

## 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  
May 6, 2026, 5:30 p.m.**

**Members Present:**

Earl Arbuckle, Chair  
Nelly Clotter-Woods, Vice Chair – *participated remotely*  
Glenda Cota, Member  
Chris Hooper, Member  
Salina Imam, Member – *participated remotely; then in person*  
Aime Ishimwe, Member  
Norma Muñoz, Member  
Essen Otu, Member  
Eileen Sullivan, Member – *participated remotely*  
Wayne Tormala, Member

**Members Absent:**

Piedad Blake, Member  
Scott Jacobson, Member

**Others/Guest Presenters:**

Michelle Barker, DHSc, Chief Executive Officer of the Federally Qualified Health Centers  
Steve Purves, FACHE, President and Chief Executive Officer – *participated remotely*  
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, FACHE, Acting Chief Financial Officer – *participated remotely*  
Crystal Garcia, RN, MBA, Vice President, Specialty Services, Quality and Patient Safety  
Owliya Adballa, Cultural Health Navigator, Refugee Services

**Recorded by:**

Denise Tapia, Deputy Clerk of the Board

**Call to Order:**

Chair Arbuckle called the meeting to order at 5:31 p.m.

**Roll Call**

Ms. Tapia called roll. Following roll call, she noted nine of the twelve voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum. Ms. Sullivan joined 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. There were none.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – May 6, 2026**

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

- 1. Approval of Consent Agenda:
  - a. Minutes:
    - i. Approve Valleywise Community Health Centers Governing Council Meeting minutes dated April 1, 2026
  - b. Contracts:
    - i. Intentionally Left Blank
  - c. Governance:
    - i. Appoint Steven Pettigrew to the Valleywise Community Health Centers Governing Council
    - ii. Appoint Maria Mancinas to the Valleywise Community Health Centers Governing Council
    - iii. Approve a Congratulatory Letter from the Valleywise Community Health Centers Governing Council to Ms. Sanchez – Pediatric Patient Navigator
  - d. Medical Staff:
    - i. Acknowledge the Federally Qualified Health Centers Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff Credentials

**MOTION:** Mr. Tormala moved to approve consent agenda. Mr. Otu seconded.

**VOTE:** 9 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Cota, Mr. Hooper, Ms. Imam, Mr. Ishimwe, Ms. Muñoz, Mr. Otu, Mr. Tormala  
0 Nays  
3 Absent: Ms. Blake, Mr. Jacobson, Ms. Sullivan  
**Motion passed.**

Ms. Talbot administered the Oath of Office to Ms. Maria Mancinas and Mr. Steven Pettigrew for membership appointment to the Valleywise Community Health Centers Governing Council (Governing Council), as required by the Governing Council bylaws.

**NOTE:** Ms. Sullivan joined at 5:40 p.m.

2. Mission Moment – A Patient Story

Ms. Abdalla, a Cultural Health Navigator at Valleywise Health Refugee Women’s Health Clinic, shared that she fled Somalia as a child, surviving an eleven-day journey to a Kenyan refugee camp where her family lived for twelve years before resettling in Chicago then later settled in Arizona. After witnessing her mother experience a medical crisis in the U.S. without language support or cultural guidance, she was committed to pursuing work in the medical field so others would not endure the same hardship.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – May 6, 2026**

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

2. Mission Moment – A Patient Story, cont.

Ms. Abdalla's path led her to the Valleywise Health Refugee Women's Health Clinic, where she began volunteering, later becoming a Cultural Health Navigator (CHN) in 2011. She has since helped the clinic grow from serving 53 patients to more than 1,800 and remained dedicated to supporting refugee communities with compassion and cultural understanding.

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

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

He reported visits at the Community Health Centers missed budget by 10%, total operating revenues missed budget by eight percent, and total operating expenses were better than budget by five percent, resulting in a negative operating margin variance of \$283,587.

Outpatient behavioral health visits were 32% better than budget; total operating revenues were better than budget by 26%, and total operating expenses were one percent better than budget, resulting in a positive operating margin of \$686,457.

Valleywise Comprehensive Health Center–Phoenix visits missed budget by seven percent; total operating revenues missed budget by 20%; and total operating expenses were five percent better than budget, resulting in a negative operating margin variance of \$509,850.

Valleywise Comprehensive Health Center–Peoria visits missed budget by 21%; total operating revenues missed budget by 30%; and total operating expenses were 15% better than budget, resulting in a negative operating margin variance of \$205,596.

Dental clinic visits were 12% better than budget, total operating revenues missed budget by 40%, and total operating expenses missed budget by 11%, resulting in a negative operating margin variance of \$728,305.

Mr. Meier said the Mobile Health Unit (MHU) remained closed, though it continued to appear in reporting because it had been included in the original annual budget.

In reviewing the statistics for all clinics combined, Mr. Meier noted visits missed budget by five percent, total operating revenues missed budget by 10%, and total operating expenses were four percent better than budget, resulting in a negative operating margin variance of \$1,060,960.

The six-month payer-mix trend showed a notable increase in commercial patients. Medicaid decreased by 0.22%, and self-pay decreased by 1%, with nearly the entire shift moving into the commercial category.

The four-year trend continued to show a decline in Medicaid, currently down 1.3%, with most of the offset again appearing in commercial and managed-care payers.

Chair Arbuckle noted that the Valleywise Comprehensive Health Center–Phoenix had a significant decline of 20% and asked whether payer mix was being reviewed using the same categories applied in the budget.

Mr. Meier stated that the Valleywise Comprehensive Health Center–Phoenix payer mix was not meeting budget, primarily due to a decrease in Arizona Health Care Cost Containment System (AHCCCS) patients. He explained that the decline significantly affected revenue because AHCCCS visits generated substantially higher reimbursement than commercial insurance. Even a small reduction in AHCCCS volume caused a noticeable shift, as commercial payers did not match AHCCCS rates.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – May 6, 2026**

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

- 4. Discuss, Review and Approve Fiscal Year 2027 Patient Volumes; Discuss and Review Capital Target for the Federally Qualified Health Centers

Mr. Meier stated the Valleywise Health’s FY 2027 patient volume projections were stable and based on conservative assumptions. The projections largely follow prior planning cycles, with only minor adjustments made to reflect updated provider counts and expected ramp-up. Overall, patient volumes were expected to increase by about seven percent, mainly due to growth in provider capacity rather than changes in patient demand.

Valleywise Community Health Centers anticipates a 5.8% increase in providers, translating into a 15.3% rise in visits across pediatrics, women’s health, internal medicine, and antepartum services.

Valleywise Comprehensive Health Center - Peoria expects a 9.7% increase in providers, with a more conservative 3.1% increase in volumes. The Integrated Behavioral Health, provider growth of 12% combined with ongoing ramp-up, drives a projected 23.6% increase in visits. Dental services represent the only anticipated decline, with volumes decreasing by 1.7%, reflecting cautious planning.

Mr. Meier said Valleywise Health’s provider base continued to grow steadily, increasing from 73 providers in 2024 to a projected 92 in 2027. This consistent year-over-year expansion supported most of the volume assumptions. Contingency Capital was held at \$100,000, consistent with prior years.

Chair Arbuckle asked whether the increase in providers was putting any strain on the FQHCs’ physical capacity.

Dr. Barker explained that there was some strain, but they have evaluated the capacity at each clinic where additional provider full-time equivalent (FTEs) were allocated and factored that into the planning process.

Ms. Cota asked whether the changes would affect the amount of time providers spend with patients.

Dr. Barker clarified that it would not. Appointment lengths remain consistent: most were 20 minutes, with some at 15, 30, or 40 minutes depending on the visit type. The only change was the number of appointment slots available, not the time spent with each patient.

**MOTION:** Mr. Hooper move to approve fiscal year 2027 patient volumes for the Federally Qualified Health Centers. Ms. Muñoz seconded.

**VOTE:** 12 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Cota, Mr. Hooper, Ms. Imam, Mr. Ishimwe, Ms. Mancinas, Ms. Muñoz, Mr. Pettigrew, Mr. Otu, Ms. Sullivan, Mr. Tormala  
0 Nays  
2 Absent: Ms. Blake, Mr. Jacobson  
**Motion passed.**

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

Ms. Garcia reported that the patient experience scores were based on Press Ganey surveys. She noted that the likelihood-to-recommend score for March was 80.62%, exceeding the benchmark of 77.25 percent. She stated that there was ongoing work around patient experience which included monthly meetings with clinic leaders, registration staff, and other departments.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – May 6, 2026**

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

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

Ms. Garcia reviewed the key driver question, staff worked together to care for you, explaining that Press Ganey identified this measure as strongly influencing likelihood to recommend scores. March results were 77.98%, above the benchmark, and quarter-three results were 76.8 percent.

She presented the dental clinic results, noting strong performance. The dental likelihood-to-recommend score was 86.78% in March and 83.73% for quarter three. Dental staff teamwork scores were 82.79% for March and 81.45% for the quarter.

Ms. Garcia outlined the action items, that included continued monthly patient-experience meetings, requesting updated key driver and benchmarking tools from Press Ganey, working with clinical leaders to improve response rates, and continuing to benchmark against other safety-net hospitals serving similar populations.

She noted that patient experience results were reviewed at the individual clinic level so that high-performing sites could be highlighted and others could identify opportunities for improvement. She noted that all clinics had access to their specific data points to support shared learning. She reviewed the individual clinic results.

Mr. Hooper asked how best practices from high-performing clinics were shared with other clinics and how communication was being used to help under-performing sites adopt those successful approaches.

Ms. Garcia replied that best practices were shared during the monthly clinical meetings, where FQHC leaders discussed current action items and exchanged successful strategies. She noted that the meetings allowed clinics to learn from one another and supported the development and implementation of improvement actions across the FQHCs.

Dr. Barker mentioned that high-performing clinics, such as Valleywise Community Health Center - McDowell, were paired with clinics needing improvement to share best practices and provide mentorship. She added that an additional workgroup focused on improving key measures and that an eighties club recognition program would launch at the end of the fiscal year to celebrate clinics reaching 80% year-to-date.

Mr. Tormala asked whether the patient experience data could be broken down by the types of conditions patients had for example, diabetes, cardiac issues, or lung-related concerns.

Ms. Garcia said that Press Ganey does not break patient experience data down by diagnosis. She explained that the surveys measure overall care and general question categories rather than condition-specific feedback.

Dr. Barker explained that Press Ganey did not provide diagnosis-level details, the FQHC leadership team reviewed every patient comment. She noted that trends, such as concerns about wait times, referral delays, staff interactions, or the check-in process were tracked and used to develop action plans for improvement.

Ms. Cota asked for clarification on the action items related to improving response rates, specifically how FQHC leaders were being engaged and how the focus on Safety Net Hospital (SNH) ranked compared to top-box scores were being addressed.

Ms. Garcia shared that during the clinical meetings with the FQHC leaders, the goal was to gather their input on how to improve the survey response rate. While sharing best practices from Press Ganey, the meetings were specifically intended to hear ideas to develop a targeted action plan based on their feedback.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – May 6, 2026**

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

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

Mr. Otu asked if Ms. Garcia could review the dashboard to explain key survey terms, specifically the top box score, n-size, and SNH ranking for the benefit of new members who may not be familiar with the survey language.

Ms. Garcia explained that the benchmark represented the performance goal set based on Press Ganey data. Press Ganey provided the benchmark and included it in the key driver report. She clarified that the top box score reflected only the highest survey rating, specifically responses marked as a five on a one to five scale. Ratings of three or four did not count toward the top box score. The n-size referred to the number of patient responses received, which allowed the understanding of the patient perceptions and experiences. She also explained that the SNH rank represented how Valleywise Health compared to other safety-net hospitals.

**NOTE:** Ms. Sullivan exited the meeting at 6:14 p.m.

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

Ms. Garcia reviewed the patient safety data for the third quarter, explaining that safety events were reported through the Continuous Healthcare Evaluation & Quality Improvement Tool (CHEQ-IT), the electronic platform staff use to document anything outside normal operations. She emphasized that staff were encouraged to submit reports because they serve as the eyes in identifying issues, allowing Valleywise Health to track trends, provide training, and improve processes for patient safety.

She noted that FQHC visit volume for was steady at 85,000 visits. A total of 142 safety events were reported, with reporting levels varying by clinics. She highlighted that Valleywise Community Health Centers - South Central appeared higher in the count not because of underperformance, but because they were consistently strong reporters.

Ms. Garcia explained that safety and security events were typically the most frequent category each quarter. Many involve code white or Emergency Department (ED) transfer situations, for example, when a patient becomes faint during a lab drawing and requires additional assessment. In those cases, a nurse and sometimes a physician respond to determine whether the patient needs ED transfer or simply supportive care. All such events were entered into the CHEQ-IT system and monitored to ensure patient safety.

Ms. Munoz asked for an explanation on the types of events reported at the Valleywise Community Health Center – South Central. Specifically, she wanted examples of what kinds of events were entered and what situations typically got reported.

Ms. Garcia explained that most reported events were code white, often when patients feel faint during blood draws and need quick assessment. Other events include specimen issues and behavioral incidents, such as patients refusing triage advice to go to the ED.

Dr. White noted that the Valleywise Community Health Center - South Central location, reported more events because it was the primary teaching site for family medicine residents, and residents were encouraged to report safety events as part of their training. He added that the clinic also has a higher volume of scheduled appointments, which naturally results in more event reporting compared to other clinics.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – May 6, 2026**

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

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

Ms. Garcia mentioned that some reported events involve behavioral issues, such as patients leaving against medical advice or making allegations that may require reporting to Child Protective Services (CPS) or Adult Protective Services (APS). She also described specimen-handling issues, including a recurring problem with brushes being left in specimen containers, an issue corrected through staff education, which led to improvement by March. She emphasized that all events were reviewed daily through tier huddles, with concerns escalated to Valleywise Health leadership and executives during tier meetings when needed.

She said that Valleywise Health had a patient safety committee that reviewed data from multiple reports to identify early signs of potential issues. When trends begin to emerge, the committee proactively brings together a team to develop action items and address concerns before they escalate.

7. Discuss and Review Federally Qualified Health Centers Uniform Data System (UDS) Quality Metrics for the First Quarter of Calendar Year 2026

Ms. Garcia stated the focus was on UDS process improvements, including a new monthly UDS spotlight to track progress. Since UDS data resets every January, they review the first full three months to compare performance to the same period last year and determine whether they were on track to meet annual goals. After the early-year variability stabilizes, the data becomes reliable enough for trend analysis and establishing baselines. She noted that while January ended mostly in the green (target met or exceeds), the current scorecard shows more yellow (approaching target) and some red (not in target) measures. The largest current gap between the benchmark was in weight assessment and nutrition counseling for children and adolescents.

She reviewed the year-over-year data, noting that most measures had improved compared to March 2025, though a few, such as cervical cancer screening, tobacco use screening, and weight assessment and counseling for children/adolescent were performing last year's levels. She highlighted the value of looking at performance per clinic to learn from top performers and identify areas needing support.

Ms. Garcia pointed out strong gains in depression screening, with notable improvements in Valleywise Community Health Center - North Phoenix and Mesa Internal Medicine. Regarding blood pressure control, she emphasized ongoing efforts to ensure proper rechecks, supported by workflow reminders, Electronic Medical Records (EMR) prompts, and even friendly clinic-to-clinic competition.

She said that the diabetes task force identified missed opportunities in cases where patients had high results, prompting further review and action.

Ms. Garcia shared that the Body Mass Index (BMI) measure required both screening and a documented follow-up plan. She highlighted shared strategies that support improvement across multiple measures, strong workflows, identifying care gaps, using point-of-care orders, coordinating with care management, and focusing on patients with poor control or missing labs. Monthly quality meetings help clinics review data, generate ideas, and implement action items, supported by strong communication between physicians, clinic leaders, and frontline staff.

Mr. Hooper asked whether the reported A1C numbers were based on A1C testing results and if the data reflected the general patient population or only those already diagnosed with diabetes or prediabetes.

Ms. Garcia clarified that the metric included all patients with a documented diabetes diagnosis. She noted that the goal was for patients to maintain an A1C below nine, and the reported numbers reflected the specific diabetic population.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – May 6, 2026**

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

8. Discuss, Review and Approve Community Health Needs Assessment Report

Dr. Barker reviewed the Community Health Needs Assessment (CHNA) report and provided an overview for new members on the year-long process used to develop the report. Valleywise Health partnered with the Maricopa County Department of Public Health to produce the CHNA every three years, a requirement for maintaining FQHC status. The county collects data through a community survey of approximately 20,000 respondents, identifying the top 20 to 30 health indicators prioritized by residents.

The indicators were compared with Valleywise Health data, including service utilization, hospitalization rates, and demographic trends. The Valleywise Community Health Centers Governing Council's Connecting with the Community Committee then narrowed the list to six indicators based on relevance to Valleywise Health patients and feasibility of impact. Issues such as lack of insurance or housing, while significant, were not selected due to limited ability to directly address them.

The six recommended indicators were presented to and approved by the Governing Council earlier this year. The county then incorporated these into the final CHNA, which also included analysis of clinic locations and surrounding community conditions. The completed CHNA will guide Valleywise Health's strategic and action planning for the next three years.

**MOTION:** Mr. Hooper moved to approve the Community Health Needs Assessment report. Mr. Otu seconded.

**VOTE:** 11 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Cota, Mr. Hooper, Ms. Imam, Mr. Ishimwe, Ms. Mancinas, Ms. Muñoz, Mr. Otu, Mr. Pettigrew, Mr. Tormala  
0 Nays  
3 Absent: Ms. Blake, Mr. Jacobson, Ms. Sullivan  
**Motion passed.**

9. Discuss, Review and Acknowledge Valleywise Health's Federally Qualified Health Centers Service Area by Zip Code, Health Resources and Services Administration's Form 5B

Dr. Barker presented the annual review of Valleywise Health's Federally Qualified Health Centers Services area by zip code. The process aligned with the UDS report reviewed in March, which listed all zip codes from which Valleywise Health patients originated. Each year, the zip code data was analyzed for every Valleywise Health FQHC to determine where patients were coming from and identify the zip codes that represent at least 75% of each clinic's patient population.

The zip codes were then updated in the organization's Health Resources and Services Administration (HRSA) required scope of service, ensuring compliance and accurate representation of service areas.

Dr. Barker noted that the review not only fulfilled HRSA requirements but also helped Valleywise Health assess whether resources were appropriately distributed across the community. The updated zip code information had been incorporated into the revised Form 5B for all FQHC locations.

She explained that each FQHC top zip codes for those representing 75% of its patient population, were identified and updated for the annual HRSA review. During the process, some zip codes shift from year to year based on changes in patient volume. As a result, certain zip codes no longer meet the 75% threshold, while others newly qualify or change position in the ranking. The analysis included each zip code, the number of patients from that area, and the percentage of the clinic's total patients they represent.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – May 6, 2026**

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

9. Discuss, Review and Acknowledge Valleywise Health’s Federally Qualified Health Centers Service Area by Zip Code, Health Resources and Services Administration’s Form 5B, cont.

**MOTION:** Mr. Otu moved to acknowledge Valleywise Health’s Federally Qualified Health Centers service area by zip code, on Health Resources and Services Administration’s Form 5B. Ms. Muñoz seconded.

**VOTE:** 11 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Cota, Mr. Hooper, Ms. Imam, Mr. Ishimwe, Ms. Mancinas, Ms. Muñoz, Mr. Otu, Mr. Pettigrew, Mr. Tormala  
0 Nays  
3 Absent: Ms. Blake, Mr. Jacobson, Ms. Sullivan  
**Motion passed.**

10. Discuss, Review and Approve the revisions to the Valleywise Health Protocol: 20082 MT – FQHC Clinic: Afterhours, Weekends and Holiday

Dr. Barker reviewed Valleywise Health’s Protocol 20082 MT - Clinic: Afterhours, Weekends and Holiday, which outlined how patients receive care and communicate with providers outside regular clinic hours. She explained that HRSA required FQHCs to maintain a clear policy describing after-hours access, including how patients reach clinical support, how urgent needs are triaged, and how providers were notified of time-sensitive issues. There were only minor, non-significant changes that had been made.

**MOTION:** Mr. Hooper move to approve the revisions to the Valleywise Health Protocol: 20082 MT – FQHC Clinic: Afterhours, Weekends and Holiday Calls. Mr. Tormala seconded.

**VOTE:** 11 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Cota, Mr. Hooper, Ms. Imam, Mr. Ishimwe, Ms. Mancinas, Ms. Muñoz, Mr. Otu, Mr. Pettigrew, Mr. Tormala  
0 Nays  
3 Absent: Ms. Blake, Mr. Jacobson, Ms. Sullivan  
**Motion passed.**

11. Discuss, Review and Approve Submission to Health Resources and Services Administration for a Change in Scope, Form 5B: Delete Site, Valleywise Health Mobile Health Unit

Dr. Barker reminded the Governing Council that during last year’s budget cycle, Valleywise Health identified significant financial challenges in sustaining the MHU. At that time, cost-per-patient data showed that the MHU was not financially viable without substantial external funding. Options were explored, but sustaining the MHU would require securing approximately \$1 million annually, and even that level of funding would only support one year of operations. Dr. Barker noted that it raised an important question about whether this would be the best use of limited resources, given Valleywise Health extensive network of brick-and-mortar locations across Maricopa County.

Based on this analysis, Valleywise Health Leadership recommended the removal of the MHU from Valleywise Health FQHC scope of service Form 5B. Dr. Barker shared that discussions have already taken place with the HRSA project officer, and the intent was to shift fully to providing services through fixed FQHC sites rather than relying on the MHU. She emphasized that while mobile services provide meaningful value to certain communities, other organizations in the region operate mobile programs with different funding structures and were better positioned to sustain this model.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – May 6, 2026**

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

11. Discuss, Review and Approve Submission to Health Resources and Services Administration for a Change in Scope, Form 5B: Delete Site, Valleywise Health Mobile Health Unit, cont.

Dr. Barker noted to ensure the MHU continued to benefit the community, Valleywise Health was conducting a fair market value assessment to determine whether the MHU should be leased or sold to an FQHC partner with a strong, established mobile program.

She acknowledged that it was a difficult decision but believed it was necessary for long-term sustainability. She presented the recommendation to the Governing Council and requested consideration and support for the permanent suspension and removal of the MHU from the Valleywise Health FQHC scope.

Mr. Hooper said the situation was very sad, given the early excitement. He asked whether anyone, including individual clinics, were considering a transportation program to help patients get to the clinics if the need arose.

Dr. Barker noted transportation had always been a challenge. The FQHCs offered some options like bus passes, but not everyone could use them, so case management helped address individual needs. They were also exploring grants that could support a ride-sharing option. The MHU mainly served people who would not come in even with transportation to the clinics, often individuals experiencing homelessness, so transportation was not their main barrier. Economically, the MHU served about 1,000 patients in its first year, while a regular clinic could serve around 10,000 for the same cost.

Ms. Imam expressed it was very sad to hear that the MHU may have to be let go. She understood it costs about a million dollars to serve 1,000 patients but emphasized that if the MHU did not go to those patients, they would not receive care at all. Because of that, she suggested rethinking the decision before selling the MHU and if it must be sold, she asked if it would be given to Circle the City.

Dr. Barker stated that several FQHC partners, especially Circle the City, were better equipped to run the MHU. She emphasized that undocumented patients relied on mobile services because they were often afraid to visit clinics. If Valleywise Health could not continue operating the MHU, they wanted another FQHC partner to take it over and would fully support the transition.

She highlighted all MHU employees were kept within the Valleywise Health system. The physician was placed in a permanent clinic, and one staff member who loved mobile medicine left recently but still served as a referral contact. Everyone else was fully retained.

**MOTION:** Mr. Tormala moved to approve submission of the Health Resources and Services Administration for a Change in Scope, Form 5B Delete Site, Valleywise Health Mobile Health Unit. Ms. Muñoz seconded.

**VOTE:** 11 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Cota, Mr. Hooper, Ms. Imam, Mr. Ishimwe, Ms. Mancinas, Ms. Muñoz, Mr. Otu, Mr. Pettigrew, Mr. Tormala  
0 Nays  
3 Absent: Ms. Blake, Mr. Jacobson, Ms. Sullivan  
**Motion passed.**

12. Report on the 2026 Arizona Alliance for Community Health Centers (AACHC) Annual

Mr. Hooper said what stood out for him at the Arizona for Community Health Centers Conference was a northern FQHC's pilot program that provided food boxes to patients, showing strong results and emphasizing the importance of addressing social determinants of health. It gave him hope that healthcare was shifting toward supporting patients beyond clinical treatment, recognizing that most health outcomes depend on life outside the clinic.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – May 6, 2026**

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

12. Report on the 2026 Arizona Alliance for Community Health Centers (AACHC) Annual, cont.

Mr. Hooper felt encouraged that Valleywise Health FQHCs could have a meaningful impact not only by diagnosing and treating patients, but also by supporting the patient's ability to live with dignity and respect.

Chair Arbuckle noted that attending the conference was reassuring because many FQHCs face similar challenges. The motivational message, using tree rings as a metaphor for how struggle builds strength, resonated with him. He emphasized how fortunate it was to have Valleywise Health support structure, especially compared to other FQHCs struggling with major financial and operational issues. Overall, he said he left the conference proud of how Valleywise Health operates and grateful for the stability and resources that set them apart.

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

Dr. Barker reported that as of March 2026, the combined FQHC financial metrics, including dental, Integrated Behavioral Health (IBH), pediatrics, and women's health remained strong, with a three percent positive revenue variance and only a slight increase in expenses. Visit variance was 1.6%, still within a healthy range. She noted that she was watching April closely because some visits had been temporarily withheld due to billing adjustments, but she expected the year to remain stable, supported by strong performance in dental and IBH services.

She stated that the appointment fill rate had reached 95.2%, the highest seen in a long time, and that new priority patient access averaged nine days, meeting the goal. She expressed some concern that non-priority new patient wait times were nearing the 30-day target but anticipated improvement as new providers onboarded over the summer. No-show rates had risen slightly to 17.5 percent.

Press Ganey scores stood at 78.8%, and she hoped to bring all FQHCs into the 80s by the end of the fiscal year. She also pointed out that a new page would be added to the report to show month-to-month comparisons for each clinic's visit and session variance, making trends easier to track.

Dr. Barker welcomed the three new Governing Council members and expressed appreciation for the successful recruitment effort. She informed the Governing Council members would soon receive an email about the upcoming National Association of Community Health Centers (NACHC) annual conference in August in Las Vegas and explained that a survey would be sent to determine who wished to attend, noting that participation required a multi-day commitment.

She explained that her annual performance review would normally occur at this time of year, but she requested that the Governing Council defer it so it could align with the Valleywise Health evaluation cycle. This change would allow her to complete one self-evaluation instead of two separate ones and consolidate feedback from both Dr. White and the Governing Council into a single review.

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

Mr. Purves recognized Ms. Talbot, the Clerk of the Board and Chief Governance Officer, along with Deputy Clerks Ms. Cynthia Cornejo and Ms. Tapia, in honor of National Municipal Clerks Association Week. He emphasized how essential their work was in supporting the governing bodies and ensuring compliance with open meeting and public records laws.

He stated that the District Board had filled the vacant seat created by Ms. Barbara Mundell's resignation, selecting Ms. Kelly Barr. He described Ms. Barr as highly qualified, noting her role as associate Vice President and Chief Alliance Officer at Arizona State University, her 33-year career at Salt River Project (SRP) where she retired as chief strategy officer, and her legal background from the University of Arizona.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – May 6, 2026**

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

14. Valleywise Health's President and Chief Executive Officer's Report, cont.

Mr. Purves announced that Ms. Claire Agnew had retired and that Mr. Meier, Vice President of Finance, had stepped in as Acting Chief Financial Officer (CFO). He explained that the permanent CFO search would follow the Chief Executive Officer (CEO) selection process, which remained on schedule for completion in mid-summer.

He reported positive financial news, including Fitch Ratings a credit rating company upgrading Valleywise Health's outlook from stable to positive due to several years of strong performance, supported in part by the Medicaid state-directed payment program. He also addressed a recent news report listing hospitals at risk of closure due to Medicaid cuts, clarifying that Valleywise Health appeared on the list solely because of its safety-net status, not its financial condition, and that Valleywise Health was in the strongest financial position in its history.

Dr. Barker highlighted that Mr. Purves had been named to Becker's Hospital Review's Great Leaders in Healthcare 2026 list.

15. Governing Council Member Closing Comments/Announcements

Ms. Mancinas appreciated the Governing Council orientation, felt well-prepared for the meeting, and was impressed by Valleywise Health's leadership and efficiency. She highlighted her positive visits to the Valleywise Health FQHCs, expressed enthusiasm for strengthening community partnerships, and looked forward to contributing her psychology and education background in her new role on the Governing Council.

**Adjourn**

**MOTION:** Ms. Muñoz moved to adjourn May 6, 2026, Valleywise Community Health Centers Governing Council Meeting. Mr. Hooper seconded.

**VOTE:** 11 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Cota, Mr. Hooper, Ms. Imam, Mr. Ishimwe, Ms. Mancinas, Ms. Muñoz, Mr. Otu, Mr. Pettigrew, Mr. Tormala  
0 Nays  
3 Absent: Ms. Blake, Mr. Jacobson, Ms. Sullivan  
**Motion passed.**

Meeting adjourned at 7:39 p.m.



Denise Tapia  
Deputy Clerk of the Board