotter-Woods, Mr. Madera, Ms. Noriega, Dr. Barker  
0 Nays  
3 Absent: Mr. Jacobson, Ms. Kennedy, Ms. Moon  
**Motion passed.**

2. Discuss and Review the Federally Qualified Health Centers Community Outreach Events from 2025

**NOTE:** Ms. Moon joined at 3:10 p.m.

Vice Chairman Vail Cruz stated there was an overall success in recent community outreach events. Valleywise Community Health Center-Mesa had developed a consistent partnership with a local faith-based organization that provided resources for patients, while Valleywise Community Health Center-South Central event helped initiate what was expected to become an annual holiday-season community gathering. Both events were well received by patients and partners.

**NOTE:** Mr. Jacobson joined at 3:11 p.m.

Vice Chairman Vail Cruz said some scheduling conflicts occurred with Valleywise Community Health Center-North Phoenix and Valleywise Community Health Center-McDowell events due to scheduling on World AIDS Day, which limited stakeholder availability. Despite the scheduling conflict, Valleywise Community Health Center-North Phoenix event was considered successful, with strong staff engagement and valuable experience gained for future activities.

He mentioned overall, the events contributed to establishing a solid framework for community outreach events at the remaining Federally Qualified Health Centers (FQHCs).

**NOTE:** Ms. Kennedy joined at 3:12 p.m.

Chairman Hooper inquired whether the Connecting with the Community Committee (Committee) goals for 2025 were achieved.

Vice Chairman Vail Cruz shared that the goal of conducting community events with champion clinics was successful. Enhancements to existing community events included promoting the Integrated Behavioral Health (IBH) media campaign, distributing standardized packets of informational materials and branded items, and training designated FQHC staff to serve as ambassadors and storytellers to strengthen community rapport and trust. He noted that participation from champion clinics was strong from the outset and that the community events reflected a diverse range of activities. He affirmed that the goals set were achieved.

Dr. Barker reported that the strategic action plan identified some key goals for the Committee initiative. The first was the development and formalization of a committee charter, including membership and structure, which has been fully completed. Then there was the goal of holding one community outreach event in the first year to allow Committee members time to acclimate and identify opportunities for engagement. She pointed out that the Committee members significantly exceeded expectations, surpassing the strategic plan's initial goals.

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**General Session, Presentation, Discussion and Action, cont.:**

3. Discuss and Review Family Qualified Health Centers Community Outreach Events for 2026

Vice Chairman Vail Cruz highlighted the importance of ensuring that all remaining FQHCs that had not yet hosted a community event were supported in doing so within the current calendar year. He identified that the events should include the same enhancements implemented during last year's champion clinic events to maintain consistency and continuity from year one. While champion clinics may continue to participate in additional activities, the primary focus would be on assisting the FQHCs that have not yet held an event to ensure full participation across all FQHCs.

4. Discuss a Strategy to Strengthen Community Engagement and Strategies to Support Payer Mix Diversification

Vice Chairman Vail Cruz asked for discussion on opportunities for the Committee to expand its efforts beyond community events in the coming year. He encouraged Committee members to consider additional strategies to support FQHCs in strengthening community engagement and advancing payer-mix diversification. Potential approaches included developing a broader media campaign, enhancing collaboration with community partners, joining or forming local affiliate groups, and leveraging existing coalitions such as Arizona Health Care Cost Containment System (AHCCCS). He emphasized the importance of proactive leadership as changes in patient access to care continue to evolve, noting that the Committee's work should help ensure that more patients receive needed services while maintaining the sustainability of the Valleywise Health resources.

Chairman Hooper requested discussion on payer mix diversification.

Dr. Barker explained that the payer mix continued to be a significant challenge for Valleywise Health, particularly given its role as a public health entity and safety-net provider serving patients with the greatest needs. Up to 30% of FQHC patients were uninsured and qualified for the sliding-fee scale rate, with most falling into the lowest category that required only a nominal payment, an amount that did not cover the cost of services provided.

She acknowledged that the proportion of self-pay sliding-fee patients has increased to 40%, while the proportion of AHCCCS covered patients had declined.

Dr. Barker emphasized the need to shift the payer mix by increasing the number of AHCCCS patients establishing care at the FQHCs, while continuing to serve self-pay patients. However, identifying and reaching potential AHCCCS eligible individuals remained difficult. Despite focused outreach efforts and operational changes, such as creating priority appointment templates for AHCCCS patients, six months of data revealed little to no shift in the payer mix. She emphasized the need to pursue more creative and innovative strategies to address the issue.

Ms. Inabinet proposed exploring a targeted marketing campaign focused on apartment complexes located within a five-mile radius of the FQHCs. She suggested that outreach could be kept simple, directly informing residents that the clinics were located in their neighborhood to help improve payer-mix diversification.

She also recommended strengthening partnerships with local school districts and city governments, noting that their employee wellness and insurance enrollment events present valuable opportunities to introduce Valleywise Health's FQHC services. While participation in these events may involve a small fee, she indicated that marketing resources could likely absorb the cost.

Mr. Jacobson expressed support for partnering with schools, noting it could be an effective way to identify individuals who may be enrolled in AHCCCS. He also inquired whether individuals on parole were typically covered by AHCCCS upon release from prison.

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**General Session, Presentation, Discussion and Action, cont.:**

4. Discuss a Strategy to Strengthen Community Engagement and Strategies to Support Payor Mix Diversification, cont.

Mr. Madera explained that IBH conducted in-reach activities with two parole offices. A large majority of parolees initially qualified for AHCCCS. However, many lose eligibility once they become employed and were financially stable. Valleywise Health eligibility specialist helped the parolees apply for AHCCCS coverage and worked directly with AHCCCS and justice liaisons to ensure benefits were in place and were able to connect people with FQHC services.

He observed one major challenge which was upon release many parolees prioritize rebuilding their lives over focusing on their health. IBH staff goals were to schedule clinic appointments about 30 days before release, with mixed success.

Mr. Jacobson shared that Ms. Allison Rapping, CEO of the Arouet Foundation, recently reached out expressing interest in meeting with Valleywise Health leadership to solidify a partnership. He also asked whether there was an existing relationship with Ms. Jami Snyder, the former Director of AHCCCS.

Vice Chairman Vail Cruz emphasized that IBH's relationships with probation and parolees could be strengthened to help bring more individuals into the FQHCs. He suggested partnering with faith-based groups and agencies that run halfway houses for people leaving incarceration or dealing with substance use disorders. He recommended collaborating with organizations that serve individuals with serious mental illness, who typically maintain consistent AHCCCS coverage.

Mr. Madera added that IBH staff regularly participated in weekly parole orientations rather than working directly with prisons. Parole offices in Mesa and Phoenix held orientations for individuals released and IBH staff attended both locations weekly to present information about Valleywise Health services.

Chairman Hooper inquired how Valleywise Health could effectively bring two groups of individuals into the system: those who are not yet on AHCCCS but are likely to qualify soon, and those who are already enrolled.

Dr. Barker explained that Valleywise Health had financial counselors who assisted individuals in enrolling in AHCCCS if they were eligible and want to become patients. For those already on AHCCCS, they just need to call and establish themselves as new patients. Valleywise Health offered priority appointments, allowing most new patients to be seen within 15 days, compared to the community average of 30 to 60 days.

Mr. Arbuckle asked whether information about new-patient offered priority appointments were on flyers that were distributed at the FQHC and community events.

Dr. Barker said she wasn't sure whether flyers were being distributed but agreed that the information should be reviewed. She highlighted that Valleywise Health had a new Vice President (VP) of Marketing and during their recent meeting, they identified several needs related to clinic outreach. Addressing these materials was on the new VPs to do list.

Ms. Birr noted that schools have been a strong point of contact for outreach. She shared that Maryvale recently invited the Family Resource Center (FRC) team to present to a parent group, and a school in Chandler also asked them to participate in parent-teacher conferences by setting up an informational table.

Vice Chairman Vail Cruz suggested leveraging community outreach by inviting key stakeholders such as school principals, members of parent-teacher associations (PTAs), faith leaders, and local government staff to tour the FQHC clinics. He explained that tours at Valleywise Community Health Center-McDowell impress visitors with the size of the facility, the variety of services, and the staff's storytelling skills. He emphasized that seeing the clinics firsthand helped people understand that they provide essential services in one place.

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**General Session, Presentation, Discussion and Action, cont.:**

4. Discuss a Strategy to Strengthen Community Engagement and Strategies to Support Payor Mix Diversification, cont.

Ms. Inabinet shared that the Valleywise Health financial eligibility team had increased its community outreach due to grant requirements. Whenever she received notices about upcoming events, she forwards them to the eligibility staff so they could participate. For some upcoming events, one clinic's staff members were unavailable, but the eligibility team confirmed they would attend. She also mentioned that she shared event information with clinic managers to keep everyone informed.

Mr. Arbuckle asked if it would be useful to collect information on current activities and outreach efforts, similar to what was done when the Committee first began. He suggested that organizing the information could help create a standardized outreach package, especially given the number of events already taking place.

Vice Chairman Vail Cruz acknowledged that gathering information would be helpful, especially if it highlighted existing partnerships and community efforts where Valleywise Health could participate. He emphasized focusing on opportunities to join and enhance what was already happening rather than creating new community events from scratch.

He inquired whether the Committee's goal for the upcoming year were to focus on leveraging partnerships as a strategy to improve and shift the payer mix.

Chairman Hooper agreed that partnerships would be essential, especially those aligned with the goal of connecting more AHCCCS eligible individuals to care. He emphasized the importance of working with partners who were already engaged in those populations and ensuring that when they refer people for services, those referrals are directed to Valleywise Health.

Ms. Birr questioned whether the drop in AHCCCS patients were due to people losing coverage or if some individuals were being drawn away by competing providers, and whether there was any indication of what was causing the decline.

Dr. Barker mentioned that the 2024 Uniform Data Systems (UDS) data showed Valleywise Health as having the highest uninsured rate among FQHCs. She noted that specialty services mainly receive uninsured referrals because insured patients could choose other providers and often did not realize how comprehensive Valleywise Health's services were. She emphasized the need for stronger community education about the full range of services that Valleywise Health offered.

Mr. Arbuckle recommended finding a creative way to promote Valleywise Health as a true one-stop service, highlighting the full range of care available in one place.

Dr. Barker explained that when patients were newly assigned to AHCCCS plans, they were automatically attributed to a health center, but many never sought care at their assigned location. For example, a patient assigned to Valleywise Community Health Center-North Phoenix may choose to visit another FQHC instead. Valleywise Health was still responsible for the patient's preventive care and UDS quality metrics, meaning that if the patient did not complete the assigned screenings, it would negatively impact Valleywise Health's performance measures.

A suggestion was made to obtain patient assigned rosters from health plans and call assigned patients to determine whether they need to establish care or are receiving services elsewhere. However, it was recognized that this approach was difficult for all AHCCCS providers because reaching patients by phone was often extremely challenging.

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**General Session, Presentation, Discussion and Action, cont.:**

4. Discuss a Strategy to Strengthen Community Engagement and Strategies to Support Payor Mix Diversification, Cont.

Ms. Inabinet explained that one of the major challenges they were facing arose from the current political climate. During her networking meetings with Maricopa County Public Health and while presenting to caregivers at a Kid Project event, she noticed that some families were choosing not to renew their children's AHCCCS coverage. She believed this was happening because caregivers feared the consequences of renewing, and as a result, more children could become uninsured.

Mr. Arbuckle mentioned setting a measurable goal to increase AHCCCS enrollment, suggesting a one percent increase as a target for 2026.

Dr. Barker reminded the Committee members that all planned activities for 2026 must stay aligned with the Committee's charter. She emphasized avoiding work that falls outside the group's defined responsibilities.

Vice Chairman Vail Cruz emphasized the importance of showing the community how much the Valleywise Health system had improved, both in appearance and in the quality of services. He pointed out that long-time residents who were generally healthy may still assume the centers operate like the old county system and may not realize how much progress had been made. He stressed the value of community outreach to shift these perceptions.

Dr. Barker highlighted that new work requirements and other AHCCCS-related changes would take effect in 2027, giving the organization only one year to prepare. She explained that it was unclear exactly how these changes would impact operations but expected that many patients would lose coverage, whether because they could not prove the requirements were met, were unwilling to comply, or simply did not realize they had to reapply for AHCCCS.

Vice Chairman Vail Cruz asked whether the Valleywise Health marketing team had the capacity to develop a campaign highlighting initiatives related specifically to the FQHCs.

Dr. Barker reported that she had met with the marketing team to discuss a targeted campaign aimed at increasing outreach to AHCCCS members. She explained that, while individual members could not be identified, the team could target the known demographic and promote family care and the broad range of services offered at the FQHCs. The campaign was designed to focus on communities with the highest concentrations of AHCCCS patients. She noted that effective outreach typically required multiple touch points and shared that several advertisements had already been developed and appeared strong, though it was unclear whether the campaign would be sufficient. She also referenced the extensive work completed over the previous six months in support of this effort.

Ms. Inabinet stated that she had spoken with the VP of Marketing about developing additional campaign ideas, including a plan to highlight each FQHC individually. She mentioned that the agency intended to partner more actively with both Spanish and English language media. She commented that she would be reaching out to FQHC managers to gather updates, identify potential spokespersons, and feature each FQHC clinic, allowing for greater visibility and community engagement.

Dr. Barker expressed that the VP of Marketing had emphasized capitalizing on patient stories, particularly on social media.

Ms. Birr said that survey feedback from FRC participants indicated a desire for more marketing and storytelling about the centers' work. She confirmed that she had contacted the Valleywise Health marketing team to request targeted social media content for the FRCs and noted that the centers were featured on the Valleywise Health social media posts for December 2025 to allow families to share information more easily. She added that monthly features would be incorporated into the calendar to highlight new classes and releases helping to better communicate the FRCs' activities and story.

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**General Session, Presentation, Discussion and Action, cont.:**

4. Discuss a Strategy to Strengthen Community Engagement and Strategies to Support Payor Mix Diversification, cont.

Vice Chairman Vail Cruz suggested exploring outreach opportunities on college campuses, including student groups and future nursing professionals, to further expand awareness of the services Valleywise Health provided.

**Adjourn**

**MOTION:** Mr. Arbuckle moved to adjourn the January 13, 2026, Valleywise Community Health Centers Governing Council's Connecting with the Community Committee Meeting. Mr. Jacobson seconded.

**VOTE:** 14 Ayes: Chairman Hooper, Vice Chairman Vail Cruz, Mr. Arbuckle, Ms. Bahena, Ms. Birr, Ms. Blake, Dr. Clotter-Woods, Ms. Inabinet, Mr. Jacobson, Ms. Kennedy, Mr. Madera, Ms. Moon, Ms. Noriega, Dr. Barker

0 Nays

**Motion passed.**

Meeting adjourned at 4:01 p.m.



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Denise Tapia  
Deputy Clerk of the Board