

Minutes

**Valleywise Community Health Centers Governing Council Meeting
Virginia G. Piper Charitable Trust Pavilion
2609 East Roosevelt Street, Phoenix, AZ 85008
2nd Floor, Auditoriums 1 and 2
December 3, 2025, 5:30 p.m.**

Members Present:

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

Members Absent:

Eric Manoa, 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
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer – *participated remotely*
Ijana Harris, JD, Chief Legal Officer
Melanie Talbot, Chief Governance Officer and Clerk of the Board – *participated remotely*
Byron Simmons, Director Patient Access Registration
Vicki Staples, Director Operations Behavioral Health Programs
Crystal Garcia, RN, MBA, Vice President, Specialty Services, Quality and Safety
Annie Daymude, Maricopa County Dept. of Public Health
Jessica Francis, Maricopa County Dept. of Public Health
Hamza Rafique, Maricopa County Dept. of Public Health
Tiffany Tu, Maricopa County Dept. of Public Health
Pearl Gore, Maricopa County Dept. of Public Health

Recorded by:

Denise Tapia, Deputy Clerk of the Board

Call to Order:

Chair Arbuckle called the meeting to order at 5:33 p.m.

Roll Call

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

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

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Call to the Public

Chair Arbuckle called for public comment. There were none.

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:
 - a. Minutes:
 - i. Approve Valleywise Community Health Centers Governing Council Meeting minutes dated November 5, 2025
 - b. Contracts:
 - i. Acknowledge amendment #3 to the group participation agreement (MCO-20-009-03) between United Behavioral Health Inc and Maricopa County Special Health Care District, dba Valleywise Health, allowing Medicare Advantage members to receive comprehensive healthcare services through Valleywise Health's Federally Qualified Health Centers (FQHCs)
 - ii. 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
 - iii. Acknowledge addendum A to the dental provider agreement (MCO-20-035-ADD-A) between Liberty Dental and Maricopa County Special Health Care District dba Valleywise Health, allowing Medicaid members to receive dental services through Valleywise Health's Federally Qualified Health Centers (FQHCs)
 - c. Governance:
 - i. Approve Revisions to Appendix C, Federally Qualified Health Centers Sliding Fee Discount Schedule, of Policy #23624 D - Federally Qualified Health Centers Sliding Fee Discount Program/Policy
 - d. Medical Staff:
 - i. Acknowledge the Federally Qualified Health Centers Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff Credentials

MOTION: Mr. Jacobson moved to approve the consent agenda. Mr. Tormala seconded.

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

NOTE: Ms. Sullivan arrived at 5:38 p.m.

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

2. Mission Moment – A Patient Story

Mr. Simmons shared a story that perfectly illustrated Valleywise Health's mission of providing exceptional care, without exception, every patient, every time. A registration representative was on her way to lunch when she noticed a patient in distress. Instead of continuing her break, she approached the woman, discovered she spoke only Spanish, and used her bilingual skills to communicate. The patient had been recently given several severe diagnoses and was referred to Valleywise Health for primary care. The patient felt overwhelmed and alone, so the registration representative walked with her back to the internal medicine clinic, provided interpretation during screening, and ensured she received the support she needed. The registration representatives' compassion and dedication showed what it truly meant to care for every patient, every time.

3. Discuss, Review and Approve the Six Indicators for Inclusion in the Community Health Needs Assessment for Valleywise

Ms. Tu explained the Synopsis team, a coalition of eleven partners which included five hospitals, five Federally Qualified Health Centers (FQHCs), and one health foundation, working together to guide investments in community health. In the last reporting period, Valleywise Health focused on diabetes, heart disease, substance use, obesity, hypertension, and mental health. Priorities identified through both community input and data driven insights that reflected the lived experiences of the local residents.

Valleywise Community Health Centers Governing Council's Connecting with the Community Committee reviewed the 2025 CHNA prioritization process, identified 20 indicators across 13 facilities. In September 2025, those indicators were narrowed to 10 and then refined to six indicators in October 2025, consisting of access to care, birth outcomes, cancer mortality, chronic disease, mental and behavioral health, and social determinants.

Ms. Tu emphasized that Valleywise Health's CHNA process was both data driven and community informed, balancing data with community perspectives through criteria such as population data, expressed need, partner alignment, and feasibility. The final recommended CHNA indicators were hypertension, diabetes, cardiovascular disease, anxiety and depression, and opioid overdose, which were being presented for approval.

Mr. Rafique noted the data review was drawn on hospital data and death databases to analyze rates of inpatient hospitalizations (IP), emergency department (ED) visits, and deaths per 100,000, sorted by race, age, and sex.

The hypertension findings showed Black/African American populations and those over than 65 years old had the highest rates, with females leading in ED visits and males in IP and death rates. Hypertension ranked seventh for IP, ninth for ED rates.

Chair Arbuckle requested clarification on the meaning of IP.

Mr. Rafique explained that IP referred to inpatient hospitalization, defined as cases where a patient was admitted to a hospital bed. The IP rate was based on the patient's primary discharge diagnosis.

Cardiovascular disease findings showed the Black/African American populations had the highest IP, and death rates, with individuals aged 65 and over also experiencing the highest rates across all categories. Males had higher rates than females in each measure. Cardiovascular disease ranked second in IP, fourth in ED visits, and was the leading cause of death among the indicators reviewed.

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

3. Discuss, Review and Approve the Six Indicators for Inclusion in the Community Health Needs Assessment for Valleywise, cont.

Mr. Rafique stated the findings for diabetes showed American Indian/Alaska Native had the highest death rates, while Black/African Americans had the highest IP and ED rates. By age, individuals between 45 and 64 years old had the highest ED rates, and those over 65 years old had the highest IP and death rates. Males consistently had higher rates across all categories. Diabetes ranked eleventh for IP, 12 for ED visits, and ninth for deaths among the indicators reviewed.

He stated the anxiety analysis showed that Whites had the highest IP rates, while Black/African Americans had the highest ED rates. By age group, individuals between 15 and 24 years old had the highest IP rates, and those between 25 and 44 years old had the highest ED rates. Females consistently had higher rates than males across both categories. Anxiety ranked 24th for IP and 13th for ED visits among the indicators reviewed.

Ms. Tu mentioned depression data showed American Indian/Alaska Native populations had the highest IP rates, while Black/African Americans had the highest ED rates. Among age groups, individuals between 15 and 24 years old had the highest rates for both IP and ED visits. By sex, males had higher IP rates, while females had higher ED rates. Depression ranked sixth for IP and 23rd for ED visits among indicators. The Maricopa County survey identified depression as the second most impactful health issue affecting the community.

Opioid overdose was analyzed across IP, ED visits, and death rates. Data showed American Indian/Alaska Native had the highest ED and death rates, while Black/African Americans had the highest IP rates. By age, individuals between 25 and 44 years old experienced the highest rates across all categories, and males consistently had higher rates than females. Rankings placed opioid overdose 21st for IP rate, 18th for ED visits, and eighth for deaths.

Ms. Tu requesting final approval of the recommended CHNA indicators. She provided a brief recap of the six identified indicators: hypertension, diabetes, cardiovascular disease, anxiety, depression, and opioid misuse. She noted that the data presented for opioids was specific to overdose cases.

Dr. Barker explained that while opioid overdose data was primarily seen in the ED, the CHNA for FQHCs focused on opioid misuse as a more relevant measure. The goal was to identify individuals before overdose occurred and support them through behavioral health programs, Medication Assisted Treatment (MAT), and substance abuse services. This represents a shift from the presentation, that was discussed with the Connecting with the Community Committee, emphasizing prevention and reduction of misuse rather than only tracking overdoses.

She provided an overview of the importance of the CHNA process, noting that FQHCs were required to complete a CHNA every three years to identify local health priorities. With support from the Maricopa County Department of Public Health, six indicators were selected, which would guide Valleywise Health's strategic plan. She emphasized that past CHNA topics had previously influenced the current strategic plan, and the new indicators would either enhance existing strategies or add new elements based on community needs.

Mr. Jacobson asked whether opioid misuse would primarily be addressed through outpatient services.

Dr. Barker confirmed that outpatient monitoring and intervention would be a key focus, with efforts directed toward identifying and reducing opioid misuse.

Mr. Tormala observed that while conditions such as cardiovascular disease and hypertension may not directly align with the leading causes of death, they were closely aligned with the issues patients presented in clinics.

Mr. Hooper asked how the community partners were selected.

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

3. Discuss, Review and Approve the Six Indicators for Inclusion in the Community Health Needs Assessment for Valleywise, cont.

Ms. Tu clarified that the community partners referenced were Synapse partners, reiterating its composition, noting the partners held contracts with Maricopa County Public Health and collaborated on building their individual CHNA, which also fulfilled the Health Resources and Services Administration (HRSA) requirements.

MOTION: Mr. Otu moved to approve the six indicators, hypertension, diabetes, cardiovascular disease, anxiety, depression, and opioid misuse for the Community Health Needs Assessment for Valleywise Health. Vice Chair Clotter-Woods seconded.

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

4. Presentation on Integrated Behavioral Health

Ms. Staples provided an overview of the integrated behavioral health program, which operated within FQHCs alongside the outpatient behavioral health programs such as Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT). Over the past decade, the program had grown significantly, from three sites to more than six, with expanded staff, services, and telehealth options. New initiatives included hiring the first family support partner and expanding psychiatry for adults, children, and adolescents.

Demand for Integrated Behavioral Health referrals remained high with about 800 new referrals monthly. The referral and support specialist team coordinated thousands of appointments and non-billable activities like phone calls and patient outreach, enabling clinicians to focus on care. The Integrated Behavioral Health Program delivered nearly 26,000, reflecting continued growth to meet community needs.

Ms. Staples highlighted key initiatives, including updates on the MAT program, which was offered at eight Valleywise Community Health Centers and served 275 patients, with numbers continuing to grow. She also reviewed HRSA grants for behavioral health expansion and justice-involved transition to ensure their alignment with the strategic plan. The program continued to expand staff and peer support while maintaining a focus on sustainability and positive outcomes, with abstinence as the ultimate goal. Recovery in MAT programs often required multiple attempts, stressing the importance of maintaining a welcoming and supportive environment.

A focus on perinatal mental health (PMH) was noted and included partnerships through the National Alliance on Mental Illness (NAMI) which provided training and recovery stories to raise awareness.

Ms. Staples mentioned the justice program was supported by the HRSA Quality Improvement Fund – Transitions in Care for Justice Involved Individuals (QIF-TJI) grant and was being used to sustain services, including the *My Reentry Journey 180 Days of Purpose* initiative. The program provided in-reach and outreach support for justice involved individuals, connecting them to care before release and continuing support afterward.

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

4. Presentation on Integrated Behavioral Health, cont.

Ms. Staples stated Valleywise Health had established a justice collaborative with more than 50 partners, including correctional centers and health plans, to address barriers. In-reach efforts currently operate in three prisons, engaging individuals 90, 60, and 30 days pre-release with health literacy, care planning, and follow-up after release. A dedicated justice liaison, formerly a warden, had been instrumental in opening access to correctional institutions and strengthening partnerships.

Mr. Tormala asked whether there were specific goals related to the program rates.

Ms. Staples confirmed that an evaluation was underway, and data would be available next year. She noted that 201 individuals had already been served behind the fence since the project began.

Mr. Hooper questioned how the 201 individuals served were selected.

Ms. Staples mentioned that outreach occurred through presentations and meetings, where individuals were invited to engage. Appointments were then scheduled to begin care planning, supported by booklets and personalized discussions.

Ms. Muñoz praised Valleywise Health leadership for the behavioral health services, noting pride in its impact given limited state support. She asked for clarification on the role of the family support specialists.

Ms. Staples explained that family support specialists were certified individuals that lived with experience supporting loved ones with mental illness or substance use. They help families engage in recovery alongside patients, providing a whole-family approach. Valleywise Health currently had one family support specialist and planned to expand.

Valleywise Health engaged in partnerships with numerous organizations, recognizing that the scope of work required could not be accomplished independently, success was achieved through the collective contributions of all partners.

5. Discuss, Review and Approve the Quality Improvement/Quality Assurance Plan for the Federally Qualified Health Centers for Calendar Year 2026

Ms. Garcia reported that the Quality Improvement/Quality Assurance Plan for the FQHCs remained unchanged, with only routine updates made to reflect the current year. She noted the goals were reviewed to make sure they aligned with upcoming indicators identified in the CHNA and the organization's strategic goals.

MOTION: Ms. Muñoz moved to approve the Quality Improvement/Quality Assurance Plan for the Federally Qualified Health Centers for calendar year 2026. Mr. Jacobson seconded.

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

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

6. Discuss, Review and Approve Submission to Health Resources and Services Administration for a Change in Scope to reduce the hours of the Valleywise Community Health Center – South Central from 57.5 weekly to 56.5 weekly, effective January 2026

Dr. Barker reviewed a proposed change in scope to adjust the Saturday hours at Valleywise Community Health Center-South Central. Approval was requested to reduce Valleywise Community Health Center - South Central's Saturday hours by one hour, changing its weekly total from 57.5 hours to 56.5 hours.

MOTION: Mr. Hooper moved to approve submission to Health Resources and Services Administration for a Change in Scope to reduce the hours of the Valleywise Community Health Center – South Central from 57.5 weekly to 56.5 weekly, effective January 2026. Mr. Otu seconded.

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

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

Dr. Barker presented the ambulatory operational dashboard for October 2025, noting two missing data points in the access section caused by a reporting error. She highlighted improved patient satisfaction scores from Press Ganey, which improved from 76.6% at the end of the last fiscal year to 78%, meeting the benchmark. Overall financial performance remained balanced, with modest increases in both expenses and visits offsetting each other.

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

Mr. Purves stated Proposition 409 passed with strong voter turnout and a margin of approximately 19,000 votes. He emphasized that the main challenge was community awareness, many residents initially saw it as a tax increase but often changed their minds once they understood the projects that it would fund.

The next steps included planning, design, and preparing for the first bond sale in late spring or early summer. Construction would be phased, beginning with a parking garage to support other projects, followed by a new behavioral health hospital and a comprehensive health center.

Mr. Purves expressed his gratitude to the Governing Council members, noting that while much work lay ahead, these projects represented exciting progress for local healthcare and infrastructure.

At the recent Board of Directors meeting, Virginia Korte was re-elected as chair and Earl Wilcox was re-elected as vice chair, ensuring continuity in leadership. Mr. Purves expressed gratitude for the Board's vision and ongoing support.

He said that, looking further ahead, the organization was pleased that the state's directive payment program had been approved for the upcoming year. This approval represented a continuation of the Safety Net Support Initiative, (SNSI) which provides supplemental funding to support the Medicaid program. Centers for Medicare and Medicaid Services CMS had granted its approval, ensuring stability for the coming year and positioning the organization in a strong financial posture for the next several years.

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

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

Mr. Purves expressed concerns about actions being taken at the federal level such as the passage of HR1, also known as the One Big Beautiful Bill. It included significant cuts to Medicaid funding. The changes could affect emergency service funding, eligibility requirements, and state-directed payment programs. The immediate impact was not expected this year or next, advocacy efforts would continue to protect the financial support needed to sustain the Valleywise Health mission.

Ms. Sullivan inquired whether members of the Board of Directors would once again be attending the Governing Council meetings.

Dr. Barker stated that if the Governing Council wished to have a Board of Directors member present at its meetings, it could be explored.

9. Governing Council Member Closing Comments/Announcements

Ms. Muñoz mentioned that the Valley Metro Light Rail would be hosting a Christmas festival in South Central Phoenix on December 19, 2025 and staff from Valleywise Community Health Center - South Central would participate and share information about the services provided at Valleywise Health.

Adjourn

MOTION: Mr. Jacobson moved to adjourn the December 3, 2025, Valleywise Community Health Centers Governing Council Meeting. Ms. Muñoz seconded.

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

Meeting adjourned at 6:59 p.m.



Denise Tapia
Deputy Clerk of the Board