

## Minutes

**Valleywise Community Health Centers Governing Council Meeting  
Virginia G. Piper Charitable Trust Pavilion  
2609 East Roosevelt Street, Phoenix, AZ 85008  
2<sup>nd</sup> Floor, Auditoriums 1 and 2  
February 4, 2026, 5:30 p.m.**

**Members Present:** Earl Arbuckle, Chair – *participated remotely*  
Nelly Clotter-Woods, Vice Chair  
Piedad Blake, Member  
Chris Hooper, Member – *participated remotely*  
Aime Ishimwe, Member – *participated remotely*  
Salina Imam, Member – *participated remotely*  
Scott Jacobson, Member  
Essen Otu, Member  
Eileen Sullivan, Member – *participated remotely*

**Members Absent:** Eric Manoa, Member  
Norma Muñoz, Member  
Wayne Tormala, Member

**Others/Guest Presenters:** Michelle Barker, DHSc, Chief Executive Officer of the Federally Qualified Health Centers  
Steve Purves, FACHE, President and Chief Executive Officer  
Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer  
Paige Pataky, Assistant General Counsel  
Melanie Talbot, Chief Governance Officer and Clerk of the Board  
Matthew Meier, MBA, Vice President, Financial Services  
Sean Stallings, Senior Clinic Manager

**Recorded by:** Denise Tapia, Deputy Clerk of the Board

### **Call to Order:**

Chair Arbuckle called the meeting to order at 5:30 p.m.

### **Roll Call**

Ms. Tapia called roll. Following roll call, she noted seven of the twelve voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum. Mr. Hooper and Mr. Ishimwe arrived after roll call.

For the benefit of all participants, Ms. Tapia announced the Governing Council members who participated remotely.

### **Call to the Public**

Chair Arbuckle called for public comment.

Mr. Samuel Salaiza, a patient of Valleywise Community Health Center- McDowell, spoke briefly about the services he received. He shared that the quality of care at that location had declined significantly over the past two years and it had become increasingly difficult to see providers, obtain prescriptions, and complete routine labs.

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**NOTE:** Mr. Ishimwe joined at 5:33 p.m.

**Call to the Public, cont.**

Mr. Salaiza stated over the last month he raised concerns that included privacy violations and barriers to accessing his medical records, but he did not receive meaningful follow-up from leadership. He was extremely frustrated and felt the need to escalate the situation to ensure his concerns were heard and addressed.

Dr. Barker thanked him for bringing his concerns to the Valleywise Community Health Centers Governing Council (Governing Council). She said they valued hearing feedback from patients and the community. She asked that his concerns be addressed by the Valleywise Health Service Excellence team, which handled these issues directly and could investigate anything necessary. She then offered to provide the phone number for that department.

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

- 1. Approval of Consent Agenda:
  - a. Minutes:
    - i. Approve Valleywise Community Health Centers Governing Council Meeting minutes dated January 7, 2026
  - b. Contracts:
    - i. Acknowledge new agreement (MCO-25-013-MSA) between Aetna Network Services and Maricopa County Special Health Care District dba Valleywise Health for the provision of comprehensive dental services
    - ii. Acknowledge a new intergovernmental agreement (IGA)(90-26-144-1) between Arizona Health Care Cost Containment System (AHCCCS) and Maricopa County Special Health Care District dba Valleywise Health, to provide matching funds in support of the Targeted Investment 2.0 Program (TIP)
    - iii. Acknowledge a 2026 Amended and Restated Master Services Agreement (90-26-172) for professional medical, administrative, clinical and teaching services between the Maricopa County Special Health Care District dba Valleywise Health, and District Medical Group
  - c. Governance:
    - i. Approve registration fee for Valleywise Community Health Centers Governing Council members' Earl Arbuckle, and Chris Hooper, to attend the Arizona Alliance for Community Health Centers (AACHC) Annual Conference April 15 -16, 2026, in Scottsdale, Arizona utilizing the Governing Council's seminar fees budget
  - d. Medical Staff:
    - i. Intentionally Left Blank

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

1. Approval of Consent Agenda:

Ms. Sullivan requested item 1.a.i. be removed from the consent agenda, to be discussed and voted on separately.

**MOTION:** Mr. Jacobson moved to approve the consent agenda minus item 1.a.i. Mr. Otu seconded.

**VOTE:** 8 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Blake, Ms. Imam, Mr. Ishimwe, Mr. Jacobson, Mr. Otu, Ms. Sullivan  
0 Nays  
4 Absent: Mr. Hooper, Mr. Manoa, Ms. Muñoz, Mr. Tormala  
**Motion passed.**

**MOTION:** Mr. Otu moved to approve consent agenda item 1.a.i., Valleywise Community Health Centers Governing Council Meeting minutes dated January 7, 2026. Mr. Jacobson seconded.

**VOTE:** 7 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Blake, Ms. Imam, Mr. Ishimwe, Mr. Jacobson, Mr. Otu  
0 Nays  
4 Absent: Mr. Hooper, Mr. Manoa, Ms. Muñoz, Mr. Tormala  
1 Abstain: Ms. Sullivan  
**Motion passed.**

2. Mission Moment – A Patient Story

Mr. Stallings described how his upbringing and life experiences ultimately guided him to Valleywise Health and shaped the way he served its patients and community. He became the clinic manager at Valleywise Community Health Center–South Central. In that role, he realized he was now serving people whose challenges were very different from those he grew up with, including immigrants, individuals facing language barriers, addiction, homelessness, or rejection tied to their identity. This experience deepened his gratitude and sense of purpose, and he came to view Valleywise Health as his home.

3. Discuss and Review Federally Qualified Health Centers Financials and Payor Mix for the Second Quarter of Fiscal Year 2026

Mr. Meier presented the financial statements for the Federally Qualified Health Centers (FQHCs) for the second quarter of fiscal year (FY) 2026.

He reported visits at the Community Health Centers were four percent better than budget, total operating revenues were 11% better than budget, and total operating expenses missed budget by eight percent, resulting in a positive operating margin of \$216,934.

Outpatient behavioral health visits were five percent better than budget; total operating revenues were better than budget by one percent, and total operating expenses were three percent better than budget, resulting in a positive operating margin of \$80,248.

Valleywise Comprehensive Health Center–Phoenix visits missed budget by seven percent; total operating revenues missed budget by seven percent; and total operating expenses were three percent better than budget, resulting in a negative operating margin variance of \$101,370.

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

3. Discuss and Review Federally Qualified Health Centers Financials and Payor Mix for the Second Quarter of Fiscal Year 2026, cont.

Valleywise Comprehensive Health Center–Peoria visits missed budget by 12%; total operating revenues missed budget by nine percent; and total operating expenses were nine percent better than budget, resulting in a positive operating margin of \$32,224.

Dental clinic visits were one percent better than budget, total operating revenues missed budget by 26%, and total operating expenses missed budget by 12%, resulting in a negative operating margin variance of \$538,270.

In reviewing the statistics for all clinics combined, Mr. Meier noted visits missed budget by one percent, total operating revenues were two percent better than budget, and total operating expenses missed budget by three percent, resulting in a negative operating margin variance of \$281,384.

The six-month review of the payor mix showed that commercial utilization increased by nearly one percent, Medicaid utilization decreased by 1.6%, and self-pay and other increased by 0.8 percent.

When reviewing the four-year payor mix trend, Mr. Meier highlighted that commercial utilization increased one percent over the prior year, Medicaid utilization decreased by 1.6%, and self-pay and other increased by 0.8 percent.

Dr. Barker emphasized that although the shift in payer mix may appear small, the organization's efforts over the past six months have been significant. She noted that without the focused work, they likely would have seen a decrease in Medicaid and an increase in self-pay, which was what other FQHCs were reporting. Maintaining and even slightly improving the payer mix reflects substantial, organization-wide effort.

Mr. Otu noted that the Medicaid portion of the payer mix appeared to be trending upward, although the year-over-year comparison showed a decline. He asked whether there was any expectation or insight into whether this trend would continue and where the organization might end up by the end of the fiscal year. He acknowledged that there might not yet be enough data to support scenario planning but expressed interest in understanding the perspective.

Mr. Meier stated that Valleywise Health finance staff had begun the budgeting process, and as part of that work, staff would review the last six months of data and use that information to project forward.

4. Discuss and Review Federally Qualified Health Centers Press Ganey Patient Experience Data for the Second Quarter of Fiscal Year 2026

Dr. White presented the second quarter report for FY 2026. He reviewed both individual facility performance and consolidated data. He explained that the organization has been refining its goal-setting process through the Patient Experience Improvement Collaborative. This group works closely with Press Ganey to identify a single focus item that would most effectively improve overall patient-experience performance. The Press Ganey analysis determined that improving the staff worked together to care for you measure was a key driver for increasing percentile rankings and the likelihood to recommend score.

Dr. White noted FQHCs performing strongly on the likelihood to recommend metric. The benchmark was 77.25%, and the organization exceeded it with a December score of 79.45%, and a year-to-date score of 77.77 percent. He stated that last year the organization lacked historical data and fell below the benchmark, but with a full year of focused work, performance has improved significantly and now compares favorably with other safety-net hospitals.

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

4. Discuss and Review Federally Qualified Health Centers Press Ganey Patient Experience Data for the Second Quarter of Fiscal Year 2026, cont.

Dental clinics continue to exceed benchmarks on both key measures, achieving 81.18% for likelihood to recommend and 79.91% for staff teamwork. Monthly meetings with clinic and registration leaders continued, focusing on the teamwork question and using Press Ganey key-driver reports to guide improvement strategies.

Dr. White explained that a discussion on how the FQHC could better demonstrate coordination and support across providers. He emphasized the importance of showing seamless handoffs when making referrals to specialists, imaging, or laboratory services so that patients experienced smooth, unified care. He stressed the need for all FQHC team members to have the information necessary to reflect that collaborative approach. He noted the work involved partnering with the service excellence team and referenced sites specific data.

Dr. Barker reported that the Valleywise Community Health Center-McDowell earned the highest scores amongst the Valleywise Health FQHCs, including a record-setting 97.33% likely to recommend score in the 99th percentile and a 94.67%, staff work together score in the 97th percentile. She emphasized how exceptional these results were and noted that the Valleywise Community Health Center-McDowell team would continue sharing patient-experience data quarterly, with ongoing collaboration with Press Ganey and clear year-over-year improvement.

Mr. Hooper noted that the Valleywise Community Health Center-McDowell scores had risen into the nineties and asked how the organization could leverage what that clinic was doing successfully and apply those practices across the rest of the FQHCs.

Dr. Barker expressed that the work was part of a broader patient-experience collaborative, which brought together all FQHC leadership teams. She noted that this structure allowed high-performing leaders to share how they engaged their teams and created strong patient experiences, including the specific tools and practices they used. She said the information was shared across the FQHCs to spread best practices. She added that lower scoring clinics were paired with higher-scoring clinics so their managers could serve as mentors and exchange ideas on a weekly basis.

Mr. Otu asked for clarification about the FQHC All Sites Likelihood of Recommending results. He wanted to know whether the number shown for December 2025, listed as Safety Net Hospital (SNH) Rank: 17 with an N size of 1,100 represented an actual ranking among Safety Net Hospitals or if it was meant to indicate a percentile. He pointed out that the way the chart was formatted made it difficult to tell.

Dr. Barker indicated that it reflected the 17<sup>th</sup> percentile. Press Ganey's environment was so competitive that even a one-point change could shift a clinic's percentile ranking by as many as 30 places. She noted that percentile movement was extremely sensitive, which was why small improvements could have a significant impact. She added that the staff hoped to see continued progress as changes were implemented.

5. Discuss and Review Federally Qualified Health Centers Patient Safety Report for the Second Quarter of Fiscal Year 2026

Dr. White presented the quarterly patient-safety report for the FQHCs, explaining that the Continuous Healthcare Evaluation & Quality Improvement Tool (CHEQ-IT) tracked every safety event across inpatient, outpatient, and behavioral-health settings to ensure a safe environment and work toward zero patient harm. He noted that events were reported through the CHEQ-IT, with staff submitting 40 to 70 events per month. Every report was investigated and resolved to understand what occurred and identify operational improvements.

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

5. Discuss and Review Federally Qualified Health Centers Patient Safety Report for the Second Quarter of Fiscal Year 2026, cont.

Dr. White highlighted for the second quarter of FY 2026 154 events were reported. Valleywise Community Health Center-South Central had the highest number of events, largely due to Emergency Medical Service (EMS) transport for patients presenting with conditions too acute for outpatient management. He explained that the events included Emergency Department (ED) transfers, behavioral concerns, medication issues, health-information errors, falls, and specimen-handling errors. Many behavioral-related entries involved allegations of abuse reported to providers, which the team tracked to ensure proper notifications to law enforcement or protective-services agencies.

He noted the focused effort to eliminate incorrectly labeled laboratory specimens across all FQHCs. He emphasized that proper labeling was essential for accurate diagnostic testing and noted that significant work had been done to drive these errors toward zero. He clarified that medication-related events were tracked daily, including adverse reactions, timing issues, and incorrect medication use, so they could be addressed immediately with staff.

Dr. White described a new process that was implemented in December 2025, requiring two independent staff members to verify that each specimen was correctly labeled for the right patient before it was sent to the lab. He added that all patient-safety events were reviewed in real time during the daily huddle with Dr. Barker's team, allowing for immediate improvements. Dr. White also noted ongoing staff training on proper patient identifiers.

Mr. Otu commented on the December 2025 total of 46 reported events and emphasized the importance of viewing that number in the context of the large volume of patient encounters each month. He noted, although he did not have the exact encounter count available, the number of events was extremely small in comparison. He praised the team for doing an exceptional job managing safety events and maintaining a safe environment for patients.

Dr. White agreed and noted that compared with the large number of patients they serve each month, the event rate was indeed very small. He emphasized that the goal remained zero harm and that they would continue striving toward that standard.

6. Discuss and Review Federally Qualified Health Centers Uniform Data System (UDS) Quality Metrics for Calendar Year End 2025

Dr. White presented the annual Uniform Data System (UDS) report for calendar year (CY) end 2025.

Dr. White reminded the Governing Council that UDS reporting was a federal requirement for all FQHCs and served as a critical tool for tracking performance and guiding quality improvement. He emphasized that the data significantly strengthened the organization's transparency and accountability. He indicated that his presentation focused on quality, noting that Valleywise Health has been reinforcing its quality structure to ensure alignment across the organization. He added that the quality analysts were working to deliver the appropriate data to frontline staff so they can better identify priorities and areas for improvement.

He pointed out that the organization operated through several layers of groups, beginning with task forces created around specific initiatives or clinic needs. These task forces, focused on diabetes, pediatrics, women's health, hypertension, and depression which fed into larger work groups that spanned multiple FQHCs. Together, they formed a structured pathway that allowed issues and improvement ideas to move upward through the organization.

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

6. Discuss and Review Federally Qualified Health Centers Uniform Data System (UDS) Quality Metrics for Calendar Year End 2025, cont.

Dr. White said that two persistent challenge areas were controlling high blood pressure and increasing the use of aspirin or aspirin-like agents for patients with documented ischemic vascular disease. The metrics had been historically challenging. Despite these challenges, he emphasized that overall performance remained strong and above national averages.

7. Discuss and Review Action Plan for the Strategic Plan for the Federally Qualified Health Centers for Fiscal Years 2025-2027

Dr. Barker explained that she divided the strategic action plan into four quarters and would present one focus area in depth each quarter. She reviewed how year one concluded and outlined the plans for year two. The dashboard displayed a consolidated year-end summary of metrics such as new-patient and priority-patient time to book, showing that most measures were in the green or trending upward towards their target, while a few remained below target or were scheduled as later-year priorities. Some items were intentionally not started because they were designated as year-two or year-three goals.

She noted that several tasks had been marked as completed, including the creation of the charter and the establishment of the Valleywise Health Connecting with the Community Ad Hoc Committee (Committee). With the foundational work in place, the Committee could focus on its goals for the year. She clarified that some tasks were closed because they were already performing well for example, Integrated Behavioral Health (IBH) patient wait times were outperforming the benchmark without additional intervention. Others, such as the dental residency program, had been fully completed. She added that certain metrics, including controlling high blood pressure and expanding access to Medication-Assisted Treatment (MAT), were designated as year-two priorities.

Dr. Barker mentioned a few goal adjustments, including lowering the Social Determinants of Health (SDOH) screening target from an unrealistic 75% to a more attainable level so the team could stay motivated and see meaningful progress.

She encouraged the Governing Council members to reach out if they wanted more detailed information on specific accomplishments and emphasized that each category in the plan would be reviewed in depth over the coming year.

8. Federally Qualified Health Centers' Chief Executive Officer's Report, Including Ambulatory Operational Dashboards

Dr. Barker reviewed the ambulatory operational dashboard for December 2025. The average fill rate was 90% for several years but rose to 95% due to intentional efforts to expand and adjust appointment availability. New-patient wait times also dropped from the long-standing 20-day range to 13 days through template changes that increased scheduling flexibility.

She noted a concerning rise in no-show rates, which had typically been around 16% but spiked reaching 50% due to Immigration and Customs Enforcement (ICE) activity in the communities. The FQHC staff offer telehealth options and conduct proactive outreach to help patients reschedule and address barriers such as transportation.

Referrals ready to book remained consistently strong for three years. Financial performance stayed steady, and Press Ganey scores increased to 78.8% with a benchmark of 78 percent.

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

8. Federally Qualified Health Centers' Chief Executive Officer's Report, Including Ambulatory Operational Dashboards, cont.

Mr. Hooper asked whether the requirements for offering telehealth visits such as discussing medications were controlled by the FQHCs or determined by Health Resources and Services Administration (HRSA) standards that they were required to follow.

Dr. Barker said telehealth rules came partly from external payers like the centers for Medicare and Medicaid Services (CMS) and the Arizona Health Care Cost Containment System (AHCCCS), each with different requirements for video or phone visits. She added that Valleywise Health also set its own guidelines to ensure safe care, requiring complex patients who require labs or physical exams to be seen in person. Simpler needs, such as medication refills, were usually eligible for telehealth. She noted that the Patient Assistance Center (PAC) used a decision tree based on physician guidance to determine when telehealth was appropriate, and the team continually reviewed these criteria to find flexibility while still maintaining safe, effective care.

Mr. Hooper followed up by asking how Valleywise Health PAC ensured that the staff members answering the initial phone call knew how to determine whether a telehealth visit was appropriate.

Dr. Barker reiterated that the FQHCs used decision trees built into the scheduling system. Staff in the PAC asked patients a structured set of questions, and their answers guided the scheduler through the decision tree. At the end, the system indicated whether the appointment could be telehealth or needed to be in person. She added that these decision trees were reviewed regularly to ensure they remained as accommodating as possible.

9. Valleywise Health's President and Chief Executive Officer's Report

Mr. Purves highlighted that Senior Vice President of Government Relations, Mr. Warren Whitney, had been promoted to Executive Vice President and Chief Administrative Officer, effective March 2, 2026. In his new position, Mr. Whitney would assume expanded responsibilities for construction and strategic master facilities planning, including oversight of Proposition 409 projects.

This transition was tied to the upcoming retirement of Ms. Lia Christiansen, the current Chief Administrative Officer, who would be retiring in late February 2026.

Mr. Purves reported that the search for a new chair of the internal medicine department was well underway to succeed Dr. David Wisinger, who had served in the role for many years and was planning to retire next summer. The goal was to have the new chair in place with enough time to overlap with Dr. Wisinger before his departure.

10. Governing Council Member Closing Comments/Announcements

Mr. Jacobson invited everyone to the annual Easter Parade and Matzo Ball on Sunday, April 5, 2026. The event would take place downtown at Monroe Street Abbey, it was free, family-friendly, with the only rule being that all attendees must wear a hat. He added that anyone interested could contact him.

Mr. Hooper invited everyone to a storytelling show scheduled for February 7, 2026 at 7:00 p.m. He noted that the event would take place at the Phoenix Center for the Arts, which he hosted and created. He said that attendees could find details on the Phoenix Center for the Arts website.

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**Adjourn**

**MOTION:** Mr. Otu moved to adjourn February 4, 2026, Valleywise Community Health Centers Governing Council Meeting. Mr. Jacobson seconded.

**VOTE:** 8 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Blake, Ms. Imam, Mr. Ishimwe,  
Mr. Jacobson, Mr. Otu, Ms. Sullivan  
0 Nays  
4 Absent: Mr. Hooper, Mr. Manoa, Ms. Muñoz, Mr. Tormala  
**Motion passed.**

Meeting adjourned at 6:50 p.m.



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Denise Tapia  
Deputy Clerk of the Board