Partnership Health Center
Board of Directors' Monthly Meeting

PHC Pre-Meeting Session 11:40A: **DEI Overview with Skye McGinty**

AGENDA

May 10, 2024 12:00 P.M. – 1:30 P.M.

WEINBERG CONFERENCE ROOMS | 401 Railroad St. W, Missoula

Virtual: Click here to join the meeting | **Meeting ID = 281 930 063 75 | Passcode: jGkWKf**

Or call in (audio only) +1 312-702-0492,,407787355# | Phone Conference ID: 407 787 355#

A Board quorum is currently 6 members, with a majority of patient Board members (P/M). We value your time and try to keep the meeting length to a minimum. We need a quorum to conduct business immediately upon Call to Order. When calling in, please mute your phone to prevent background noise from carrying through. If you need to leave before the meeting adjourns, please notify Kathleen Walters, Lara Salazar, or Bri Walker (406-258-4521).

I.	Call to Order	12:00
II.	Acknowledgement of Land Stewards – stated below[1]	12:01
III.	Public Comments regarding Agenda and Non-Agenda Items	12:05
IV.	Referrals/Comments from Board Members	12:10
	A. Board Member Conflict of Interest Disclosures*	
V.	Committee updates	12:15
	A. Executive/Finance Committee (EFC)	
VI.	Topics Requiring Motions/Discussion	12:25
	A. Finance Policies* *(Motion requested to approve)*	
	B. Board Medicaid Resolution* *(Motion requested to approve)*	
	C. Grants* *(Motion requested to approve)*	
	i. CAF – Trinity $128,673	
	ii. Crisis Diversion - $231,494	
	iii. Robert Wood Johnson Foundation - $250,000	
	iv. Office of Minority Health - $600,000	
VII.	**Chief Executive Officer (CEO) Presentation** *(Motion proposed to accept presentations)*	1:10
	A. Leadership Reports/Info*	
	B. Capital Link 2023 Booklet*	
VIII.	**Consent Agenda:** *(Motion requested to approve/acknowledge items as presented)*	1:25
	➢ **Other Reports/Info**	
	A. Fully Executed Contracts*	
	➢ **Board of Directors' – Full and Committee Minutes/Reports**	
	A. Board of Directors' 04/12/24 Meeting Minutes *Approval**	
	B. Executive/Finance Committee 04/03/24 Minutes Review*	
	C. Quality Improvement (QI) Committee 04/18/24 Minutes Review*	
IX.	**Next Board Meeting date: June 14, 2024**	
X.	**Adjournment** *(Motion requested to adjourn meeting)*	1:30

[1]*Partnership Health Center respectfully acknowledges that we occupy the traditional homelands of the Séliš, Qĺispé, and Ktunaxa-Ksanka nations. We also recognize that these lands are a site of trade, medicine gathering, healing, and travel for other Native tribes in the area and is still home for many Indigenous people. We extend our gratitude for those who have stewarded this land since time immemorial.*

We acknowledge that the health care system has played a role in the oppression of Indigenous peoples. We commit to ongoing learning about the impact of colonization on the health and wellbeing of Indigenous peoples, and we commit to meaningful action that reverses health disparities.

[2]*Substance Abuse and Mental Health Services Administration*

(*) Enclosed in packet.

Consent Agenda: The items listed under the consent agenda (information items) are considered to be routine matters and will be approved by a single motion of the board without separate discussion. If separate discussion is desired, that item will be removed from the consent agenda and placed on the regular business agenda for discussion.

Action items (outside of Consent Agenda) are in blue.

***Board packet copies available to the Public upon request.** Email: walkerb@phc.missoula.mt.us

***2024 Meeting dates*:**

Monthly Board Meetings	
JANUARY	**01/12/2024**
FEBRUARY	**02/09/2024**
MARCH	**03/08/2024**
APRIL	**04/12/2024**
MAY	**05/10/2024**
JUNE	**06/14/2024**
JULY	**07/12/2024**
AUGUST	**08/09/2024**
SEPTEMBER	**09/13/2024**
OCTOBER	**10/11/2024**
NOVEMBER	**11/08/2024**
DECEMBER	**12/13/2024**

BOARD MEMBERS PRESENT FOR 2024 MONTHLY

Member Name	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	# Attended
Sara Heinemen (Ex-Officio)				X									1 of 1
John Crawford*	X	X	Ab-Exc	X									3 of 4
Suzette Baker*				X									1 of 1
Jilayne Dunn	X	X	X	X									4 of 4
Annie Green*	X	X	X	X									4 of 4
Patty Kero*	X	X	X	X									4 of 4
Joe Melvin*	X	X	X	X									4 of 4
Karen Myers	X	Ab-Exc	X	Ab-Exc									2 of 4
Jay Raines*			X	X									2 of 2
Dave Strohmaier	X	Ab-Exc	X	X									3 of 4
Mark Thane	Ab-Exc	X	X	X									3 of 4
Kathleen Walters*	X	X	X	X									4 of 4
Jeff Weist*	X	X	X	X									4 of 4
Nathalie Wolfram*	X	X	X	X									4 of 4

X = Virtual Attendance
* = P/M

Board Members: 13
Ex-Officio: 1
Quorum: 6, with majority of Patient Board Members (P/M)

PARTNERSHIP HEALTH CENTER BOARD OF DIRECTORS

As of October 13, 2023
Conflict of Interest Disclosures

Board Member Ownership	**List of Board Membership Employment**
John Crawford, ***P/M***	**Board Membership**: All Nations Health Center
Jilayne Dunn, ***NP/M***	**Employe**r: City of Missoula
Annie Green, ***P/M***	**Employe**r: University of Montana
Patty Kero, ***P/M***	**Potential Conflict**: University of Montana affiliation,
Joe Melvin, ***P/M***	None
Karen Myers, ***NP/M***	**Employer**: Providence Montana
David Strohmaier, ***NP/M***	**Employer**: Missoula County (Commissioner) **Board Memberships**: Big Sky Passenger Rail Authority, City-County Health Board, Local Emergency Mgt. Planning Committee, Transportation Policy Coordinating Committee, Urban Growth Commission, NACo Arts and Culture Commission, MACo Board, Lolo Nat'l Forest Resource Advisory Council; Other boards as assigned
Mark Thane, ***NP/M***	Service in the Montana State Legislature Appointment to ARPA Oversight Committee **Board Memberships**: Community Medical Center
Kathleen Walters, ***P/M***	**Employer**: Montana Realty Network
Jeff Weist, ***P/M***	**Employer**: Missoula County Public Schools
Nathalie Wolfram, ***P/M***	**Employe**r: University of Montana

P/M = Patient (Board) Member

NP/M = Non-Patient (Board) Member

Financial Policy Review May 2024

NEW policy:

GASB 96 Subscription Based Information Technology

- New policy to outline implementation of adopting governmental accounting standards board (GASB) statement number 96, which outlines requirements under generally accepted accounting principles (GAAP) for account for subscription based information technology agreements.
- Missoula County has not yet adopted a GASB 96 policy, therefore HRSA defaults to the PHC Board for oversight of financial and accounting policies.
    - Chapter 19: Board Authority:
    - "The health center board has adopted, evaluated at least once every three years, and, as needed, approved updates to policies that support financial management and accounting systems and personnel policies. However, in cases where a public agency is the recipient of the Health Center Program Federal award or designation and has established a co-applicant structure, the public agency may establish and retain the authority to adopt and approve policies that support financial management and accounting systems and personnel policies."

Minor Changes:

Executive Director Discretionary Authorization

- Title change, Executive Director -> Chief Executive Officer

Federal Grant Drawdown

- Addition of reference to federal cost principles in 45 CFR Part 75 Subpart E, as advised in HRSA Site Visit process
- Addition of process for Ryan White grant
- Clarification changes for CFO or controller or designee roles
- Change from quarterly Federal Financial Report to an annual Federal Financial Report process in line with federal change

Annual Budget Development

- Change of title “Executive Director” to “Chief Executive Officer”
- Change references from “330 budget” to “Health Center Program budget” as per OSV site reviewers recommendation

Business Reports

- Change of title “Executive Director” to “Chief Executive Officer”

Annual Review of Contract Performance Expectations

- Minor changes to update titles

No Changes:

Donations

- No changes

Fixed Assets

- No changes

Schedule of Expenditure of Federal Awards

- No changes

Internal Control of Funds Received

- No Changes

PRINCIPLES OF PRACTICE

{{html clean="false" wiki="false"}}GASB 96 Policy & Procedures Subscription-Based Information Technology Arrangements{{/html}} (Draft)

Title:	**GASB 96 POLICY & PROCEDURES SUBSCRIPTION-BASED INFORMATION TECHNOLOGY ARRANGEMENTS**
Section:	**Financial Management**
Effective date:	**07/2022**
Last reviewed:	**04/2024**
Next revision:	
Status:	**Draft**
Reference:	**N/A**
Lead author:	**CFO**

PURPOSE

PURPOSE:

The purpose of this policy is for Partnership Health Center to follow the Governmental Accounting Standards Board (GASB) guidelines for GASB 96 when classifying Subscription-Based Information Technology Arrangements (SBITA). GASB 96 established a definition for SBITAs and provides uniform guidance for accounting and financial reporting. GASB 96 improves the comparability, relevance, and reliability of financial statements.

POLICY/PROCEDURES

DEFINITION

A SBITA is defined as a contract that conveys control of the right to use another party's IT software, alone or in combination with tangible assets (the underlying IT assets), as specified in the contract for a period of time in an exchange or exchange-like transaction. All software contracts meeting GASB 96 criteria must report a liability and an intangible right to use asset as of July 1, 2022. Additionally, essential information about the arrangement must be disclosed on the financial statements.

TERMINOLOGY

1. Control of the Right to Use – requires both a right to obtain service capacity from the use of the underlying IT asset and the right to determine the nature and manner of use of the underlying asset.

2. IT Software – subscription-based information technology arrangements, commonly include provisions such as remote access to software applications or cloud data storage and allows for temporary use that ends when the subscription expires.

3. Period of Time – the subscription term is the period of time that PHC has a non-cancellable right to use the underlying IT asset plus any period that PHC or the vendor have the option to extend the contract and it is reasonably certain that the option will be exercised. The term also includes any period in which either PHC or the vendor have the option to terminate the contract, if reasonably certain the option will not be exercised by either party.

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EXCLUSIONS

1. Standalone IT Support/Maintenance service contracts that do not include the right to use an underlying asset. These costs should be expensed.

2. Contracts that convey control of right to use IT software and tangible assets that meet the definition of a lease in GASB Statement 87, where the software component is insignificant compared to the cost of the underlying tangible capital asset (i.e. a computer with operating software or a smart copier that is connected to an IT system).

3. Short-term SBITA contracts under 12 months, including exercised renewal periods.

4. Contracts that meet the definition of public-private and public-public partnership and availability payment arrangements in GASB Statement 94.

5. Licensing arrangements that provide a perpetual license to use a vendor's software, which are subject to GASB 51. A perpetual agreement gives the buyer the right to use the software for an indefinite period of time (in perpetuity).

6. Providing other entities the right to use PHC's IT software and associated tangible capital assets through SBITAs.

DETERMINATION CRITERIA

IT related contracts must be reviewed to determine whether they meet the definition of SBITA and ascertain the correct category: short-term SBITA (under 12 months, including exercised renewal periods) or other than short-term SBITA (GASB 96). In making this determination July 1, 2022 is considered the commencement of the subscription term if the actual subscription started before that date. If the remaining term for a subscription is 12 months or less from July 1, 2022, the subscription should be reported as a short-term SBITA and thus excluded from GASB 96.

1. Determine if the software contract is excluded (see above).

2. Determine the subscription term. The term starts at the date of implementation July 1, 2022 or the date PHC gets control of the subscription asset (able to access the software application).

The term includes:

· Periods in which PHC or the vendor have the option to renew or extend the contract, if reasonably certain the option will be exercised.

· Non-cancelable period during which PHC has a right to use the underlying asset.

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· Any period in which either PHC or the vendor have the option to terminate the contract, if reasonably certain the option will not be exercised.

The term excludes:

· Cancelable periods for which either PHC or the vendor have an option to terminate the contract without permission from the other party

3. Determine the fixed and fixed in substance payment amounts. If there is an agreement to pay the same amount for 1-100 users that would be considered “fixed” in substance. Variable payments based on number of users that can vary during the term do not qualify and should be expensed.

4. Determine the incremental borrowing rate – if the implicit interest rate on the SBITA is unknown or not explicitly stated in the contract use the three month T-Bill rate.

5. Determine if the software contract is significant and should be accounted for under GASB 96 criteria. Subscription liability should be initially measured at the present value of subscription payments expected to be made during the subscription term. The subscription asset should be initially measured as the sum of:

· the initial subscription liability amount

· payments made to the vendor at the commencement of the subscription term

· capitalized implementation costs (configuration, installation) less any incentives received from the vendor at or before the commencement of the subscription term.

SBITA CAPITALIZATION THRESHOLD

A subscription asset and subscription liability should be calculated for contracts with $50,000 or more in total upfront or future subscription payments from July 1, 2022 (or the date the subscription begins if after July 1, 2022) to the end of the subscription term.

CONTRACTS THAT CONTAIN MULTIPLE COMPONENTS

1. Exclude payments for non-subscription components (i.e. perpetual licensing arrangement and IT maintenance services).

2. If the costs for subscription and non-subscription components can’t easily be separated then those components should be accounted for as a single SBITA unit.

3. Subscription components with different terms should be accounted for as separate contracts

4. Consolidate same SBITA contracts when they are subscribed to at the same time with an identical vendor.

SBITA ACCOUNTING

1. PHC will prepare an amortization schedule for each SBITA to split the subscription payments between liability and interest expense over the life of the SBITA.

2. PHC will recognize a subscription liability and a subscription asset at the commencement of the subscription term.

3. PHC will reduce the subscription liability via journal vouchers at fiscal year-end during the life of the SBITA.

4. SBITAs will not be recorded on the Prepaid Expenses spreadsheet to avoid duplicate information on financial statements.

5. Notes to financial statements are required. They should include:

· A general description of the SBITAs, including the basis, term and conditions on which variable payments not included in the measurement of the subscription liability are determined.

· The total amount of subscription assets and related accumulated amortizations, disclosed separately from other capital assets.

· The amount of outflows of resources recognized in the reporting period for variable payments not previously included in the measurement of the subscription liability.

· The amount of outflows of resources recognized in the reporting period for other payments, such as termination penalties, not previously included in the measurement of the subscription liability.

· Principal and interest requirements to maturity, presented separately, for the subscription liability for each of the five subsequent fiscal years and in five-year increments thereafter.

· Commitments under SBITAs before the commencement of the subscription term.

· The components of any loss associated with an impairment.

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PRINCIPLES OF PRACTICE

Executive Director Discretionary Authorization
(Approved by Board)

Title:	EXECUTIVE DIRECTOR DISCRETIONARY AUTHORIZATION
Section:	Financial Management
Effective date:	07/2001
Last reviewed:	05/2022
Next revision:	05/2024
Status:	Approved by Board
Reference:	N/A
Lead author:	Controller

PURPOSE

In order to allow for unanticipated situations not accounted for during the budget process, the **Chief Executive Officer** ~~Executive Director~~ has the authority to allocate funds to manage the situation.

POLICY/PROCEDURES

1. Whenever an unanticipated situation requires funding, the **Chief Executive Officer** ~~Executive Director~~ has the authority to authorize up to $25,000 in spending to manage the situation.
2. The **Chief Executive Officer** ~~Executive Director~~ will notify the Executive/Finance Committee at the next scheduled meeting of such action and will work with the Chief Financial Officer to prepare the necessary budget amendment.
3. The **Chief Executive Officer** ~~Executive Director~~ also has the authority to transfer funds between budgeted line items as necessary and to report the change to the Board of Directors at the next meeting.

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PRINCIPLES OF PRACTICE

Federal Grant Drawdown
(Draft)

Title:	**FEDERAL GRANT DRAWDOWN**
Section:	**Financial Management**
Effective date:	**06/2018**
Last reviewed:	**03/2022**
Next revision:	**03/2024**
Status:	**Draft**
Reference:	**N/A**
Lead author:	**CFO**

PURPOSE

To properly record and track cash withdrawals of grant funds in accordance with Federal, State, and Granting Agency requirements. Appropriate records will be maintained and accurate information will be available to staff and external entities as needed.

POLICY/PROCEDURES

The following serves as a general guideline for proper recording, utilization, and tracking of federal cash drawdowns to ensure timely and accurate reporting, and to provide information for administrative and programmatic decision-making.

PRODEDURE:

1. Partnership Health Center draws down federal funds approximately once per month
    a. Expenditures of federal award funds are allowable in accordance with the terms and conditions of the federal award and with the federal cost principles in 45 CFR Part 75 Subpart E.

2. The Chief Financial Officer (CFO) supervises the drawdown process but may designate members of the finance department to perform various steps required to assure accurate drawdowns.
3. The Ryan White Senior Community Health Specialist submits on a regular basis both in-house claims and out of house contract service claims.
    a. Out of house claims are coded by an Accounting Specialist and submitted to the Missoula County Payables Department where the claims are processed and checks are cut.
    b. In-house claims are processed by the Accounting Specialist. During the month, the Accounting Specialist reviews claims data submitted by the RW Senior Community Health Specialist and makes the appropriate posting and adjustments to patient accounts. After expense review by the CFO, the Accounting Specialist will post any necessary adjustments.

4. The CFO, or designee, will verify that program income is ~~and expenses are~~ accounted for and recorded to the Ryan White project code in the Missoula County general ledger accounting system.

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5. The CFO or designee will run a cumulative financial report showing cash received and allowable expenses from Missoula County's accounting system. ~~CSA on a monthly basis~~. Using that data, the CFO or designee will maintain ~~an Excel~~ spreadsheet where income and expenses for the program are tracked for easier reporting. ~~Cash draws might be for personnel and non-personnel expenditures consistent with the HRSA-approved scope of project budget.~~
6. Federal drawdowns are limited to the minimum amounts needed to cover allowable project costs. Drawdowns will be limited to expense reimbursement for the current period which is derived from the Missoula County general ledger accounting system ~~CSA~~ and compiled on a grant reconciliation spreadsheet. There will be no federal draw downs for amounts in excess of those expenses calculated for the monthly accounting period (i.e., will not be made to cover future expenditures.)

1. Once the amount of funds to be drawn down is determined, these step are to be followed:
   a. CFO (or Controller if unavailable) will log onto Payment Management Systems (PMS) website.
   b. Complete the request for federal funds.
   c. Print ~~electronic and/or paper copy of~~ report(s) from website.
   d. Save electronic copies of documents in Federal Grant Drawdown folder. ~~File paper copy in a grants folder to be kept in the CFO's office and attach electronic copy as a screen shot to grant reconciliation spreadsheet.~~

1. The CFO (or Controller if unavailable) will notify Missoula County Finance Department that a drawdown has been requested and will provide a line item detail to allow proper posting of funds to the general ledger. ~~in CSA.~~
2. Missoula County Finance Department will receive Electronic Funds Transfer (EFT) notification. They will post the cash as outlined in the previous step.
3. The CFO or Controller monitors the general ledger to verify when cash was received and the amount received.
4. The CFO (or Controller if unavailable) will perform annual ~~the quarterly~~ reconciliations and prepare the Federal Financial Report (FFR) on an annual ~~quarterly~~ basis in the Pay Management System. ~~Print electronic and/or paper copy of FFR. Paper copy is filed in a grants folder to be kept in the CFO's office. Electronic copy is attached as a screen shot to grant reconciliation spreadsheet.~~

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PRINCIPLES OF PRACTICE

Annual Budget Development
(Draft)

Title: ANNUAL BUDGET DEVELOPMENT
Section: Financial Management
Effective date: 07/2001
Last reviewed: 03/2022
Next revision: 03/2024
Status: Draft
Reference: N/A
Lead author: CFO

PURPOSE

Partnership Health Center will develop an annual budget which identifies the costs associated with the Federal grant award consistent with Federal Cost Principles and any other requirements or restrictions on the use of Federal funding. The Federal portion of revenues and costs will be combined with all other non-Federal sources of income and expense to encompass the "total annual operating budget".

POLICY/PROCEDURES

PHC will prepare the annual budget according to the following timeline:

1. The PHC Chief Financial Officer will begin preliminary budget preparations in coordination with grant deadlines for the upcoming fiscal year. Such preparation will include projections of each line item in the current operational budget. Projections will be based on analysis of historical data, current year data, trends and known information about the upcoming fiscal year.
2. The Chief Financial Officer will incorporate goals and objectives developed in the strategic plan from the organization-wide planning process.
3. The Chief Financial Officer will prepare and finalize the federal Health Center Program budget~~330 budget~~ in coordination with the Chief Executive Officer ~~Executive Director~~ as well as receive guidance from the PHC Board of Directors and Board of Director's Finance Committee throughout the budget preparation process.
4. The final Health Center Program budget~~330 budget~~ will be ready for Board approval at the first available board meeting, and incorporated into the Bureau of Primary Health Care Section 330 Community Health Center grant application to be submitted by the established Federal guideline.
5. The Chief Executive Officer ~~Executive Director~~ and Chief Financial Officer will work to develop the proposed total annual operating budget (Fiscal Year July through June) which is submitted to Missoula County via the County's budget format request within the timeline specified by the Missoula County Budget Team and Missoula County Board of County Commissioners. The Health Center Program budget~~330 budget~~ is incorporated into the total operating budget which is submitted to Missoula County after review by PHC's Board of Director's Finance Committee and upon recommendation submitted to the PHC's full Board for approval. Once approved, the budget is uploaded into the County's general ledger accounting system Computer Software Associates (CSA).

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6. The total operating budget will identify all federal and non-federal revenues and expenses by project and object code in CSA which allows for tracking of all financial activities relating to various funding sources.
7. Monthly budget to actual financial reports will be prepared, analyzed and communicated to all pertinent parties as necessary.
8. The Chief Financial Officer will keep the Board of Director and the Board of Directors Finance Committee apprised of any line items which appear to be problematic, and offer recommendations to maintain the operations within the annual budget.
9. The Chief Financial Officer and the Chief Executive Officer ~~Executive Director~~ will prepare any budget amendment requests, as required by grantor awards and contracts.
10. During the last quarter of each fiscal year, the Chief Financial Officer and the Chief Executive Officer ~~Executive Director~~ will begin the year end planning process with all pertinent parties. This process will include year-end projections and recommendations to ensure PHC closes its year within its operating budget and maximizes its available resources.

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PRINCIPLES OF PRACTICE

Business Reports
(Approved by Board)

Title: BUSINESS REPORTS
Section: Financial Management
Effective date: 07/2001
Last reviewed: 03/2022
Next revision: 03/2024
Status: Approved by Board
Reference: N/A
Lead author: CFO

PURPOSE

In order to communicate financial and operational information for effective and timely management of Partnership Health Center (PHC), a regular body of reports will be prepared and presented to the Leadership Team, Finance Committee and Board of Directors. These reports will be formatted for ease of reading, analyzing trends and facilitating forward thinking by the organization.

POLICY/PROCEDURES

The following list of reports will be prepared and presented to pertinent parties on a regular basis as follows:

1. Monthly and year-to date as compared to budget financial statements. Within three months of the beginning of each fiscal year, these reports, with accompanying analysis and commentary will be prepared. They will be submitted monthly to the PHC Leadership Team, Board of Directors, and Board of Director's Finance Committee.
2. Encounters: Encounter reports will be prepared monthly on a graph showing historical comparisons. This will be posted for all PHC staff to see, and submitted to each member of the Leadership Team, Board of Directors, and the Board of Director's Finance Committee. Detail information of encounters by provider will be submitted to the Medical Director and Chief Executive Officer~~Executive Director~~.
3. Accounts Receivable: Accounts receivable by payor will be prepared monthly. The report will show the collections on net charges. This report will be presented monthly to the Leadership Team, the Board of Directors and the Board of Director's Finance Committee.
4. Patient (Encounter) Mix: The patient (encounter) mix will be analyzed by payer category and a report showing the current mix, year to date mix and comparable historic information will be prepared monthly. This report will be presented to the Leadership Team, the Board of Directors and the Board of Director's Finance Committee.
5. Dashboard: A dashboard will be prepared to represent a snapshot of current financial and operational measures. The dashboard will assist the Leadership Team with directing and managing the financial and operational output of the organization.
6. Other relevant data on patient demographics will be gathered and presented to the Leadership Team, the Board of Directors and the Board of Director's Finance Committee.

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PRINCIPLES OF PRACTICE

Annual Review of Contract Performance Expectations (Draft)

Title: ANNUAL REVIEW OF CONTRACT PERFORMANCE EXPECTATIONS
Section: Financial Management
Effective date: 07/2002
Last reviewed: 03/2022
Next revision: 03/2024
Status: Draft
Reference: N/A
Lead author: CFO

PURPOSE

To ensure that performance expectations of all written agreements and contracts of services are met, Partnership Health Center (PHC) will conduct an annual review of the expectations.

POLICY/PROCEDURES

The PHC CEO ~~Executive Director~~ will evaluate and review the performance expectations of all contracts for services on an annual basis. The following performance expectations will be evaluated:

1. Quality of Services,
2. Continuity of Service,
3. Timely Completion of Service,
4. Accreditation Status, and
5. Adherence to Recognized Practice Standards and Guidelines.

PERFORMANCE STANDARDS:

1. The annual evaluation of contract performance expectations will be ongoing based on expiration date of the contract, memorandum of understanding or letters of agreement.
2. The PHC CEO ~~Executive Director~~ is responsible for obtaining appropriate signatures for all contracts, memorandums of understanding, and letters of agreement.
3. All contracts, memorandums of understanding, and letters of agreement will align with the Federal Health Center Program requirements and will not limit the authority of PHC as outlined in these requirements.
4. All contracts, memorandums of understanding, and letters of agreement will align with conflict of interest policies as outlined in the PHC Corporate Compliance Principles of Practice.
5. A signed copy of the contract, memorandum of understanding or letter of agreement will be maintained by PHC, will be filed with the Missoula County Clerk & Recorder and will be provided to the contracting party.
6. Annually, the PHC CEO ~~Executive Director~~ will include a list of all contracts, memorandums of understanding and letters of agreement in the monthly PHC CEO ~~Executive Director~~ Report for review at the PHC Board of Directors Meeting.

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7. If the annual contract evaluation reveals that performance expectations are not being met, the PHC CEO ~~Executive Director~~ will notify the contractor or organization of noncompliance. If assurance of compliance is not acquired by PHC from the contractor, the contract will be terminated immediately.
8. PHC will maintain a record of all expired contracts.

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PARTNERSHIP HEALTH CENTER

PRINCIPLES OF PRACTICE

Donations
(Approved by Board)

Title:	**DONATIONS**
Section:	**Financial Management**
Effective date:	**04/2022**
Last reviewed:	**04/2022**
Next revision:	**04/2024**
Status:	**Approved by Board**
Reference:	**N/A**
Lead author:	**Controller**

PURPOSE

Partnership Health Center will account for all donations, separating funds into those without restrictions and those with restrictions.

POLICY/PROCEDURES

1. Upon receipt of a donation Partnership Health Center will determine if the donation is non-restricted or has restrictions.
2. Donations with no restrictions will be coded to the main administrative project code. They can be used for any purpose at the discretion of Partnership Health Center
3. Donations with restrictions will be coded to the project code that applies to the specific purpose of the donation. Use of funds will be tracked via general ledger and spreadsheets.

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PRINCIPLES OF PRACTICE

Fixed Assets
(Approved by Board)

Title:	**FIXED ASSETS**
Section:	**Financial Management**
Effective date:	**07/2001**
Last reviewed:	**04/2022**
Next revision:	**04/2024**
Status:	**Approved by Board**
Reference:	**N/A**
Lead author:	**Controller**

PURPOSE

Partnership Health Center will safeguard fixed assets in a manner consistent with federal regulations and Missoula County policy.

POLICY/PROCEDURES

1. All fixed assets costing over $5,000 will be tagged and added to the PHC fixed asset list.
2. A fixed asset inventory will be conducted prior to each annual audit. This inventory will include a physical inventory and reconciliation to the Missoula County Central Services listing.
3. Each fixed asset listed will include the source of funds used to purchase the assets. If a combination of sources, the percentages of participation by each source will be included.
4. Department Managers are responsible for notifying the Controller when an asset is no longer in use, the date it was removed, and whether it was disposed, sold, or donated. Department Managers are also responsible for providing information as to whether new equipment will be replacing the item.

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PRINCIPLES OF PRACTICE

Schedule of Expenditures of Federal Awards
(Approved by Board)

Title:	**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**
Section:	**Financial Management**
Effective date:	**05/2022**
Last reviewed:	**05/2022**
Next revision:	**05/2024**
Status:	**Approved by Board**
Reference:	**N/A**
Lead author:	**Controller**

PURPOSE

Partnership Health Center will prepare the Schedule of Expenditures of Federal Awards (SEFA) as part of the annual audit. Expenditures of federal funds received directly and indirectly are listed by federal agency and program.

POLICY/PROCEDURES

1. The Chief Financial Officer (CFO) or designee lists all expenditures for federal awards in the fiscal year. Expenditures are recorded into two categories:
   a. direct federal awards and
   b. indirect federal awards (passed through state agency, local government or nonprofit entities.)
2. Each federal award received directly from a federal agency that had expenditures in the fiscal year is included on SEFA. The name of the federal agency, program, identifying award number, award period and assistance listing number are reported.
3. Each federal award received indirectly from a pass-through entity that had expenditures in the fiscal year is included on SEFA. The name of the entity in addition to the name of the federal award agency, program, identifying award number, award period and assistance listing number are reported.
4. The CFO or designee reports the amount of expenditures incurred in the fiscal year for each award including disbursements of federal award funds passed through to subrecipients.
5. The CFO or designee reconciles expenditures reported on SEFA with the general ledger.

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PRINCIPLES OF PRACTICE

Internal Control of Funds Received
(Approved by Board)

Title: INTERNAL CONTROL OF FUNDS RECEIVED
Section: Financial Management
Effective date: 07/2001
Last reviewed: 03/2022
Next revision: 03/2024
Status: Approved by Board
Reference: Missoula County Policy Statement 00-11
Lead author: CFO

PURPOSE

In order to accurately account for funds received by Partnership Health

Center (PHC), duties for handling receipts will be adequately separated to

insure internal control of the funds.

POLICY/PROCEDURES

1. Cash payments received by the medical receptionists or clinic staff will have a receipt log filled out.
2. The cash drawer will be reconciled to the daily activity each night, the batch totals recorded and placed in the safe.
3. PHC will follow Missoula County Policy Statement 00-11 on the cash policy for unexplained overages and shortages, and for cash drawer access as follows:

- Cash reconciliation shall be accomplished daily by the person in charge of the drawer.
- Any discrepancies must be accompanied by a reception deposit discrepancy report. The employee who experiences the discrepancy must research, reconcile and explain the discrepancy. The discrepancy form must be signed by the Patient Services Manager and included with the Balance sheet for that day.
- The cash reconciliations shall be a part of the department audit.
- All departments with cash accounts shall deposit the day's transactions intact on a daily basis (See Step 5 for variance procedure)
- Personal transactions may not be made from one's own drawer. Evidence of this will result in immediate disciplinary action or dismissal. Any personal transaction, such as making change, will require two people to transact.
- Under no circumstances shall anyone perform work related transactions in another clerk's cash drawer unless approved by the supervisor.
- No personal money shall be in or near the cash drawer.

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- Any evidence supporting someone's removing cash from or inserting into a drawer will result in immediate disciplinary action or dismissal.

1. The accounting clerk will review the daily batch totals on the reconciliation and count the cash prior to posting the previous days' activity.
2. Funds received by mail will be opened by the Purchasing Agent and delivered to a member of the accounting team or an administrative assistant in the Finance office. A listing of checks will be prepared of each day's receipts. A copy of the listing and the checks will be given to an accounting specialist who will include the checks in the daily deposit.
3. A copy of the daily check listing and any remits will then be given to a billing specialist. The billing specialist will post patient and insurance payments in eCW or QS-1. Patient payments are applied directly to the oldest outstanding charges first. Insurance payments are posted to the date of service. Each billing specialist will be responsible to balance the daily work to the Daily Deposit Sheet (when applicable) and payments under their user name in eCW or QS-1 prior to sending their batch to the Finance Office. An accounting specialist will verify that the deposits recorded in eCW or QS-1 agrees to the prior deposit before closing out and filing with the appropriate day of work.
4. The accounting clerk will prepare deposits reconciling the total deposit to the cash drawer receipts and the mail receipts.
5. The accounting clerk will submit the deposits (Form A101) to the Missoula County Treasurer daily.
6. All cash (including checks) is to be kept in the safe after office hours.
7. The deposits (Form A101) will be subject to audit by the PHC Chief Financial Officer or designee, who will reconcile daily batch totals and mail receipt listings to the A101.
8. Refunds – If a refund is due, a billing staff member will post the appropriate adjustment code into the practice management software. The adjustment proof, along with patient demographics, service date and site, will be used to initiate the refund check process in the Accounting Department. The billing staff member will keep a log of all adjustments made, and submit for review and approval. A refund may not be given if there is a balance on the patient's account. All refunds must be approved by the Chief Financial Officer or designee unless the refund is to be given for services that have not been rendered (i.e., patient pays nominal fee but was not seen by a provider for any reason on the same day). In that case, the Patient Services Manager has authority to approve such voids.
9. Funds received by Automated Clearinghouse (ACH)/Electronic Fund Transfer (EFT)
    a. Missoula County will send daily Bank Statements indicating the ACH/EFT transactions that settled into the bank accounts.
    b. The Staff Accountant will review the Bank Statement and reconcile with the postings in the practice management software, and the Master ERA Spreadsheet.
    c. Billing Staff will post patient related ACH/EFT payments into the appropriate practice management software daily, and submit coding to the County via the Master ERA Spreadsheet.
    d. Any ACH/EFT payments that are not accompanied by an Electronic Remittance Advice (ERA), will be inquired upon with the respective third party payer.

RESOLUTION IN SUPPORT OF MEDICAID EXPANSION
ADOPTED BY THE BOARD OF TRUSTEES OF
Partnership Health Center
May 10, 2024

WHEREAS, the mission of Partnership Health Center is to promote optimal health and wellbeing for all through comprehensive, patient-focused, accessible, and equitable care.

WHEREAS, a significant body of research, studies and reports indicate that having health coverage is key to improving the health status of a community;

WHEREAS, a high rate of uninsured residents is linked to an increase in the severity of patient conditions, poorer outcomes, and higher costs as a result of delayed care and seeking emergency care for conditions that could have been avoided or managed through preventative care;

WHEREAS, Montana is experiencing a behavioral health crisis, and Montana's expansion of Medicaid provides a stable payment source for behavioral health services and for substance abuse disorder prevention and medication-assisted treatment to address the state's opioid epidemic;

WHEREAS, Medicaid expansion has significantly grown Montana's economy according to a 2023 study conducted by ABMJ Consulting, which reported that Medicaid expansion helped create and sustain over 7,500 new jobs across multiple industries, and generated an estimated $475 million in new personal income and $775 million in economic activity in 2022.

WHEREAS, the Partnership Health Center Board of Trustees has a fiduciary responsibility to our community to plan for the fiscal impacts of any major known or anticipated event on the organization, such as the current Medicaid expansion sunset date of July 1, 2025;

NOW THEREFORE BE IT RESOLVED, Partnership Health Center endorses Montana's current Medicaid expansion program, supports repealing the sunset of the program, and further recognizes that patients, caregivers, and the citizens Missoula County have a compelling interest in ensuring our clinic remains financially viable and an economic engine for its surrounding area;

BE IT FURTHER RESOLVED, Partnership Health Center strongly requests our legislative delegation and the Montana Legislature repeal the sunset of the Medicaid Reform and Integrity Act passed in 2019 and protect healthcare coverage for low-income Montanans and the $775 million economic engine it has created.

APPROVED ON THIS DAY, May 10th, 2024, BY THE GOVERNING BOARD OF TRUSTEES OF Partnership Health Center

_____

Kathleen Walters, Board Chair

Board Members:

John Crawford, Vice Board Chair

Jill Dunn, Secretary

Joe Melvin, Treasurer

Karen Myers, Trustee

Dave Strohmaier, Trustee

Jeff Weist, Trustee

Annie Green, Trustee

Nathalie Wolfram, Trustee

Jay Rains, Trustee

Suzette Baker, Trustee

GRANT SUMMARY
For PHC Board Review and Approval
May 10, 2024

Name of Grant: County Assistance Fund

Funder: Missoula County

Purpose/Goal: To begin operation at the Trinity Navigation Center.

Summary: Funding for this project will be directly tied to the Trinity Navigation Center. The request supports a .5 FTE nurse care manger and a 1.0 FTE community liaison. The target population for the Trinity Navigation Center includes people who are unhoused, and/or transitioning from incarceration to the community as well as residents of the adjacent housing project including the permanent supportive housing units at Blue Heron Place, the work force housing at Maple Street Flats and residents of transitional housing located at the Temporary Safe Outdoor Space (TSOS).

The nurse care manager will provide care management to patients accessing care at PHC's Trinity Clinic. Some of this work will include care coordination for people entering and leaving jail to help ensure continuity of medication. The community liaison will coordinate community service partners interested in providing services at the Trinity Navigation Center. Potential partners include, local mental health centers, community justice partners, the food bank and the street dog coalition.

Duration: July 1, 2024 – June, 30th 20240

Amount of Request: $128,673
Number of FTEs supported: 1.5

Proposed Grant Allocations	Total
[Total Salary, FTE, ODC, etc]	
1.0 FTE Community Liaison	$62,400
.5 FTE Nurse Care Manager	$34,320
Fringe	$31,917
Total Expected Costs	**$128,673**

Continuation plan: The nurse care manager sustainable through clinic billing. The community liaison is a community benefit and ideally will be supported by a variety of community partners long term.

Motion:

- ☐ Approve submission of the _____ grant application
- ☐ Reject the submission of the _____ grant application

GRANT SUMMARY
For PHC Board Review and Approval
May 10, 2024

Name of Grant: *Crises Diversion Grant*

Funder: Missoula County

Purpose/Goal: Missoula County applies for this award through the State of Montana. In funds many project in Missoula including some of PHC's Work

Summary: Funding from the crises diversion grant supports:

- 1.0 FTE Tenancy Support Specialist: The TSS works with people identified as FUSE and on the top of the by name list in the as they transition
- 1.0 FTE Mental Health Coordinator: The Missoula County Mental Health Coordinator is housed at partnership health center and works on community wide behavioral health initiatives and support crisis data collection and analysis efforts.
- .5 FTE crises Coalition Coordinator: Facilitates the strategic alliance for improved behavioral health. They facilitate work groups and steering committees to address gaps in the continuum of behavioral health care in Missoula County.

Duration: July 1, 2024 – June, 30th 2027

Amount of Request: $231,494

Number of FTEs supported *2.5*

Proposed Grant Allocations (annual)	Total
[Total Salary, FTE, ODC, etc]	
1.0 FTE Tenancy Support Specialist	$60,465
1.0 FTE Mental Health Coordinator	$57,200
Fringe at .33%	$31,917
.5 Strategic Alliance Facilitator (Contract)	$75,000
Fringe	
Total Expected Costs	

Continuation plan: Continued Grant Funding. Tenancy Support Service may eventually be reimbursable through Medicaid.

Motion:

- ☐ Approve submission of the _____ grant application
- ☐ Reject the submission of the _____ grant application

GRANT SUMMARY
For PHC Board Review and Approval
May 10, 2024

Name of Grant: *Culture of Health Prize*

Funder: Robert Wood Johnson Foundation

Purpose/Goal: This is a prize and the award money can be used as we want.

Summary: We are submitting a multimedia application (hopefully) that use patient's stories, news stories, data, and video to highlight the successes and challenges of PHC's community organizing work, community care team, and permanent supportive housing services.

Duration: One time award

Amount of Request: $250,000

Number of FTEs supported: *None*

Continuation plan: If awarded funds will be used to support work that is already in progress.

Motion:

- ☐ Approve submission of the _____ grant application
- ☐ Reject the submission of the _____ grant application

GRANT SUMMARY
For PHC Board Review and Approval
May 10, 2024

Name of Grant: Community Level Innovations for Improving Health Outcomes

Funder: US Department of Health and Human Services (Office of Minority Health)

Purpose/Goal: Implement a community level innovation that reduces barriers related to Social Drivers of Health (SDOH) and increases use of preventive health services to make progress toward Leading Health Indicator (LHI) targets. This project will target Health Care Access and Quality as well as Social and Community Context domains to improve the health of Native communities, houseless communities, and community members who are recently released from jail.

Summary: Funding for this project will be directly tied to the Trinity Navigation Center and Blue Heron Place in an effort to demonstrate that permanent supportive housing models coupled with culturally humble/responsive primary care can reduce instances of suicide and food insecurity in Missoula's houseless and/or Native communities.

Duration: August 1, 2024 – July 31, 2028 (potential to receive 1 additional year of funding after official budget period)

Amount of Request: $600,000/year

Number of FTEs supported: 4.5

Proposed Grant Allocations	Total
[Total Salary, FTE, ODC, etc]	$296,696
Contracts	$89,900
Supplies	$153,375
Indirect costs	$60,000
Total Expected Costs	**$599,971**

Continuation plan: Apply for 1 year additional funding when eligible; perform sustainability planning in Year 4 to determine how to fund ongoing services.

Motion:

- ☐ Approve submission of the _____ grant application
- ☐ Reject the submission of the _____ grant application

The Value and Impact of

Montana's Community Health Centers

Fifteen Montana's Community Health Centers health center members provide tremendous value and impact to the communities they serve through **CARE FOR VULNERABLE POPULATIONS**, **SAVINGS TO THE SYSTEM**, **ECONOMIC STIMULUS**, **STATE-OF-THE-ART PRACTICES**, and **INTEGRATED CARE** with a focus on **MANAGING CHRONIC CONDITIONS**, **PREVENTATIVE CARE**, and **QUALITY HEALTH OUTCOMES**. They have also played a critical role in **PANDEMIC RESPONSE**, providing testing, vaccination, and care in-person and virtually, bolstering the public health infrastructure in their communities.

This report highlights their **2023 savings and contributions**, as well as pandemic response data through **February 02, 2024**.

ECONOMIC STIMULUS

1,628	1,532	3,160
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
$250.1 M	**$244.4 M**	**$494.5 M**
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
$14.8 M	**$50.4 M**	**$65.2 M**
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES

SAVINGS TO THE SYSTEM

24%	$96.3 M	$201.3 M
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM

PANDEMIC RESPONSE

FQHCs play a critical public health role in pandemic response, targeting vulnerable populations and delivering:

TESTING		
111,011	**75,552**	**12.4%**
TOTAL IN-PERSON COVID TESTS	AT-HOME SELF-TEST DISTRIBUTION	FOR RACIAL/ETHNIC MINORITIES

VACCINES	
61,480	**14.1%**
TOTAL COVID VACCINES	FOR RACIAL/ETHNIC MINORITIES

CARE FOR VULNERABLE POPULATIONS

13.4%	501,458	31,021	532,479
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS

123,726		
PATIENTS SERVED		
16.7%	**70.9%**	**20.4%**
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
2,948	**5,275**	**5,755**
AGRICULTURAL WORKERS	VETERANS	HOMELESS

INTEGRATED CARE

98,760	**30,496**	**1,304**
PATIENTS RECEIVED MEDICAL CARE	PATIENTS RECEIVED DENTAL CARE	PATIENTS RECEIVED VISION CARE
15,891	**2,113**	**21,279**
PATIENTS RECEIVED BEHAVIORAL HEALTH CARE	PATIENTS RECEIVED SUBSTANCE USE DISORDER SERVICES	PATIENTS RECEIVED AT LEAST ONE ENABLING SERVICE TO OVERCOME BARRIERS TO CARE

MANAGING CHRONIC CONDITIONS

5,382	**5,515**	**449**
PATIENTS WITH ASTHMA	PATIENTS WITH HEART DISEASE	PATIENTS WITH HIV

9,957	**75.6%**	**21,815**	**63.3%**
PATIENTS WITH DIABETES	PATIENTS WITH DIABETES CONTROLLED	PATIENTS WITH HYERTENSION	PATIENTS WITH HYERTENSION CONTROLLED

PREVENTATIVE CARE

4,991	**21,756**
CHILDREN ATTENDED WELL-CHILD VISITS	PATIENTS RECEIVED IMMUNIZATIONS AND SEASONAL FLU VACCINES

STATE-OF-THE-ART PRACTICES

73.3%	**100.0%**	**(20.0%)**
HEALTH CENTERS PROVIDING PHARMACY SERVICES	HEALTH CENTERS PROVIDING TELEHEALTH CARE	YEARLY GROWTH IN TELEHEALTH VISITS

SUMMARY OF 2023 ECONOMIC IMPACT AND TAX REVENUE

		Employment (# of FTEs)	Economic Impact	State & Local Tax Revenues	Federal Tax Revenues
Community Impact	Direct	1,628	$250,147,593	$8,448,628	$32,766,923
	Indirect	692	$103,705,786	$2,179,147	$6,919,770
	Induced	840	$140,645,370	$4,168,278	$10,687,598
	Total	**3,160**	**$494,498,749**	**$14,796,053**	**$50,374,291**
				$65,170,344	

REFERENCES AND DATA SOURCES

- Savings to the System: Nocon et al. Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings. American Journal of Public Health: November 2016, Vol. 106, No. 11, pp. 1981-1989.
- Economic Stimulus: Economic impact was measured using 2022 IMPLAN Online from IMPLAN Group LLC, IMPLAN System (data and software), 16905 Northcross Dr., Suite 120, Huntersville, NC 28078, www.IMPLAN.com. Learn more at www.caplink.org/how-economic-impact-is-measured.
- "Low Income" refers to those with earnings at or below 200% of federal poverty guidelines.
- Care for Vulnerable Populations: Bureau of Primary Health Care, HRSA, DHHS, 2023 Uniform Data System.
- Full-Time Equivalent (FTE) of 1.0 is equivalent to one full-time employee. In an organization that has a 40-hour work week, an employee who works 20 hours per week (i.e., 50 percent of full time) is reported as "0.5 FTE." FTE is also based on the number of months the employee works. An employee who works full time for four months out of the year would be reported as "0.33 FTE" (4 months/12 months).
- COVID tests and vaccines data comes from data reported by health centers from the HRSA Health Center COVID-19 Survey. Learn more at https://bphc.hrsa.gov/emergency-response/coronavirus-health-center-data.

ACKNOWLEDGEMENTS

This report was created by Capital Link and funded by **Montana's Community Health Centers** for its members.

Capital Link is a non-profit organization that has worked with hundreds of health centers and primary care associations for nearly 30 years to plan for sustainability and growth, access capital, improve and optimize operations and financial management, and articulate value. We provide an extensive range of services, customized according to need, with the goal of strengthening health centers—financially and operationally—in a rapidly changing marketplace.

Capital Link maintains a database of over 21,000 health center audited financial statements from 2005 to 2023, incorporating nearly 85% of all health centers nationally in any given year. This proprietary database also includes UDS data from 2005 through 2023, enabling us to provide information and insights tailored to the industry.

For more information, visit us at www.caplink.org.

HEALTH CENTERS INCLUDED IN THIS ANALYSIS

1. AG Worker Health & Services
2. Alluvion Health
3. Bullhook Community Health Center
4. Community Health Partners
5. Glacier Community Health Center
6. Greater Valley Health Center
7. Helena Indian Alliance
8. Marias Healthcare Services, Inc.
9. Northwest Community Health Center
10. One Health
11. Partnership Health Center
12. PureView Health Center
13. RiverStone Health
14. Sapphire Community Health, Inc.
15. Southwest Montana Community Health Center

The Value and Impact of
AG Worker Health & Services

Health centers provide tremendous value and impact to the communities they serve through **ECONOMIC STIMULUS**, **SAVINGS TO THE SYSTEM**, and **CARE FOR VULNERABLE POPULATIONS**. They have also played a critical role in **PANDEMIC RESPONSE**, providing testing, vaccination, and care in-person and virtually, bolstering the public health infrastructure in their communities.

This report highlights the **AG Worker Health & Services 2023 savings and contributions**, as well as pandemic response data through **February 02, 2024**.

ECONOMIC STIMULUS

42	29	71
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
$4.7 M	**$4.6 M**	**$9.3 M**
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
$0.3 M	**$0.9 M**	**$1.2 M**
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES

SAVINGS TO THE SYSTEM

24%	$0.7 M	$3.4 M
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM

PANDEMIC RESPONSE

FQHCs play a critical public health role in pandemic response, targeting vulnerable populations and delivering:

TESTING		
745	**0**	**50.5%**
TOTAL IN-PERSON COVID TESTS	AT-HOME SELF-TEST DISTRIBUTION	FOR RACIAL/ETHNIC MINORITIES

VACCINES	
1,339	**77.3%**
TOTAL COVID VACCINES	FOR RACIAL/ETHNIC MINORITIES

CARE FOR VULNERABLE POPULATIONS

0.5%	9,078	156	9,234
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS

2,437		
PATIENTS SERVED		
24.6%	**93.3%**	**80.3%**
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
1,949	**8**	**12**
AGRICULTURAL WORKERS	VETERANS	HOMELESS

SUMMARY OF 2023 ECONOMIC IMPACT AND TAX REVENUE

		Employment (# of FTEs)	Economic Impact	State & Local Tax Revenues	Federal Tax Revenues
Community Impact	Direct	42	$4,729,859	$159,749	$619,566
	Indirect	13	$1,960,897	$41,204	$130,841
	Induced	16	$2,659,361	$78,815	$202,084
	Total	**71**	**$9,350,117**	**$279,768**	**$952,491**
				$1,232,259	

REFERENCES AND DATA SOURCES

- Savings to the System: Nocon et al. Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings. American Journal of Public Health: November 2016, Vol. 106, No. 11, pp. 1981-1989.
- Economic Stimulus: Economic impact was measured using 2022 IMPLAN Online from IMPLAN Group LLC, IMPLAN System (data and software), 16905 Northcross Dr., Suite 120, Huntersville, NC 28078, www.IMPLAN.com. Learn more at www.caplink.org/how-economic-impact-is-measured.
- "Low Income" refers to those with earnings at or below 200% of federal poverty guidelines.
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- Full-Time Equivalent (FTE) of 1.0 is equivalent to one full-time employee. In an organization that has a 40-hour work week, an employee who works 20 hours per week (i.e., 50 percent of full time) is reported as "0.5 FTE." FTE is also based on the number of months the employee works. An employee who works full time for four months out of the year would be reported as "0.33 FTE" (4 months/12 months).
- COVID tests and vaccines data comes from data reported by health centers from the HRSA Health Center COVID-19 Survey. Learn more at https://bphc.hrsa.gov/emergency-response/coronavirus-health-center-data.

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The Value and Impact of
Alluvion Health

Health centers provide tremendous value and impact to the communities they serve through **ECONOMIC STIMULUS**, **SAVINGS TO THE SYSTEM**, and **CARE FOR VULNERABLE POPULATIONS**. They have also played a critical role in **PANDEMIC RESPONSE**, providing testing, vaccination, and care in-person and virtually, bolstering the public health infrastructure in their communities.

This report highlights the **Alluvion Health 2023 savings and contributions**, as well as pandemic response data through **February 02, 2024**.

ECONOMIC STIMULUS

166	**146**	**312**
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
$23.7 M	**$23.2 M**	**$46.9 M**
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
$1.4 M	**$4.8 M**	**$6.2 M**
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES

SAVINGS TO THE SYSTEM

24%	**$11.8 M**	**$20.3 M**
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM

PANDEMIC RESPONSE

FQHCs play a critical public health role in pandemic response, targeting vulnerable populations and delivering:

TESTING		
35,062	**3,030**	**18.9%**
TOTAL IN-PERSON COVID TESTS	AT-HOME SELF-TEST DISTRIBUTION	FOR RACIAL/ETHNIC MINORITIES

VACCINES	
11,254	**12.4%**
TOTAL COVID VACCINES	FOR RACIAL/ETHNIC MINORITIES

CARE FOR VULNERABLE POPULATIONS

47.7%	**62,342**	**2,100**	**64,442**
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS

11,703		
PATIENTS SERVED		
18.6%	**84.0%**	**19.4%**
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
15	**506**	**752**
AGRICULTURAL WORKERS	VETERANS	HOMELESS

SUMMARY OF 2023 ECONOMIC IMPACT AND TAX REVENUE

		Employment (# of FTEs)	Economic Impact	State & Local Tax Revenues	Federal Tax Revenues
Community Impact	Direct	166	$23,724,747	$801,293	$3,107,713
	Indirect	66	$9,835,767	$206,677	$656,292
	Induced	80	$13,339,228	$395,332	$1,013,644
	Total	**312**	**$46,899,743**	**$1,403,302**	**$4,777,649**
				$6,180,951	

REFERENCES AND DATA SOURCES

- Savings to the System: Nocon et al. Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings. American Journal of Public Health: November 2016, Vol. 106, No. 11, pp. 1981-1989.
- Economic Stimulus: Economic impact was measured using 2022 IMPLAN Online from IMPLAN Group LLC, IMPLAN System (data and software), 16905 Northcross Dr., Suite 120, Huntersville, NC 28078, www.IMPLAN.com. Learn more at www.caplink.org/how-economic-impact-is-measured.
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- Care for Vulnerable Populations: Bureau of Primary Health Care, HRSA, DHHS, 2023 Uniform Data System.
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The Value and Impact of

Bullhook Community Health Center

Health centers provide tremendous value and impact to the communities they serve through **ECONOMIC STIMULUS**, **SAVINGS TO THE SYSTEM**, and **CARE FOR VULNERABLE POPULATIONS**. They have also played a critical role in **PANDEMIC RESPONSE**, providing testing, vaccination, and care in-person and virtually, bolstering the public health infrastructure in their communities.

This report highlights the **Bullhook Community Health Center 2023 savings and contributions**, as well as pandemic response data through **February 02, 2024**.

ECONOMIC STIMULUS

53	43	96
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
$6.9 M	**$6.8 M**	**$13.7 M**
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
$0.4 M	**$1.4 M**	**$1.8 M**
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES

SAVINGS TO THE SYSTEM

24%	$3.5 M	$6.1 M
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM

PANDEMIC RESPONSE

FQHCs play a critical public health role in pandemic response, targeting vulnerable populations and delivering:

TESTING		
2,093	**5,602**	**21.0%**
TOTAL IN-PERSON COVID TESTS	AT-HOME SELF-TEST DISTRIBUTION	FOR RACIAL/ETHNIC MINORITIES

VACCINES	
462	**18.3%**
TOTAL COVID VACCINES	FOR RACIAL/ETHNIC MINORITIES

CARE FOR VULNERABLE POPULATIONS

(3.1%)	13,129	200	13,329
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS

3,570		
PATIENTS SERVED		
21.0%	**65.5%**	**33.3%**
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
0	**178**	**286**
AGRICULTURAL WORKERS	VETERANS	HOMELESS

SUMMARY OF 2023 ECONOMIC IMPACT AND TAX REVENUE

		Employment (# of FTEs)	Economic Impact	State & Local Tax Revenues	Federal Tax Revenues
Community Impact	Direct	53	$6,929,172	$234,030	$907,655
	Indirect	19	$2,872,685	$60,363	$191,680
	Induced	24	$3,895,924	$115,463	$296,050
	Total	**96**	**$13,697,781**	**$409,856**	**$1,395,385**
				$1,805,240	

REFERENCES AND DATA SOURCES

- Savings to the System: Nocon et al. Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings. American Journal of Public Health: November 2016, Vol. 106, No. 11, pp. 1981-1989.
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The Value and Impact of
Community Health Partners

Health centers provide tremendous value and impact to the communities they serve through **ECONOMIC STIMULUS**, **SAVINGS TO THE SYSTEM**, and **CARE FOR VULNERABLE POPULATIONS**. They have also played a critical role in **PANDEMIC RESPONSE**, providing testing, vaccination, and care in-person and virtually, bolstering the public health infrastructure in their communities.

This report highlights the **Community Health Partners 2023 savings and contributions**, as well as pandemic response data through **February 02, 2024**.

ECONOMIC STIMULUS

120	**93**	**213**
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
$15.1 M	**$14.8 M**	**$29.9 M**
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
$0.9 M	**$3.0 M**	**$3.9 M**
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES

SAVINGS TO THE SYSTEM

24%	**$6.7 M**	**$14.8 M**
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM

PANDEMIC RESPONSE

FQHCs play a critical public health role in pandemic response, targeting vulnerable populations and delivering:

TESTING		
3,899	**4,689**	**14.7%**
TOTAL IN-PERSON COVID TESTS	AT-HOME SELF-TEST DISTRIBUTION	FOR RACIAL/ETHNIC MINORITIES

VACCINES	
2,802	**17.1%**
TOTAL COVID VACCINES	FOR RACIAL/ETHNIC MINORITIES

CARE FOR VULNERABLE POPULATIONS

(5.5%)	**33,838**	**2,394**	**36,232**
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS

9,196		
PATIENTS SERVED		
12.0%	**76.5%**	**18.5%**
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
334	**320**	**391**
AGRICULTURAL WORKERS	VETERANS	HOMELESS

SUMMARY OF 2023 ECONOMIC IMPACT AND TAX REVENUE

		Employment (# of FTEs)	Economic Impact	State & Local Tax Revenues	Federal Tax Revenues
Community Impact	Direct	120	$15,130,540	$511,028	$1,981,955
	Indirect	42	$6,272,795	$131,809	$418,552
	Induced	51	$8,507,139	$252,124	$646,455
	Total	**213**	**$29,910,474**	**$894,961**	**$3,046,962**
				$3,941,923	

REFERENCES AND DATA SOURCES

- Savings to the System: Nocon et al. Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings. American Journal of Public Health: November 2016, Vol. 106, No. 11, pp. 1981-1989.
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The Value and Impact of
Glacier Community Health Center

Health centers provide tremendous value and impact to the communities they serve through **ECONOMIC STIMULUS**, **SAVINGS TO THE SYSTEM**, and **CARE FOR VULNERABLE POPULATIONS**. They have also played a critical role in **PANDEMIC RESPONSE**, providing testing, vaccination, and care in-person and virtually, bolstering the public health infrastructure in their communities.

This report highlights the **Glacier Community Health Center 2023 savings and contributions**, as well as pandemic response data through **February 02, 2024**.

ECONOMIC STIMULUS

38	34	72
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
$5.6 M	**$5.4 M**	**$11.0 M**
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
$0.3 M	**$1.1 M**	**$1.4 M**
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES

SAVINGS TO THE SYSTEM

24%	$3.1 M	$5.1 M
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM

PANDEMIC RESPONSE

FQHCs play a critical public health role in pandemic response, targeting vulnerable populations and delivering:

TESTING		
1,624	**0**	**37.1%**
TOTAL IN-PERSON COVID TESTS	AT-HOME SELF-TEST DISTRIBUTION	FOR RACIAL/ETHNIC MINORITIES

VACCINES	
704	**44.3%**
TOTAL COVID VACCINES	FOR RACIAL/ETHNIC MINORITIES

CARE FOR VULNERABLE POPULATIONS

7.1%	8,774	1,350	10,124
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS

2,925		
PATIENTS SERVED		
25.4%	**69.2%**	**48.3%**
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
0	**156**	**1**
AGRICULTURAL WORKERS	VETERANS	HOMELESS

SUMMARY OF 2023 ECONOMIC IMPACT AND TAX REVENUE

		Employment (# of FTEs)	Economic Impact	State & Local Tax Revenues	Federal Tax Revenues
Community Impact	Direct	38	$5,571,404	$188,172	$729,800
	Indirect	15	$2,309,784	$48,535	$154,120
	Induced	19	$3,132,519	$92,838	$238,039
	Total	**72**	**$11,013,707**	**$329,545**	**$1,121,960**
				$1,451,504	

REFERENCES AND DATA SOURCES

- Savings to the System: Nocon et al. Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings. American Journal of Public Health: November 2016, Vol. 106, No. 11, pp. 1981-1989.
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The Value and Impact of
Greater Valley Health Center

Health centers provide tremendous value and impact to the communities they serve through **ECONOMIC STIMULUS**, **SAVINGS TO THE SYSTEM**, and **CARE FOR VULNERABLE POPULATIONS**. They have also played a critical role in **PANDEMIC RESPONSE**, providing testing, vaccination, and care in-person and virtually, bolstering the public health infrastructure in their communities.

This report highlights the **Greater Valley Health Center 2023 savings and contributions**, as well as pandemic response data through **February 02, 2024**.

ECONOMIC STIMULUS

92	**138**	**230**
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
$22.4 M	**$21.9 M**	**$44.3 M**
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
$1.3 M	**$4.5 M**	**$5.8 M**
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES

SAVINGS TO THE SYSTEM

24%	**$6.0 M**	**$12.7 M**
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM

PANDEMIC RESPONSE

FQHCs play a critical public health role in pandemic response, targeting vulnerable populations and delivering:

TESTING		
1,615	**4,727**	**5.6%**
TOTAL IN-PERSON COVID TESTS	AT-HOME SELF-TEST DISTRIBUTION	FOR RACIAL/ETHNIC MINORITIES

VACCINES	
416	**8.8%**
TOTAL COVID VACCINES	FOR RACIAL/ETHNIC MINORITIES

CARE FOR VULNERABLE POPULATIONS

3.6%	**31,616**	**959**	**32,575**
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS

7,850		
PATIENTS SERVED		
14.7%	**55.0%**	**9.6%**
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
283	**310**	**258**
AGRICULTURAL WORKERS	VETERANS	HOMELESS

SUMMARY OF 2023 ECONOMIC IMPACT AND TAX REVENUE

		Employment (# of FTEs)	Economic Impact	State & Local Tax Revenues	Federal Tax Revenues
Community Impact	Direct	92	$22,395,217	$756,389	$2,933,558
	Indirect	63	$9,284,573	$195,095	$619,513
	Induced	75	$12,591,701	$373,178	$956,839
	Total	**230**	**$44,271,491**	**$1,324,661**	**$4,509,910**
				$5,834,571	

REFERENCES AND DATA SOURCES

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The Value and Impact of
Helena Indian Alliance

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This report highlights the **Helena Indian Alliance 2023 savings and contributions**, as well as pandemic response data through **February 02, 2024**.

ECONOMIC STIMULUS

47	22	69
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
$3.5 M	**$3.5 M**	**$7.0 M**
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
$0.2 M	**$0.7 M**	**$0.9 M**
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES

SAVINGS TO THE SYSTEM

24%	$1.2 M	$2.2 M
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM

PANDEMIC RESPONSE

FQHCs play a critical public health role in pandemic response, targeting vulnerable populations and delivering:

TESTING		
0	**0**	**0.0%**
TOTAL IN-PERSON COVID TESTS	AT-HOME SELF-TEST DISTRIBUTION	FOR RACIAL/ETHNIC MINORITIES

VACCINES	
0	**0.0%**
TOTAL COVID VACCINES	FOR RACIAL/ETHNIC MINORITIES

CARE FOR VULNERABLE POPULATIONS

(0.6%)	6,828	828	7,656
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS

1,279		
PATIENTS SERVED		
8.5%	**71.2%**	**46.7%**
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
1	**43**	**108**
AGRICULTURAL WORKERS	VETERANS	HOMELESS

SUMMARY OF 2023 ECONOMIC IMPACT AND TAX REVENUE

		Employment (# of FTEs)	Economic Impact	State & Local Tax Revenues	Federal Tax Revenues
Community Impact	Direct	47	$3,553,217	$120,008	$465,437
	Indirect	10	$1,473,087	$30,954	$98,292
	Induced	12	$1,997,795	$59,208	$151,812
	Total	**69**	**$7,024,099**	**$210,170**	**$715,541**
				$925,711	

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The Value and Impact of

Marias Healthcare Services, Inc.

Health centers provide tremendous value and impact to the communities they serve through **ECONOMIC STIMULUS**, **SAVINGS TO THE SYSTEM**, and **CARE FOR VULNERABLE POPULATIONS**. They have also played a critical role in **PANDEMIC RESPONSE**, providing testing, vaccination, and care in-person and virtually, bolstering the public health infrastructure in their communities.

This report highlights the **Marias Healthcare Services, Inc. 2023 savings and contributions**, as well as pandemic response data through **February 02, 2024**.

ECONOMIC STIMULUS

56	**47**	**103**
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
$7.6 M	**$7.5 M**	**$15.1 M**
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
$0.5 M	**$1.5 M**	**$2.0 M**
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES

SAVINGS TO THE SYSTEM

24%	**$5.6 M**	**$11.4 M**
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM

PANDEMIC RESPONSE

FQHCs play a critical public health role in pandemic response, targeting vulnerable populations and delivering:

TESTING		
14,367	**440**	**4.1%**
TOTAL IN-PERSON COVID TESTS	AT-HOME SELF-TEST DISTRIBUTION	FOR RACIAL/ETHNIC MINORITIES

VACCINES	
2,114	**6.7%**
TOTAL COVID VACCINES	FOR RACIAL/ETHNIC MINORITIES

CARE FOR VULNERABLE POPULATIONS

19.0%	**32,893**	**11**	**32,904**
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS

6,943		
PATIENTS SERVED		
21.2%	**66.9%**	**30.4%**
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
9	**440**	**30**
AGRICULTURAL WORKERS	VETERANS	HOMELESS

SUMMARY OF 2023 ECONOMIC IMPACT AND TAX REVENUE

		Employment (# of FTEs)	Economic Impact	State & Local Tax Revenues	Federal Tax Revenues
Community Impact	Direct	56	$7,640,681	$258,061	$1,000,856
	Indirect	21	$3,167,661	$66,561	$211,362
	Induced	26	$4,295,969	$127,319	$326,449
	Total	**103**	**$15,104,312**	**$451,941**	**$1,538,667**
				$1,990,608	

REFERENCES AND DATA SOURCES

- Savings to the System: Nocon et al. Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings. American Journal of Public Health: November 2016, Vol. 106, No. 11, pp. 1981-1989.
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- Full-Time Equivalent (FTE) of 1.0 is equivalent to one full-time employee. In an organization that has a 40-hour work week, an employee who works 20 hours per week (i.e., 50 percent of full time) is reported as "0.5 FTE." FTE is also based on the number of months the employee works. An employee who works full time for four months out of the year would be reported as "0.33 FTE" (4 months/12 months).
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The Value and Impact of

Northwest Community Health Center

Health centers provide tremendous value and impact to the communities they serve through **ECONOMIC STIMULUS**, **SAVINGS TO THE SYSTEM**, and **CARE FOR VULNERABLE POPULATIONS**. They have also played a critical role in **PANDEMIC RESPONSE**, providing testing, vaccination, and care in-person and virtually, bolstering the public health infrastructure in their communities.

This report highlights the **Northwest Community Health Center 2023 savings and contributions**, as well as pandemic response data through **February 02, 2024**.

ECONOMIC STIMULUS

62	**60**	**122**
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
$9.8 M	**$9.6 M**	**$19.4 M**
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
$0.6 M	**$2.0 M**	**$2.6 M**
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES

SAVINGS TO THE SYSTEM

24%	**$5.7 M**	**$12.5 M**
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM

PANDEMIC RESPONSE

FQHCs play a critical public health role in pandemic response, targeting vulnerable populations and delivering:

TESTING		
6,252	**774**	**5.0%**
TOTAL IN-PERSON COVID TESTS	AT-HOME SELF-TEST DISTRIBUTION	FOR RACIAL/ETHNIC MINORITIES

VACCINES	
2,360	**4.6%**
TOTAL COVID VACCINES	FOR RACIAL/ETHNIC MINORITIES

CARE FOR VULNERABLE POPULATIONS

3.5%	**32,225**	**875**	**33,100**
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS

7,769		
PATIENTS SERVED		
21.2%	**63.3%**	**7.1%**
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
22	**489**	**47**
AGRICULTURAL WORKERS	VETERANS	HOMELESS

SUMMARY OF 2023 ECONOMIC IMPACT AND TAX REVENUE

		Employment (# of FTEs)	Economic Impact	State & Local Tax Revenues	Federal Tax Revenues
Community Impact	Direct	62	$9,809,587	$331,315	$1,284,961
	Indirect	27	$4,066,843	$85,456	$271,360
	Induced	33	$5,515,436	$163,460	$419,116
	Total	**122**	**$19,391,866**	**$580,230**	**$1,975,438**
				$2,555,668	

REFERENCES AND DATA SOURCES

- Savings to the System: Nocon et al. Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings. American Journal of Public Health: November 2016, Vol. 106, No. 11, pp. 1981-1989.
- Economic Stimulus: Economic impact was measured using 2022 IMPLAN Online from IMPLAN Group LLC, IMPLAN System (data and software), 16905 Northcross Dr., Suite 120, Huntersville, NC 28078, www.IMPLAN.com. Learn more at www.caplink.org/how-economic-impact-is-measured.
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The Value and Impact of One Health

Health centers provide tremendous value and impact to the communities they serve through **ECONOMIC STIMULUS**, **SAVINGS TO THE SYSTEM**, and **CARE FOR VULNERABLE POPULATIONS**. They have also played a critical role in **PANDEMIC RESPONSE**, providing testing, vaccination, and care in-person and virtually, bolstering the public health infrastructure in their communities.

This report highlights the **One Health 2023 savings and contributions**, as well as pandemic response data through **February 02, 2024**.

ECONOMIC STIMULUS

247	228	475
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
$37.3 M	**$36.4 M**	**$73.7 M**
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
$2.2 M	**$7.5 M**	**$9.7 M**
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES

SAVINGS TO THE SYSTEM

24%	$9.5 M	$22.8 M
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM

PANDEMIC RESPONSE

FQHCs play a critical public health role in pandemic response, targeting vulnerable populations and delivering:

TESTING		
4,700	**119**	**25.3%**
TOTAL IN-PERSON COVID TESTS	AT-HOME SELF-TEST DISTRIBUTION	FOR RACIAL/ETHNIC MINORITIES

VACCINES	
1,881	**34.2%**
TOTAL COVID VACCINES	FOR RACIAL/ETHNIC MINORITIES

CARE FOR VULNERABLE POPULATIONS

57.3%	48,199	5,745	53,944
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS

14,521		
PATIENTS SERVED		
23.7%	**69.3%**	**26.6%**
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
47	**418**	**163**
AGRICULTURAL WORKERS	VETERANS	HOMELESS

SUMMARY OF 2023 ECONOMIC IMPACT AND TAX REVENUE

		Employment (# of FTEs)	Economic Impact	State & Local Tax Revenues	Federal Tax Revenues
Community Impact	Direct	247	$37,289,847	$1,259,449	$4,884,611
	Indirect	103	$15,459,565	$324,848	$1,031,540
	Induced	125	$20,966,199	$621,371	$1,593,215
	Total	**475**	**$73,715,611**	**$2,205,668**	**$7,509,365**
				$9,715,033	

REFERENCES AND DATA SOURCES

- Savings to the System: Nocon et al. Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings. American Journal of Public Health: November 2016, Vol. 106, No. 11, pp. 1981-1989.
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The Value and Impact of
Partnership Health Center

Health centers provide tremendous value and impact to the communities they serve through **ECONOMIC STIMULUS**, **SAVINGS TO THE SYSTEM**, and **CARE FOR VULNERABLE POPULATIONS**. They have also played a critical role in **PANDEMIC RESPONSE**, providing testing, vaccination, and care in-person and virtually, bolstering the public health infrastructure in their communities.

This report highlights the **Partnership Health Center 2023 savings and contributions**, as well as pandemic response data through **February 02, 2024**.

ECONOMIC STIMULUS

270	**279**	**549**
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
$45.5 M	**$44.5 M**	**$90.0 M**
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
$2.7 M	**$9.2 M**	**$11.9 M**
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES

SAVINGS TO THE SYSTEM

24%	**$13.3 M**	**$28.4 M**
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM

PANDEMIC RESPONSE

FQHCs play a critical public health role in pandemic response, targeting vulnerable populations and delivering:

TESTING		
8,076	**7,274**	**12.9%**
TOTAL IN-PERSON COVID TESTS	AT-HOME SELF-TEST DISTRIBUTION	FOR RACIAL/ETHNIC MINORITIES

VACCINES	
16,495	**8.0%**
TOTAL COVID VACCINES	FOR RACIAL/ETHNIC MINORITIES

CARE FOR VULNERABLE POPULATIONS

16.6%	**59,114**	**8,676**	**67,790**
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS

17,604		
PATIENTS SERVED		
13.3%	**66.2%**	**13.6%**
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
255	**717**	**1,526**
AGRICULTURAL WORKERS	VETERANS	HOMELESS

SUMMARY OF 2023 ECONOMIC IMPACT AND TAX REVENUE

		Employment (# of FTEs)	Economic Impact	State & Local Tax Revenues	Federal Tax Revenues
Community Impact	Direct	270	$45,534,434	$1,537,906	$5,964,572
	Indirect	126	$18,877,592	$396,671	$1,259,608
	Induced	153	$25,601,715	$758,753	$1,945,466
	Total	**549**	**$90,013,741**	**$2,693,329**	**$9,169,646**
				$11,862,975	

REFERENCES AND DATA SOURCES

- Savings to the System: Nocon et al. Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings. American Journal of Public Health: November 2016, Vol. 106, No. 11, pp. 1981-1989.
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The Value and Impact of
PureView Health Center

Health centers provide tremendous value and impact to the communities they serve through **ECONOMIC STIMULUS**, **SAVINGS TO THE SYSTEM**, and **CARE FOR VULNERABLE POPULATIONS**. They have also played a critical role in **PANDEMIC RESPONSE**, providing testing, vaccination, and care in-person and virtually, bolstering the public health infrastructure in their communities.

This report highlights the **PureView Health Center 2023 savings and contributions**, as well as pandemic response data through **February 02, 2024**.

ECONOMIC STIMULUS

88	89	177
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
$14.5 M	**$14.1 M**	**$28.6 M**
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
$0.9 M	**$2.9 M**	**$3.8 M**
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES

SAVINGS TO THE SYSTEM

24%	$6.2 M	$14.7 M
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM

PANDEMIC RESPONSE

FQHCs play a critical public health role in pandemic response, targeting vulnerable populations and delivering:

TESTING		
14,734	**27,405**	**3.5%**
TOTAL IN-PERSON COVID TESTS	AT-HOME SELF-TEST DISTRIBUTION	FOR RACIAL/ETHNIC MINORITIES

VACCINES	
7,500	**0.0%**
TOTAL COVID VACCINES	FOR RACIAL/ETHNIC MINORITIES

CARE FOR VULNERABLE POPULATIONS

36.0%	31,077	692	31,769
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS

9,323		
PATIENTS SERVED		
5.6%	**58.1%**	**13.4%**
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
3	**601**	**577**
AGRICULTURAL WORKERS	VETERANS	HOMELESS

SUMMARY OF 2023 ECONOMIC IMPACT AND TAX REVENUE

		Employment (# of FTEs)	Economic Impact	State & Local Tax Revenues	Federal Tax Revenues
Community Impact	Direct	88	$14,491,041	$489,429	$1,898,187
	Indirect	40	$6,007,672	$126,238	$400,862
	Induced	49	$8,147,581	$241,468	$619,132
	Total	**177**	**$28,646,295**	**$857,135**	**$2,918,181**
				$3,775,316	

REFERENCES AND DATA SOURCES

- Savings to the System: Nocon et al. Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings. American Journal of Public Health: November 2016, Vol. 106, No. 11, pp. 1981-1989.
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The Value and Impact of
RiverStone Health

Health centers provide tremendous value and impact to the communities they serve through **ECONOMIC STIMULUS**, **SAVINGS TO THE SYSTEM**, and **CARE FOR VULNERABLE POPULATIONS**. They have also played a critical role in **PANDEMIC RESPONSE**, providing testing, vaccination, and care in-person and virtually, bolstering the public health infrastructure in their communities.

This report highlights the **RiverStone Health 2023 savings and contributions**, as well as pandemic response data through **February 02, 2024**.

ECONOMIC STIMULUS

166	**153**	**319**
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
$24.9 M	**$24.3 M**	**$49.2 M**
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
$1.5 M	**$5.0 M**	**$6.5 M**
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES

SAVINGS TO THE SYSTEM

24%	**$11.8 M**	**$22.8 M**
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM

PANDEMIC RESPONSE

FQHCs play a critical public health role in pandemic response, targeting vulnerable populations and delivering:

TESTING		
4,248	**14,136**	**24.7%**
TOTAL IN-PERSON COVID TESTS	AT-HOME SELF-TEST DISTRIBUTION	FOR RACIAL/ETHNIC MINORITIES

VACCINES	
5,408	**22.5%**
TOTAL COVID VACCINES	FOR RACIAL/ETHNIC MINORITIES

CARE FOR VULNERABLE POPULATIONS

(0.1%)	**64,185**	**1,094**	**65,279**
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS

13,711		
PATIENTS SERVED		
16.0%	**84.7%**	**25.4%**
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
0	**590**	**944**
AGRICULTURAL WORKERS	VETERANS	HOMELESS

SUMMARY OF 2023 ECONOMIC IMPACT AND TAX REVENUE

		Employment (# of FTEs)	Economic Impact	State & Local Tax Revenues	Federal Tax Revenues
Community Impact	Direct	166	$24,888,931	$840,613	$3,260,210
	Indirect	69	$10,318,413	$216,819	$688,496
	Induced	84	$13,993,790	$414,731	$1,063,384
	Total	**319**	**$49,201,134**	**$1,472,163**	**$5,012,090**
				$6,484,253	

REFERENCES AND DATA SOURCES

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The Value and Impact of

Sapphire Community Health, Inc.

Health centers provide tremendous value and impact to the communities they serve through **ECONOMIC STIMULUS**, **SAVINGS TO THE SYSTEM**, and **CARE FOR VULNERABLE POPULATIONS**. They have also played a critical role in **PANDEMIC RESPONSE**, providing testing, vaccination, and care in-person and virtually, bolstering the public health infrastructure in their communities.

This report highlights the **Sapphire Community Health, Inc. 2023 savings and contributions**, as well as pandemic response data through **February 02, 2024**.

ECONOMIC STIMULUS

45	37	82
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
$6.0 M	**$5.8 M**	**$11.8 M**
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
$0.4 M	**$1.2 M**	**$1.6 M**
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES

SAVINGS TO THE SYSTEM

24%	$2.2 M	$4.4 M
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM

PANDEMIC RESPONSE

FQHCs play a critical public health role in pandemic response, targeting vulnerable populations and delivering:

TESTING		
1,269	**3,496**	**6.4%**
TOTAL IN-PERSON COVID TESTS	AT-HOME SELF-TEST DISTRIBUTION	FOR RACIAL/ETHNIC MINORITIES

VACCINES	
1,673	**0.0%**
TOTAL COVID VACCINES	FOR RACIAL/ETHNIC MINORITIES

CARE FOR VULNERABLE POPULATIONS

48.8%	10,673	3,186	13,859
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS

2,652		
PATIENTS SERVED		
16.4%	**68.1%**	**7.0%**
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
3	**86**	**79**
AGRICULTURAL WORKERS	VETERANS	HOMELESS

SUMMARY OF 2023 ECONOMIC IMPACT AND TAX REVENUE

		Employment (# of FTEs)	Economic Impact	State & Local Tax Revenues	Federal Tax Revenues
Community Impact	Direct	45	$5,974,219	$201,777	$782,565
	Indirect	17	$2,476,782	$52,044	$165,263
	Induced	20	$3,359,002	$99,550	$255,250
	Total	**82**	**$11,810,003**	**$353,371**	**$1,203,078**
				$1,556,449	

REFERENCES AND DATA SOURCES

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- Care for Vulnerable Populations: Bureau of Primary Health Care, HRSA, DHHS, 2023 Uniform Data System.
- Full-Time Equivalent (FTE) of 1.0 is equivalent to one full-time employee. In an organization that has a 40-hour work week, an employee who works 20 hours per week (i.e., 50 percent of full time) is reported as "0.5 FTE." FTE is also based on the number of months the employee works. An employee who works full time for four months out of the year would be reported as "0.33 FTE" (4 months/12 months).
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ACKNOWLEDGEMENTS

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The Value and Impact of

Southwest Montana Community Health Center

Health centers provide tremendous value and impact to the communities they serve through **ECONOMIC STIMULUS**, **SAVINGS TO THE SYSTEM**, and **CARE FOR VULNERABLE POPULATIONS**. They have also played a critical role in **PANDEMIC RESPONSE**, providing testing, vaccination, and care in-person and virtually, bolstering the public health infrastructure in their communities.

This report highlights the **Southwest Montana Community Health Center 2023 savings and contributions**, as well as pandemic response data through **February 02, 2024**.

ECONOMIC STIMULUS

137	138	275
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
$22.4 M	**$22.0 M**	**$44.4 M**
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
$1.3 M	**$4.5 M**	**$5.8 M**
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES

SAVINGS TO THE SYSTEM

24%	$9.1 M	$19.7 M
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM

PANDEMIC RESPONSE

FQHCs play a critical public health role in pandemic response, targeting vulnerable populations and delivering:

TESTING		
12,327	**3,860**	**6.4%**
TOTAL IN-PERSON COVID TESTS	AT-HOME SELF-TEST DISTRIBUTION	FOR RACIAL/ETHNIC MINORITIES

VACCINES	
7,072	**8.9%**
TOTAL COVID VACCINES	FOR RACIAL/ETHNIC MINORITIES

CARE FOR VULNERABLE POPULATIONS

(10.9%)	57,487	2,755	60,242
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS

12,243		
PATIENTS SERVED		
16.4%	**69.0%**	**10.4%**
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
27	**413**	**581**
AGRICULTURAL WORKERS	VETERANS	HOMELESS

SUMMARY OF 2023 ECONOMIC IMPACT AND TAX REVENUE

		Employment (# of FTEs)	Economic Impact	State & Local Tax Revenues	Federal Tax Revenues
Community Impact	Direct	137	$22,484,697	$759,411	$2,945,279
	Indirect	62	$9,321,669	$195,874	$621,989
	Induced	76	$12,642,011	$374,669	$960,662
	Total	**275**	**$44,448,377**	**$1,329,954**	**$4,527,930**
				$5,857,883	

REFERENCES AND DATA SOURCES

- Savings to the System: Nocon et al. Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings. American Journal of Public Health: November 2016, Vol. 106, No. 11, pp. 1981-1989.
- Economic Stimulus: Economic impact was measured using 2022 IMPLAN Online from IMPLAN Group LLC, IMPLAN System (data and software), 16905 Northcross Dr., Suite 120, Huntersville, NC 28078, www.IMPLAN.com. Learn more at www.caplink.org/how-economic-impact-is-measured.
- "Low Income" refers to those with earnings at or below 200% of federal poverty guidelines.
- Care for Vulnerable Populations: Bureau of Primary Health Care, HRSA, DHHS, 2023 Uniform Data System.
- Full-Time Equivalent (FTE) of 1.0 is equivalent to one full-time employee. In an organization that has a 40-hour work week, an employee who works 20 hours per week (i.e., 50 percent of full time) is reported as "0.5 FTE." FTE is also based on the number of months the employee works. An employee who works full time for four months out of the year would be reported as "0.33 FTE" (4 months/12 months).
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CEO and Leadership Report

May 2024
Partnership Health Center Board Meeting

PHC
PARTNERSHIP HEALTH CENTER

STRATEGIC DIRECTION TIMELINE continued…. 2024-2025

PHC
PARTNERSHIP HEALTH CENTER

Vision: Healthy People, Strong Communities

Mission: To promote optimal health and well-being for all through comprehensive, patient-focused, accessible and equitable care.

Values: Equity. Respect. Compassion. Community. Service Excellence

Pillars

Joy at Work

Impeccable Quality

Innovations in Population Health

Barrier-Free Access

Operational Excellence

Strategic Objectives

Service Expansion

- 1.1 **Capacity**: Service expansion efforts undergo resource management plans to ensure accurate staff capacity
- 2.1 **Maintain Quality:** As we expand services, we maintain or exceed our quality
- 3.1b **Youth BH Access:** All Title 1 Schools have the behavioral health support they need.
- 3.1b **Same-day/Urgent:** One or more sites offers same-day/urgent care services.
- 4.1 **Convenient Hours:** Extended hours and the addition of a Saturday clinic
- 5.1 **Meet the need:** Continue to increase the number of unique patients seen each year

Internal Optimization

- 1.2 **Autonomy:** Employ a distributive Leadership model to afford autonomy to departments and promote an environment where patients and staff thrive.
- 2.2 **Collaborative solutions:** Improve outcomes by implementing an improvement process that enhances collaboration between departments, teams and services
- 3.2 **Value and impact:** Internal and external stakeholders understand and value our innovative programming
- 4.2 **Easy access:** Access to all PHC services is easy and barrier-free.
- 5.2 **Smooth days**: All departments use daily management systems to reduce waste and improve effectiveness

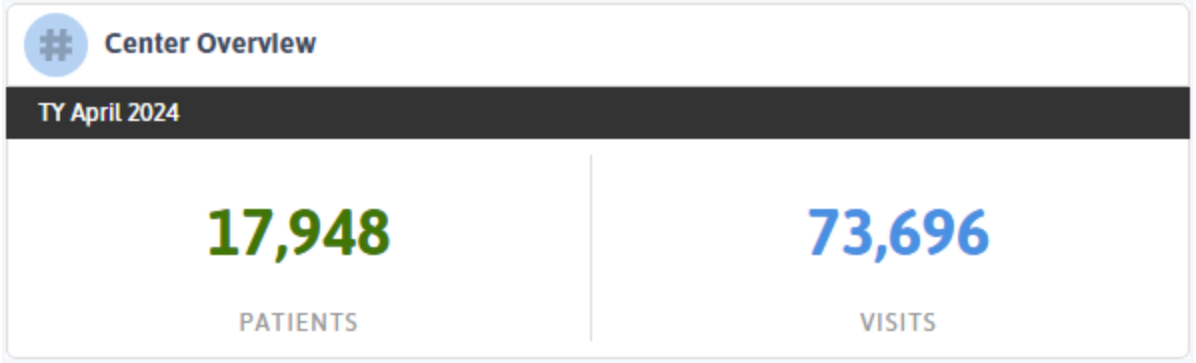
Financial Sustainability/Growth

- 1.3 **Employer of Choice:** We recruit and retain a diverse team, offering meaningful work that improves lives, and competitive wages and benefits
- 2.3 **Reduce Waste:** We reduce waste to improve quality
- 3.3 **Payment models:** Research and explore innovative payment models
- 4.3 **Staffing:** Service expansions are appropriately staffed to provide accessible, high-quality care
- 5.3 **Key Technology Systems:** Implement EMR and Financial Software systems to modernize all functioning.

Org. Chart Changes

Hold please.....

Access



Patients with Qualifying Encounters
MEASURE

FILTER

PERIOD: TY April 2024
RENDERING PROVIDERS: All Rendering Provid...

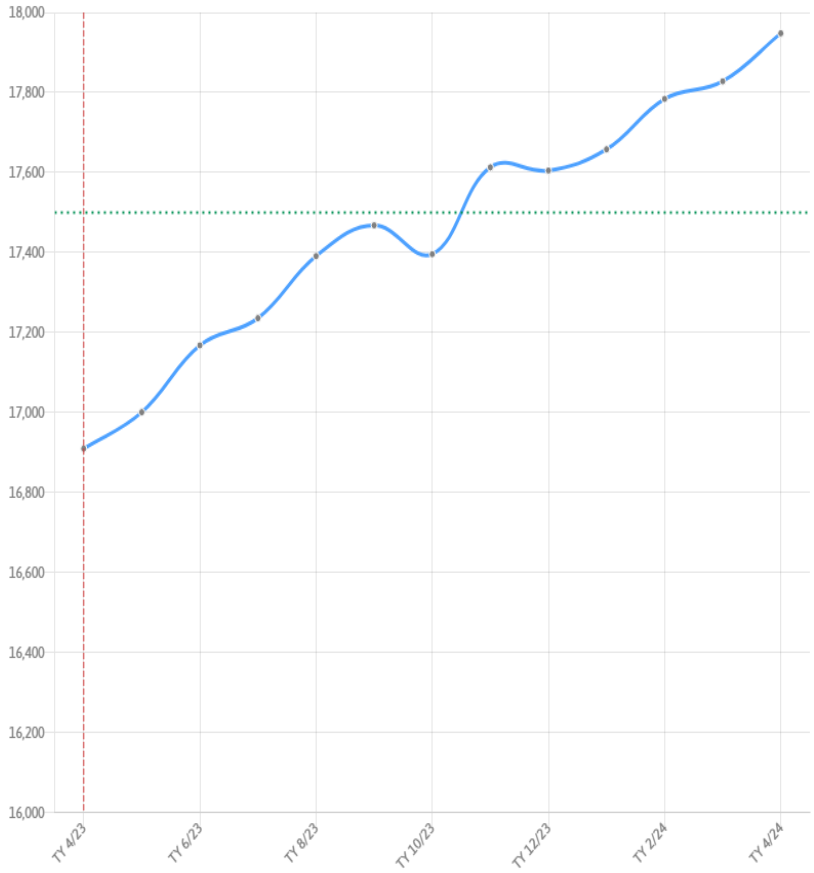
Add Filter | Update

MEASURE ANALYZER | DETAIL LIST | VALUE SETS

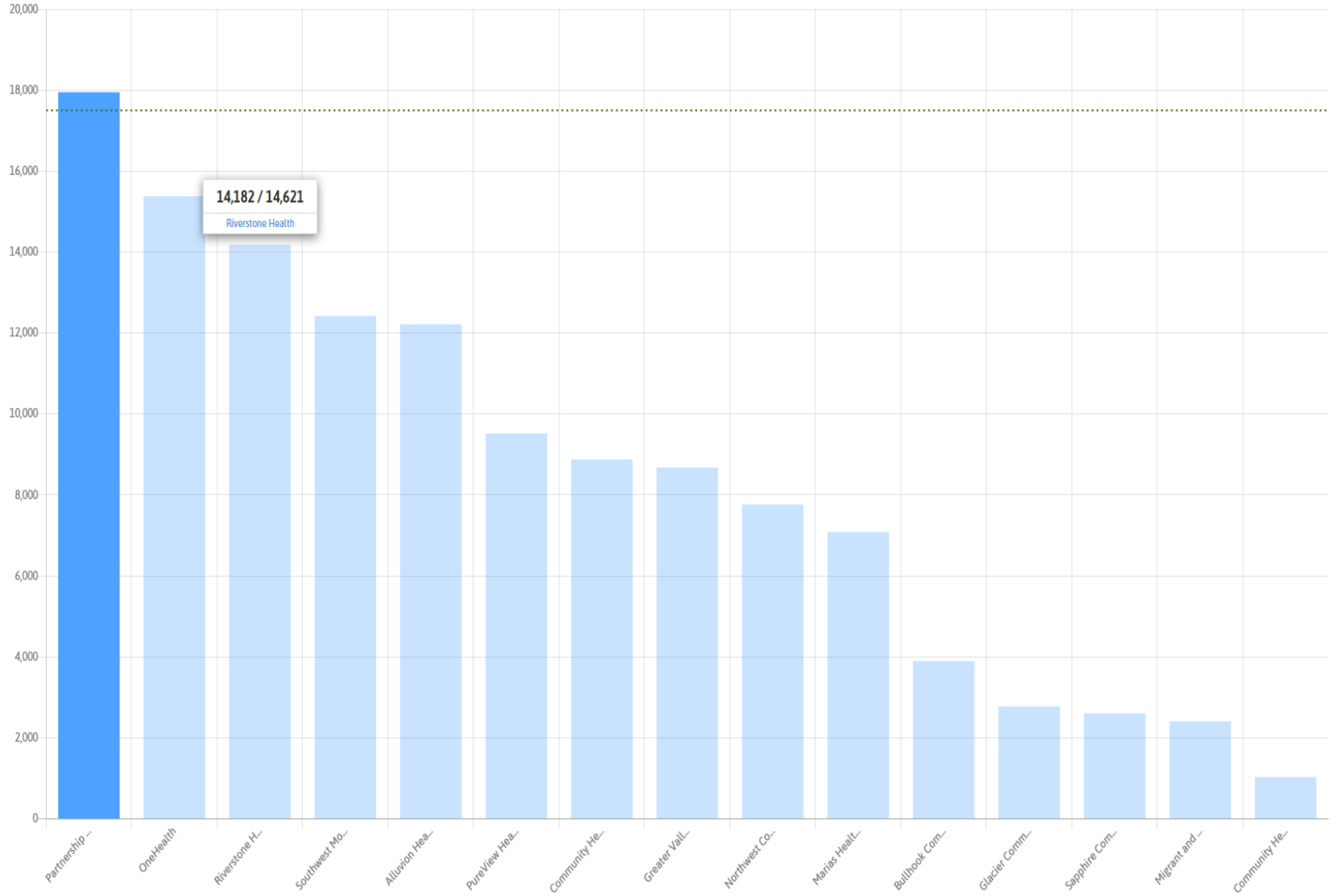
17,948
Numerator
1,038
TY 4/23

18,287
2022 ...
17,500

TY 4/24
GROUP BY None



Comparison
GROUP BY Center



Economic Impact Report

The Value and Impact of
Partnership Health Center

ECONOMIC STIMULUS

270	279	549
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
$45.5 M	$44.5 M	$90.0 M
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
$2.7 M	$9.2 M	$11.9 M
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES

SAVINGS TO THE SYSTEM

24%	$13.3 M	$28.4 M
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM

CARE FOR VULNERABLE POPULATIONS

16.6%	59,114	8,676	67,790
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS

17,604		
PATIENTS SERVED		
13.3%	66.2%	13.6%
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
255	717	1,526
AGRICULTURAL WORKERS	VETERANS	HOMELESS

CAPITAL LINK

www.caplink.org

SUMMARY OF 2023 ECONOMIC IMPACT AND TAX REVENUE

		Employment (# of FTEs)	Economic Impact	State & Local Tax Revenues	Federal Tax Revenues
Community Impact	Direct	270	$45,534,434	$1,537,906	$5,964,572
	Indirect	126	$18,877,592	$396,671	$1,259,608
	Induced	153	$25,601,715	$758,753	$1,945,466
	Total	**549**	**$90,013,741**	**$2,693,329**	**$9,169,646**
				$11,862,975	

Finance
CFO Report

PHC
PARTNERSHIP
HEALTH CENTER

Chief Financial Officer Report

March 2024

PHC
PARTNERSHIP HEALTH CENTER

March

Medical Encounters
YTD total is 33,263 and the Budget is 34,166 for a % variance of -2.6.

Behavioral Health Encounters
YTD Total is 8,206 and the Budget is 8,477 for a % variance of -3.2.

School Based Encounters
YTD Total is 715 and the Budget is 922 for a % variance of -22.4.

Dental Encounters
YTD Total is 9,856 and the Budget is 10,904 for a % variance of -9.6.

Pharmacy Prescriptions
YTD Total is 91,791 and the Budget is 86,688 for a % variance of 5.9.

Consolidated Days Cash on Hand is 235.5 days calculating available cash and investments of $28.07m.
Days in Accounts Receivable are 52, and the current receivable balance is $2,815,678.
Clinical AR is presented gross and does not include an adjustment for assessment of collectability.

YTD Fee Revenue is $24.33m with a Budget of $26.35m for a % variance of -7.7%.
YTD Total Revenue is $31.13m with a Budget of $34m for a % variance of -8.5%.

YTD expenses are $33.18m with a Budget of $35.67m for a % variance of -7%.

YTD Net Income is $-2,054,244 with a Budget of $-1,656,497 for a % variance of 24.01%.

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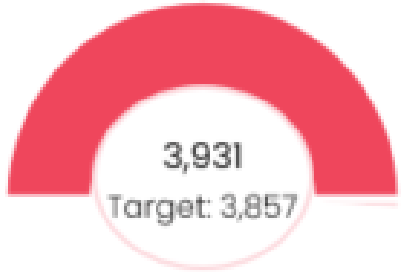
PARTNERSHIP HEALTH CENTER

Patient Service

Volumes, Reporting Month

Medical



101.9%

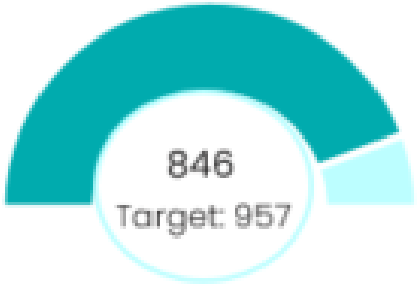
Dental

94.4%

School Based Behavioral Health

99%

Behavioral Health



88.4%

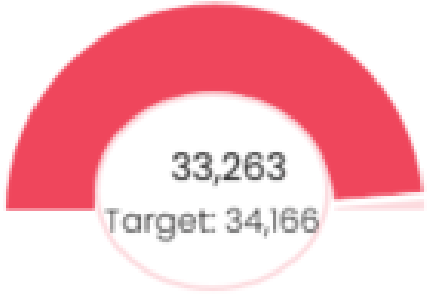
Pharmacy

106.6%

Patient Service

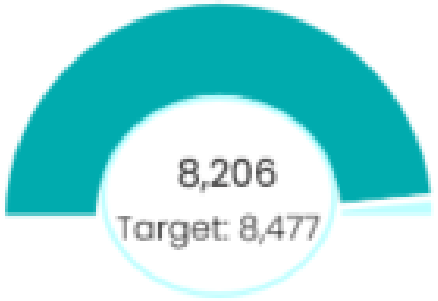
Volumes, Year to Date

Medical



97.4%

Behavioral Health



96.8%

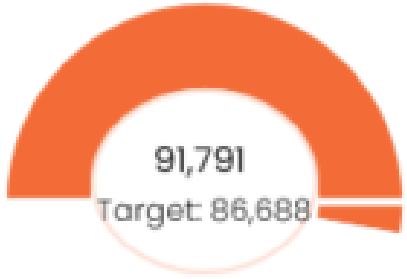
School Based Behavioral Health

77.6%

Dental

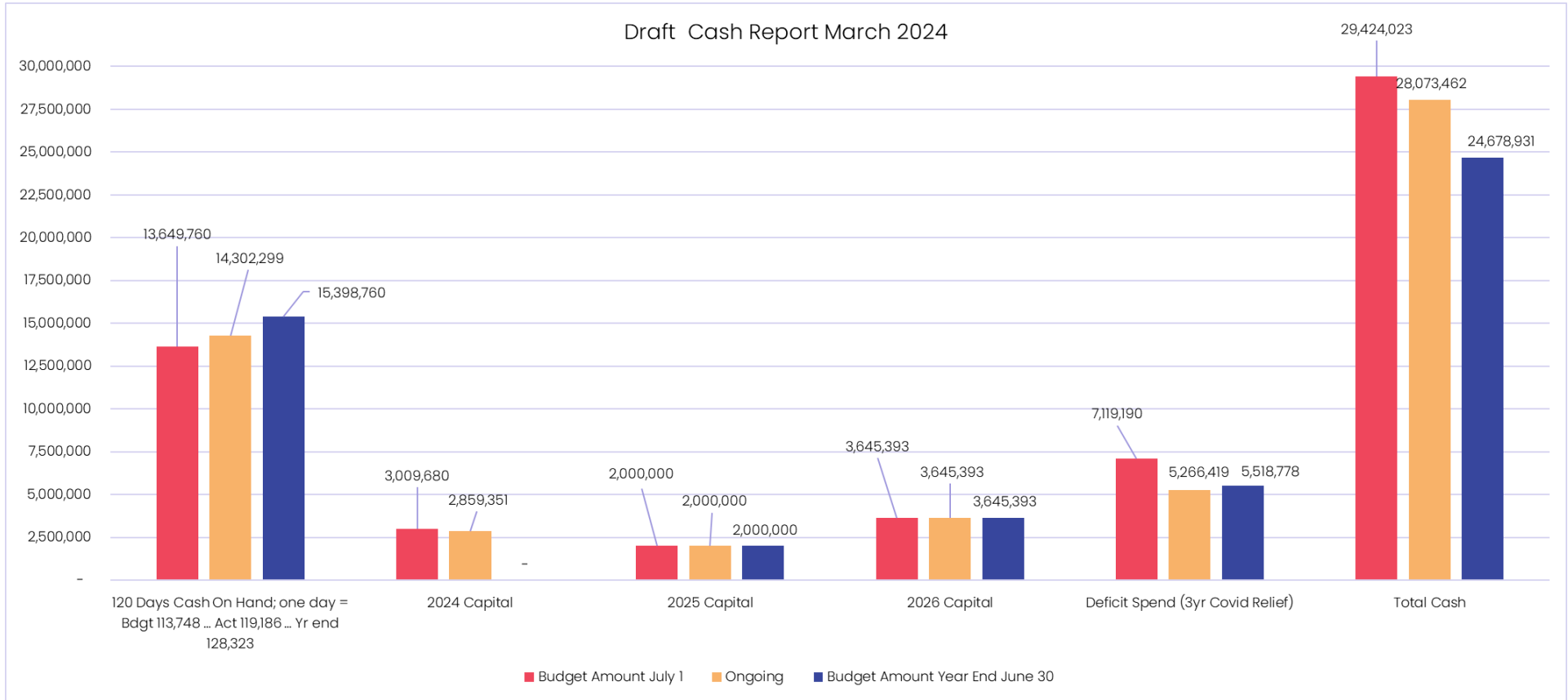
90.4%

Pharmacy



105.9%

Cash


Draft Cash Report March 2024
30,000,000
27,500,000
25,000,000
22,500,000
20,000,000
17,500,000
15,000,000
12,500,000
10,000,000
7,500,000
5,000,000
2,500,000
-
13,649,760
14,302,299
15,398,760
3,009,680
2,859,351
-
2,000,000
2,000,000
2,000,000
3,645,393
3,645,393
3,645,393
7,119,190
5,266,419
5,518,778
29,424,023
28,073,462
24,678,931
120 Days Cash On Hand; one day = Bdgt 113,748 ... Act 119,186 ... Yr end 128,323
2024 Capital
2025 Capital
2026 Capital
Deficit Spend (3yr Covid Relief)
Total Cash
Budget Amount July 1
Ongoing
Budget Amount Year End June 30

PARTNERSHIP HEALTH CENTER
DRAFT STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
For the Month Ended March 2024

	ACTUAL MTD	ACTUAL YTD	YTD BUDGET	Accrual AUDITED 2023	Accrual AUDITED 2022
OPERATING REVENUE					
Charges for Services	2,537,180	24,333,615	26,352,015	33,717,396	31,060,515
Operating Revenue	2,537,180	24,333,615	26,352,015	33,717,396	31,060,515
On-Behalf Revenue-Pensions				571,772	1,154,677
Total Operating Revenue	2,537,180	24,333,615	26,352,015	34,289,168	32,215,192
OPERATING EXPENSES					
Personnel	2,096,581	19,036,463	20,791,746	27,242,968	19,732,184
Other Operating Expenses	1,620,297	13,542,774	14,284,867	13,228,337	15,615,714
Depreciation	61,936	557,426	557,426	596,004	648,113
Operating Expenses	3,778,815	33,136,663	35,634,040	41,067,309	35,996,011
Uncompensated Absences				1,618,576	1,547,995
Pension Expense				2,766,606	1,626,775
OPEB Expense				81,943	113,811
Total Operating Expenses	3,778,815	33,136,663	35,634,040	45,534,434	39,284,592
Operating Loss	(1,241,634)	(8,803,048)	(9,282,024)	(11,245,266)	(7,069,400)

	ACTUAL MTD	ACTUAL YTD	YTD BUDGET	Accrual AUDITED 2023	Accrual AUDITED 2022
NON-OPERATING REVENUE (EXPENSE)					
Intergovernmental Revenue	577,978	5,316,126	5,848,247	10,206,566	9,717,122
Private/Local Grants and Donations	205,014	1,280,797	1,502,863	279,018	471,287
Miscellaneous Revenue	23,394	128,214	252,503	173,199	239,147
Investment Earnings	13,932	66,448	54,000	84,574	8,418
Interest Expense	-	(42,781)	(32,086)	(45,813)	(51,438)
Loss on Disposal of Assets				(343,452)	
Total Non-Operating Revenue (Expense)	820,317	6,748,805	7,625,527	10,354,092	10,384,536
Change in Net Position	(421,317)	(2,054,244)	(1,656,497)	(891,174)	3,315,136
Net Position, Beginning of Year		27,278,889	27,278,889	27,278,889	23,963,751
Net Position, End of Period		25,224,645	25,622,392	26,387,715	27,278,889

March Capital Purchases

Description	Cost	Budget
March – work on Alder roof	$88,823	$130,000
February – None	$0	$0
January – None	$0	$0
Quarter 2 Oct.-Dec. Design work, phone infrastructure	$7,736	$0
Quarter 1 July-Sept: Dental Cabinets, IT Network, Switches	$53,770	$46,000
Total	$150,329	$176,000

Performance Indicators

Financial Sustainability and Growth

Drill Down Measure

Unique Patients

Unique Patients: 4/3/23 to 3/29/24

OE

14,370 Medical

5,503 Dental

2,306 (4) BH

17,795 Total

OE = Operational Excellence

PHC PARTNERSHIP HEALTH CENTER

Drill Down Measure

Cost Per Encounter

Medicaid APM Rate for 2024: $342.10

Medicaid APM Rate for 2023: $326.74

	FY Q1	FY Q2	Jan. YTD	Feb. YTD	Mar. YTD	Budget YTD
Medical	367	381	381	370	367.35	396.21
Dental	311	327	336	328	324.49	333.21
Behavioral Health	391	393	394	385	388.61	441.54
School Based Health	336	196	197	176	168.36	128.23
Total Clinical	361	371	373	362	360	386.33
Pharmacy	129	132	128	127	126.47	136.56

Calculations include overhead allocation

All expenses are included, depreciation and expenses for grant activities.

Drill Down Measure
Operating Margin

net income / total revenue

	Actual	Budget
July:	-4.7%	-4.9%
August:	-4.0%	-4.9%
September:	-7.6%	-4.9%
October:	-5.5%	-4.9%
November:	-9.3%	-4.9%
December:	-11.0%	-4.9%
January:	-16.4%	-4.9%
February:	8.9%	-4.9%
March:	-12.5%	-4.9%
Year To Date:	-6.6%	-4.9%

Excluding information added during the financial audit:
On-Behalf Revenue-Pensions
Uncompensated Absences
Pension Expense
OPEB Expense

PHC
PARTNERSHIP HEALTH CENTER

Bryan Chalmers
Chief Financial Officer
Partnership Health Center
Direct: (406) 258-4445 | **Main:** (406) 258-4789

PHC
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HEALTH CENTER

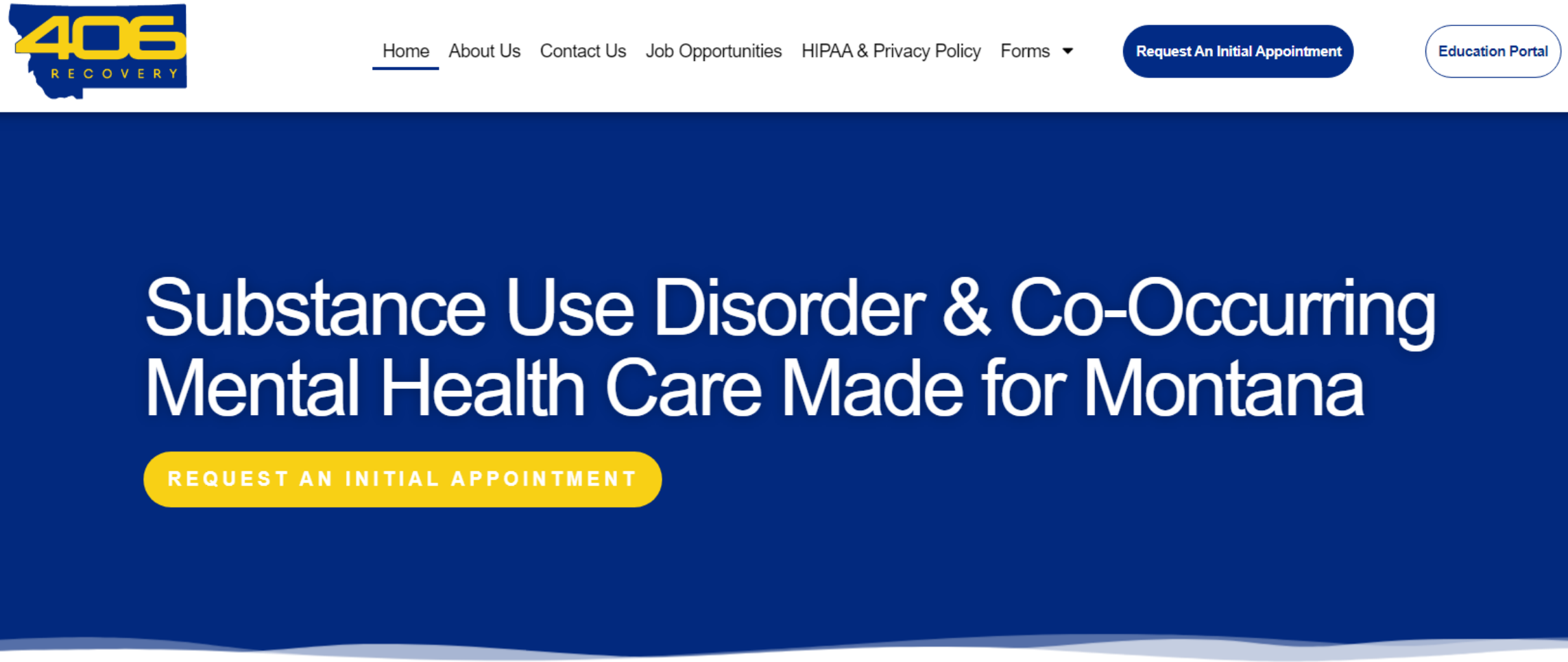
Integrated Services Clinical Programs

CMO Report

PHC
PARTNERSHIP HEALTH CENTER

Psychiatry-Support

- We are currently contracted with 406-recovery to get support for out providers and Psychiatric Nurse Practitioners.



Commonly Used Behavioral Health Screenings - Adult

Depression

Patient Health Questionnaire – Depression Symptoms (PHQ-9)

Anxiety

Generalized Anxiety Disorder-7 (GAD-7)

Suicide Risk

Columbia Suicide Severity Rating Scale (C-SSRS)

PTSD and Trauma

Primary Care - Posttraumatic Stress Disorder-5 (PC-PTSD-5)

Substance Use

Alcohol and Substance Use Screening Questionnaire (AUDIT-C+2)

Eating Disorder

Sick, Control, One Stone, Believing Fat, Food (SCOFF)

ADHD and Related **Symptoms**

Wender Utah Rating Scale (WURS)

Adult ADHD Self-Rating Scale (ASRS)

Social Determinants

Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)

Commonly Used Behavioral Health Screenings - Pediatrics

Internalizing **&** Externalizing Symptoms

Patient Symptom **Checklist-17 (PSC-17)**

Depression

Patient Health Questionnaire Adolescent – Depression Symptoms (PHQ-A)

Anxiety

Screen for Child Anxiety Related Disorders (SCARED)

Suicide **Risk**

Columbia Suicide Severity Rating Scale (C-SSRS**)**

Trauma

Child Trauma Screen (CTS)

Substance **Use**

Car, Relax, Alone, Forget, Family+Friends, Trouble (CRAFFT)

Eating **Disorder**

Eating Disorder Examination-Questionnaire adapted for Children (ChEDE-Q8)

ADHD and Related **Diagnoses**

Vanderbilt Assessment Scales

Social Determinants

Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)

Operations
COO Report

Initiative	Status	Objective Alignment	KPIs
Performance Improvement (Quality and Performance Improvement)	• Engaging with Avior Group as our Lean consultants to implement Lean process improvement with Daily Management Boards • Our new Performance Excellence Facilitator, Cassandra Griffith!	Impeccable Quality Internal Optimization	Clinical Quality - UDS Patient Satisfaction
Quality Assurance (Compliance, Risk, Safety, Emergency Preparedness)	• Staci Finley – Quality Assurance Manager • FTCA Deeming Application, due June 2024 • Med Trainer Compliance and Training Software Implementation • Monitoring and triggering data hygeine and sustainability • Part of Value Based Care Team and QDI group with MTPCA • Compliance Officer, HIPPA Officer, OSHA Officer	Impeccable Quality Operational Excellence Internal Optimization	Clinical Quality Patient Satisfaction
Improvement Work	• Lab conversion to in-house phlebotomy (January-April)- COMPLETE! • Vision of CareTeams support (May) • Onboarding Improvements (June 2024) • Mortality Review Process (January- June) • Trans-committee improvements (ongoing) • Increased access with Medical appt scheduling changes • Defined shared document and clinic-wide communication guidelines • Improving Diagnostic imaging communication with community partners • Unknown income data entry improvements • Cultivated outreach to Native American patients around importance of Medicare Wellness Visits	Barrier-Free Access Operational Excellence Internal Optimization Growth	Clinical Quality Measures Cost per encounter Financial Sustainability/Growth
Management Structure Development	**Executive Leadership:** COO: Marge Baack **Senior Leadership:** Staci Finley – Quality Assurance Manager Cris Fleming – Director of Clinics Eric Halvorsen – Director of Communications Cassacdra Griffith- Performance Excellence Manager **Combined Leadership:** Laurie Gendrow – Medical Records	Operational Excellence	Clinical Quality Staff Engagement Financial Sustainability/Growth

Quality Assurance

Medtrainer:

- Compliance Training
- Expanding to department-specific onboarding
- MSDS resource
- Coming soon...incident reporting!
- Possibly Contracting

Credentialing Process Improvement:

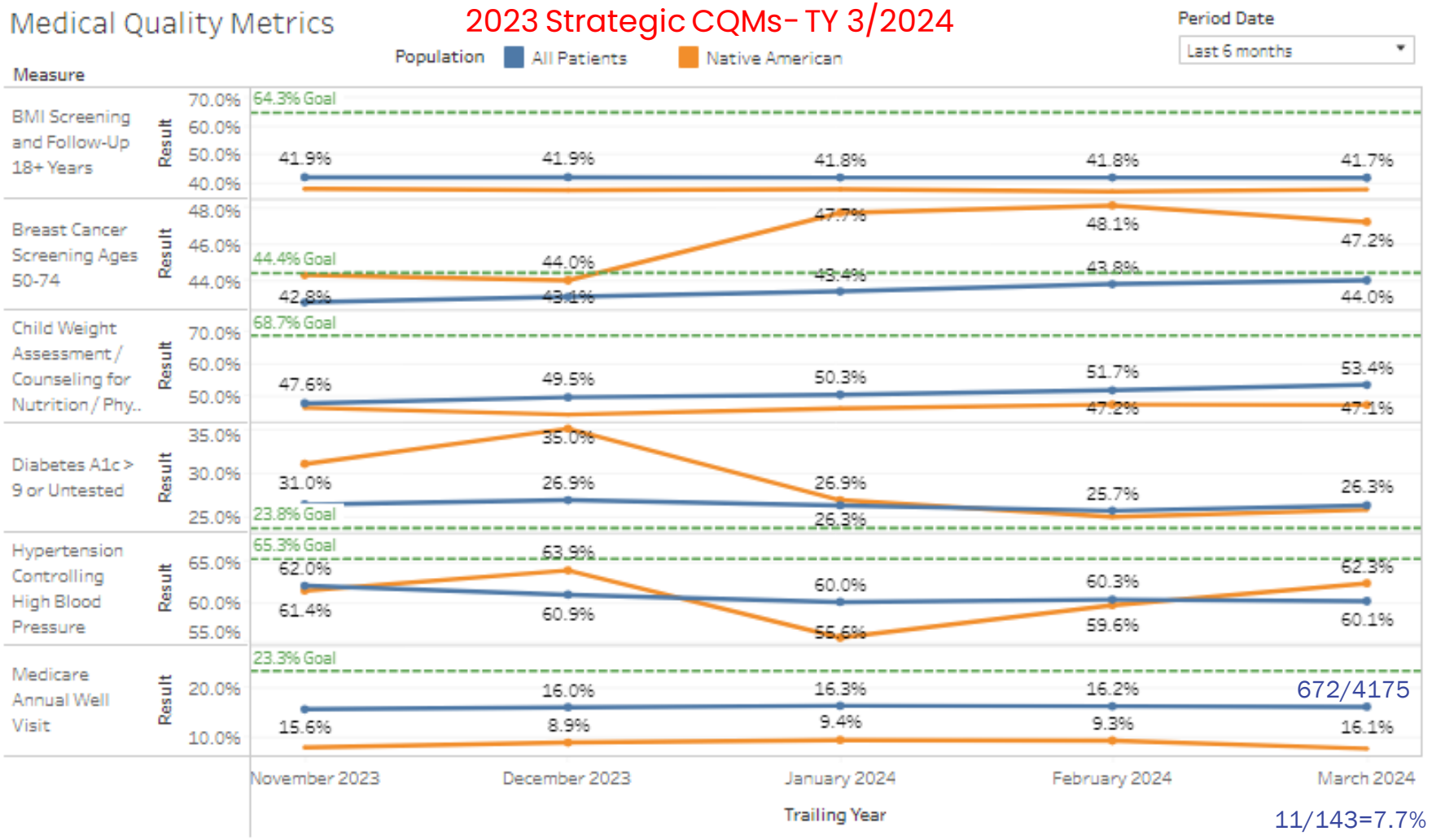
- Keystakeholder analysis of process

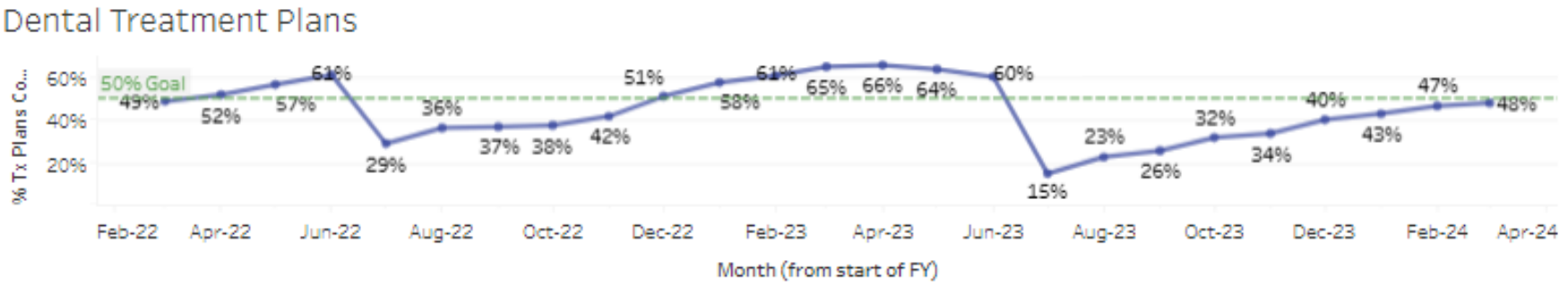
Impeccable Quality Dashboard

Continually and systematically act on measure results to improve health outcomes for all those we serve, with our human-centered, evidence-based, integrated model of care. Targets are set for FY 2024 (7/1/23-6/30/24).

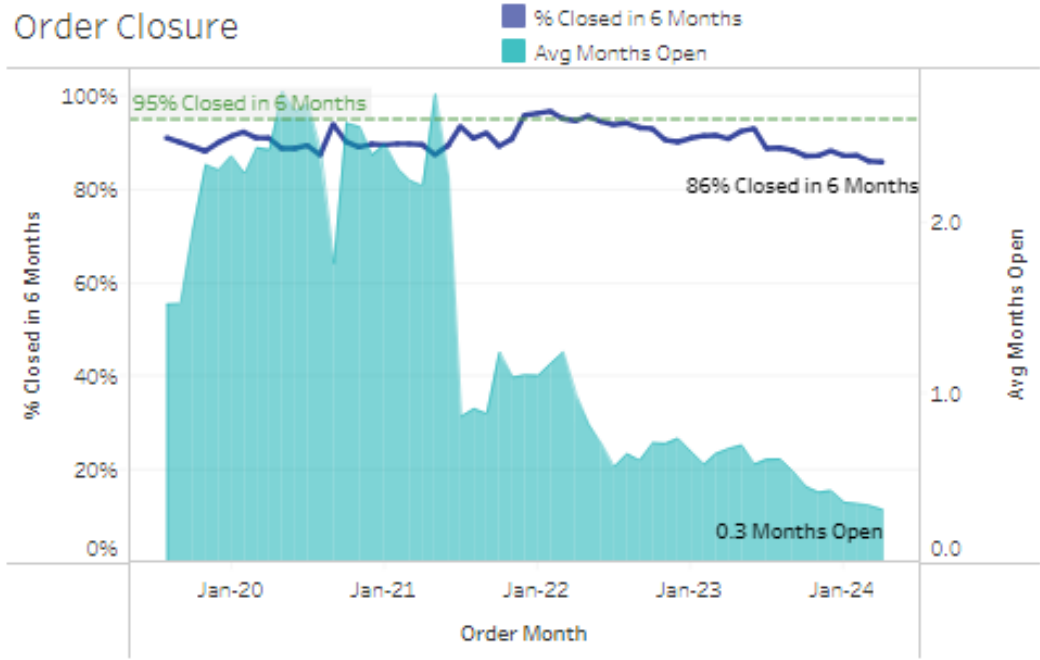
Interventions:

- *Providers are receiving their UDS data in comparison to Teams and the Clinic*
- *Panel Managers and Care Coordinator population health initiatives*
- *Education on best practices for documentation in eCW until we shift to EPIC*
- *Care Coordinators proactively searching other EHRs for records*
- *Skye and Geriatrics Team looking at specific interventions for Native American Populations MWVs*

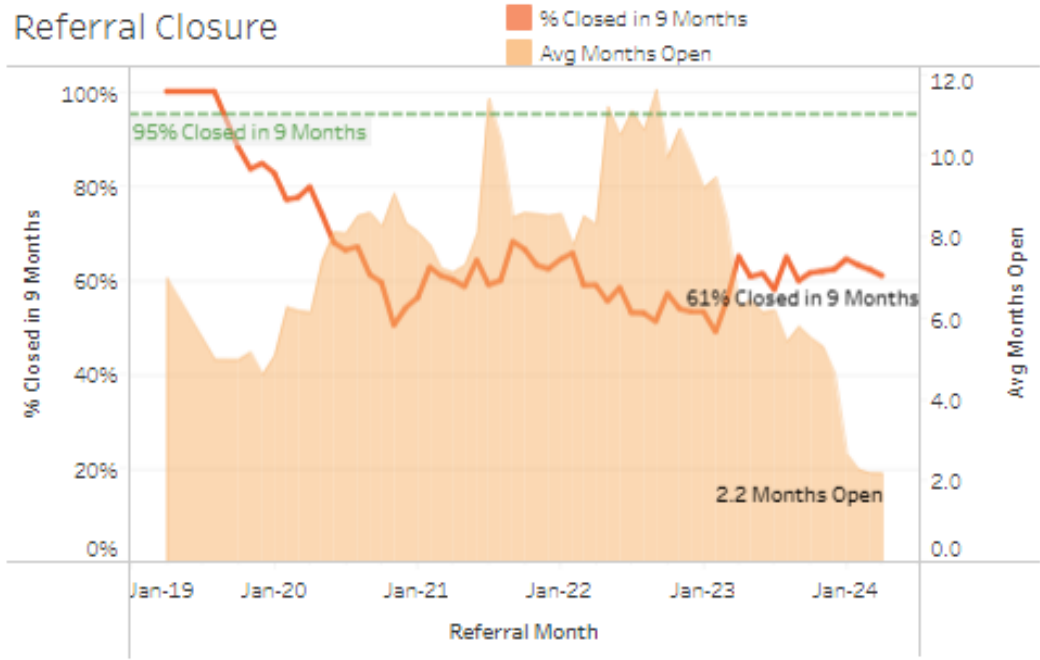




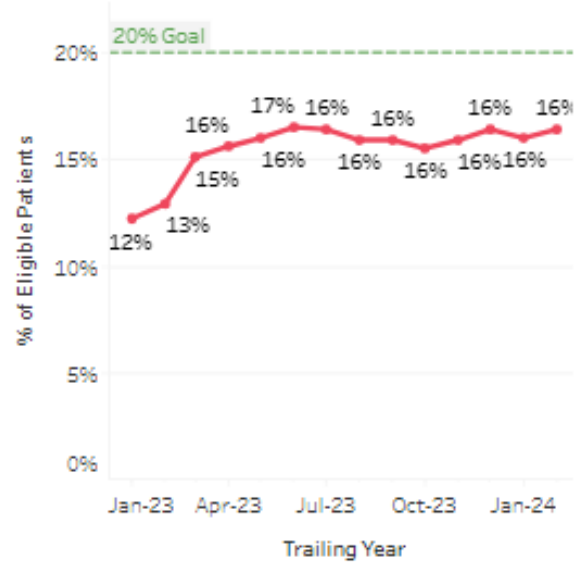
Order Closure



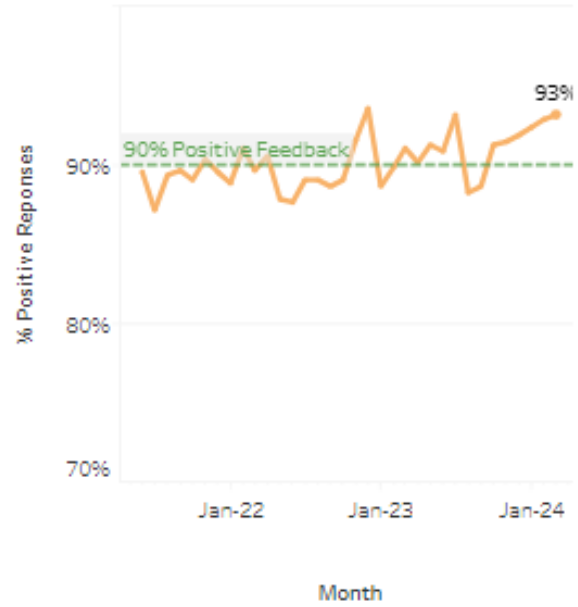
Referral Closure



PTs w/ Medicare Wellness Visit



LUMA Feedback



Operations

- Lab Transition! Inhouse Phlebotomy started 4/2/24=Complete!
- new **Translation Services** (Propio)
  - Increased connections and decreased cost (30% discount) and more customization!
- Upgrading and replacing **Exam tables**
- Creative onboarding and competencies to address retention and turnover

Performance Excellence

Welcome our new Performance Excellence Facilitator, starting in May...

Cassandra Griffith!

- Launching Lean Initiative:
  - Lean Daily Management
  - Education/certifying white and yellow belts
  - Steering committee determining prioritized projects with Avior Group this month

PHC Lean Six Sigma System Roadmap

White Belt Training for Quality Improvement Team

Short Description
Start: Apr 2, 2024

Performance Excellence Facilitator

Collection of Improvement Work
Start: May 2024

First Lean Six Sigma (LSS) Process Improvement Project

Led by Ray H; Mentoring PEF

May 2024

Second LSS Project

Short Description
June 2024

White Belt Training for all new staff

Will be added to orientation schedule

White Belt Training for all current staff

Schedule to be determined

Slowing down to speed up

01

02

03

Vision of Care Teams

Defining role clarity for all Team members for optimal patient experience and smooth workflows

Start: April 29, 2024

Prioritization of Improvement Projects

Steering Committee to Prioritize projects

Start: April 29, 2024

Lean Daily Management Boards

Deploy to PSR, Care Teams

May 15, 2024

Yellow Belt Training (Department/Process focused Projects)

Start: June 2024

24 hrs of LSS training; Team-based; Make a quantifiable change to an important process with your scope of control

Infrastructure CIO Report

Electronic Health Record

Contract is being reviewed

IT Services

- Rebuilding servers/Migrating ecw Database
- Working on a plan for cleaning-up and improving document management/storage
- Testing alternate data storage/visualization platforms
- Need to replace Dental Xray system that is end of life (Probably MIPACS)

Facilities

- Creamery Chiller replaced in March 2024
- Alder Roof replacement and RTU replacement planned for Spring 2024; awaiting C8E grant approval for roof
- Requesting feasibility study from Solar Plexus and OnSite Energy to assess installation of solar panels at Alder and Creamery
- Painting updates at Creamery
- Countertop replacements in dental
- Finishing LED lighting upgrades at Creamery
- Updating emergency exit lights & lighting at Creamery and Alder

Business Development

Business Cases

- Lab
- Radiology
- Pharmacy Expansion
- Hours of Operation

Innovations – Community Programs CINNO Report

Closing the $1,000,000 Funding Gap

- HRSA has released two expansion award s that are specifically for community health centers **AND** there may be more.
- We have strong community partners committed to our success (e.g. homeward and County Community Justice, University of Montana).
- We have a new team member (Skye!) who is a skilled grant writer.
- We have already written for $1,349,9539 dollars and plan to write for $2,453,990 more

Sustaining and Expanding Current Grant Funding to support CURRENT initiatives

Crises Diversion Grant – Due May 31st – Total award to PHC $241,968. An increase of about $75,000 to support the Strategic Alliance For improved BH

Ryan White Part C Grant – Due March 17th - 300,382**. A small increase to support cost of living**

Seeking new Funding To Support Strategic Initiatives: Trinity

- SAMHSA Strategic Prevention Framework ($350,000) Submitted
- Office of Minority Health Community Level Innovation ($599,971) Due May 15th.
- CAF Grant ($128,637) due May 15
- Otto Bremer Trust, due June 6th ($75,000)
- Clearwater Credit Union Foundation ($30,000) **Secured by Homeward for nav center**
- **MTHCF Invited Application ($100,000)**
- **HRSA – Justice Transitions ($500,000) due July 2nd**
- **HOME ARP (75,000) Invited Applicaiton**

Seeking New Funding Opportunities
Other Strategic Initiatives

- SAMHSA Systems of Care ($999,539) Submitted
- HRSA BH Expansion (600,000) due 6/21/2024
- RWJF (250,000) Due 6/3/2024

Celebrate!

- Netta Linder will travel to Indonesia on a YSEALI reciprocal exchange program!
- Amir traveled to Missoula last summer to learn about HIV Prevention and treatment
- Netta will travel to Indonesia to learn about and present on Mental Health stigma to students and physicians.

PHC Board Meeting – March 2024

Recent Fully Executed Contracts

Contractor	Purpose	Term	Date Approved
MST	BAA	Ongoing	5/3/24
Propio	BAA and PSA – language line	Ongoing	5/8/24

ACRONYM	DEFINITION
AA	Affiliation Agreement
BAA	Business Associates Agreement
EA	Employment Agreement
EFT	Electronic Funds Transfer
FUA	Facility Use Agreement
ICA	Independent Contractor Agreement
MOU	Memorandum of Understanding
PSA	Professional Service Agreement

PARTNERSHIP HEALTH CENTER (PHC)
BOARD OF DIRECTORS MINUTES
April 12, 2024

P/M PRESENT:

Kathleen Walters (*Chair* – P/M*)*
John Crawford (*Vice-Chair* – P/M)
Joe Melvin (*Treasurer* – P/M)
Jay Raines (P/M)
Annie Green (P/M)
Patty Kero (P/M)
Jeff Weist (P/M)
Nathalie Wolfram (P/M)
Suzette Baker (P/M)

ABSENT:

Karen Myers (NP/M) - **Excused**

OTHER:

Ken Soto- Cuevas
Hailie Bass

RECORDING SECRETARY:

Bri Walker, Senior Executive Assistant
Stacy Newell, Credentialing Coordinator

(Purple = virtual)

NP/M PRESENT:

Jilayne Dunn (*Secretary* – NP/M)
Dave Strohmaier (NP/M)
Sara Heineman (Ex-Officio – NP/M)
Mark Thane (NP/M)

STAFF:

Lara Salazar, Chief Executive Officer (CEO)
Bryan Chalmers, Chief Financial Officer (CFO)
Jody Faircloth, Chief Infrastructure Officer (CIO)
Dr. James Quirk, Chief Medical Officer (CMO)
Jaime Dixon, Assistant CFO
Becca Goe, Chief of Innovations (CINNO)
Marge Baack, Chief of Operations (COO)
Skye McGinty, Chief Diversity and Equity Officer (CDEO)
Dr. Sarah Potts, Behavioral Health Director
Raina Moss, Pharmacy Director
Brent Dehring, Pharmacy Director
Jenna Buska, Director of Business Development
Staci Finley, Quality Assurance Manager
Jen Gregory, Director of Employee Relations
Eric Halverson, Communications Director
Rob Stenger, Residency Program Director
Dr. Jazmin Nelson, Dental Director

ISSUE	DISCUSSION	ACTION

EDUCATION SESSION	**Education:** Risk and Safety Report Review with Staci Finley. Key Elements:
	• FTCA reporting changes implemented.
	• Staff training overview.
	• Daphne reporting trends – 586 reports in 2023
	  o 198 aggressive/inappropriate behavior concerns
	  o 45 medical care concerns
	  o 145 patient feedback reports
	• Biannual risk management assessments of the clinic.
	• In person CPR/BLS for staff is planned.
	• Dashboard displayed – required by FTCA.	

CALL TO ORDER	The meeting was called to order by Kathleen Walters, Board Chair, at 12:02 p.m.	
LAND STEWARDS	**Acknowledgement:** Kathleen Walters acknowledged the Indigenous land stewards: *Partnership Health Center respectfully acknowledges that we occupy the traditional homelands of the Séliš, Qĺispé, and Ktunaxa-Ksanka nations. We also recognize that these lands are a site of trade, medicine gathering, healing, and travel for other Native tribes in the area and is still home for many Indigenous people. We extend our gratitude for those who have stewarded this land since time immemorial. We acknowledge that the health care system has played a role in the oppression of Indigenous peoples. We commit to ongoing learning about the impact of colonization on the health and wellbeing of Indigenous peoples, and we commit to meaningful action that reverses health disparities.*	
PUBLIC COMMENTS	None	
REFERRALS/ COMMENTS FROM BOARD	Dave Strohmaier reminded the Board and staff that the closure of Pyramid Mountain Lumber in Seeley Lake will likely have an impact on PHC.	
INTRODUCTION	Ex-Officio, Sara Heineman introduced and gave overview of background.	

BOARD MEMBER NOMINATION	New Board Member, Suzette Baker introduced; gave background.	*It was moved, seconded (Jeff Weist/Jay Raines) and carried to approve the nomination of Suzette Baker. The vote was unanimous.
COMMITTEE UPDATES ***Executive/Finance***	**Executive/Finance Committee (EFC):** The group met for an in-depth review of the financial report. All Board members are invited to listen in each month. No additional updates – minutes of meetings included within this packet for review.	
POLICY REVIEW	**Policy Review and Approval:** • Staci Finley presented the Annual Risk and Safety Policy. • Staci Finley presented the Risk Management Plan. Major changes included title and training plan changes. o *Jeff Weist* clarified if JCAHO (The Joint Commission on Accreditation of Healthcare Organizations) is The Joint Commission. Yes, we've considered switching to a different group in the past but are currently using the one that pertains to Montana. • Staci Finley presented the Corporate Compliance Plan Policy. There were some minor language changes and updates.	*It was moved, seconded (Annie Green/John Crawford) and carried to approve the Annual Risk and Safety Policy. The vote was unanimous. *It was moved, seconded (Mark Thane/Dave Strohmaier) and carried to approve the Risk Management Plan. The vote was unanimous. *It was moved, seconded (John Crawford/Jeff Weist) and carried to approve the Corporate Compliance Plan Policy. The vote was unanimous.
EHR (ELECTRONIC HEALTH RECORD) REVIEW	**EHR Overview:** Jody Faircloth presented the process of selecting a new EHR. Reports the RFP process was started and developed in April 2023. Presentation exhibited and reported. o *Mark Thane* asked if the new EHR will communicate with both hospitals and their EHR. Yes, for sure with St Patrick's Hospital. We believe it will with Community Medical Center with integration to a national exchange. • eCW was brought on in 2009 and with provider feedback, clinical growth and lack of IT support, have decided we've outgrown it. o *Jeff Weist* asked if there will be a loss of productivity expected during the transition. Yes, anticipate reduced operational capabilities by about 20% for two months. • We have identified inefficiencies with eCW and with the proposed, higher functioning EHR, we can improve those workflows. • Business case factors shown.	

- RFP process explained as outlined by the County.
- There were six total vendors; one did not meet criteria and move past phase 1 (CureMD). eCW also did not make it to demonstration phase. Athena and NextGen would require extensive work to implement and NextGen was also the most expensive option. After demonstration phase, options were narrowed down to Epic from OCHIN (Oregon Community Health Information Network) and Epic from HCN (Health Choice Network).
- Did site visits with current users in Butte and California (OCHIN) and DC and Florida (HCN).
    - *Dave Strohmaier* clarified that Epic is the platform and OCHIN or HCN are the vendors that provide support. Yes; Epic is the name of the EHR but we don't have enough minimum encounters per year to buy directly from Epic.
- Providers preferred Epic due to user ability being more superior to other offerings. Through site visits, the providers were able to see the difference between HCN and OCHIN. HCN was less busy and more streamlined.
    - *Jeff Weist* asked if there are additional software packages needed. Yes and that will be discussed later in presentation.
    - *Patty Kero* inquired who was involved in the decision making process. Stakeholders including medical providers, Pharmacy, Social Work, front desk, Behavioral Health, Dental, Finance all engaged in the process. In the end, HCN was the preferred option from all departments.

Cost Estimates and Timeline:

- Planning for a March 2025 go-live date.
- There is a significant up front cost for archiving; also will be moving from in-house supported system to cloud based.
    - *Annie Green* questioned how that compares to current costs. Currently, we are paying $300k-350k annually for eCW. This will be closer to $830k per year.
    - *Annie Green* asked if we will need to increase encounter fees charged to patients. That is not the goal. If we increase our efficiency by adding eight encounters a day (across all service lines), that could generate $400k per year. The mindset is to become more efficient to offset the cost.
- 10 year contract with a flat fee in place for the duration.
    - *Mark Thane* asked if there are any compromises we are making or any data sets we're losing. Dr. Quirk responded that we don't think so, it comes to us

	pre-packaged with all data sets needed for UDS. It's easier to mine data as needed. o *Annie Green* questioned if there is any concern for new residents coming in and having too many guardrails that keep them from customizing. Just the opposite, Epic is at the forefront of technology and some specific residents have requested to be placed here with the knowledge we might switch to Epic. o *Jilayne Dunn* asked if there will be savings in the long run. Yes, currently, a lot of time is spent sending and receiving faxes. The new system will allow us to have faxing integrated directly into the system. Data work being done now is around shortcomings and the data not being readily available in our platform. o *Jilayne Dunn* commented that she's excited about the option for text messaging, especially with the younger generation. o *Kathleen Walters* inquired if they are able to customize templates and workflows in the future if needed. Yes, we will just have to be more thoughtful before requesting. o *Annie Green* asked if the change over would affect the County. No but one of the limitations to eCW is that there isn't a "read only" access which creates privacy concerns for the Health Department to have access. We can do that with Epic which will make it easier to partner. o *Annie Green* wondered about the timeline. Slide shared which showed signing contract and begin implementing needed changes in IT infrastructure to support cloud based services by end of June 2024. Data migration to be done in August 2024. Go live in March 2025. o *Annie Green* asked if you could roll out in different departments slowly. No, that's not recommended. You want a clean cut instead of mixed data sets.	*It was moved, seconded (John Crawford/Jay Raines) and carried to approve engagement and contracting with HCN to implement and provide Epic EHR and other supporting services associated with that system delivery. The vote was unanimous.
FY2025 BUDGET	**Budget:** Bryan Chalmers reported on the FY2025 budget stating we're doing a deep look into what we're doing next year and what's impacting us. Previously have done incremental or zero-based. Will need to manage on a monthly basis due to activities that may or may not happen. **Encounter review:** Historically, number of encounters was determined down to the individual. We worked with Dr. Quirk's team to determine how many encounters should be required per employed hour. Built this out by service line.	

- *Jilayne Dunn* asked how support staff are factored in based on so many encounters per hired hours. Using LEAN management skills, we identify the support staff for the provider which then makes efficiencies and inefficiencies more apparent.

Grants: Data displayed. $7.8 million is secure; $1.6 million is not 100% guaranteed. Historically, we have received the following grant monies in previous years:

- $13.3 million in 2021
- $10.8 million in 2022
- $11 million in 2023
- $9.1 million projected in 2024
- $10.8 million budgeted for 2025

Our goal is to aim for similar to 2022 or 2023. Rebecca Goe reported that grants are a very competitive process right now as times are leaner across all funding streams. We are partnering with the County for some grant work and HRSA does have some new grants coming out. Bryan Chalmers advised that HRSA approved a substantial amount of money to come to us but unsure how they will distribute those funds so not included in the budget. Could potentially be $900k.

Revenue Line: $45 million. Factored in discounted fee revenue for current Medicaid reimbursement and took 20% of our productivity out for two months for EHR. Just in Medical, we went from an average reimbursement of $245 per encounter to $224. The increase in volume utilization wasn't carrying us far because of the decrease in revenue.

- *Mark Thane* inquired if the budget contemplates maintaining current sites but no expansion of those sites? Plan is to expand people, Trinity and school-based services but no other sites.

Expenses: Salaries were difficult this year with 340 positional requests. We are unable to hire all of those and haven't identified the critical positions to be employed. Identified $21.2 million which equates to 307 FTE's. Currently running at 277 FTE's with 11 in the queue to be hired, which would give us 288. Trying to make do with 295 would be challenging so increased to 307. The team will have to get together to identify priorities. Union staff receive 2% increase and we match that for all other staff.
Some items may be removed, but this will be determined based on monthly activity (i.e. Luma – may find we need it longer than expected but if not, we benefit from the cancellation from a budget standpoint).

	• Described line items. Total net loss of $4.3 million; based on our cost per day and loss per month. Total cash loss of $3.7 million (last year at $1.6 million). Direct operations loss of $2.2 million. o *Annie Green* clarified that this is less than what was projected last year. Bryan Chalmers advised that it was $2.3 with depreciation and $1.6 million without so, just slightly more. Net income line summarizes all activities – including Trinity – so, if Trinity doesn't happen for 3-6 months we will need to adjust that line item. Capital Budget: Some carryover activity with financial software included. FTE: categorized by department but not finalized until fully staffed at 307 FTEs. Cash Portions: Continuing loss rate from December, January, February. Cash reserves displayed and reviewed. *Jilayne Dunn vacated at 1:30 p.m.; quorum remains at* If approved, this would be the copy that becomes the official budget. Will be used for the County and the audit. Lara Salazar will be meeting with department heads over the next month to identify areas of change and those will be presented, but wouldn't become the formal budget unless reviewed and adopted. *Nathalie Wolfram vacated at 1:31 p.m.; quorum remains at*	*It was moved, seconded (John Crawford/Patty Kero) and carried to approve the Fiscal Year 2025 Budget. The vote was unanimous.
CEO REPORT	**CEO update:** The budget seems daunting but the entire leadership team is very cognizant and we are actively putting processes in place to overall improve revenue.	*It was moved, seconded (John Crawford/Mark Thane) and carried to approve the CEO Report. The vote was unanimous.
CONSENT AGENDA ***Board Minutes***	**Consent Agenda:** The Board members have agreed to use a consent agenda. Time is saved by voting on these items as a unit. Approval is requested for the following: 1. *Acknowledgement of Fully Executed Contracts as presented.* 2. ***Approval** of Board of Directors Meeting Minutes of 3/8/24 as presented.* 3. *Acknowledgement of Executive Finance Committee (EFC) Meeting Minutes of 2/28/24 as presented.*	*It was moved, seconded (John Crawford/Dave Strohmaier) and carried to approve the Consent Agenda items as listed. The vote was unanimous.

NEXT MEETING	The next monthly Board meeting will be held on Friday, May 10, 2024.	
ADJOURNMENT	The meeting was adjourned at 1:35 p.m. Respectfully submitted, _____ _____ Jilayne Dunn, PHC Board Secretary Brianne Walker, Recording Secretary	*It was moved, seconded (John Crawford/Annie Green) and carried to adjourn the meeting. The vote was unanimous.
(*) Indicates motions made and accepted.		

PARTNERSHIP HEALTH CENTER (PHC)
EXECUTIVE/FINANCE COMMITTEE (EFC) MEETING MINUTES
April 3, 2024

PRESENT: Kathleen Walters, Chair
John Crawford, Vice Chair
Jilayne Dunn, Secretary
Joe Melvin, Treasurer

STAFF: Lara Salazar, Chief Executive Officer (CEO)
Bryan Chalmers, Chief Financial Officer (CFO)
Stacy Newell, Recording Secretary
Marge Baack, Chief Operations Officer (COO)
Jody Faircloth, Chief Infrastructure Officer (CIO)
Becca Goe, Chief Innovations Officer (CINNO)
Jaime Dixon, Assistant Chief Financial Officer
Skye McGinty, Chief Diversity and Equity Officer
Brianne Walker, Executive Assistant

ISSUE	DISCUSSION	ACTION
CALL TO ORDER	The meeting was called to order by Kathleen Walters, Chair, at 10:33 a.m.	
PUBLIC COMMENTS	Kathleen Walters called for public comments: None heard.	
MINUTES	All Committee members received a copy of the 2/28/24 Executive/Finance Committee Meeting Minutes for review.	*It was moved, seconded (John Crawford/Jilayne Dunn) & carried to approve the EFC Meeting Minutes of 02/28/24 as presented. The vote was unanimous.
EHR	Jody Faircloth presented on Request for Proposal (RFP) and gave overview of software platform. States that we have chosen Health Choice Network (HCN) Epic out of Florida. This will be presented in full at the April board meeting with budget and up-front costs. • Kathleen Walters asked when the contract will be signed; states it's currently in review with Attorney Justin Cole. The goal is to sign it no later than the end of May, with a go live scheduled for February 2025. • Kathleen Walters asked what work is required to implement and if there is a lot of training for staff required. They've given us an outline of the various stages of transitioning but we're the first eCW transfer they've done, so could take longer. When the Florida site converted to HCN, they closed the clinic for an entire day for training with training modules tailored to each staff members' job duty assigned; then a soft opening over the weekend – went live and had only one patient per hour for the first week to give staff time to get comfortable. Lara Salazar stated there will be a full presentation at the upcoming Board Meeting in addition to a request to approve the purchase. Marge Baack reported the Clinical Informatics team will help with implementation.	

	• Jilayne Dunn inquired about the cost and if there are monthly fees. There are additional costs in the first year with archiving which adds $140K to overall $604K. May also use Spectrum as a secondary backup internet in the event of downtimes. • Jilayne Dunn asked if they provide ongoing support. Answer is yes, there have been IT support issues in the past with eCW and partnering with HCN will provide a good path in the future. Thus far, they have been more responsive. HCN and OCHIN also receive federal funding from HRSA and work with other FQHC's. • Jilayne Dunn asked if a patient portal is available through HCN. Yes, it has MyChart. Marge Baack stated that patient engagement with the portal through MyChart will likely improve as it is more user friendly. Only 17% of the patients are on our current portal.	
INTRODUCTION	Skye McGinty was introduced as our new Chief Diversity and Equity Officer (CDEO). Skye gave overview of her background.	
AUDIT	Auditors want to present in person to this committee on June 6th (rather than June 5th). They will then do a virtual presentation to the Board on June 14th.	***Committee agreed**
CFO REPORT	All Committee members received a copy of the February Financial Statement in the packet for review. Bryan Chalmers reported the following: • February was a good month. Historical monthly revenue reported. Volume wise, doing well. Still feeling side effects of Medicaid re-determination. Revenue was up in February. Had grant growth so overall, revenue was within 1% of the budget. • Salaries and wages typically around $130k light; was around $280k light. • Pharmacy was down due to lower PBM fees (Pharmacy Benefit Managers). • Total revenue was at about 8% less. Cash position was exhibited. Capital was displayed. Budget Variance of 2.3%. Payor mix described.	
FY2025 BUDGET	Bryan Chalmers distributed detailed FY2025 Budget reports to all committee members (see attached) and reported the following: • Missoula County requested earlier approval as they're implementing a new timeline which will also help engage the community more. • Encounters: Described historical process for encounter calculations and stated the department heads worked on their own this year (i.e. for every 2080 hours there is an expectation for an "x" number of visits). Seeing significant growth in encounters – we either have an abundance of providers or increase in demand. The	

question we need to answer, is how much staff is needed for the demand we're experiencing.

- Jilayne Dunn clarified that the old versus new methodology of calculations don't match. Correct, the demand side is untested. We're seeing an increase in volumes compared with last year but have multiple outside factors to improve access.
- Jilayne Dunn asked what the variance is. Working on processes to accomplish adding 4,000 patients.
- John Crawford advised that we will likely see an increase in Medicaid applicants from Seeley Lake which will impact demand.
- Bryan Chalmers reported there was a 12% growth rate with new positions, the Trinity Clinic and dental. We'll do more testing and data gathering, to be reviewed in May and adjust as needed. Lara Salazar advised that market studies have been completed.

- Full Time Equivalencies (FTE): We receive more staffing requests than we can accommodate. An HRIS (Human Resources Information System) would be very beneficial. Attempted to cap FTE's at 295; last year was 298 with a 6% vacancy rate. We are currently at 277 hired FTE's with 11 external offers waiting response which puts us at 288. If we use cap, that leaves 7 positions available. Increased FTEs to 307 but will need to review roster to prioritize the order in which we hire and the importance of whom we hire. There is a mechanism in place if someone has an urgent need. Lara Salazar stated the plan is to create efficiencies to allow staff to do more with less. One department head is willing to give up 3000 hours but will re-evaluate if not working.
  - Jilayne Dunn asked what the process is for evaluating efficiencies. Bryan Chalmers stated we have a worksheet to track. Marge Baack reports we are implementing LEAN process improvement to solve problems and identify duplications.
  - Jilayne Dunn asked if the methodology of having staff and leaders involved in process is successful. Marge Baack advised that LEAN is a proven process with helping us identify the goal and assisting front line staff with developing strategies to obtain that goal.
- Grants: Grant total reviewed.
  - Joe Melvin remarked that there is a large increase in grants for 2025. Bryan Chalmers gave clarification of grant revenue. Becca Goe advised some of the grants listed are not yet secured.
  - Kathleen Walters asked if we can apply for more if wanted. Yes, but if you get the grant, it may not go towards exactly what you want to be doing and may increase your workload in other areas.

- Jilayne Dunn stated she would like to see a financial and HR software be implemented. This is in the capital budget and the County is inviting us into their process of selecting new software. Jaime Dixon reports they have narrowed it to two options, hoping they'll select Workday. Unclear currently if we will get all aspects of autonomy needed; this has been requested. Lara Salazar expressed concerns of receiving inaccurate information and it slowing down our processes. Also concern for mixing of PHI (Protected Health Information) which doesn't feel acceptable. All of the systems need to be interoperable due to the reporting requirements but unclear if that is going to be the case with the County's choice. Timeline is also a concern with a go-live date of April 2025. There is consideration for doing a standalone software (i.e. QuickBooks or other) in the interim but the transfer would be a heavy lift.
- Jilayne Dunn inquired if the County was receptive. They were protective. They were open to listen but need more education and information. There is an under-estimation of the full spectrum/complexity of PHC services.
- Jilayne Dunn asked if there is a software out there that could stand alone that we would be overseeing. All expenses go through their system and is co-mingled with all of their cash. Unlikely if they would be open to an export feed with the current system.

- Significant loss projected: IT side is a deferred maintenance side. Using new and anticipated payor mix. Volume gain was eaten up by discounted reimbursement.
- 330 Budget in Grant Line: Unknown how much of the $1.8 billion HRSA grant we will receive. There is $7.8 million in grants secured; leaving $1.6 unsecured and may not be secured.
- Interest Income: No interest income in this budget. There was a discussion with the County and it was stated that historically those interest dollars are used to pay for the services. In 2023, our interest yielded $1 million. Prior to that, it was at $200k-600k. For FY2024, if we apply the interest rate anticipated, it would be approximately $600k. The County reports they don't distribute interest to their departments. When asked about an MOU (Memorandum of Understanding), we were told the County doesn't do MOU's with itself. Justin Cole advised that HRSA documents that the custodial-ship of those funds should lie with the FQHC's Board. There could be some compliance issues, and an audit finding; Justin Cole is researching further. Lara Salazar reported the County is requesting we provide them with a proposal with what we want to have happen with those interest dollars. We have requested they provide an estimate of the services the interest covers. Stacy Newell stated they did a calculation at one point with

	detailed time tracking. Jilayne Dunn recommended a request for cost allocation by department for our services. *Kathleen Walters vacated the meeting at 11:49AM.* • Personnel: Reflects 307 FTE's with a 2% salary raise and average salary of $69k. • Other lines: Relatively static and based on volumes. • Computer: Up $1 million (reconciliation seen at bottom of graph). There was approximately $400k that we wanted to carve out but it was left in with the idea of hiring a new contractor. • Contractual: Used historical data – researching ways to decrease this. • Outreach: Decreased in some areas, increased in others. • Training and Tuition: Increased but there could be the potential that utilization doesn't happen. • Transportation: Budget was for $60k but coming in at $120k; this is due to increase in patient transportation. • Net Income Loss: $4.3 million • Principle: Cash loss of $3.7 million; discounted two months of productivity loss due to EMR implementation. • Direct Operating Loss: $2.2 million; budgeted at $1.6 million. • Cash: Cash per day expected to be $134; currently at $119. • Reserves, Deferred, COVID Collections: reported • Capital Projects: Jilayne Dunn asked if some of the capital projects are carried over. Yes, some are ongoing, some are new. Unclear what will land in this year versus next year.	
NEXT BOARD AGENDA **NEXT MEETING** **ADJOURNMENT** ***** Indicates motions made and accepted.	Lara Salazar reported she is out of town for the upcoming April 12th Board Meeting. Dr Quirk to facilitate. The draft agenda for the Friday, April 12, 2024, Board Meeting was reviewed. The next Executive/Finance Committee meeting will be May 01, 2024. The meeting was adjourned by John Crawford at 12:05 p.m. Respectfully submitted, _____ _____	*It was moved, seconded (John Crawford/Joe Melvin) & carried to approve the April Board Meeting Agenda. The vote was unanimous.

	Jilayne Dunn, Board Secretary	Brianne Walker, Recording Secretary	

Quality & Corporate Compliance Committee Meeting

4/18/24, 10:00 – 11:00am, Virtually via Teams

Facilitator: Jil Dunn **Note-taker: Ben Laber** **Timekeeper: Ben Laber**

Participant list: Jil Dunn, Karen Myers, Brent Dehring, Bryan Chalmers, Marge Baack, Staci Finley, Holly Blaylock, Ben Laber

Working Agreements

- Meetings officially begin 5 minutes after scheduled start, and end 5 minutes before scheduled end; 30-minute meetings are an exception.
- Agendas are sent out at least 24 hours in advance.
- We act as supportive and collaborative meeting participants.
- We make charitable assumptions of others and ask for clarity when we need it. We try not to interrupt others.
- We are aware of the power in the room and regularly assess if the right people are there.
- We minimize distractions by avoiding multi-tasking on other things.
- We volunteer to help with notetaking, timekeeping, action items, and room set up, break down, and clean up.
- We are mindful of our ladders of inference.
- In virtual meetings we turn our cameras on unless otherwise instructed.

Purpose

- To keep board members informed of current and upcoming Quality and Compliance issues and projects.

Desired Outcomes

- By the end of this meeting we will have a better understanding of
- how recent pharmacy and financial audit are going
- what quality projects are currently under way

Content (What)	**Process** (How)	**Who** (Roles)	**Time** (When)
CHECK IN	The meeting began at	Jil	10:05
01/18/24 MEETING MINUTES	• Motion to approve last meeting's minutes by Karen. 2nded by Staci. Motion passed.	Jil	10:05

OTHER BUSINESS	• No current FTCA claims		10:05
PHARMACY AUDITS	• Raina is out and will present at the next meeting.	Raina	10:05
340B SELF-AUDITS RESULTS	• 340 audit has been all status quo. All issues were fixed. No news is good news.	Brent	10:06
FINANCE AUDITS	• We have been focusing on Sliding Fee Scale audits. PHC was 100% correct for the year. There has been only about a 6% error rate and that is mostly due to system generated errors. These errors are quickly fixed as soon as they are discovered. • 3 new auditors have been trained in the finance department. • PHC hired a new eligibility tech to replace the one we lost to promotion. • A telephone visit audit is currently under way. We should have result for the next meeting.	Holly	10:07
QUALITY	• Safety Data Sheets for the dental department have been digitized and uploaded to MedTrainer. All other SDS files will also be uploaded in the coming weeks. Once uploaded we will no longer need to have Physical binders full of them on site. The information is kept on the cloud and PHC has backup power so that even in an emergency situation the files should be accessible. • PHC saw 939 Native American patients for the trailing year, this month and nearly 1000 for 2023. Native American's make up about 5% of Missoula County's population and 5.7% of PHC's. • Dr. Watson has conveyed that our providers have taken an increased interest in their performance of capturing data for UDS measures. We will start sending them more of the data they requested and monitor any changes in performance over the next 2 months.	Staci Marge	10:13 10:20

ADJOURNMENT	The meeting adjourned at 10:30	Jil	10:30

Next Meeting 7/18/24

PHC PARTNERSHIP HEALTH CENTER

MISSOULA'S COMMUNITY HEALTH CENTER

PARTNERSHIP HEALTH CENTER BOARD OF DIRECTORS
As of 05/01/2024

Name/Title	Email	Phone	Joined	Officer
Baker, Suzette*	Suzettessmc@gmail.com	970-759-0388	April 2024	N/A
Crawford, John* Vice-Chairman	jcblackfeet@msn.com	406-552-8218	Feb. 2016	Vice-Chair as of 10/2023
Dunn, Jilayne Secretary	jdunn@ci.missoula.mt.us	406-552-6157	(Appointed) Dec. 2013	Secretary as of 10/2021
Green, Annie*	annie.green@gmail.com	406-240-0239	Mar. 2021	N/A
Kero, Patty*	pmcpherson20@gmail.com	406-529-5335	Nov. 2021	N/A
Melvin, Joe* Treasurer	jmelvinmt@gmail.com	406-207-8107	Jan. 2019	Treasurer as of 10/2021
Myers, Karen	karen.myers@providence.org	406-329-2622 C= 396-0164	(Appointed) Sept. 2019	N/A
Raines, Jay*	mrjayraines@gmail.co,	406-274-1493	Jan. 2024	N/A
Strohmaier, David	dstrohmaier@missoulacounty.us	406-258-4877 C= 529-5580	(Appointed) Jul. 2019	N/A
Thane, Mark	mt59801@gmail.com	406-552-3957	Oct. 2019	N/A
Walters, Kathleen* Chairwoman	kathleen@montanarealtynetwork.com	406-880-8818	Jul. 2013	Chair as of 10/2023
Weist, Jeff*	jeffweist@yahoo.com	406-241-4802	Mar. 2020	N/A
Wolfram, Nathalie*	nathalie.wolfram@gmail.com	406-370-7731	Oct. 2018	N/A

*** = Patient Member (P/M)**

GUESTS/ EX-OFFICIO REPRESENTATIVES

Heineman, Sara OPC Supervisor Missoula County Health Department	301 W. Alder Missoula, MT 59802 Ph: 258-4987 Fax: 523-4781	sheineman@missoulacounty.us

Board Education Topics

Date Presented	Topic
01/12/24	Strategic Planning
02/09/24	Uniform Data Systems (UDS) Results
03/08/24	Board Involvement with Strategic Planning
04/12/24	Risk and Safety Report Review
	Board Governance
	Open – Board of Directors Discussion
	Budget Discussion/Phases – Finance Dept
	Key Performance Indicators (KPIs)
	PHC Values Work – Communications Dept
	330e HRSA Grant Refresher
	340B Prescriptions – Pharmacy Dept
	Co-Applicant Agreement Review
	Med Trainer
	PERS education
5/10/24	DEI overview with Skye
6/2024	HCN overview

PARTNERSHIP HEALTH CENTER, INC.
BOARD OF DIRECTORS' COMMITTEE MEMBERSHIP LIST
2024

EXECUTIVE/FINANCE COMMITTEE (EFC)

Kathleen Walters, Chair
John Crawford
Jilayne Dunn
Joe Melvin
Staff: Lara Salazar, CEO
Bryan Chalmers, CFO
Meets monthly.

QUALITY AND CORPORATE COMPLIANCE (QCCC) COMMITTEE

Jilayne Dunn, Chair
John Crawford
Karen Myers
Staff*: Marge Baack, Director of Quality Improvement*
Staci Finley, Compliance Officer
Bryan Chalmers, CFO
Meets quarterly.

BYLAWS COMMITTEE

Joe Melvin, Chair
Patty Kero
Kathleen Walters
Staff: Lara Salazar, CEO
Meets as needed.

PERSONNEL COMMITTEE

Nathalie Wolfram, Chair
John Crawford
Kathleen Walters
Jeff Weist
Meets as needed.

AD HOC COMMITTEE

Annie Green, Chair
Kathleen Walters
Nathalie Wolfram
Staff: Lara Salazar, CEO
Bryan Chalmers, CFO
Jody Faircloth, Director of Infrastructure
Meets as needed.

Partnership Health Center Board of Directors Annual Work Plan	2024											
	Q1			Q2			Q3			Q4		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Chapter 2: Health Center Program Oversight												
Review adherence to HRSA requirements												
Chapter 3: Needs Assessment												
Review and approve the Service Area based on UDS data												
Review and approve applicable needs assessments every three years	As needed											
Chapter 4: Required and Additional Services												
Review and approve Scope of Services - 5A review												
Review and approve any new or additional services	As needed											
Chapter 5: Clinical Staffing												
Board is notified of credentialling and privileging decisions	As needed											
Board considers accessibility, availability, continuity, and demographics	As needed											
Chapter 6: Accessible Locations and Hours of Operation												
Review and approve hours and locations												
Chapter 9: Sliding Fee Discount Program												
Finance committee reviews updated SFDS, presents to full board for approval												
Patient survey data on SFDP is shared with Board												
Chapter 10: Quality Improvement/Assurance & Chapter 18: Program Monitoring and Reporting Systems												
Review and approve QI Plan every three years	As needed (last done April 2022)											
Review and approve clinical policies annually												
CMO presents clinical performance data												
CFO presents bimonthly financial performance data												
Division Director strategic reports												
Chapter 11: Key Management Staff												
CEO performance evaluation		6 month check in				process check			start	complete		
Chapter 12: Contracts and Subawards												
Board approves contracts and agreements that relate to scope of services												
Coordinating committee meets 2x/year - Co-applicant agreement	Includes MCCHD director, PHC ED, board member - from PHC and MCCHD, CAO, and a county commissioner											
Chapter 13: Conflict of Interest												
Board members and key exec staff sign annual conflict of interest form												
Board conflicts are disclosed to the board												
Chapter 15: Financial Management and Accounting Systems												
Board approves financial policies annually												
Finance committee reviews annual audit, presents to full board for approval												
Finance committee reviews annual IRS 990 submission, presents for approval												
Chapter 16: Billing and Collections												
Reviews updated sliding fee schedule & policy, presented for approval as needed												
Chapter 17: Budget												
Finance committee reviews annual budget submission to HRSA, presents for approval												
Finance committee reviews annual operating budget, presents for approval												
Chapter 19: Board Authority												
Board meets monthly												
Board approves grant applications	As needed											
Recurrent grant applications												
Governance committee reviews and updates By-laws, presenting for approval	As needed											
Board participates in annual strategic thinking process												
Board monitors progress on strategic objectives												
Board completes self-evaluation annually												

Board engages in education												
Governance committee develops board leadership, presents officer slate for vote									Nominate	Vote		
Board adopts a three-year plan for financial management and capital expenditures	As needed											
Chapter 20: Board Composition												
Governance committee assesses board composition, recruits to fill needs	As needed											
Poll Board Members for Officer nominations during Sept. meeting												
Confirms no current staff or immediate clinic family members	Ongoing and annually											
Chapter 21: Federal Tort Claims Act (FTCA) Deeming Requirements												
Board approves Credentialing & Privileging Policy at least every three years	As needed											
Reviews and approves annual risk management plan												
FTCA Inservice												