

**Falls Community Health Governing Board Minutes**  
**Thursday April 21, 2022 at 12:00 pm**

**Present:** Bernie Schmidt, Moses Pessima, Brenda Parker, Lee Jensen, Cindy Binkerd, Angela Landeen, Kari Benz,

**Absent:** Madeline Shields, Christin Koball, Dr. Jeff Feiock, Sylvia Humke

**Staff Present:** Amy Richardson, Dr. Jen Tinguely, Lisa Stensland, Mikal Zere

Call to Order: The meeting was called to order by Bernie Schmidt at 12:01 pm.

Roll call: A Jeff, Yes Cindy, A Sylvia, Yes Angela, Yes Brenda, A Madeline, Yes Bernie, Yes Kari, Yes Lee, Yes Moses, A Christin

A motion was made to amend the agenda to defer the FCH Strategic Plan Update supported by Kari, seconded by Angela, motion carries. Roll call: A Jeff, Yes Cindy, A Sylvia, Yes Angela, Yes Brenda, A Madeline, Yes Bernie, Yes Kari, Yes Lee, Yes Moses, A Christin

A motion was made to approve the minutes for Falls Community Health Governing Board dated March 17, 2022 supported by Brenda, seconded by Cindy, motion carries.

Roll call: A Jeff, Yes Cindy, A Sylvia, Yes Angela, Yes Brenda, A Madeline, Yes Bernie, Yes Kari, Yes Lee, Yes Moses, A Christin

**FINANCIALS:**

The Falls Community Health reports attached are through the month ending March 31, 2022. We are 25% through the fiscal year. The last financials presented were through the month of February 2022.

**Operating Revenues:**

- Net Patient Revenue consists of all patient charges and adjustments. Total Net Patient Revenue for March came in at \$294,816, which is 16% of the YTD actuals to annual budget.
- Total Grant Revenue of \$347,984 includes grant drawdowns from the Community Health Center, ARPA, Community Health Worker, Ryan White Part C, HIV Prevention, Family Planning, and Colorectal Cancer grants.
- Total Other Revenue for March is (\$386).

Total Operating Revenues YTD March is \$1,718,399, which is 16% YTD actuals to annual budget.

**Operating Expenses:** Operating expenses are classified within 7 categories. Total expenses were \$859,649 for the month of March.

- Personnel expenses are at 19% of the budget. March had 2 pay periods. 2022 is \$502K favorable to YTD budget.
- Professional Services are at 11% of the YTD budget. This category includes payments to Center for Family Medicine, locum providers, interpreter services and laboratory expenses.
- Rentals are at 3% of the YTD budget. Technology charges occur in July of every year.
- Repair and Maintenance is at 4% of the YTD budget.
- Supplies and Materials are at 23% of YTD budget. Category includes general medical and dental supplies, immunization & pharmaceuticals as well as the monthly maintenance of the electronic medical and dental software systems.
- Training is at 12% of the YTD budget. The majority of expense are continuing education expenses and licensure renewals.
- Utilities are at 1% YTD budget. The majority of this expense occurs quarterly. Last payment occurred in December 2021.

Total Operating Expenses YTD March is \$2,145,690, which is 16% YTD actuals to annual budget.

**Non-operating Revenue (Expense):**

- Other Revenue is at 17% of the budget and includes payments from USD dental lease payments, recovery of prior year revenue, and interest.

#### **Net Income (Loss):**

- March actuals are showing a net loss of (\$194,277) and a YTD net loss of (\$364,165).

Motion to accept the financial report as presented supported by Moses, seconded by Angela, motion carries.

Roll call: A Jeff, Yes Cindy, A Sylvia, Yes Angela, Yes Brenda, A Madeline, Yes Bernie, Yes Kari, Yes Lee, Yes Moses, A Christin

#### **Productivity:**

The providers and nursing staff visits are steady at the 80% to goal range. The Dentists increased the number of patients again in March and are at 88% of goal. The hygienists are at 116% of their goal. The dietitian visits are also increasing. Mental health/Substance Abuse and Case Managers/Social workers are at 51% and 45 % respectively. This puts all providers at 79% to goal for the year.

#### **Fee Schedule:**

A health center is required to develop a fee schedule that includes all in scope services covering reasonable costs of providing the service and consistent to locally prevailing rates/charges. Medical costs are all the expenses incurred to operate the clinic, average charges are those you would see on a patient statement or sent to insurance.

The current fees were but in place in 2017 and reviewed. It was proposed to keep physicals at the current rate to encourage people to continue to get physicals. A vote was deferred to research the number of patients affected.

#### **QUALITY:**

##### **CMS Preparedness Standards:**

The CMS Preparedness Standards was published in the Federal Register on September 16, 2016 and implemented by November 15, 2017. The purpose for this rule was to increase patient safety during emergencies, establish consistent emergency preparedness across healthcare systems, and establish more coordinated response to natural or manmade disasters. The four requirements for this rule are an Emergency Preparedness Plan, Policies and Procedures, an Emergency Communications Plan, and Training and Testing. The CMS requires the FQHC must establish and maintain an emergency preparedness plan that must be reviewed and updated at least every two years. The risk assessment is a Hazards Vulnerability Assessment (HVA), the last one was completed July 2017. It is risk based and our highest risk is severe weather

- With an HVA we look at these across the community and the community assumes the highest risk on an individual organization
- Severe weather has consistently been the highest risk for our area for years

We have policies and procedures developed that address our high risks (city and health department)

COOP plan addresses provision of services and also includes a delegation of authority and a succession plan

We are connected to partners through the EOC and through local and county emergency management. The emergency preparedness policies and procedures, based on the emergency plan, risk assessment and communications plan, must be reviewed and updated at least every two years. The policies and procedures must address: safe evacuation, a means to shelter in place, a system of medical documentation that preserves patient information, protects confidentiality of patient information, secures, and maintains the availability of records and the use of volunteers.

The emergency communications plan must include:

- names and contact information for staff, contracted entities, participating physicians, of FQHCs and volunteers;
- contact information for Federal, State, tribal, regional and local emergency preparedness staff and other sources of assistance; primary and alternate means of communications; a means of providing information about the general condition and locations of patients under the facilities care,

- a means of providing information about the FQHC's needs and its ability to provide assistance to the jurisdictional authority.

Training and testing requirement and the Exercise requirement: The FQHCs must conduct drills and exercises to prepare your staff, service providers and volunteers for a disaster annually. Your organization also needs to participate in at least two (2) preparedness training/exercises per year.

**ACCESS:**

Change in scope would adjust what services can be offered at Falls Community Health. Most of the changes address are due to staffing changes and having or not having staff. We are establishing contracts to provide more mental health counselling, physical therapy or psychiatry services.

Changes being made include:

Updates needed for form 5A:

- Mental health services add column II to recognize new contract for counseling services. This was added due to the gap in current employed mental health counselors.
- Nutrition remove column I and add column II. A part time City employee provided this service. This was changed to a contracted service to help increase stability and sustainability of nutritional services within the clinic.
- Psychiatry remove from column I and add column II to recognize new contract for psychiatric nurse practitioner services. A part time City employee provided this service. This was changed to a contracted service to increase the stability and sustainability of psychiatric service within the clinic.

Updates needed for form 5B:

- The total hours of operation for main downtown site needs updating.
- The total hours for Hayward school based site needs update.
- Updating site type at main location to "Administrative/Service Delivery Site" from "Service Delivery Site" for main downtown location. Administrative/Service Delivery Sites are locations that meet the service site definition and serve as a site where administrative work is performed.
- Terry Redlin clinic has a duplicate entry due to address change upon opening; contacting vendor for how to remove, listed as pending and has not impacted prior site visits.

A motion to accept the Change in Scope as presented supported by Kari and seconded by Lee, motion carries.

Roll call: A Jeff, Yes Cindy, A Sylvia, Yes Angela, Yes Brenda, A Madeline, Yes Bernie, Yes Kari, Yes Lee, Yes Moses, A Christin

**PUBLIC INPUT:**

None at this time

Motion to adjourn supported by Brenda seconded by Angela, motion carries.

Roll call: A Jeff, Yes Cindy, A Sylvia, Yes Angela, Yes Brenda, A Madeline, Yes Bernie, Yes Kari, Yes Lee, Yes Moses, A Christin

1:03 pm



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Bernie Schmidt –Chair May 19, 2022