

## 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  
August 6, 2025, 5:30 p.m.**

**Members Present:**

Earl Arbuckle, Chair – *participated remotely*  
Nelly Clotter-Woods, Vice Chair – *participated remotely*  
Piedad Blake, Member – *participated remotely*  
Chris Hooper, Member – *participated remotely*  
Salina Imam, Member – *participated remotely*  
Aime Ishimwe, Member  
Eric Manoa, Member  
Norma Muñoz, Member  
Essen Otu, Member  
Wayne Tormala, Member

**Members Absent:**

Scott Jacobson, Member  
Eileen Sullivan, 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, Chief Clinical Officer  
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer – *participated remotely*  
Melanie Talbot, Chief Governance Officer and Clerk of the Board – *participated remotely*  
Ijana Harris, JD, General Counsel – *participated remotely*  
Matthew Meier, MBA, Vice President, Financial Services  
Crystal Garcia, RN, MBA, Vice President, Specialty Services, Quality and Safety  
Bob Winovich, Manager FQHC Avondale – *participated remotely*

**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 nine of the twelve voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum. Mr. Hooper joined after roll call.

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

**Call to the Public**

Chair Arbuckle called for public comment. There were no comments

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – August 6, 2025**

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

1. Approval of Consent Agenda:
  - a. Minutes:
    - i. Approve Valleywise Community Health Centers Governing Council Meeting minutes dated June 18, 2025
    - ii. Approve Valleywise Community Health Centers Governing Council meeting minutes dated July 2, 2025
  - b. Contracts:
    - i. Intentionally Left Blank
  - c. Governance:
    - i. Intentionally Left Blank
  - d. Medical Staff:
    - i. Acknowledge the Federally Qualified Health Centers Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff Credentials

**MOTION:** Ms. Muñoz moved to approve the consent agenda. Mr. Manoa seconded.

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

**NOTE:** Mr. Hooper joined at 5:32 p.m.

2. Mission Moment – A Patient Story

Mr. Winovich shared the story of a young woman that arrived at Valleywise Community Health Center - Avondale after a year of unexplained symptoms and feeling dismissed by prior providers. Her new care team pursued diagnostic testing, which revealed thyroid cancer. With empathy and support, the team guided her through surgery and radiation. Despite the emotional weight, she remained courageous throughout. After nearly a year of treatment, she returned cancer-free, celebrating with the team that stood by her. Her journey highlighted the profound impact of the compassionate patient care the Valleywise Community Health Center – Avondale team provided.

3. Discuss and Review Federally Qualified Health Centers Uniform Data System (UDS) Quality Metrics for the Second Quarter of Calendar Year 2025

Ms. Garcia provided an overview of the Uniform Data System (UDS) for the second quarter of calendar year (CY) 2025, noting the data was reported on a calendar year basis, as opposed to the fiscal year.

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

3. Discuss and Review Federally Qualified Health Centers Uniform Data System (UDS) Quality Metrics for the Second Quarter of Calendar Year 2025, cont.

Ms. Garcia highlighted the strong progress made with the UDS quality metrics over the year. Improvements were observed in controlling high blood pressure, diabetes management, and childhood weight assessment with nutrition and activity counseling, all showing better outcomes compared to the same period in the prior year.

Multiple task forces were established to address metrics related to diabetes, hypertension, depression, cervical and breast cancer screening, and pediatrics. Each task force was conducting an in-depth analysis to identify opportunities for continued improvement in patient care.

Ms. Garcia provided a brief overview of the performance measures, breaking them down by individual clinics, family medicine, and internal medicine.

Mr. Otu asked for clarification on the depression screening and follow-up process.

Ms. Garcia stated that the depression screening process involved two distinct steps: initial screening and follow-up documentation. If a patient screened negative, or no indication of depression, no further action was required. However, a positive screening necessitated documented follow-up plans to satisfy the measure. She emphasized that the absence of this documentation leads to noncompliance with the benchmark.

Mr. Otu suggested that including benchmark indicators in future versions of the UDS charts would provide valuable context for understanding performance relative to established standards.

4. Discuss and Review Federally Qualified Health Centers Patient Safety Report for the Fourth Quarter of Fiscal Year 2025 and Fiscal Year End 2025

Ms. Garcia reviewed patient safety events for the fourth quarter of fiscal year (FY) 2025 and fiscal year end (FYE) 2025. She explained that staff entered patient safety events into the Continuous Healthcare Evaluation & Quality Improvement Tool (CHEQ-IT), which was used to track any trends to make process improvements based on information received. There were 148 incidents reported from April through June 2025.

The most frequent class of events reported were safety and security, which included Code White events. A Code White was when a patient, visitor, or staff was in distress and needed medical assistance. Another frequently reported class of events was behavioral health. Those events included but were not limited to, patients leaving the clinic against medical advice and refusing to seek a higher level of care upon staff's recommendations.

Ms. Garcia highlighted specific events within each category and outlined the methods by which staff would track and monitor those events to ensure the implementation of process improvements. She also noted the launch of a Patient Safety Committee in April 2025, which incorporated ambulatory data for review. The Committee's objective was to analyze the data, collaborate with leadership, and develop action plans as necessary.

Mr. Otu inquired whether there was an estimate of the total number of patient visits recorded in a typical quarter.

Dr. Barker stated that approximately 100,000 patient visits occurred per quarter.

Mr. Tormala asked whether any efforts were underway regarding fall prevention.

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

4. Discuss and Review Federally Qualified Health Centers Patient Safety Report for the Fourth Quarter of Fiscal Year 2025 and Fiscal Year End 2025, cont.

Ms. Garcia explained there was a Fall Committee that reviewed relevant data to identify potential trends; however, no consistent patterns had been observed, as incidents appear to be random across different areas. She noted that an environment of care group conducted regular facility rounds to assess and address potential hazards such as rugs, door thresholds, or malfunctioning doors that could contribute to falls. These assessments helped ensure that any environmental risks were identified and corrected promptly.

Dr. White added that fall prevention was also addressed through patient education, particularly during Medicare annual wellness visits. This complemented the physical environment assessments mentioned by Ms. Garcia and supported age-appropriate screenings and interventions aimed at reducing fall risks among patients.

5. Discuss and Review Federally Qualified Health Centers Press Ganey Experience Data for the Fourth Quarter of Fiscal Year 2025 and Fiscal Year End 2025

Ms. Garcia provided an overview of the Federally Qualified Health Centers (FQHCs) patient experience results for the fourth quarter of FY 2025 and FYE 2025.

Ms. Garcia noted one of the focus questions was the patient's likelihood to recommend the facility. The benchmark was revised to 77% after recognizing that the initial, higher benchmark was set without comparable Press Ganey data due to a vendor change from the National Research Corporation. Using the Press Ganey tool, staff established a more realistic goal. The result for the quarter was 76.55%, which missed the benchmark, but she noted that there had been continued improvement.

Another focus question was how well the staff worked together; the result for June 2025 was 75.24%, missing the benchmark of 77.62 percent. The Patient Experience Committee was monitoring the progress and supported improvement efforts.

Ms. Muñoz asked if Press Ganey recommended the focus questions.

Ms. Garcia stated that Press Ganey offered a list of potential focus questions, however, staff selected the focus questions.

She noted that the individual FQHCs were doing well, and staff would continue to monitor. She outlined several action items to improve experience scores, including but not limited to monthly meetings with leadership, reviewing best practices, and utilizing Lean Six Sigma tools.

6. Discuss and Review Federally Qualified Health Centers Financials and Payor Mix for the Fourth Quarter of Fiscal Year 2025

Mr. Meier presented the financial statements for the FQHCs for the fourth quarter of FY 2025. Visits at the Community Health Centers missed budget by two percent, total operating revenues were one percent better than budget, and total operating expenses missed budget by four percent, resulting in a negative operating margin variance of \$412,727.

Outpatient behavioral health visits were 10% better than budget; total operating revenues were 13% better than budget, and total operating expenses missed budget by 14%, resulting in a positive operating margin variance of \$19,792.

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

6. Discuss and Review Federally Qualified Health Centers Financials and Payor Mix for the Fourth Quarter of Fiscal Year 2025, cont.

Valleywise Comprehensive Health Center-Phoenix visits were six percent better than budget; total operating revenues were 14% better than budget; total operating expenses missed budget by seven percent, resulting in a positive operating margin variance of \$106,111.

Valleywise Comprehensive Health Center-Peoria visits missed budget by two percent; total operating revenues were two percent better than the budget; and total operating expenses missed budget by three percent, resulting in a negative operating margin variance of \$20,375.

Dental clinic visits were 15% better than budget, total operating revenues were 17% better than budget, and total operating expenses missed budget by 11%, resulting in a negative operating margin variance of \$65,215.

In reviewing the statistics for all clinics combined, Mr. Meier noted visits were two percent better than budget, total operating revenues were six percent better than budget, total operating expenses missed budget by six percent, resulting in a negative operating margin variance of \$300,468.

The six-month review of the payor mix showed a 2.6% decrease in Medicaid utilization and a 1.7% increase in self-pay and other.

When reviewing the four-year payer mix trend, Mr. Meier highlighted that commercial utilization increased 1.8% over prior year, Medicaid utilization decreased by 2.6%, and self-pay and other increased by 0.8 percent.

Mr. Otu inquired about the potential impact of impending Medicaid cuts on access to care and sought insight into the projected trend.

Ms. Agnew noted that the most immediate consequence of the Medicaid cuts would likely be the loss of coverage for certain individuals. She emphasized that the timeline of these changes would be critical. The key question remained whether the Centers for Medicare & Medicaid Services (CMS) would honor the extended deadline established under H.R.1, the One Big Beautiful Bill Act or require Arizona to revise and resubmit its proposal under an earlier timeline. The outcome would determine when coverage losses would begin.

She warned that Valleywise Health would be significantly affected. While the changes would not take effect immediately, they were expected to begin after the midterm elections and intensify annually, with substantial long-term implications.

Dr. Barker stated that staff were working diligently to prevent any negative impact on patients and personnel, and that proactive steps were being taken to avoid the need for more severe measures.

7. Discuss and Review Federally Qualified Health Centers Capital Expenditure Report from Fiscal Year 2025

Mr. Meier reviewed the capital expenditure report for (FY) 2025 and noted a single item totaling \$16,000, which was the additional wiring at Valleywise Comprehensive Health Center-Peoria, required for the Valleywise Health Mobile Health Clinic (MHC).

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

8. Discuss and Review the Annual Federally Qualified Health Center Service Area Competition (SAC) Funding Award No. H80CS33644-04-00 Budget Report for Year 3

Mr. Meier reviewed the FQHC Service Area Competition (SAC) award, which was reviewed annually as part of the Health Resources and Services Administration (HRSA) requirements. The SAC funds received totaled \$650,000 annually for three years and were used to support the Family Resource Centers (FRC).

Dr. Barker noted that the report showed a total of \$1.1 million, which included additional awards that had been consolidated into a single grant. The total dollar value remained the same, but it was now allocated differently. The restructuring began in March 2025 and would last three years.

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

Dr. Barker reviewed the second quarter report of the FQHC strategic plan.

She stated that a key focus of the current year's strategic plan was to reduce wait times for new patient appointments, which currently average 26 days. The benchmark was to lower it to 21 days.

Improvements in scheduling efficiency, such as adjustments to session limits, provider templates, and appointment types, had led to positive trends, particularly in wait-times for established patients.

Another priority was increasing the provider fill-rate, which began at 87% and has recently stabilized around 90.5 percent. With ongoing scheduling enhancements, the goal was to reach a 93% fill-rate.

Dr. Barker stated the UDS patient volume was better than its goal for 2023 and remained focused on reaching the 2026 benchmark of 92,000 patients but a significant concern was the decline in AHCCCS patients.

The ease of scheduling appointments continued to trend at 60%, a level that has remained consistent. The implementation of a new scheduling model known as session limits was designed to improve access by aligning provider availability with patient needs. This approach enabled patients to secure appointments easily and at times that were convenient for them.

Dr. Barker noted the dental residency program reached its goal in July 2025, with the successful onboarding of its first resident.

Another focus area was strengthening community engagement, which led to the successful establishment of the Connecting with the Community Ad Hoc Committee under the Governing Council. The committee was in the process of achieving at least one goal for the fiscal year.

As part of the initiative to empower teams, the organization recently completed its employee engagement survey, with a particular focus on leadership effectiveness. Clinic managers received an impressive overall score of 4.1 out of 5 on how well the clinic managers were leading their team, surpassing benchmark standards.

A focus for the upcoming year would be the development of career pathways for staff at all levels, including entry-level, mid-level, and provider roles. That would reflect a strong commitment to growing our own by cultivating internal talent and creating structured support models. The next step would be to formalize those pathways and share them broadly, ensuring staff were aware of the opportunities available to advance their professional growth and careers.

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

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

Mr. Tormala asked if there were any entry level positions where they're more vulnerable to losing people because of the lack of a career pathway.

Dr. Barker stressed the importance of hiring individuals who were genuinely committed to public health and community service, rather than solely motivated by financial gain. Entry-level roles were especially vulnerable to turnover, so the organization emphasizes cultural fit and offered meaningful opportunities to support retention.

Dr. Barker stated the focus on modernizing operations was largely Information Technology (IT) driven. Despite limited resources and the high cost and complexity of implementation, several key projects were underway.

Projects included the integration of medical and dental records which would enhance collaboration between providers, RightFax would streamline document handling by enabling direct electronic transmission into the electronic health record.

Patient education was also being enhanced through improved use of digital displays and the electronic health records software.

Dr. Barker asked for suggestions on how to present the quarterly strategic plan update more efficiently, possibly by focusing on just one or two areas instead of covering all five each time.

Mr. Otu asked for more details on the strategic plan component. A brief overview of its key elements would clarify things for those who may not be as familiar with it.

10. Meeting Update/Report from Valleywise Community Health Centers Governing Council's Connecting with the Community Committee

Mr. Hooper provided an update on the Champion Clinics initiative led by the Connecting with the Community Committee. The Committee engaged clinics already demonstrating strong community outreach and invited them to participate, creating a collaborative network to share best practices and enhance event quality. To promote consistency across Valleywise Health FQHC events, a standardized event kit was developed.

He noted a post-event review process was proposed to identify successes and areas for improvement.

The committee also explored a partnership with the Arizona Alliance for Community Health Centers (AACHC) to develop a storytelling workshop for Valleywise Health staff and patients. The training aimed to equip participants to share their personal and professional stories as ambassadors for Valleywise Health. A visual mockup of the workshop will be presented at the next meeting.

Ms. Muñoz asked if Governing Council members would be invited to participate in the storytelling training.

Mr. Hooper confirmed the storytelling training would be open to all interested attendees.

11. Federally Qualified Health Centers' Chief Executive Officer's Report, including Ambulatory Operational Dashboards

Dr. Barker stated that the DNV surveyors for the hospital recertification were surveying all areas of the organization, including the Community Health Centers.

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

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

She shared highlights from the recent DNV survey debrief, noting that surveyors visited the Valleywise Community Health Center – McDowell and expressed exceptional praise for its services, repeatedly describing them as amazing and phenomenal. She emphasized the pride felt in how the team represented the FQHCs.

Dr. Barker also touched on key issues, including immigration and Medicaid, acknowledging that while there were no definitive answers yet, updates and proposed solutions would be shared as more information became available.

Dr. Barker mentioned the launch of the next community health needs assessment (CHNA), with the Connecting with the Community Committee serving as the initial review body before the full Governing Council presentation later in the year.

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

Mr. Purves provided an update on the progress of the Valleywise Health master facilities plan and its associated funding initiative, Proposition 409. As a special healthcare district, Valleywise Health must meet specific technical and legal requirements to place the initiative on the ballot, including the publication of a voter information pamphlet. This pamphlet included a section for public arguments, both supporting and opposing the proposition. Notably, 81 supportive arguments were submitted from across the community. The off-cycle election ballots would be an all-mail ballot process scheduled for November 4, 2025.

13. Governing Council Member Closing Comments/Announcements

There were no comments.

**Adjourn**

**MOTION:** Mr. Hooper moved to adjourn the August 6, 2025, Valleywise Community Health Centers Governing Council Meeting. Mr. Otu seconded.

**VOTE:** 10 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Blake, Mr. Hooper, Ms. Imam  
Mr. Ishimwe, Mr. Manoa, Ms. Muñoz, Mr. Otu, Mr. Tormala  
0 Nays  
2 Absent: Mr. Jacobson, Ms. Sullivan  
**Motion passed.**

Meeting adjourned at 7:15 p.m.



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Denise Tapia  
Deputy Clerk of the Board