



# Partnership Health Center

## Board of Directors' Monthly Meeting

*PHC Pre-Meeting Session 11:40a.m. – Epic HCN education with Farren Hurwitz and Tim Weldon*

### AGENDA

**July 12, 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](tel:+13127020492),407787355# | Phone Conference ID: 407 787 355#

A Board quorum is currently six 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 attendees at the time you vacate.**

<b>I.</b>	Call to Order	12:00
<b>II.</b>	Acknowledgement of Land Stewards – stated below <sup>1</sup>	12:01
<b>III.</b>	Public Comments regarding Agenda and Non-Agenda Items	12:05
<b>IV.</b>	Referrals/Comments from Board Members	12:10
	• Board Member Conflict of Interest Disclosures*	
<b>V.</b>	Committee updates	12:15
	• Executive/Finance Committee (EFC)	
<b>VI.</b>	Topics requiring Motions/Discussion	12:30
	• <b>Change of Scope: Site additions</b> ( <i>Motion requested to approve</i> )	
	○ Hawthorne Elementary	
	○ Russell Elementary	
	○ Big Sky High School	
	• <b>Change of Scope: Service Addition</b> ( <i>Motion requested to approve</i> )	
	○ 406 Recovery – psychiatry – gives support and education to our APRN’s	
	• <b>Grant – Expanded Hours*</b> ( <i>Motion requested to approve</i> )	
<b>VII.</b>	<b>Chief Executive Officer (CEO) Presentation:</b> ( <i>Motion proposed to accept presentations</i> )	1:10
	• Leadership Reports/Info*	
<b>VIII.</b>	<b>Chief Financial Officer (CFO) Report*</b> ( <i>Motion proposed to approve report</i> )	
<b>IX.</b>	<b>Consent Agenda:</b> ( <i>Motion requested to approve/acknowledge items as presented</i> )	1:25
	• <b>Other Reports/Info</b>	
	○ Fully Executed Contracts*	
	• <b>Board of Directors’ – Full and Committee Minutes/Reports</b>	
	○ Board of Directors’ 06/14/24 Meeting Minutes Approval*	
	○ Executive/Finance Committee 06/06/24 Minutes Review*	
	○ Quality Improvement Committee (QIC) 06/11/24 Minutes Review*	
<b>X.</b>	<b>Next Board Meeting date: July 12, 2024</b>	
<b>XI.</b>	<b>Adjournment</b> ( <i>Motion requested to adjourn meeting</i> )	1:30

<sup>1</sup>Partnership Health Center respectfully acknowledges that we occupy the traditional homelands of the Séliš, Qlispé, 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.

(\* ) 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 and/or posted within public meeting announcement.**

Email to request packets: [walkerb@phc.missoula.mt.us](mailto:walkerb@phc.missoula.mt.us)

2024 Monthly Board Meeting Dates:

<i>January</i>	<i>01/12/2024</i>
<i>February</i>	<i>02/09/2024</i>
<i>March</i>	<i>03/08/2024</i>
<i>April</i>	<i>04/12/2024</i>
<i>May</i>	<i>05/10/2024</i>
<i>June</i>	<i>06/14/2024</i>
<i>July</i>	<i>07/12/2024</i>
<i>August</i>	<i>08/09/2024</i>
<i>September</i>	<i>09/13/2024</i>
<i>October</i>	<i>10/11/2024</i>
<i>November</i>	<i>11/08/2024</i>
<i>December</i>	<i>12/13/2024</i>

## 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	Ab-Exc	X							2 of 3
John Crawford*	X	X	Ab-Exc	X	X	X							5 of 6
Suzette Baker*				X	X	Ab-Exc							2 of 3
Jilayne Dunn	X	X	X	X	X	Ab-Exc							5 of 6
Annie Green*	X	X	X	X	X	X							6 of 6
Patty Kero*	X	X	X	X	X	X							6 of 6
Joe Melvin*	X	X	X	X	X	X							6 of 6
Karen Myers	X	Ab-Exc	X	Ab-Exc	X								3 of 5
Jay Raines*			X	X	X	X							4 of 4
Dave Strohmaier	X	Ab-Exc	X	X	X	Ab-Exc							4 of 6
Mark Thane	Ab-Exc	X	X	X	Ab-Exc	X							4 of 6
Kathleen Walters*	X	X	X	X	X	X							6 of 6
Jeff Weist*	X	X	X	X	Ab-Exc	Ab-Exc							4 of 6
Nathalie Wolfram*	X	X	X	X	Ab-Exc	X							5 of 6

X = Virtual Attendance

\* = P/M

Board Members: 13

**Ex-Officio: 1**

**Quorum: 6, majority Patient Board Members (P/M)**



PARTNERSHIP HEALTH CENTER BOARD OF DIRECTORS  
AS OF 7/9/24  
Conflict of Interest Disclosures

**BOARD MEMBER OWNERSHIP**

Suzette Baker (P/M)

John Crawford (P/M)

Jilayne Dunn (NP/M)

Annie Green (P/M)

Patty Kero (P/M)

Joe Melvin (P/M)

Jay Raines (P/M)

David Strohmaier (NP/M)

Mark Thane (NP/M)

Kathleen Walters (P/M)

Jeff Weist (P/M)

Nathalie Wolfram (P/M)

**LIST OF BOARD MEMBERSHIP | EMPLOYMENT**

**Employer:** 1 Dash, COO

**Board Membership:** Seeley Swan Hospital District

**Board Membership:** All Nations Health Center

**Employer:** City of Missoula

**Employer:** University of Montana

**Potential Conflict:** University of Montana affiliation

**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 National Forest Resource Advisory Council; Other boards as assigned

Service in the Montana State Legislature

Appointment to ARPA Oversight Committee

**Board Memberships:** Community Medical Center

**Employer:** Montana Realty Network

**Employer:** Missoula County Public Schools

**Employer:** University of Montana

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

**NP/M = Non-Patient (Board) Member**



# **FINANCIAL REPORT DRAFT**



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Revenue Adjustments

Statement of Net Position as of May 31, 2024

Audit Formatted Financial Statement May 2024

Encounter Graphs

Cash Report

Capital Fund Report

Grant Summary



**Cost Per Encounter:**

Drill Down Measure

**Cost Per Encounter**

Medicaid APM Rate for 2024: \$342.10

Medicaid APM Rate for 2023: \$326.74

	FY Q1	FY Q2	FY Q3	April YTD	May YTD	Budget YTD
<b>Medical</b>	367	381	367	363.79	365.14	391.62
<b>Dental</b>	311	327	324	318.37	322.47	329.35
<b>Behavioral Health</b>	391	393	389	383.43	385.47	436.42
<b>School Based Health</b>	336	196	168	405.63	405.00	126.74
<b>Total Clinical</b>	361	371	360	359	361.00	381.85
<b>Pharmacy</b>	129	132	126	123.84	124.17	134.98

Calculations include overhead allocation \*Excludes \$2.5M expenses for community programs  
All other expenses are included including depreciation.

**Other:** notes regarding expense variances-

**Year to Date:**

Computers:

- Budgeted \$26,200 bamboo hr: not yet purchased
- Budgeted \$30,000 QS1 change: implementation pending for August 2024
- Budgeted \$7,500 Pharmacy security system upgrade: not yet purchased
- Budgeted \$8,800 for early childhood or childcare: not purchasing

Equipment Non-Capital:

- Budgeted \$25,700 for childcare: not occurring
- Budgeted \$36,452 for Trinity Medical: largely has not yet occurred

Vaccines:

Increased volume, and cost, particularly for pneumovax

Utilities:

Budgeted for a large increase in expense based on information at time of fiscal year 2024 budget preparation. Childcare space, trinity, etc. Vendors may not impose these increases.

Audit Fees:

Budgeted \$25,000 340B audit: has not occurred

Contracted Services:

- Budgeted engineering fees: largely not yet occurring
- Budgeted \$35,000 for early childhood development: not occurring

Rent:

Budgeted \$25,680 for childcare: not occurring



## Key Talking Points

May-24

### Key Utilization

Total Encounters Month to Date (MTD) are 6,668 with a Budget of 6,579.  
Year to Date (YTD) total is 66,564 and the Budget is 68,780 for a % variance of -3.2.  
The prior YTD total was 62,077. Year to Date and Prior Year ratio 107.2%.

Total Medical Encounters MTD are 4,168 with a Budget of 4,041.  
YTD total is 41,580 and the Budget is 42,248 for a % variance of -1.6.  
The prior YTD total was 40,025. Year to Date and Prior Year ratio 103.9%.

Total Behavioral Health Encounters MTD are 904 with a Budget of 1,003.  
YTD Total is 10,019 and the Budget is 10,482 for a % variance of -4.4.  
The prior YTD total was 8,662 Year to Date and Prior Year ratio 115.7%.

Total School Based Behavioral Health Encounters MTD are 245 with a Budget of 109.  
YTD Total is 1,256 and the Budget is 1,140 for a % variance of 10.2.  
The prior YTD total was 729 Year to Date and Prior Year ratio 172.3%.

Total Dental Encounters MTD are 1,216 with a Budget of 1,290.  
YTD Total is 12,402 and the Budget is 13,484 for a % variance of -8.  
The prior YTD total was 11,287 Year to Date and Prior Year ratio 109.9%.

Pharmacy Prescriptions Filled MTD are 11,603 with a Budget of 10,253.  
YTD Total is 114,639 and the Budget is 107195 for a % variance of 6.9.  
The prior YTD total was 105867 Year to Date and Prior Year ratio 108.3%.

### Balance Sheet

Consolidated Days Cash on Hand is 232.7 days calculating available cash and investments of \$28.4m.  
Operating cash is \$25.5m for 209 days, and the capital fund is \$2.9m for 23.7 days.  
\* the formula is based on all calendar days, not just business days.

Days in Accounts Receivable are 58, and the current receivable balance is \$2,951,831.  
Clinical AR is presented gross and does not include an adjustment for assessment of collectability.

### Revenue and Expense

Fee Revenue for the month totaled \$3m with a Budget of \$2.93m for a % variance of 2.5%.

YTD Fee Revenue is \$30.2m with a Budget of \$32.2m for a % variance of -6.2%.  
The prior YTD revenue was \$30.1m for a % variance of 0.2%.

Total Revenue for the month is \$3.86m with a Budget of \$3.78m for a % variance of 2.2%.

YTD Total Revenue is \$38.58m with a Budget of \$41.57m for a % variance of -7.2%.

Expenses for the month totaled \$4.1m with a Budget of \$3.96m for a % variance of 3.5%.  
YTD expenses are \$41.11m with a Budget of \$43.59m for a % variance of -5.7%.  
The prior YTD expenses are \$38.8m for a variance of 6%.

Net Income for the month is \$4,102,983 with a Budget of \$3,962,901 for a % variance of 3.53%.  
YTD Net Income is \$41,108,487 with a Budget of \$43,591,931 for a % variance of -5.7%.  
Capital Reserve Interest revenue posted for the month is \$0

**Current Month**

**Year To Date**

**YTD**

May. 31, 2024					May. 31, 2024					Budget		May. 31, 2023	
Actual	Budget	Daily Avg	Var	Var %	Actual	Budget	Var	Var %	12 Mo Total	Prior Year	% Change		
<b>VOLUME INDICATORS</b>													
4,168	4,041	184	127	3.1%	Medical	41,580	42,248	(668)	-1.6%	45,922	40,025	3.9%	
904	1,003	46	(99)	-9.8%	BH	10,019	10,482	(463)	-4.4%	11,210	8,662	15.7%	
245	109	5	136	124.7%	School Based BH	1,256	1,140	116	10.2%	1,239	729	72.3%	
1,216	1,290	59	(74)	-5.7%	Dental	12,402	13,484	(1,082)	-8.0%	14,656	11,287	9.9%	
135	136	6	(1)	-1.0%	Clinical Pharmacy	1,307	1,426	(119)	-8.3%	1,550	1,374	-4.9%	
6,668	6,579	299	89	1.4%	Total Encounters	66,564	68,780	(2,216)	-3.2%	74,577	62,077	7.2%	
11,603	10,253	466	1,350	13.2%	Pharmacy Prescriptions	114,639	107,195	7,444	6.9%	116,516	105,867	8.3%	
22					Work Days	230							
<b>Avg Encounters By Day</b>													
189.5	183.7				Medical	180.8	183.7				174.0		
41.1	45.6				BH	43.6	45.6				37.7		
11.1	5.0				School Based BH	5.5	5.0				3.2		
55.3	58.6				Dental	53.9	58.6				49.1		
6.1	6.2				Clinical Pharmacy	5.7	6.2				6.0		
303.1	299.0				Total Encounters	289.4	299.0				269.9		
527	466				Pharmacy Prescriptions	498	466				460		
					Creamery Medical % of Creamery Medical Visits	60%							
					Creamery Residency % Creamery Medical Visits	40%							

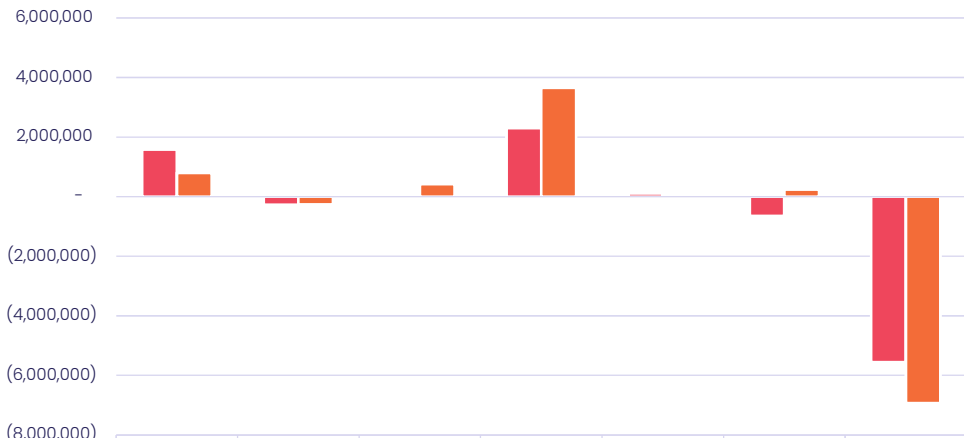
OTHER INDICATORS

Prescription Mix	Current Month		Prior Year Month	Change	Encounter Mix	Current Month		Prior Year Month	Change	Jul 23 - May 24	Jul 22 - May 23
	5/31/2024	5/31/2023	5/31/2023			5/31/2024	5/31/2024				
Medicaid	31.0%	37.1%	-6.0%	Medicaid	34.8%	44.7%	-10.0%	36.3%	42.8%		
Medicare				Medicare	19.2%	19.4%	-0.1%	19.0%	18.3%		
Self Pay	24.0%	19.0%	5.0%	Self Pay	19.6%	13.2%	6.4%	17.9%	13.1%		
Medicare/Medicaid				Medicare/Medicaid	1.1%	0.3%	0.8%	0.7%	0.4%		
Private Pay	45.0%	43.9%	1.1%	Private Pay	25.3%	22.4%	2.9%	26.0%	25.3%		
<b>Total Prescriptions</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>Total Encounters</b>	<b>100%</b>	<b>100%</b>	<b>0.0%</b>	<b>100%</b>	<b>100.0 %</b>		
<b>Productivity</b>					5/12/2024-5/25/2024	4/28/2024-5/11/2024	4/14/2024-4/27/2024				
					Pay Period 11	Pay Period 10	Pay Period 09				
Total Hours					22,313	22,338	22,318				
Total FTEs					279	279	279				
Productive Hours					20,298	20,129	20,441				
Productive FTEs					253.7	251.6	255.5				
RATIO Productive to Total Hours					91.0%	90.1%	91.6%				
Total Encounters					2,983	2,788	2,926				
Encounter Per Staffed FTE					10.70	9.98	10.49				

FINANCIAL STATISTICS

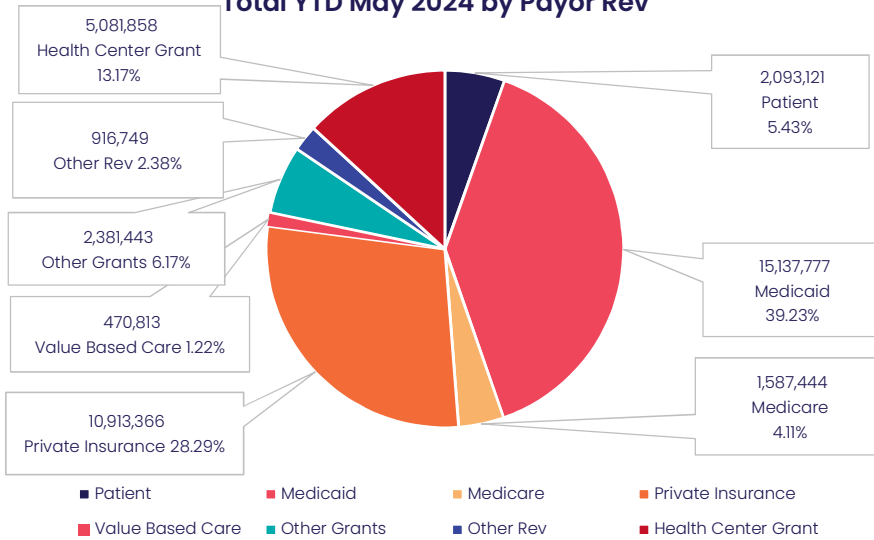
		5/31/2024	4/30/2024	3/31/2024	FY To Date Unique Users				
Unique Users		17,935	17,915	17,795					
Operating Margin w/internal granting		5/31/2024 -6.2%	Budget -4.9%	Year to Date -6.5%	Year to Date Budget -4.9%				
2019 Capital Link	Strategic Plan				Insurance Balance				
Industry Benchmark	< = 60	Clinical AR Days and Gross Balance	58	\$	2,951,831	\$	1,300,216	\$	1,651,615
60		Pharmacy AR, Net Collectible Value			19,037				
		Days Cash on Hand		Current Month		Prior Month		Change	
45	> = 120	Operating Cash	208.96	25,546,793	212.8	25,415,006	131,787		
		Capital Fund	23.74	2,902,439	24.2	2,887,960	14,479		
		Total Cash	232.70	28,449,232	237.0	28,302,966	146,266		

### Unit Margin YTD May 2024

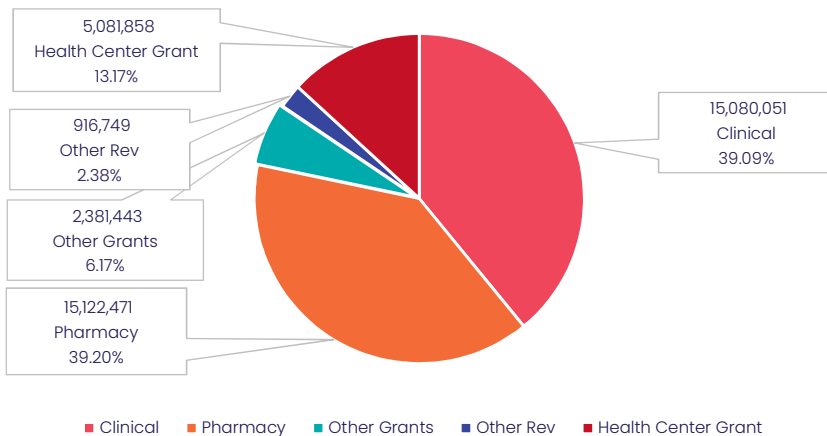


	Medical	Dental	BH	Pharmacy	School Based	Community	Support
Net Income (loss)	1,582,196	(274,409)	(41,628)	2,297,782	109,538	(642,409)	(5,556,986)
Budget Net Income (Loss)	798,549	(263,309)	422,699	3,650,812	59,172	236,335	(6,928,851)

### Total YTD May 2024 by Payor Rev



### Clinic, Pharmacy, & Other Rev YTD May 2024



Partnership Health Center  
Draft Statement of Revenues, Expenses, and Other Changes in Assets  
Period Ending May 31, 2024

2023 Month to Date					2023 Year To Date					2022 YTD Comparison	
Total Accrual 31-May-24	MTD Budget	ACCRUAL Variance	ACCRUAL Variance%		Total ACCRUAL 31-May-24	YTD Budget	ACCRUAL Variance	ACCRUAL Variance%	Prior YTD Cash	31-May-23	
<b>OPERATING REVENUE</b>											
<b>GROSS CHARGES</b>											
				Clinical							
	209,954			Patient	2,146,944						
	482,754			Medicaid	5,032,804						
	226,049			Medicare	2,338,338						
	483,545			Private Insurance	4,923,124						
	1,402,302			Total Clinical	14,441,211						
				Pharmacy							
	97,040			Patient	920,052						
	1,145,121			Medicaid	12,081,622						
	-			Medicare	-						
	2,044,385			Private Insurance	20,517,431						
	3,286,546			Total Pharmacy	33,519,105						
	4,688,848			<b>Total Gross Charges</b>	<b>47,960,315</b>						
<b>REVENUE ADJUSTMENTS</b>											
Explicit Price Concessions (Contractual Adj., SFS Discount, DIR Fees)											
				Clinical							
	(46,840)			Patient	(734,485)						
	374,257			Medicaid	4,097,494						
	(77,913)			Medicare	(750,894)						
	(239,085)			Private Insurance	(2,325,818)						
				Refunds							
				Pharmacy							
	(581,317)			Patient							
				Medicaid	(6,074,143)						
				Medicare							
	(1,193,295)			Private Insurance	(12,201,370)						
				Refunds							
	(1,764,192)			<b>Total Explicit Price Concessions</b>	<b>(17,989,216)</b>						
Implicit Price Concessions (PHC Cares, courtesy adj, collections)											
				Clinical							
	(17,484)			Patient	(118,270)						
				Medicaid							
				Medicare							
				Private Insurance							
				Pharmacy							
	(12,054)			Patient	(121,121)						
				Medicaid							
				Medicare							
				Private Insurance							
	(29,538)			<b>Total Implicit Price Concessions</b>	<b>(239,390)</b>						
	(1,793,730)			<b>Total Adjustments</b>	<b>(18,228,606)</b>						
<b>NET REVENUE</b>											
				Clinical							
	145,630	95,141	50,490	Patient	1,294,190	1,046,549	247,640	23.7%	1,052,850		
	857,011	960,231	(103,220)	Medicaid	9,130,298	10,562,542	(1,432,244)	-13.6%	9,464,122		
	148,136	139,100	9,036	Medicare	1,587,444	1,530,105	57,339	3.7%	1,457,026		
	244,460	197,473	46,987	Private Insurance	2,597,306	2,172,205	425,101	19.6%	2,034,162		
	107,087	49,184	57,903	Value Based Care	470,813	541,024	(70,211)	-13.0%	486,183		
	1,502,325	1,441,130	61,195	Total Clinical Revenue	15,080,051	15,852,425	(772,374)	-4.9%	14,494,343		
				Pharmacy							
	84,986	45,946	39,040	Patient	798,931	505,411	293,520	58.1%	492,009		
	563,804	661,724	(97,920)	Medicaid	6,007,479	7,278,968	(1,271,489)	-17.5%	6,979,468		
	-	-	-	Medicare	-	-	-	-	-		
	851,090	779,201	71,889	Private Insurance	8,316,061	8,571,215	(255,154)	-3.0%	8,165,744		
	1,499,881	1,486,872	13,008	Total Pharmacy	15,122,471	16,355,594	(1,233,123)	-7.5%	15,637,221		
	<b>3,002,205</b>	<b>2,928,002</b>	<b>74,204</b>	<b>Total Operating Revenue</b>	<b>30,202,522</b>	<b>32,208,019</b>	<b>(2,005,497)</b>	<b>-6.2%</b>	<b>30,131,564</b>		

**PARTNERSHIP HEALTH CENTER**  
**DRAFT STATEMENT OF NET POSITION**  
**As of May 31, 2024**

5/31/2024

ASSETS

Current Assets:

Cash & Cash Equivalents	28,449,232
Clinical Accounts Receivable, gross	2,951,831
Allowance for Uncollectible Clinical	
Clinical Accounts Receivable, net	
Pharmacy Accounts Receivable, gross	25,382
Allowance for Uncollectible Pharmacy	(6,346)
Pharmacy Accounts Receivable, net	19,037
Other Receivables	
340B Inventory	287,083
Medicaid Inventory	914,390
Inventory (Pharmacy)	1,201,473
Prepaid Expenses	
Total Current Assets	32,621,573

Capital Assets:

Nondepreciable Capital Assets	617,414
Depreciable Capital Assets, Net of Accumulated Depreciation	11,419,148
Right-of-use subscription asset, net of accumulated amortization	
Right-of-use lease asset, net of accumulated amortization	907,333
TOTAL ASSETS	45,565,468

DEFERRED OUTFLOWS OF RESOURCES

Deferred Pension Expense	3,921,757
Deferred Postemployment Benefits Expense	533,269
Total Deferred Outflows of Resources	4,455,026

LIABILITIES

Current Liabilities:

Accounts & Warrants Payable	
Accrued Payroll	212,696
Notes Payable	
Accrued Interest	
Compensated Absences	1,618,576
Current portion of subscription liability	
Current Portion of Long-Term Debt	140,000
Current Portion of Lease Liability	168,560
Total Current Liabilities	2,139,832

Long-Term Liabilities:

Long-Term Debt, Net of Current Portion	1,010,000
Long-Term subscription liability	
Long-Term Lease Liability, Net of Current Portion	728,773
Postemployment Benefits	1,574,528
Net Pension Liability	18,431,297
Total Long-Term Liabilities	21,744,598
TOTAL LIABILITIES	23,884,430

DEFERRED INFLOWS OF RESOURCES

Deferred Pension Expense	1,349,340
Deferred Postemployment Benefits Expense	533,269
Total Deferred Inflows of Resources	1,882,609

NET POSITION

Net Investment in Capital Assets	
Restricted	
Unrestricted	
TOTAL NET POSITION	24,253,455

\*DRAFT Statement, Total Net Position is not complete

Pension and OPEB amounts are based on 6/30/2023 Actuarial assumptions for Fiscal Year 2023.

Capital assets and depreciation are reported at 6/30/2023 values.

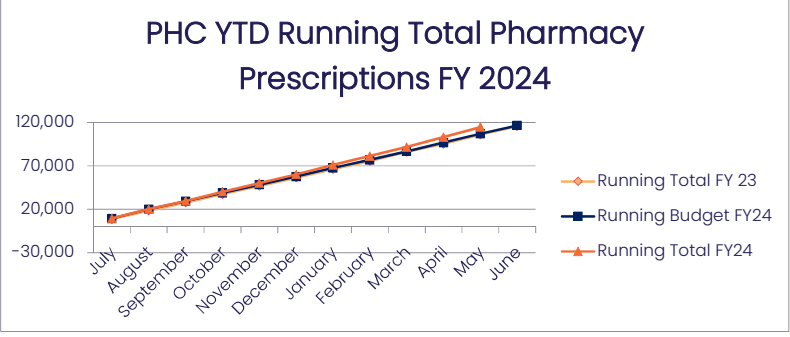
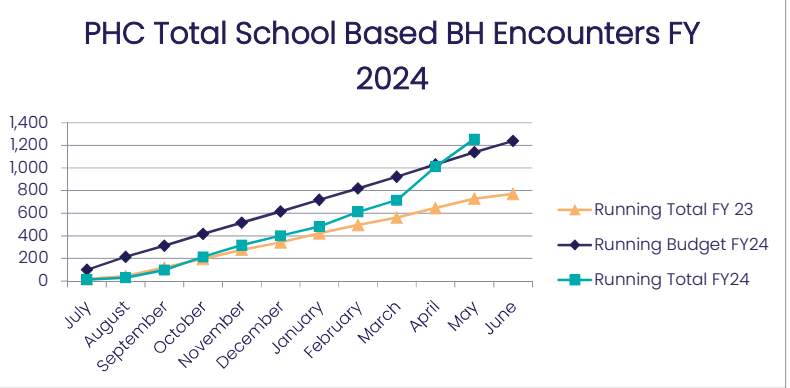
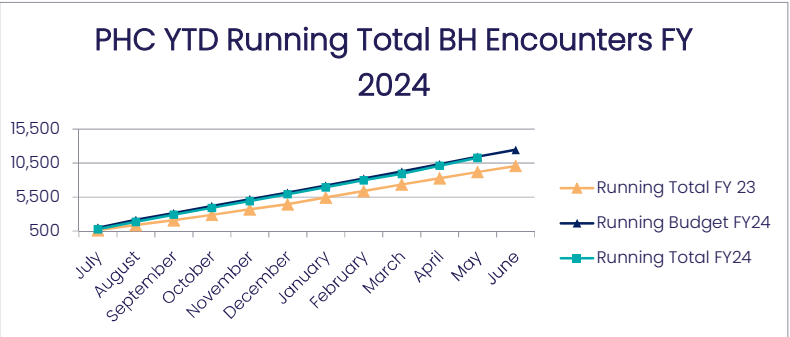
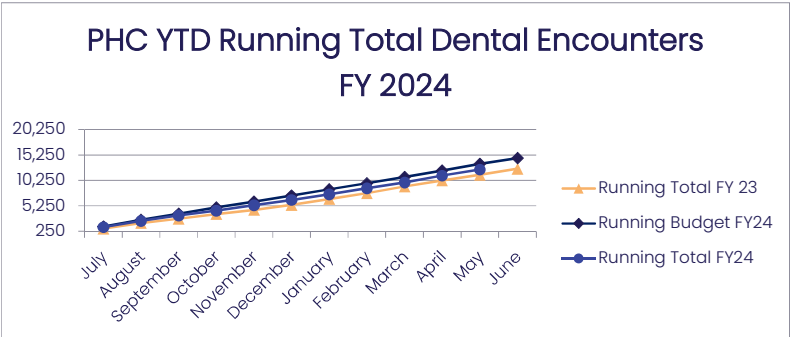
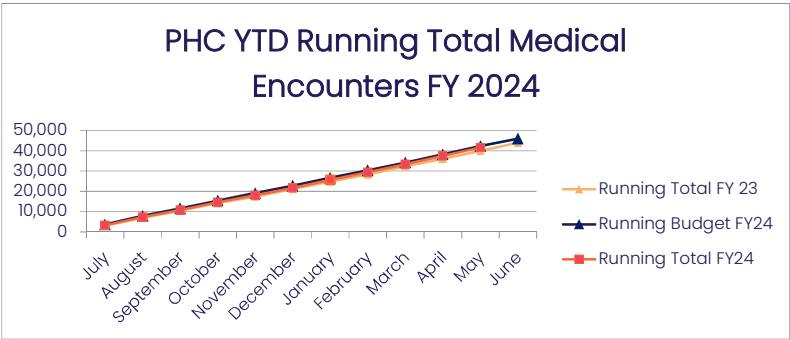
Missoula County unable to provide Compensated Absences monthly. Reported at 6/30/2023 value.

Does not include GASB 96 SPITA pronouncement

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

	ACTUAL MTD	ACTUAL YTD	YTD BUDGET	Accrual AUDITED 2023	Accrual AUDITED 2022
<b><u>OPERATING REVENUE</u></b>					
Charges for Services	3,002,205	30,202,522	32,208,019	33,717,396	31,060,515
Operating Revenue	3,002,205	30,202,522	32,208,019	33,717,396	31,060,515
On-Behalf Revenue-Pensions				571,772	1,154,677
Total Operating Revenue	3,002,205	30,202,522	32,208,019	34,289,168	32,215,192
<b><u>OPERATING EXPENSES</u></b>					
Personnel	2,233,080	23,487,913	25,412,134	27,242,968	19,732,184
Other Operating Expenses	1,807,967	16,896,494	18,179,797	13,228,337	15,615,714
Depreciation	61,936	681,299	39,216	596,004	648,113
Operating Expenses	4,102,983	41,065,706	43,631,147	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	4,102,983	41,065,706	43,631,147	45,534,434	39,284,592
Operating Loss	(1,100,778)	(10,863,184)	(11,423,128)	(11,245,266)	(7,069,400)
<b><u>NON-OPERATING REVENUE (EXPENSE)</u></b>					
Intergovernmental Revenue	691,617	6,653,963	7,147,858	10,206,566	9,717,122
Private/Local Grants and Donations	135,797	1,476,692	1,836,832	279,018	471,287
Miscellaneous Revenue	32,915	170,986	308,614	173,199	239,147
Investment Earnings	-	78,409	66,000	84,574	8,418
Interest Expense	-	(42,781)	-	(45,813)	(51,438)
Loss on Disposal of Assets				(343,452)	
Total Non-Operating Revenue (Expense)	860,329	8,337,269	9,359,304	10,354,092	10,384,536
Change in Net Position	(240,449)	(2,525,915)	(2,063,824)	(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		24,752,974	25,215,065	26,387,715	27,278,889

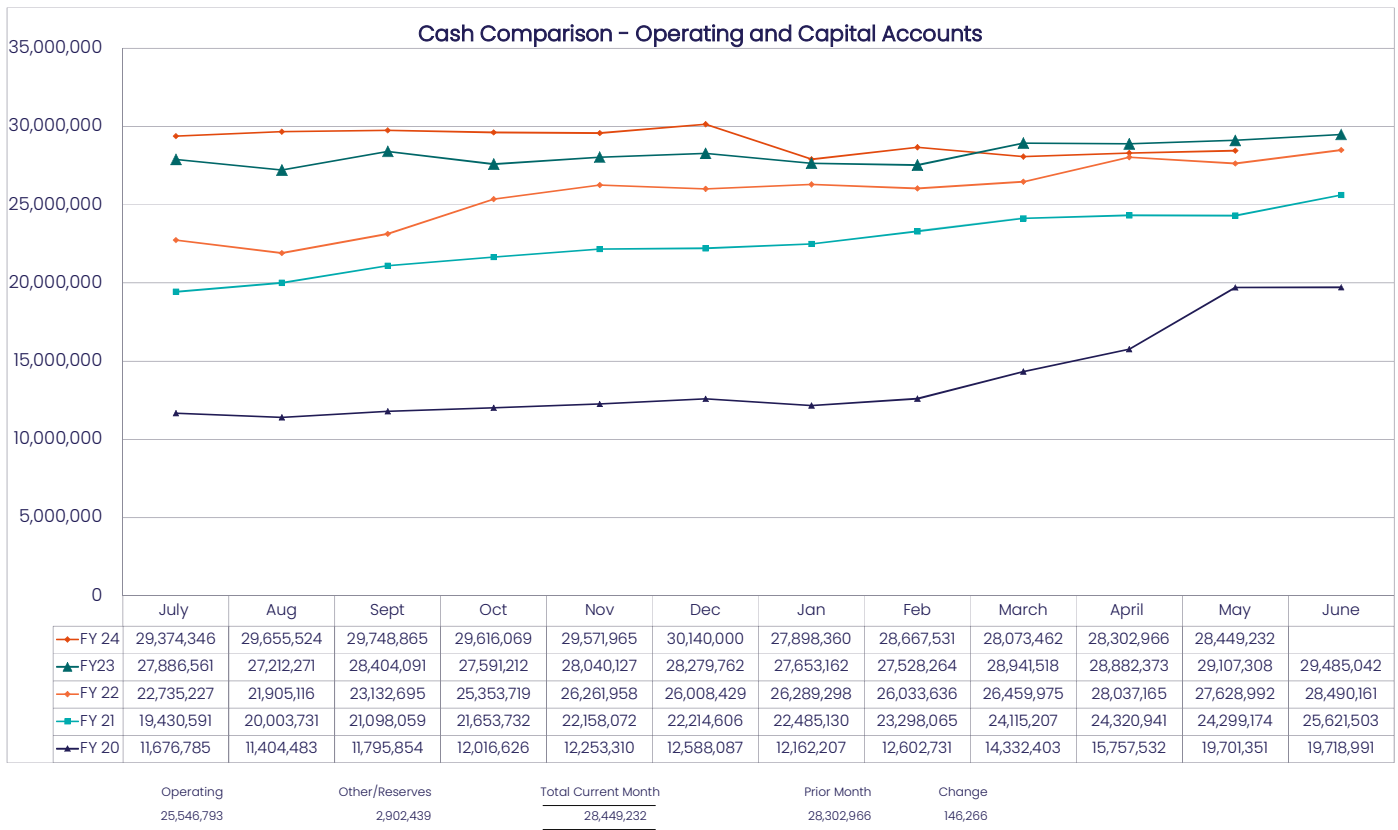
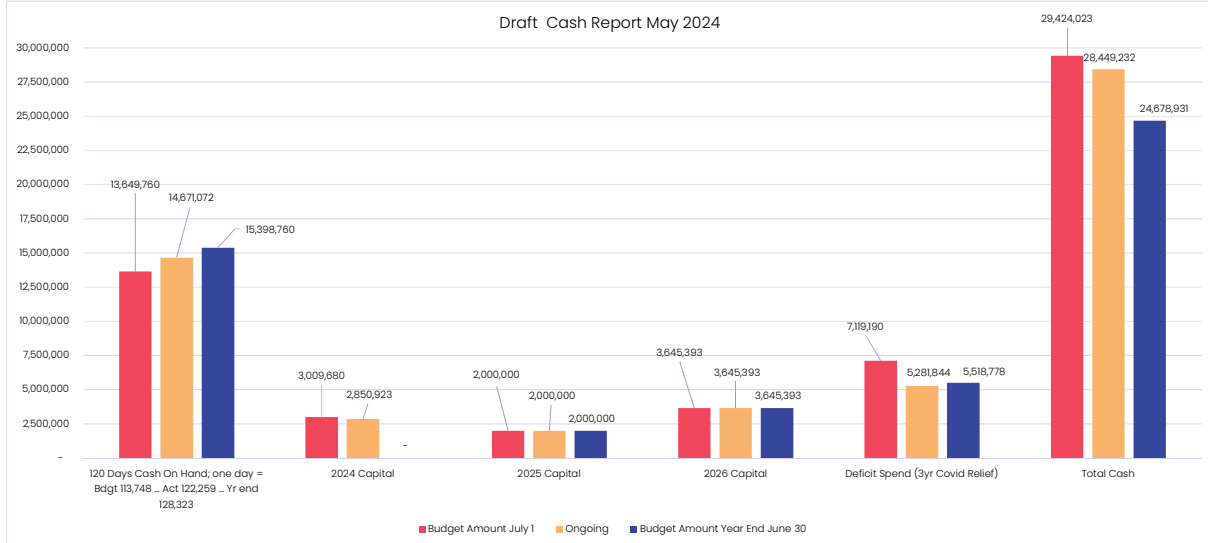






# PHC PARTNERSHIP HEALTH CENTER

Fiscal Year 2024 Cash Report



\* Cash balances are influenced by the timing of the county posting.



# PHC PARTNERSHIP HEALTH CENTER

## Fiscal Year 2024 Capital Report

### May 2024

	Dept	Grant Funded	Cost	Budget	Totals	Timeline
C8E Funded Renovation of Creamery Building	Facility	Moving C8E funds to Alder Remodel		581,000		On Hold
C8E Funded Renovation of Alder Building	Facility		2,705	-		Oct 2023
Freighthouse E.W. paint, carpet, improvements	Facility	Tenant Improvement Dollars		57,780		As Needed
2nd floor residency space remodel	Facility			125,000		Cancelled
Alder roof	Facility	Rebudgeting C8E	88,823	130,000		Spring 2024
Replace chiller 1	Facility	In C8E Request	394	65,000		Spring 2024
Solar	Facility			100,000		Spring 2024
Courier Vehicle	Facility			40,000		TBD
<b>Facilities</b>			91,922		1,098,780	
Replace Countertops	PHC Dental		8034	50,000		
Twelve O'Clock Cabinets to Rooms 7 & 8	PHC Dental	Yes, OHI	12,289	30,000		Aug 2023
Size O Schick Xray Sensor (Seeley)	PHC Dental			7,000		
Central Cabinet between rooms 8 & 9	PHC Dental	Yes, OHI	15,907	16,000		Aug 2023
Cabinet for Lowell	PHC Dental - Lowell	Yes, OHI	5,172	-		Aug 2023
<b>Dental</b>			41,402		103,000	
Leasehold Improvement	Child Care			20,000		
<b>Child Care</b>					20,000	
3 Exam Tables	Trinity			22,500		
<b>Trinity</b>					22,500	
Electronic Health Record (EHR)	IT			500,000		June 2024
Badge System Upgrade	IT			78,000		June 2024
Network Rebuild, Core Switch & Redundant Core Switch	IT		20,402	-		Sept 2023
Phone Infrastructure Setup, Trinity Clinic	IT		5,031	-		Oct 2023
<b>Information Technology</b>			25,433		578,000	
Exam tables	Medical			160,000		December 2023
Radiology Room Remodel	Medical			20,000		Pending Business Case
EKG Machine	Medical			30,000		Pending Business Case
Ultra Sound Machine	Medical			50,000		Pending Business Case
Portable X Ray	Medical			85,000		Pending Business Case
Laboratory	Medical			810,000		Pending Project Plan
Migali Double Sliding Door Vaccine Refrigerator EVOX-2RG-S	Medical, Seeley			9,900		December 2023
Electric Exam Tables (Three)	Medical, Seeley			22,500		December 2023
<b>Medical</b>					1,187,400	
					3,009,680	
<b>Capital Payments Year to Date</b>			<b>158,757</b>			

PARTNERSHIP HEALTH CENTER

SUMMARY OF GRANTS & CONTRACTS STATUS REPORT

Date: 05/31/2024

CURRENT

Report Totals	Column Totals		\$ 11,466,099	\$ 835,693	\$ 3,570,848	\$ 7,895,251		
Grant Description	Term		Funding	Current Period Expenditures	Expenditures through Report Date	Fund Balance Remaining	% Remaining	Notes
	Start	End						
<b>1 FEDERAL GRANTS (Direct)</b>								
H80 330 Grant FY24-25	5/1/2024	4/30/2025	\$ 5,024,299	\$ 418,692	\$ 418,692	\$ 4,605,607	92%	
HRSA H8G Expanding Covid-19 Vaccinations	12/1/2022	6/30/2024	\$ 220,806	47,346	\$ 181,858	\$ 38,948	18%	Occupational Health nurse hired, one BH program specialist hired. Planning for outreach campaign. Subsequent year and anticipated supplement will be used to support CCT and outreach activities. ECV funds may be used for the purchase of covid vaccines. Inquiring about purchase of flu vax w/ECV
HRSA C8E Capital	9/1/2021	8/31/2024	\$ 673,173	0	131,523	\$ 541,650	80%	Creamery remodel project. Roof nearly complete. Rebudgeting planned for remainder of funds once bids are received. Prioritized list of projects identified. Gathering updated bids for completion.
HRSA H8L COVID	9/1/2023	12/31/2024	\$ 40,295	2,979	\$ 24,759	\$ 15,536	39%	
HRSA School Based Service Sites H2E	9/1/2023	8/31/2024	\$ 350,000	29,979	\$ 114,830	\$ 235,170	67%	
CDC Community Health Workers	8/31/2021	8/30/2024	\$ 1,800,000	73,056	1,133,982	\$ 666,018	37%	CHW program development manager recently left PHC. In the interims, Becca Goe and Jen Floyd are sharing oversight of the CHW team until a new program development manager is identified. Year 3 subcontracts are drafted to MCHD and All Nations. Rebudgeting of remaining funds w/anticipated NCE for 6-12 months.
Ryan White Part C FY24-25	5/1/2024	4/30/2025	\$ 295,509	\$ 25,225	\$ 25,225	\$ 270,284	91%	
<b>TOTAL FEDERAL GRANTS</b>			<b>\$ 8,404,082</b>	<b>\$ 597,277</b>	<b>\$ 2,030,869</b>	<b>\$ 6,373,213</b>	<b>76%</b>	
<b>2 FEDERAL GRANTS - Sub Award Pass Through</b>								
Ryan White B FY24-25	4/1/2024	3/31/2025	\$ 172,500	\$ 18,822	\$ 27,633	\$ 144,867	84%	
Ryan White B Covid Vaccine Encounters	4/1/2024	3/31/2025	\$ 19,195	\$ 158	\$ 361	\$ 18,834	98%	
HIV Prevention	6/1/2023	7/31/2024	\$ 55,289	2,466	51,289	\$ 4,000	7%	Extended to 7/31/24. Spend addtl 2k by 6/30/24; 4k after 7/1/24 (c/o to 3/31/25)
HIV Immunization Outreach	6/1/2023	3/31/2025	\$ 11,100	3,492	10,353	\$ 747	7%	
HIV Mpox Funding	6/1/2023	12/31/2024	\$ 10,000	207	3,016	\$ 6,984	70%	
DPHHS Refugee Resettlement	10/1/2023	9/30/2024	464,274	36,208	295,079	169,195	36%	119 patients identifying as refugees were seen across all sites in January.
UM ERAT Seeley Lake Rural/Residency	7/1/2023	6/30/2024	\$ 35,495	0	\$ 6,434	\$ 29,061	82%	Review quarterly

Grant Description	Start	End	Funding	Current Period Expenditures	Expenditures through Report Date	Fund Balance Remaining	% Remaining	Notes	
UM Geriatric Workforce Yr 5	7/1/2023	6/30/2024	\$ 116,667	0	\$ 70,397	\$ 46,270	40%	Review Quarterly. Medical Wellness visit template has been refined and is now widely used amongst clinicians and have now begun reporting aggregate data to the Northwest Geriatric Education Center for the Improving Quality of Care for Older Adults.	Staff Lead Netta Linder
DPHHS Food Pharmacy Blood Pressure/Cholesterol Project	10/1/2023	6/30/2024	\$ 5,000	0	\$ 3,334	\$ 1,666	33%	Review Quarterly	Netta Linder
DPHHS Child Care Innovation & Infrastructure (Federal Pass Thru	9/1/2022	9/30/2024	\$ 522,178	23,643	\$ 32,841	\$ 489,337	94%	Grant to develop in-house child care for PHC employees. Conversations happening with First Methodist about possible child care space.	Rebecca Goe
MCPS OPI Stronger Connections	7/1/2023	6/30/2025	\$ 338,570	21,374	\$ 69,011	\$ 269,559	80%	2-yr grant, \$169,285/yr, to support BH @ CS Porter and Franklin schools	
						\$ -			
<b>TOTAL FEDERAL GRANTS - Sub Award Pass Through</b>			<b>\$ 1,750,268</b>	<b>\$ 106,370</b>	<b>\$ 569,748</b>	<b>\$ 1,180,520</b>	<b>\$ 6</b>		
<b>3 STATE GRANTS (Direct &amp; Sub Award Pass Through)</b>									
Mobile Support Team-CTMG (Pass through Msla Fire Dept	7/1/2023	6/30/2024	\$ 590,000	\$ 73,053	\$ 561,137	\$ 28,863	5%	Funding is estimate.	Jim Quirk
Mental Health Coordinator DPHHS CTMG via Msla County	7/1/2023	6/30/2024	76,648	8,809	53,985	22,663	30%		Rebecca Goe
Tenancy Support Specialist DPHHS CTMG via Msla County	7/1/2023	6/30/2024	79,435	9,457	73,310	6,125	8%		Jen Floyd
<b>TOTAL STATE GRANTS</b>			<b>\$ 746,083</b>	<b>\$ 91,319</b>	<b>\$ 688,432</b>	<b>\$ 57,651</b>	<b>8%</b>		
<b>4 LOCAL - CITY &amp; COUNTY</b>									
City of Missoula	7/1/2023	6/30/2024	\$ 35,000	2,916	\$ 32,076	\$ 2,924	8%	To cover Medical Legal Partnership staff wage. Expect payment June 2024	Rebecca Goe
<b>TOTAL CITY/LOCAL</b>			<b>\$ 35,000</b>	<b>\$ 2,916</b>	<b>\$ 32,076</b>	<b>\$ 2,924</b>			
<b>5 CONTRIBUTIONS &amp; DONATIONS</b>									
<b>6 PRIVATE FOUNDATIONS/ORGANIZATIONS</b>									
MTHCF Peer Support	11/15/2021	11/13/2024	\$ 75,000	1,954	\$ 19,843	\$ 55,157	74%	Peer support specialist will work with CCT to help chronically unhoused Missoula residents develop the skills needed to sustain housing.	Rebecca Goe
MTHCF Lowell School BH	11/15/2021	11/15/2024	\$ 75,000	9,908	\$ 50,490	\$ 24,510	33%	Signed MOU with Lowell School to provide services at the beginning of January, 2023. Working with BH team to get in-school services up and running.	Rebecca Goe
MTHCF FUSE	11/20/2023	11/19/2024	50,000	8,566	\$ 35,435	\$ 14,565	29%		Rebecca Goe
MTHCF Strategic Alliance for Improved Behavioral Health	7/15/2022	7/14/2025	\$ 225,000	15,465	\$ 141,670	\$ 83,330	37%		Rebecca Goe
Community Food & Agricultural Coalition - Refugee Health Food Rx	11/17/2023	11/16/2024	\$ 10,666	470	\$ 837	\$ 9,829	92%		Stefano Zamora
Johns Hopkins Bloomberg School of Public Health	5/1/2024	4/30/2025	\$ 25,000	0	\$ -	\$ 25,000	100%	Quarterly review. Addressing youth substance use through school support	Amy Krzyzek
Headwaters Community Organizing	5/20/2024	5/19/2025	70,000	1,448	1,448	68,552	98%		Rebecca Goe
<b>TOTAL PRIVATE FOUNDATIONS/ORGANIZATIONS</b>			<b>\$ 530,666</b>	<b>\$ 37,811</b>	<b>\$ 249,723</b>	<b>\$ 280,943</b>	<b>53%</b>		

**Completed Grants**

Grant Description	Start	End	Funding	Current Period Expenditures	Expenditures through Report Date	Fund Balance Remaining	% Remaining	Notes	
Dennis & Phyllis Washington Foundation	10/1/2022	9/30/2023	\$ 10,000		\$ 10,000	\$ -	0%	Completed 7/18/23. Grant partially covered Healthy Steps training course for all PHC staff 7/18/23 (272 employees x avg hourly rate \$42.10). Supports Zero to Five program.	Staff Lead Amy Krzyzek
DPHHS Refugee Resettlement	10/1/2022	9/30/2023	431,575		397,028	34,547	8%	119 patients identifying as refugees were seen across all sites in January.	Cris Fleming
Pacific Source CHE Foster Care Navigation	11/1/2022	12/31/2023	92,500		92,500	0	0	Completed 12/31/2023. Developing and streamlining workflows to ensure each Foster child receives all necessary support.	Rebecca Goe
Ryan White B FY23-24	4/1/2023	3/31/2024	\$ 172,500		\$ 172,500	\$ -	0%	Completed 3/31/2024	Netta Linder
Ryan White B Covid Vaccine Encounters	4/1/2023	3/31/2024	\$ 19,195		\$ 4,905	\$ 14,290	74%	Completed 3/31/2024	Netta Linder
Common Good Missoula	11/1/2021	4/30/2024	\$ 2,846		\$ 2,846	\$ -	0%	Completed 3/31/24 Community organizing trainings. Funds available until expended. Spend in conjunction with Headwater's award	Amy Krzyzek
Headwaters Community Organizing	1/1/2023	4/30/2024	70,000		70,000	-	0%	Completed 3/31/24	Rebecca Goe
H80 330 Grant FY23-24	5/1/2023	4/30/2024	\$ 5,024,299		\$ 5,024,299	\$ -	0%	Completed 4/30/24	Lara Salazar
H80 Supplemental Hypertension	5/1/2020	4/30/2024	\$ 147,360		\$ 117,140	\$ 30,220	21%	Completed 4/30/24.	Yvonne White
Ryan White Part C FY23-24	5/1/2023	4/30/2024	\$ 295,509		\$ 295,509	\$ -	0%	Completed 4/30/24	Netta Linder
Montana State Univ Cultural Competency Training	11/15/2023	4/30/2024	\$ 5,000	0	\$ -	\$ 5,000	100%	Funds returned. Training not completed by 4/30/24	Netta Linder

**Upcoming New Grants**

HIV Prevention	8/1/2024	3/31/2025	29,500		-	29,500	100%		Netta Linder
HIV Immunization Outreach	8/1/2024	3/31/2025	4,300		-	4,300	100%		Netta Linder
HIV Mpox Funding	8/1/2024	12/31/2024	10,000		-	10,000	100%		Netta Linder

Over 80% remaining

Completed

Past End Date or in last month

3 months to End Date

Upcoming New Grants

**GRANT SUMMARY**  
**For PHC Board Review and Approval**  
July 12<sup>th</sup>, 2024

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**Name of Grant:** Expanded Hours

**Funders:** Health Resources and Services Administration

**Purpose/Goal:** The purpose of the grant is to expand PHC's operating hours.

**Summary.** Partnership Health Center proposes to add Saturday hours at the Watershed and Creamery Clinic in Missoula, MT. In addition, PHC will add evening hours at Alder, to support behavioral health groups and morning hours at Willard Alternative High School and C.S. Porter Middle School to facilitate parent engagement. All of these sites are currently in scope and respond to patients demand for alternative schedules and offers an opportunity to pilot a 36 for 40 pay structure and increase provider productivity and satisfaction.

**Duration.** December 1<sup>st</sup>, 2024 – November 30<sup>th</sup>, 2026

**Amount of Request:** \$500,000

**Number of FTEs supported.** Only one new hire is proposed through this grant opportunity, an operations manager for the Watershed Clinic. Part of the operations managers' role at Watershed will be managing logistics for the proposed Saturday clinic hours across both Trinity and Watershed. Remaining funds will support current staff and the costs associated with on-call and building systems for Saturday hours.

**Continuation plan.** Program revenue, and the grant has the potential to roll into our base health center award.

**Motion:**

- Approve submission of the \_\_\_\_\_ grant application
- Reject the submission of the \_\_\_\_\_ grant application

# CEO and Leadership Report

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July 2024

Partnership Health Center Board Meeting





# STRATEGIC DIRECTION TIMELINE

## continued... 2024-2025



2024



**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



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 I 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

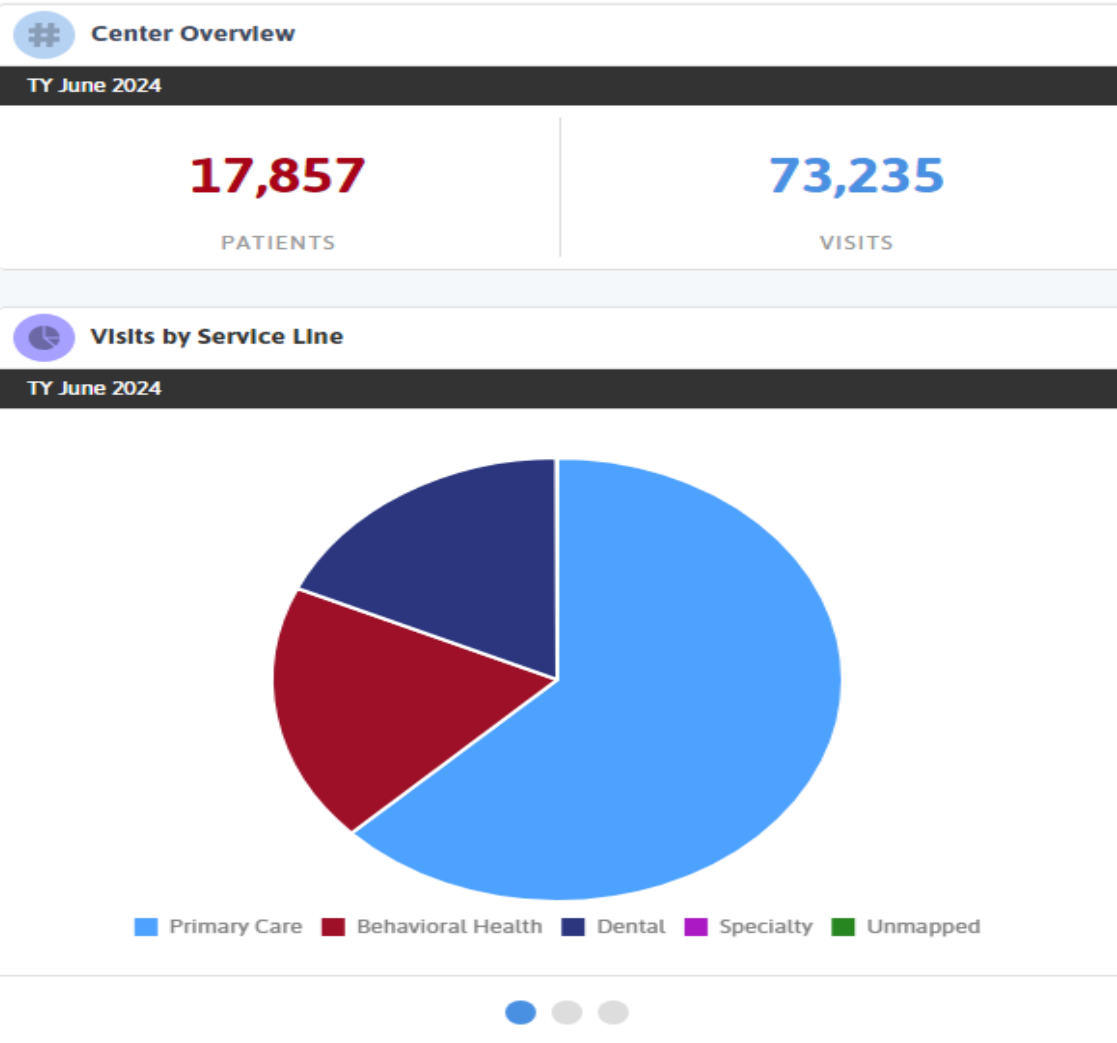
**Internal Optimization**

- 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.

# Access



# Budget Progress

January	February	March	April	May	June	July	August
<ul style="list-style-type: none"><li>• Strategic Plan</li><li>• Goals</li><li>• Begin budget process with SLT Education and Development Workshop</li><li>• Capital Budget Workshop</li></ul>	<ul style="list-style-type: none"><li>• Dept. Goal Review</li><li>• Capital Budget office hours</li><li>• Staff budget workshop</li><li>• Individual Dept. leader meetings</li><li>• Encounter budgeting with Dept. heads</li></ul>	<ul style="list-style-type: none"><li>• SLT staff budget workshop</li><li>• ELT Staff budget review</li><li>• ELT Education Review</li><li>• SLT Expense budget workshop</li></ul>	<ul style="list-style-type: none"><li>• SLT Encounter Review</li><li>• ELT Capital Budget Review</li><li>• Budget to Board</li><li>• Budget to County</li></ul>	<ul style="list-style-type: none"><li>• ELT Staffing Budget Revisions Part 1</li><li>• ELT Staffing Revisions Part 2</li><li>• ELT</li><li>• Goal – Balanced Budget</li></ul>	<ul style="list-style-type: none"><li>• <b>ELT continues work on staffing, expenses, cost centers</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Continue work on financial statements and cost centers</b></li><li>• <b>Continue to refine FY2025 budget for August board presentation</b></li><li>• <b>New position control process in effect</b></li></ul>	<ul style="list-style-type: none"><li>• <b>FY 2025 Revised budget to Board</b></li><li>• <b>Continue monitoring progress and landscape</b></li></ul>

# PHC at the Paddleheads Game!



**COME JOIN US FOR THE PHC/FMRWM  
SUMMER PICNIC!!**

**WHEN: FRIDAY JULY 19TH**

**WHERE: PADDLEHEADS STADIUM, 900 CREGG LANE**

**WHAT: BBQ AND BASEBALL ON THE PARTY DECK**

**WHO: PHC/FMRWM STAFF, FRIENDS AND FAMILY**

**WELCOME**

**WHY? TO HAVE FUN, GET TO KNOW EACH OTHER,  
EAT FOOD AND WATCH BASEBALL!**

**GATE OPENS AT 5:30 PM. ENTER  
THROUGH THE PARTY DECK GATE  
OVER BY RIGHT FIELD**



FIRST 1,000 PEOPLE TO THE STADIUM RECEIVE A FREE  
PADDLEHEADS GROWLER

# Chief Financial Officer Report

May 2024



# May

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## Medical Encounters

YTD total is 41,580 and the Budget is 42,248 for a % variance of -1.6.

## Behavioral Health Encounters

YTD Total is 10,019 and the Budget is 10,482 for a % variance of -4.4.

## School Based Encounters

YTD Total is 1,256 and the Budget is 1,140 for a % variance of 10.2.

## Dental Encounters

YTD Total is 12,402 and the Budget is 13,484 for a % variance of -8.

## Pharmacy Prescriptions

YTD Total is 114,639 and the Budget is 107,195 for a % variance of 6.9.

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Consolidated Days Cash on Hand is 232.7 days calculating available cash and investments of \$28.4m.

Days in Accounts Receivable are 58, and the current receivable balance is \$2,951,831.

Clinical AR is presented gross and does not include an adjustment for assessment of collectability.

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YTD Fee Revenue is \$30.2m with a Budget of \$32.2m for a % variance of -6.2%.

YTD Total Revenue is \$38.58m with a Budget of \$41.57m for a % variance of -7.2%.

YTD expenses are \$41.11m with a Budget of \$43.59m for a % variance of -5.7%.

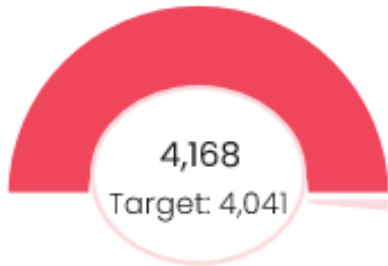
YTD Net Income is \$41,108,487 with a Budget of \$43,591,931 for a % variance of -5.7%.



# Patient Service

## Volumes, Reporting Month

### Medical



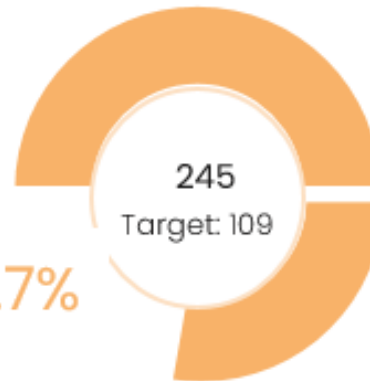
103.1%

### Dental



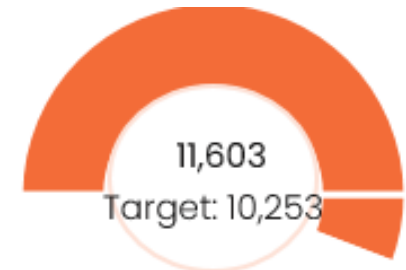
94.3%

### School Based Behavioral Health



224.7%

### Pharmacy



113.2%

### Behavioral Health



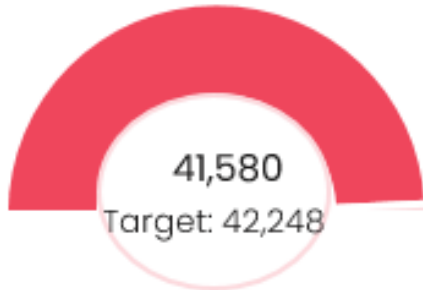
90.2%





# Patient Service Volumes, Year to Date

## Medical



98.4%

## Dental



92%

## School Based Behavioral Health



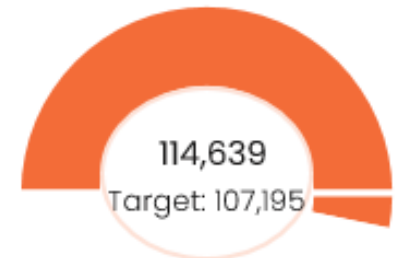
110.2%

## Behavioral Health



95.6%

## Pharmacy

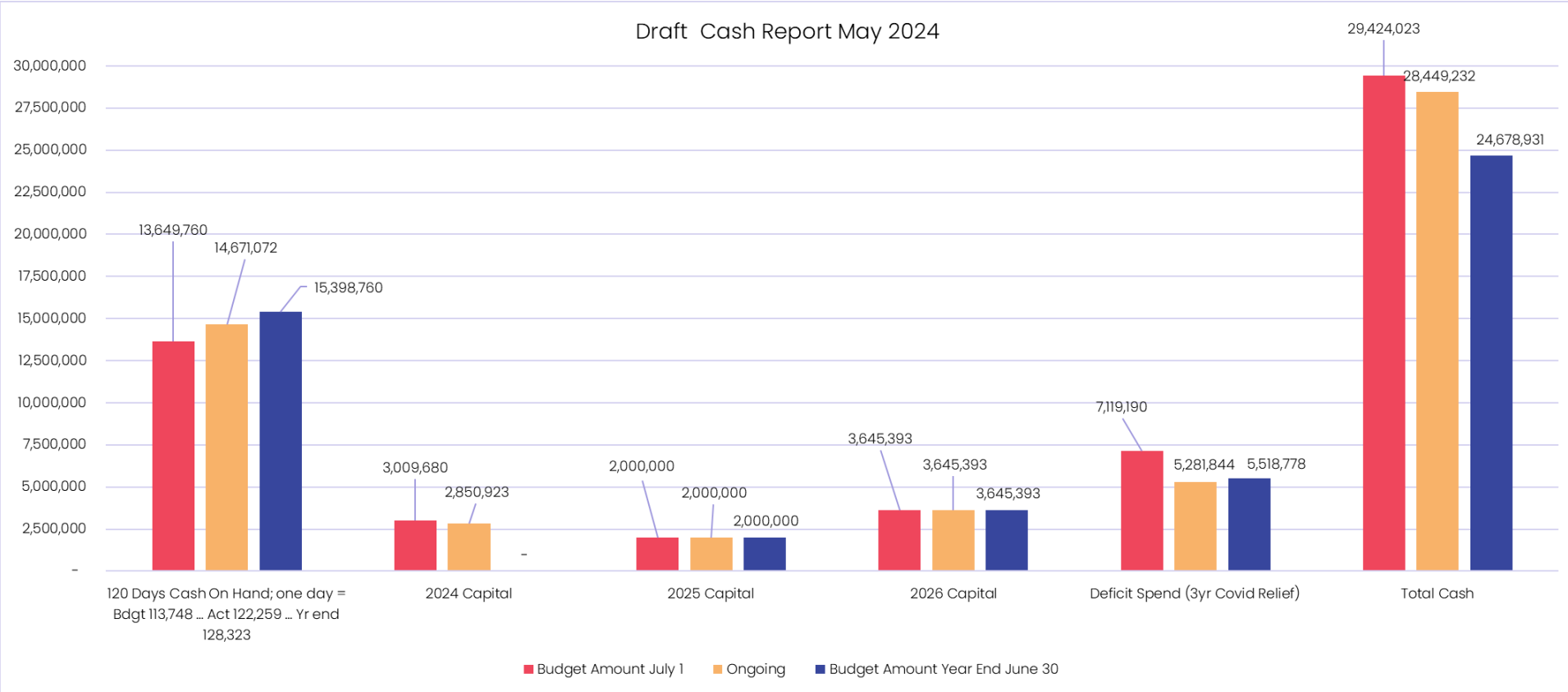


106.9%



# Cash

Draft Cash Report May 2024



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

	ACTUAL MTD	ACTUAL YTD	YTD BUDGET	Accrual AUDITED 2023	Accrual AUDITED 2022
<b><u>OPERATING REVENUE</u></b>					
Charges for Services	3,002,205	30,202,522	32,208,019	33,717,396	31,060,515
Operating Revenue	3,002,205	30,202,522	32,208,019	33,717,396	31,060,515
On-Behalf Revenue-Pensions				571,772	1,154,677
Total Operating Revenue	3,002,205	30,202,522	32,208,019	34,289,168	32,215,192
<b><u>OPERATING EXPENSES</u></b>					
Personnel	2,233,080	23,487,913	25,412,134	27,242,968	19,732,184
Other Operating Expenses	1,807,967	16,896,494	18,179,797	13,228,337	15,615,714
Depreciation	61,936	681,299	39,216	596,004	648,113
Operating Expenses	4,102,983	41,065,706	43,631,147	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	4,102,983	41,065,706	43,631,147	45,534,434	39,284,592
Operating Loss	(1,100,778)	(10,863,184)	(11,423,128)	(11,245,266)	(7,069,400)

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

	ACTUAL MTD	ACTUAL YTD	YTD BUDGET	Accrual AUDITED 2023	Accrual AUDITED 2022
<b><u>NON-OPERATING REVENUE (EXPENSE)</u></b>					
Intergovernmental Revenue	691,617	6,653,963	7,147,858	10,206,566	9,717,122
Private/Local Grants and Donations	135,797	1,476,692	1,836,832	279,018	471,287
Miscellaneous Revenue	32,915	170,986	308,614	173,199	239,147
Investment Earnings	-	78,409	66,000	84,574	8,418
Interest Expense	-	(42,781)	-	(45,813)	(51,438)
Loss on Disposal of Assets				(343,452)	
Total Non-Operating Revenue (Expense)	<u>860,329</u>	<u>8,337,269</u>	<u>9,359,304</u>	<u>10,354,092</u>	<u>10,384,536</u>
Change in Net Position	(240,449)	(2,525,915)	(2,063,824)	(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		<u>24,752,974</u>	<u>25,215,065</u>	<u>26,387,715</u>	<u>27,278,889</u>

# May Capital Purchases

Description	Cost	Budget
May – Chiller work	\$394	\$65,000
April – Replace countertops	\$8,034	\$50,000
Quarter 3 Jan-March work on roof	\$88,823	\$130,000
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	\$158,757	\$291,000



# Performance Indicators

Financial Sustainability and Growth

# Drill Down Measure Unique Patients

Unique Patients: 6/1/23 to 5/30/24

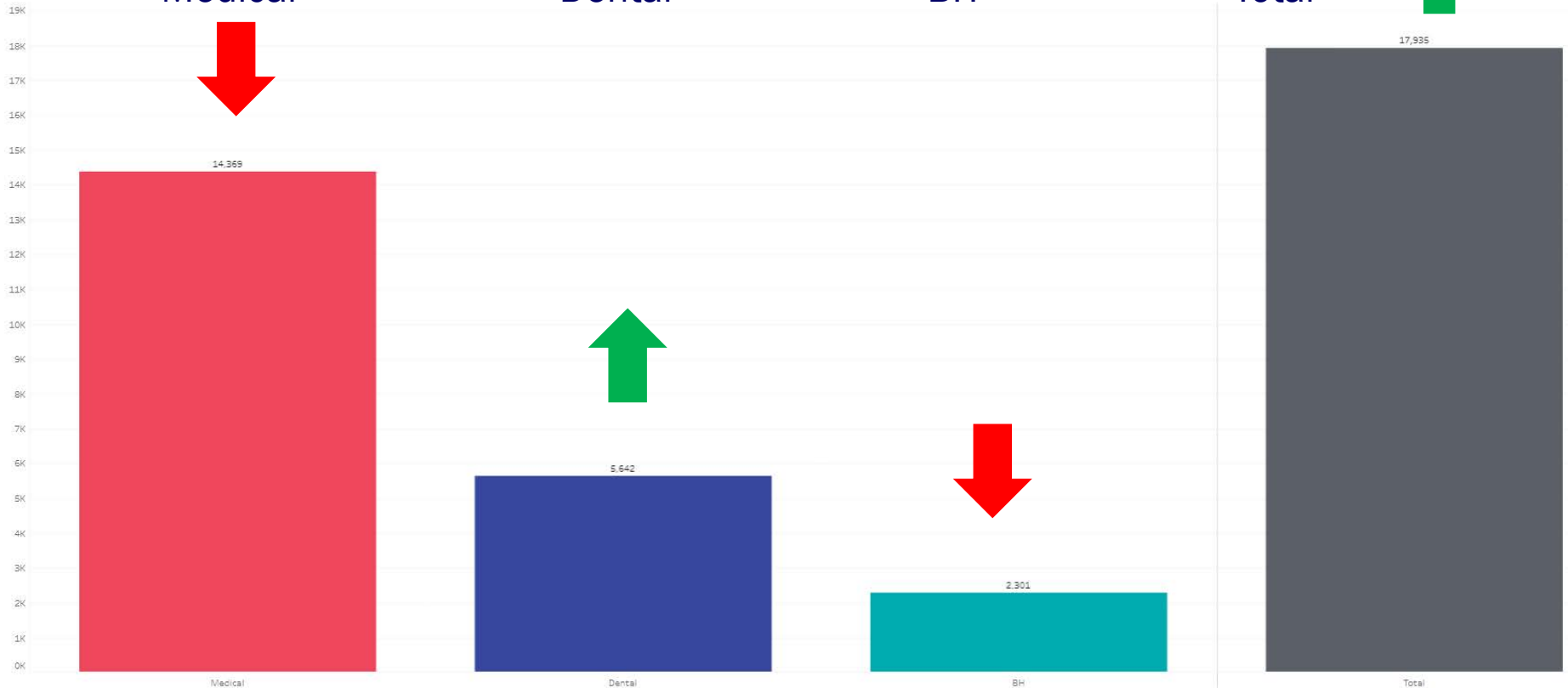
OE

14,369 (14)  
Medical

5,642  
Dental

2,301 (25)  
BH

17,935  
Total



OE = Operational Excellence

# Drill Down Measure

## Cost Per Encounter

Medicaid APM Rate for 2024: \$342.10  
 Medicaid APM Rate for 2023: \$326.74

	FY Q1	FY Q2	FY Q3	April YTD	May YTD	Budget YTD
Medical	367	381	367	363.79	365.14	391.62
Dental	311	327	324	318.37	322.47	329.35
Behavioral Health	391	393	389	383.43	385.47	436.42
School Based Health	336	196	168	405.63	405.00	126.74
<b>Total Clinical</b>	<b>361</b>	<b>371</b>	<b>360</b>	<b>359</b>	<b>361.00</b>	<b>381.85</b>
Pharmacy	129	132	126	123.84	124.17	134.98

Calculations include overhead allocation \*Excludes \$2.5M expenses for community programs  
 All other expenses are included including depreciation.



# 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%
April:	3.7%	-4.9%
May:	-6.2%	-4.9%
Year To Date:	-6.5%	-4.9%

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

**Bryan Chalmers**

Chief Financial Officer  
Partnership Health Center

Direct: (406) 258-4445 | Main: (406) 258-4789



# Integrated Services Clinical Programs

## CMO Report



# CMO Updates

- Contract with BAS
- New Starting APRN and Street Medicine Provider
  - CMO will be working closely with both new providers to shape services.
- Excited to focus on Clinical Services
- Seeley
- Medication Safety Review/Ethics
- Watershed

The background is a solid orange color with several large, semi-transparent, light-orange leaf-like shapes scattered across it. The text is centered in the upper half of the image.

# Operations COO Report

Initiative	Status	Objective Alignment	KPIs
<b>Performance Improvement (Quality and Performance Improvement)</b>	<ul style="list-style-type: none"> <li>• Cassandra Griffith – Performance Excellence Facilitator</li> <li>• Leads QI Steering Committee</li> <li>• Engaging with Avior Group as our Lean consultants to implement Lean process improvement with Daily Management Boards</li> </ul>	Impeccable Quality Operational Excellence Internal Optimization	System Prioritized KPIS Clinical Quality – UDS Patient Satisfaction
<b>Quality Assurance (Compliance, Risk, Safety, Emergency Preparedness)</b>	<ul style="list-style-type: none"> <li>• Staci Finley – Quality Assurance Manager</li> <li>• FTCA Deeming Application, due June 2024</li> <li>• Med Trainer Compliance and Training Software Implementation</li> <li>• Monitoring and triggering data hygiene and sustainability</li> <li>• Part of Value Based Care Team and QDI group with MTPCA</li> <li>• Compliance Officer, HIPPA Officer, OSHA Officer</li> </ul>	Impeccable Quality Operational Excellence Internal Optimization	Clinical Quality Patient Satisfaction
<b>Improvement Work</b>	<ul style="list-style-type: none"> <li>• Transition of Transportation service focus! (Marge/Kaitlyn B)</li> <li>• Vision of CareTeams support (May-August) (Cass/Creamery Leadership Team)</li> <li>• Onboarding Improvements (August-Sept 2024) (Cass/All Managers)</li> <li>• Trans-committee improvements (ongoing) (Mara C)</li> <li>• Increased access with Medical appt scheduling changes (Cris F.)</li> <li>• Defined shared document and clinic-wide communication guidelines (Lara)</li> <li>• Improving Diagnostic imaging communication with community partners</li> <li>• Unknown income data entry improvements</li> <li>• Cultivated outreach to Native American patients around importance of Medicare Wellness Visits (Skye/Geriatrics Team)</li> </ul>	Barrier-Free Access Operational Excellence Internal Optimization Growth	Clinical Quality Measures Cost per encounter Financial Sustainability/Growth
<b>Management Structure Development</b>	<p><b><u>Executive Leadership:</u></b>            COO: Marge Baack</p> <p><b><u>Senior Leadership:</u></b>            Staci Finley – Quality Assurance Manager            Cris Fleming – Director of Clinics            Eric Halvorsen – Director of Communications            Cassacdra Griffith- Performance Excellence Manager</p> <p><b><u>Combined Leadership:</u></b>            Laurie Gendrow – Medical Records</p>	Operational Excellence	Clinical Quality Staff Engagement Financial Sustainability/Growth

TY June 2024



MEDICAL

PHARMACY

INNOVATIONS

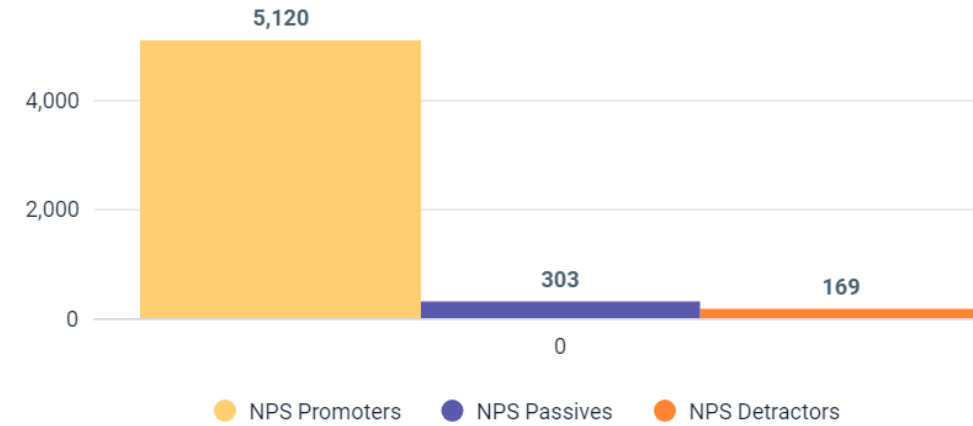
BEHAVIORAL

DENTAL



Luma Feedback- TY June 2024  
91.5% (5120/5592)

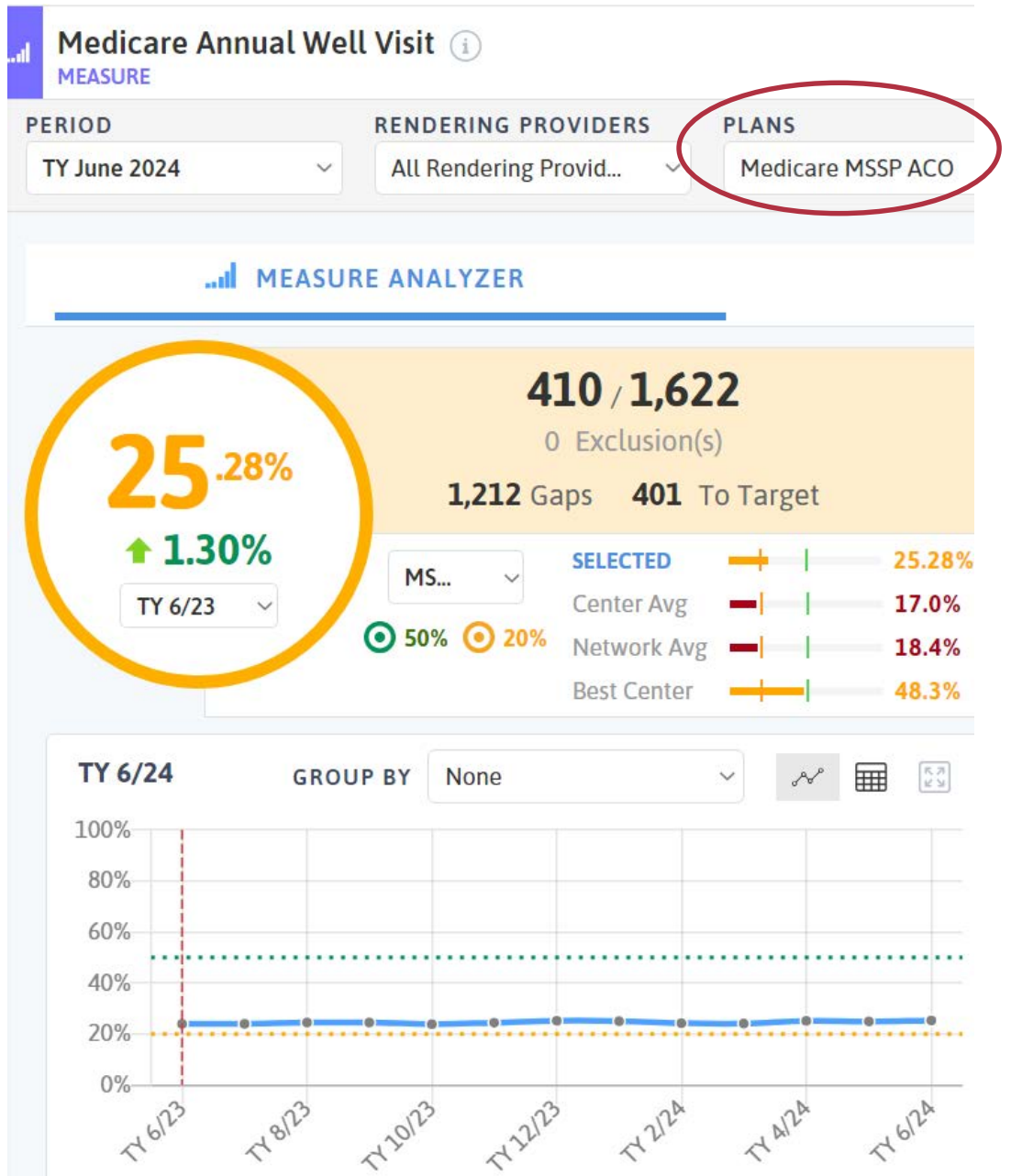
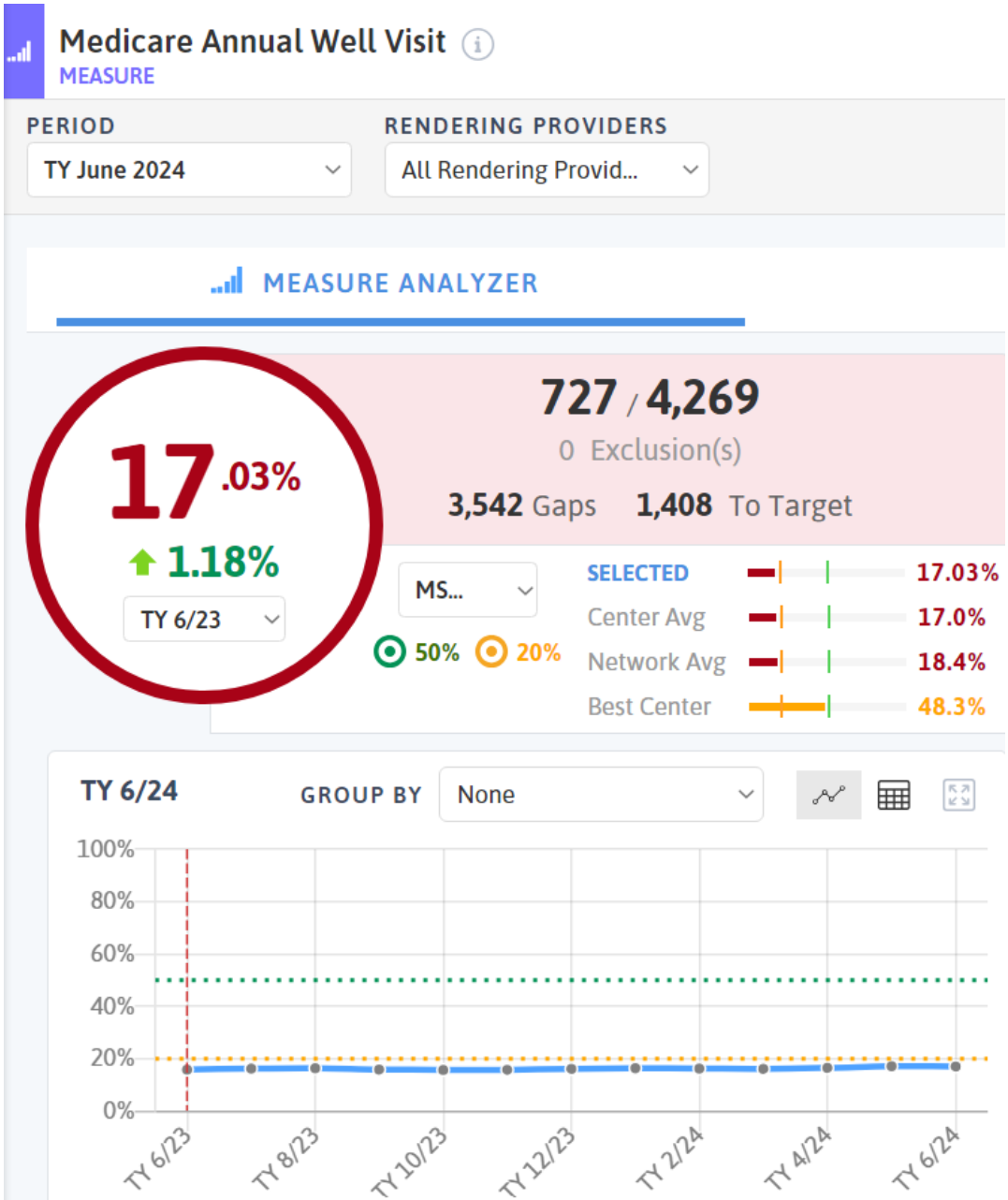
NPS Feedback Responses ⓘ



# TY June 2024 UDS

Measure	Result	Change	Target	Numerator	Denominator	Exclusions
BMI Screening and Follow-Up 18+ Years	41.5%	- 0.4% ↓	64.3%	5179	12467	324
Breast Cancer Screening Ages 50-74 (CMS 113v12)	44.1%	+ 0.3% ↑	44.4%	915	2073	46
Cervical Cancer Screening (CMS 124v12)	48.1%	- 0.8% ↓	59.7%	1900	3951	565
Childhood Immunization Status (CMS 111v12)	32.2%	+ 6.8% ↑	38.1%	37	115	1
Colorectal Cancer Screening (CMS 130v12)	41.5%	- 0.5% ↓	55.4%	2144	5161	99
Depression Remission at Twelve Months (CMS 114v12)	3.0%	+ 0.2% ↑	4.3%	26	881	194
Diabetes A1c > 9 or Untested (CMS 122v12)	25.0%	- 1.8% ↓	23.9%	300	1201	15
HIV Screening (CMS 349v6)	28.7%	+ 1.3% ↑	30.4%	2858	9968	147
Hypertension Controlling High Blood Pressure (CMS 110v12)	61.3%	+ 0.4% ↑	70.3%	1828	2980	104
Screening for Depression and Follow-Up (CMS 114v12)	82.9%	- 1.2% ↓	89.9%	9931	11977	873
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (CMS 115v12)	73.7%	- 0.6% ↓	81.6%	1542	2091	95
Tobacco Use: Screening and Cessation (CMS 116v12)	85.2%	+ 0.2% ↑	93.0%	7840	9203	0
Child Weight Assessment / Counseling for Obesity (CMS 117v12)	56.5%	+ 7.1% ↑	68.7%	971	1720	2
IVD Aspirin Use (CMS 164v7)	82.8%	- 1.0% ↓	92.0%	356	430	134
Dental Sealants for Children between 6-9 Years (CMS 118v12)	0.0%	0.0%	0.0%	0	0	0
HIV Linkage to Care (CMS 349v6)	75.0%	0.0%	100.0%	3	4	0
HIV and Pregnant (CMS 349v6)	0.0%	0.0%	0.0%	0	147	0





# Quality Assurance Metrics

(After active improvement work, how do we sustain?)

- POPs maintained (90% are approved)
- Required Staff Training completed (100%)
- Incidents/complaints (top 3 have action plans; progress)
- Patient safety goals (Action plan progress)
- Faxinbox (Process within 24 hours)
- Mortality Reviews (Processed within 1 week)
- PCMH: Hospital Tracking (75% contacted within 2 business days; 75% ER visits contacted within 1 week)
- PCMH: Contact new Medicaid Members within 20 days of the receipt of the monthly member registry
- PCMH: Empanel 95% active patients to practitioner or team

# Lean Belt Training

- Staff utilized “downtime” during fiberoptic cable cut to work on **Lean Whitebelt improvement** projects!
  - Topics:
    - Pareto chart for Lab improvements
    - Submitting communication project requests
    - 7S Orthopedic Supply Closet
    - FTCA requirements of staff for BLS, Immunizations and Fit For Duty
- **Lean Daily Management Boards Rollout** with Medical Care Teams (x4) and Patient Service Representatives (PSRs)  
7/16/24

The background is a solid teal color with several large, overlapping, semi-transparent leaf-like shapes in a lighter shade of teal. The shapes are arranged in a way that they appear to be part of a larger, stylized plant or flower.

# Infrastructure CIO Report

# Electronic Health Record

Contract Signed

Have begun establishing contacts for on-boarding



# IT Services

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- Major Damage to Fiber linking Main Campus to network resources
- 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)
- Migrating to Microsoft Defender from CrowdStrike AV by August
- Implementing new helpdesk, workflow system: Sysaid



# Facilities

C8E grant project changes and budget have been approved by HRSA! New projects include:

- Alder roof & RTU replacements (not new improvements, but now covered by the grant)
- Alder main floor remodel: adding break area, group room, observational therapy rooms, opening up front desk, new flooring throughout, and handicap buttons on doors exiting the clinic
- Grant now also covers a pump we had to replace at the Creamery (\$22,500)
- We will be putting out an RFP for solar in July/August
- Countertop replacements in dental are completed!
- LED lighting and emergency lighting upgrades are completed!
- Exam room painting updates will be ongoing through the Fall
- Putting Lowell front desk remodel out for bid, looking for a contractor
- Intend to close off pass throughs next to horseshoe/front desk



# Business Development


## Business Cases

- Lab
- Radiology
- Pharmacy Expansion
- Hours of Operation





Innovations –  
Community Programs  
CINNO Report  
Community Health  
Worker Grant Update



July 12<sup>th</sup>  
2024

# **Street Medicine**

# **Mobile Medical Care for**

# **Underserved Populations**

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# The Team

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- 1 Medical Provider (Lisa Hathaway)
- 1 Registered Nurse (Rachel Jaquith)
- 1 Tenancy Support Specialist (Blaine Dougherty)
- 1 Outreach Manager ( Chaz Rourek)
  - Rotating Students (FMRWM, UM Pharmacy and Socila Work)



# Typical Day

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Historically, our team has traveled to where unhoused people congregate. That is becoming more difficult as people are more mobile as a result of the camping ordinances.

## Watershed Clinic (mornings)

- The team will see patients four mornings a week at the Watershed Clinic
- Traditional primary care model where patients come to the site.
- Tenancy Support may spend time in the community finding people where the team wants to see .

## Outreach (Afternoons)

- Have a schedule at different locations in the community so people know where to find us.
  - Library
  - Schools
  - Transfer center







**Recent Fully Executed Contracts**

<b>Contractor</b>	<b>Contract Type</b>	<b>Purpose</b>	<b>Term</b>	<b>Date Approved</b>
Missoula Housing Auth	MOU	Shelter Plus Care Grant Recipient	5/1/24-5/1/25	5/1/24
MFD   WMMH   PHC 988	MOU	988 and MST agreement	6/20/24-6/20/25	6/25/24
Propio	BAA PSA	Interpreting services	5/1/24-5/1/25	5/8/24
LabOne				
FMRWM   UM	MOU	IT services	5/1/24-5/1/25	6/27/24

<b>ACRONYM</b>	<b>DEFINITION</b>
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  
June 14, 2024

**P/M PRESENT:**

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

**ABSENT:**

Jeff Weist (P/M) – **Excused**  
Jilayne Dunn (NP/M) – **Excused**  
Suzette Baker (P/M) – **Excused**  
Dave Strohmaier (NP/M)– **Excused**

**OTHER:**

**Tim Morgus**  
**Kevin Dick**

**RECORDING SECRETARY:**

Brianne Walker, Executive Assistant Supervisor

**NP/M PRESENT:**

**Mark Thane (NP/M)**  
**Sara Heineman (Ex-Officio)**

**STAFF:**

Lara Salazar, Chief Executive Officer (CEO)  
Bryan Chalmers, Chief Financial Officer (CFO)  
Dr. James Quirk, Chief Medical Officer (CMO)  
Jody Faircloth, Chief Infrastructure Officer (CIO)  
Rebecca Goe, Chief of Innovations (CINNO)  
Skye McGinty, Chief Diversity and Equity Officer (CDEO)  
Jen Gregory, Director of Employee Relations  
Jaime Dixon, Assistant Chief Financial Officer  
**Eric Halverson, Communications Director**  
Leslie Kemmis, RN  
Dr. Robert Stenger, Director of FMRWM<sup>1</sup>

*(Purple = virtual)*





REFERRALS/ COMMENTS FROM THE BOARD	None heard.	
CONFLICT OF INTEREST	<a href="#">Board Member Conflict of Interest Disclosures</a> : listings included in packet and based upon annual submissions.	
COMMITTEE UPDATES <i>Executive/Finance</i>	<b>Executive/Finance Committee (EFC)</b> : The group met for an in-depth review of the financial report. All Board members are invited to listen in each month.	
<a href="#">FY2023 AUDIT</a>	<p>No additional updates- minutes of meetings included within this packet for review.</p> <p>Tim Morgus and Kevin Dick with Maher Duessel displayed the FY2023 Audit PowerPoint sent separately:</p> <ul style="list-style-type: none"> <li>• <u>Statement of Net Position</u>: Decrease in deferred inflows of \$3.7 million. Decrease in net position of \$891k which is fairly consistent with last year.</li> <li>• <u>Statement of Revenue/Income Statements</u>: Increase in operating revenue of \$2.1 million; increase of operating expenses was \$6.2 million; personnel expense was large at \$4.2 and there was a total operating loss of \$11.2 million. This is offset by intergovernmental revenue of \$10.2 million.</li> <li>• <u>Single Audit</u>: Required as PHC spends over \$750k in federal awards. Unmodified (clean) opinion testing showed no questioned costs or material weaknesses; there was one significant deficiency but this has been discussed with Executive/Finance Committee.</li> <li>• <u>Items for Improvement</u>: 1. Payroll Report Review is recommended due to intertwining of PHC and the County. The recommendation is that Finance reviews reports when received back from the County and reconciles with the initial reports that were sent. 2. Software Access Level Review is recommended due to some accounting staff having access to billing capability. The recommendation is that PHC reviews access levels of staff to ensure access is reasonable and revise or correct if necessary.</li> </ul>	<p>*It was moved, seconded (Patty Kero/Joe Melvin) and carried to accept the audit presentation as written. The vote was unanimous.</p>

<p><b>FORM 990</b></p>	<p><u>Form 990</u>: Bryan Chalmers presented and advised this is a tax form that mirrors PHC's financial statement. Reviewing with Board so if there is any input, those changes can be made. The form was submitted before final review with the Board due to a family emergency with the preparer. This form includes information on staff, volunteers, the CEO's salary and other primary donors. It does not include grants. It also requires PHC's mission statement, revenues, high wage income earners and a brief summary of services provided. A potential donor can review the 990 to determine if they would like to donate.</p>	<p>*It was moved, seconded (Nathalie Wolfram/Joe Melvin) to approve the submitted 990. The vote was unanimous.</p>
<p><b>NOMINAL FEE SCHEDULE</b></p>	<p>All Board members received a copy of the revised <u>Sliding Fee Scale (SFS) POP</u> and <u>Fee Schedule</u> categories in the Board packet for review. Jaime Dixon presented an overview of the proposed changes and requested approval. No revisions were applied to the POP language; only the associated schedule.</p> <p>HRSA requires the Board be involved in approving the Nominal Fee Schedule. Operational site visitors will potentially interview Board members. The Board is required to be involved in setting the amount of nominal charges. Unlike a profit based business, PHC is not trying to maximize charges. Prices are adjusted up and down to obtain a 50% range of what the market has.</p> <p>Medical, Dental and Behavioral Health maximum increase and decrease displayed and discussed.</p> <p>List of fees for service displayed.</p>	
<p><b>SLIDING FEE SCHEDULE</b></p>	<p>For a period of time, PHC was at an 8% participation rate in the Sliding Fee Schedule (SFS). After having a team of eligibility technicians, participation rate increased to 45%. Graph of number of patients on each slide displayed. Expectation would be that slide C would be greater than 310.</p> <ul style="list-style-type: none"> <li>o <i>Kathleen Walters clarified that slide A is the lowest income. Correct.</i></li> </ul> <p>Jaime Dixon and her team identified how often a patient made a payment from 2021 to 2023.</p> <p>For medical:</p> <ul style="list-style-type: none"> <li>• Charges and average payment for each slide displayed. Slide A charged \$15, average payment was \$9.62.</li> <li>• The higher the slide, the more payment is received.</li> </ul>	<p>It was moved, seconded (John Crawford/Joe Melvin) and carried to approve the sliding fee schedule as written. The vote was unanimous.</p>

<p>CEO REPORT</p>	<p>For dental:</p> <ul style="list-style-type: none"> <li>• Slide A being paid at 98%, slide B at 95% and slides C and D at 100%. The outlier is fillings, crowns, pulp cap and appliances being paid at 77%.</li> <li>• The ability or engagement of patients paying their bill is far higher in dental than any other service lines.</li> <li>• Proposing slight fee increase in slides and a slight decrease in the outlier.</li> </ul> <p>For Behavioral Health:</p> <ul style="list-style-type: none"> <li>• The likelihood of receiving payment on slide A is significantly more if seen five or more times vs 1-4 times. Slides C and D also reviewed.</li> <li>• One proposed recommendation for Behavioral Health would be to split out nominal fee groups by specific codes.</li> </ul> <p>Main proposal for medical and dental is to do nothing and review data further back in time before making a change. Data set was small for reliable information. Dental's data set was acceptable.</p> <p><b>CEO/Leadership Update:</b> All Board members received a copy of the <a href="#">CEO Report</a> in the packet for review.</p> <ul style="list-style-type: none"> <li>• Strategic timeline: Executive Team is working with departments on action planning and measures.</li> <li>• Trinity clinic implementation is moving forward; currently working on the lease.</li> <li>• LEAN implementation continuing with consultant coming on site in July to begin roll out of Lean Daily Management Systems in each department.</li> <li>• Space planning continues with MMW Architects.</li> <li>• Moving into July, the Trinity clinic services will begin. Workday Financial Software will be implemented. Still working on signing the HCN Epic contract.</li> <li>• Access continues to increase with 18k patients and almost 74k visits or encounters.</li> <li>• The executive team met with County Commissioner Josh Slotnick to discuss Medicaid redetermination. Eric Halverson and Lara Salazar are working on a tour to discuss with the community the impact.</li> <li>• In regards to the budget, there are two significant numbers that are unknown – interest revenue and where it goes and how much Workday is going to cost PHC. Unable to fully present budget until those are known. Chris Lounsbury</li> </ul>	<p>*It was moved, seconded (John Crawford/Jay Raines) and carried to accept the recommendations put forth to not change the nominal fee schedule at this time until further data is obtained. The vote was unanimous.</p>
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<p>CFO REPORT</p>	<p>reported this morning that the County would not charge PHC for the first year of using Workday but PHC will need a plan going forward. Workday is an excellent software and there is the potential for it to integrate with HCN in the future. Pricing structure is based on FTE's of users. PHC is one-third of the County's staffing complement so that is where it would be a significant cost for PHC.</p> <p>All Board members received the <a href="#">Chief Financial Officer's Report</a> in the Board packet for review. Jaime Dixon gave a summary of the report:</p> <ul style="list-style-type: none"> <li>• Cash balance – displayed and discussed. The gap is wide due to unspent capital dollars. <ul style="list-style-type: none"> <li>○ Annie Green asked for clarification on the graph. Bryan Chalmers detailed specifics. The first section is cash on hand which was \$13.6 million; currently at \$14.3 million and don't want to go above \$15.3 million. Second section is the 2024 capital balance. Third and fourth sections were 2025 and 2026 Capital and are placeholders; subject to change. Deficit spend received \$7.1 million of Covid dollars around staffing to prevent staff layoffs during the pandemic. Those dollars were shifted to be spent in other areas to grow out of the deficit. The goal was not to go below \$5.5 million; currently have spent \$5.4 million. Some facilities needed to use those Covid dollars during the pandemic, PHC has needed to use them post pandemic. Changes have been made to help preserve these numbers in regards to staffing.</li> </ul> </li> <li>• Audit format – change in net position was positive 133k; budgeted loss of \$1.8 million and came in at \$2 million loss.</li> <li>• Cost per encounter – school based number is high but will normalize as we progress through the year.</li> <li>• Error on the Operating Margin slide with the actual and budget columns switched. Year to date, at -5.9% on a budget of -4.9%.</li> </ul>	
<p>CMO REPORT</p>	<p><b>Diversity, Equity and Inclusion (DEI) Report:</b>  Skye McGinty reported that the Patient Experience Manager role will transition to the DEI department effective June 23. Expanding current offerings for PFAC (Patient Family Advisory Councils). Applying for a mini grant through Headwaters Foundation</p>	

for about \$10k and this will be secured in July or August. In person and virtual “Auntie Chats” will begin June 19.

**Innovations Report:**

- Community Health Workers (CHW) presented at the MPCA (Montana Primary Care Association) Conference. There is a three year CHW grant that will end August 31, 2024. Actively working on sustainability for these positions. Currently have four CHW’s employed; they are lay professionals who share some characteristic or trait with the population they are serving. The care team in the clinic determines SDOH (Social Determinates of Health), sends a referral to the CHW who then connects with the patient and sets goals and expectations.
  - *Kathleen Walters asked if we have reapplied for the grant that is ending. PHC will likely find a way to sustain the CHW’s in some capacity. There is opportunity to bill for CHW’s through Medicare potentially.*

**Infrastructure Report:**

- Epic contract is still being reviewed by legal.
- All eCW servers were moved at the end of May. Some fallout with faxing and needing to rebuild reports.
- Facilities has been busy. Waiting to hear on grant for roof at Alder. In talks with MMW Architects to discuss renovating Alder.
- Exam room painting begins the week of June 17<sup>th</sup>.

**Operations Report:**

- Dr. Sarah Watson did one on one work with the providers to give basic direction on where to get credit for quality metrics; which has improved greatly.
- PHC is consistently high on patient feedback with Luma.
- Eric Halverson encouraged folks to participate in the Pride Parade.

**Medical Report:**

\*It was moved, seconded (John Crawford, Patty Kero) and carried to

<p><b>CONSENT AGENDA</b></p>	<ul style="list-style-type: none"> <li>• The team has expanded in every service line. Two new hires for Trinity starting in July, Psychiatry APRN starting as well.</li> <li>• Trinity Clinic has been renamed Watershed Navigation Center.</li> </ul> <p><b>Consent Agenda:</b> 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:</p> <ol style="list-style-type: none"> <li>1. Acknowledgement of <a href="#">Fully Executed Contracts</a> as presented.</li> <li>2. Approval of <a href="#">Board of Directors Meeting Minutes of 05/10/24</a> as presented. <ol style="list-style-type: none"> <li>a. Note: Annie Green was in attendance virtually. Will update attendance list.</li> </ol> </li> <li>3. Acknowledgement of <a href="#">Executive/Finance Committee Meeting Minutes of 05/01/24</a> as presented.</li> <li>4. Acknowledgement of the <a href="#">Quality Improvement Committee (QIC) Meeting Minutes of 05/07/24</a> as presented.</li> </ol>	<p>accept the CEO update as reported. The vote was unanimous.</p> <p>*It was moved, seconded (John Crawford, Jay Raines) and carried to approve the Consent Agenda items as amended. The vote was unanimous.</p>
<p><b>NEXT MEETING</b></p>	<p>The next monthly Board meeting will be held on Friday, July 12, 2024.</p>	
<p><b>ADJOURNMENT</b></p>	<p>The meeting adjourned at 1:34 PM.</p>	<p>*It was moved, seconded (John Crawford, Jay Raines) and carried to adjourn the meeting. The vote was unanimous.</p>
<p>*Indicates motions made and accepted.</p>	<p>Respectfully submitted,</p>  <p>_____</p> <p>Jilayne Dunn, PHC Board Secretary</p>	
	<p>_____</p> <p>Brianne Walker, Recording Secretary</p>	

<sup>1</sup> Family Medicine Residency of Western Montana



**PARTNERSHIP HEALTH CENTER (PHC)  
EXECUTIVE/FINANCE COMMITTEE (EFC) MEETING MINUTES**

June 6, 2024

**PRESENT:** Kathleen Walters, Chair  
John Crawford, Vice Chair  
Joe Melvin, Treasurer

**STAFF:** Lara Salazar, Chief Executive Officer (CEO)  
Bryan Chalmers, Chief Financial Officer (CFO)  
Marge Baack, Chief Operations Officer (COO)  
James Quirk, MD Chief Medical Officer (CMO)  
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  
Brianna Walker, Executive Assistant

**OTHER:** Kevin Dick  
Tim Morgus  
Abby Bierenowski

\*Virtual

ISSUE	DISCUSSION	ACTION
CALL TO ORDER	The meeting was called to order by Kathleen Walters, Chair, at 10:37 a.m.	
PUBLIC COMMENTS	Kathleen Walters called for public comments: None heard.	
MINUTES	All Committee members received a copy of the 05/01/2024 <a href="#">Executive/Finance Committee Meeting Minutes</a> for review.	
AUDIT	<p>Kevin Dick, Tim Morgus and Abby Bierenowski with Maher Duessel presented the FY2023 Audit Report with PowerPoint presentation. The report was issued March 28, 2024. A single audit was completed in accordance with federal guidelines because PHC expends greater than \$750k per year.</p> <ul style="list-style-type: none"> <li>• <u>Financial Highlights (PowerPoint)</u>– displayed. Cash equivalents increased \$790k. Decrease from assets disposed of throughout the year. Total net position of \$26.4 million; decrease of \$891k but relatively consistent year to year. Increase in revenue over the year of \$2.1 million. The operating expenses includes salaries and wages. There was an operating loss of \$11.2 million. <ul style="list-style-type: none"> <li>o <i>Kathleen Walters asked for clarification of meaning of EBITDA. Earnings before interest, taxes, depreciation and amortization.</i></li> </ul> </li> <li>• <u>Schedule of the Center’s proportionate share of net pension liability, (pages 37-38 of audit report)</u> – shows long term effect of what PHC is paying to the pension plan.</li> </ul>	*It was moved, seconded (John Crawford/Joe Melvin) & carried to approve the EFC Meeting Minutes of 05/01/24 as presented. The vote was unanimous.

<p>FORM 990</p>	<ul style="list-style-type: none"> <li>○ <i>Lara Salazar inquired what happens to our contribution for the employees that leave before they are vested. If they're vested, it gets rolled back into the plan and potentially used against future contributions. Unvested moneys help you fund the plan easier.</i></li> <li>○ <i>Jody Faircloth asked what happened between 2018 and 2019 for the State of Montana proportionate share of net pension liability. Tim Morgus was unclear but would look into that.</i></li> <li>● <u>Schedule of Expenditures of Federal Awards (page 41)</u> – this is the federal money spent. A single audit is required for anyone spending greater than \$750k during the year. Total expenditures is approximately \$8.7 million. Recommend obtaining Schedule of Expenditures of Federal Awards (SEFA), review for accuracy and conduct tests of compliance. There was \$6.6 million spent towards total health center program cluster.</li> <li>● <u>Schedule of Findings and Questioned Costs (page 48)</u> – summary of test and audit results. No material weaknesses noted. There was one significant deficiency noted; likely due to the intertwined nature of the County and PHC. Recommend additional internal controls to monitor.</li> <li>● <u>Summary Schedule of Prior Audit Findings (page 50)</u> – displayed.</li> <li>● <u>Corrective Action Plan (pages 51 and 52)</u> – summary of the corrective action plan submitted. The overstatement of the revenue was quickly determined by staff and corrected. Bryan Chalmers stated it was a result of when PHC received the information and the timing of the completion of reconciliation. Tim Morgus advised it's a requirement to report as a significant deficiency but there is no concern about this being part of the routine process. Ideally, in the future, the County will be finished with their portion and have it returned to PHC by the end of September.</li> <li>● <u>Other Items for Improvements to Internal Control (PowerPoint)</u> – <ul style="list-style-type: none"> <li>○ Payroll Report Review – Recommended that PHC reviewed the payroll reports received from the County after payroll is completed to ensure reconciliation.</li> <li>○ Software Access Level Review – It was noted that some accounting staff had billing level access in the software. Recommended review of access to ensure those access levels are reasonable and/or necessary.</li> </ul> </li> </ul> <p>Bryan Chalmers displayed the 990 form and advised that it is a tax document that the federal government requires. It is a mirror image of PHC's audit and financial statements.</p>	
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**CFO REPORT**

Bryan Chalmers distributed the April [financial statement](#) to all committee members (see attached) and reported the following:

- Cost per Encounter: Reimbursed at \$342; average is \$360 so \$18 loss per encounter.
- Payor Mix: Significant change of 45% to 33%.
- FTE's: showing 275.
- Cash on Hand and Accounts Receivable: displayed and reviewed.
- Pension Liability: \$18.4 million.
- Operating Revenue and Expenses: PHC has typically operates at a loss but makes up for it in grants and other income.
- Change in Net Position: Month to date income is positive at \$133k; year to date is \$2 million loss on a budget of \$1.8 million.
- Grants: At (\$988k) which is a loss of \$3 million.
- Cash Report: Reserves of 120 days cash on hand. The cash decline is matching cash utilization for operations.
- Capital: Displayed and reviewed.
- Payor Mix: Loss is greater than 1.5 million; likely due from Medicaid redetermination. Volume decline from clinical is 460; growth in pharmacy was 900.
  
- Fee Schedule: Fee schedule for medical, dental and behavioral health displayed with percentage of increase or decrease.
  
- Nominal Fee Review: HRSA reviews and asks that a sliding fee scale is set in accordance with peoples' ability to pay. There has been an increase of utilization of the sliding fee scale from 18% in December 2021 to 45% in December 2023. Data displayed of individual slide charges and the average payment received. Jaime Dixon recommended that most service lines would not have a change in sliding fee scale for now and would instead, obtain data from further back before determining. It's appearing that patients need longer than one year to pay balance.

**CEO UPDATE**

All Committee members received the Leadership Report in the packet to review. The following was reported:

- Budget: It has been a difficult couple of months working with the budget amidst Medicaid redetermination; experienced a \$1.6 million loss because of this. The executive team

<p><b>NEXT BOARD AGENDA</b></p>           <p><b>NEXT MEETING</b></p> <p><b>ADJOURNMENT</b></p>   <p>* Indicates motions made and accepted.</p>	<p>involved senior leadership intimately to create their departmental budgets. New hires were frozen. Reviewed staff complement to understand positions and have re-evaluated the rehiring process. The team will now be able to do more work around efficiency and role clarity.</p> <ul style="list-style-type: none"> <li>• <u>Union Negotiations</u>: PHC and the Union are working on a salary increase that is included in the budget and takes cost of living into account. A message will be sent to staff with these updates.</li> <li>• <u>Fire Levy</u>: Passed. Continuing to work on a Medicaid billing component.</li> </ul> <p>The <a href="#">draft agenda</a> for the Friday, June 14, 2024, Board Meeting was reviewed. Request to add the following additions:</p> <ul style="list-style-type: none"> <li>• Add Form 990.</li> <li>• Separately list the Fee Schedule and Nominal Fee policies for approval.</li> <li>• Include HRSA justice involved grant submission.</li> <li>• Add the following sites to the PHC scope: <ul style="list-style-type: none"> <li>o Hawthorne Elementary School</li> <li>o Russell Elementary School</li> <li>o Big Sky High School</li> <li>o 406 Recovery – adds psychiatry support and education to the APRN’s</li> </ul> </li> </ul> <p>The next Executive/Finance Committee meeting will be July 3, 2024.</p> <p>The meeting was adjourned at 12:15 p.m.</p> <p>Respectfully submitted,</p> <hr style="width: 30%; margin-left: 0;"/> <p>Jilayne Dunn, Board Secretary</p> <hr style="width: 30%; margin-left: 30%;"/> <p>Brianne Walker, Recording Secretary</p>	<p>*It was moved, seconded (John Crawford/Joe Melvin) &amp; carried to approve the June Board Meeting Agenda with additions. The vote was unanimous.</p>
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## Quality Improvement Committee (monthly meeting)

6.11.24, 9:05–10:25am, PHC Weinberg (both sides)

Facilitator: Marge Baack

Note-taker: Deb Harris

Timekeeper:

Participant list: **Names (first, last initial):** Amanda J, Brenda L, Bryce K, Cass G, Cris F, Guedem D, Jaime D, Jen G, Jim Q, Lara S, Leslie K Mara C, Marge B, Netta L, Ray H, Sarah W, Staci F, Yvonne W

### 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 *(Why are we meeting?)*

To review, prioritize, and enhance the quality and utilization of PHC's services. To address patient satisfaction and clinical quality care gaps. To prioritize and address patient safety issues.

### Desired Outcomes *(What do we want to leave the meeting with?)*

- Understand the role Leaders play in Lean Daily Management

Content (What)	Process (How)	Who (Roles)	Time (When)
Opener	Marge		9:05-9:10
Lean Daily Management (LDM) for Leaders	What we will cover... <ul style="list-style-type: none"> <li>What is Lean Daily Management (LDM)</li> <li>How does it help ALL stakeholders (Pts, staff, org)</li> <li>How it helps Leaders lead and manage</li> <li>What does it look like (on a daily basis)</li> <li>What does the rollout look like</li> </ul>	Ray Hemmele (Avior Group)	9:10-10:25am

### Findings & Notes *(This section is for the note-taker to record notes for the meeting)*

#### What is Lean Daily Management (LDM)?

- LDM creates a process that enables timely problem solving and communication up and down the organization and uses it to manage our work at a frequency congruent with the output frequency.
- It is a management construct to help us manage.
- It is a structured way to see if we “won” yesterday and where the process let us down.
- It connects the organization in ways that email, and other IT tools will never achieve.

#### Lean Daily Management Major Steps:

##### 1. **Connect:**

###### Connect the Client to the Front Line

- Assess what matters most to patients, staff, and the organization.
- This has been done through the KPI's.
- Align – Establish the department metrics that drive the top level KPI's.
- Outcome – The 4- 7 metrics that show up on our huddle board and we track and do the LDM process daily.

##### 2. **Build:**

###### Build the Tiered Huddle Structure

- Patient Care Teams and PSR Teams
- Site 1 – The next level up where things could be escalated and could not be solved at the lowest level or communication coming down.
- How does the tiered structure help connect all levels of the organization?
- Communication comes down the hierarchy.
  - **During each huddle we need to discuss:**
    - How did we do yesterday?
    - What went well?
    - What problems got in our way?
    - What were the root cause of those problems?
    - What ideas for improvement do you have to address those?
    - How do we build that solution into our standard process?
    - What does tomorrow look like (workload and staffing)?
    - Who has extra time?
    - Who feels buried?
- **The Huddle Board:**
  1. Month View
  2. Daily Run Chart
  3. Pareto (chart of causes)
  4. Action/Responsibility List

### 3. Practice:

- Problem: Inpatient units are full cause causing a back in ED and then causing the hospital to go on divert.
- What unit level metric to track on?

#### Connecting the Organization and Customer to the Front Line:

##### **Monthly Revenue:**

- Patient Volumes
- Percent of time on Divert
- ED beds are full
- Inpatient beds are full
- Discharge process is slow
- Now at this level, we can capture a metric that measures how timely the discharge process happens.
- **Choose a Metric Category** (6 categories: Safety, Quality, Productivity, Cost, Delivery, Morale):
  - Delivery: The discharge process is slow
  - Goal: >75% of the patients are discharged in 1.5 hours or left from discharge order.
  - It is measured by the nurse discharging from discharge order to patient leaving room.
- **Problem Solving Run Chart**
  - Green:** Met Goal
  - Red:** Missed Goal
- **Problem Solving Pareto Chart**
  - List the reason or root cause of the problem or easily identified with basic data collection.
- **Action and Accountability Plan**
  - Transportation delaying discharge.
  - Solution: Have a conversation with the patient and family on day one about discharge day.

##### **Where do problems get solved?**

- Solving problems that are either root causes or with basic data collection, the scope is in the huddle group or department.
- Problems that impact a lot of people get escalated through the tiered huddle structure so it can be communicated more broadly what that solution is.
- Problems that are a more difficult root cause to find are called Yellow Belt projects.
- Problems that are hard to solve and are cross departmental, which go through a steering committee.

##### **Huddle Boards:**

- White boards, paper, markers, that can be easily changeable.
- Data might come from IT reports.
- Board needs to be front and center in the workplace; on wheels or the wall.
- Updating responsibility of the huddle board is shared.

## LDM Rollout Plan:

- **Prework:**
    - First level huddles and what groups are in the care teams and PSR's.
    - Communicate through email or during staff meetings.
    - LDM Overview for Leaders
    - Purchase whiteboards
  - **Rollout (Remote):**
    - White Belt Training
    - LDM Leaders Behavior Training on July 9, 2024.
  - **Rollout (on-site) July 16 – 19, 2024:**
    - Day 1: Overview for staff
    - Day 2: Workshop where each huddle group builds the board and chooses metrics.
    - Day 3: Dry run the huddle
    - Day 4: Go live huddle at selected time and place.
    - The Performance Excellence Facilitator will attend the huddles to coach staff.
- ❖ The huddle does not have to be at the beginning of the day when staff are coming in at staggering times.

## People and Behaviors with LDM:

### Shift in mindset for all management levels:

- From a supervisor to a teacher and coach.
- Lean leaders must lead gently, by example, ensuring that the Lean principles are being applied with the right goal in mind.
- Providing intent of outcome and letting go as competency is demonstrated.
- Recognizing good performance and looking for coaching moments.

## The Challenge for Managers:

- Where is the sweet spot between Micromanagement (high control) and Completely Hands Off/No Management (low control)?

## Caution:

- It reduces the places to hide for both leaders and team members.
- A litany of problems that are inevitably uncovered.
- People are generally not used to being evaluated continuously in this manner and it feels like micromanagement.
- Some people are sensitive about posting their progress on a huddle board.

## Goal:

- The goal is team members can self-manage their own day-to-day operation.

## Action Items *(This section is for recording action items)*

Task or Action	Who	Initiated	By When
Condense information from Isolation epidemic into the Improvement Queue for prioritization	Marge	5/7/24	6/11/24
Connect on No Show rate in February 2024 to see if we can do some sharing of information.	Marge, Cris, Jazmin	1/10/24	4/15/24
After DRVS has built the one good question, bring it back to Clinical Informatics to see if we want to tweak the way we are documenting it.	Marge B	1/10/24	6/2024
Decide on platform for Patient Experience Survey for March: SurveyMonkey (cost for HIPAA compliant SurveyMonkey) or other options; 1. Add Skye 2. Update 5/7/24: Moving forward with CAHPS PCMH version via SurveyMonkey (trying to upgrade to HIPAA compliant version). Launch after upgrade. Request for patient list to Data.	Marge/Mara	2/6/24	3/7/24
1. Mortality Team meet to edit Mortality POP and Deceased patient workflow and address the following:	Staci/Marge/Laurie/Sarah W	4.9.24	May-June 2024

<ol style="list-style-type: none"> <li>a. Do all M reviews go to SW, or should Dental only and BH only go to SP and JN</li> <li>b. How do we notify the whole care team about their deceased pt.?</li> <li>c. Do we make any changes now that we will revamp with EPIC?</li> <li>d. Referrals and Orders do not close automatically. Should we close and whom should be doing that work?</li> </ol> <ol style="list-style-type: none"> <li>2. Add Mortality POP and workflow review to next Clinical Operations meeting AFTER the Mortality Team</li> </ol>	Marge to Cris	5/7/24	June 2024
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**Next Meeting** *(If applicable, indicate date, time, location of next meeting)*

July 9, 2024, 9-10:30am, via Teams

Regular Scheduled Reports:

- *Highlight: Satellites (Brenda Lineback)*
- *Pharmacy Report (Pharmacy Director)*
- *Dental Report (Dental Director)*
- *Risk and Safety Report (Quality Assurance Manager)*
- *Innovations Report (Director of Innovations)*
- *Provider Peer Review outcomes (CMO)*
- *Impeccable Quality Report (COO)*



MISSOULA'S COMMUNITY HEALTH CENTER

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

Name/Title	Email	Phone	Joined	Officer
Baker, Suzette*	<a href="mailto:Suzettesmc@gmail.com">Suzettesmc@gmail.com</a>	970-759-0388	April 2024	N/A
<b>Crawford, John*</b> Vice-Chairman	<a href="mailto:jcblackfeet@msn.com">jcblackfeet@msn.com</a>	406-552-8218	Feb. 2016	Vice-Chair as of 10/2023
<b>Dunn, Jilayne</b> Secretary	<a href="mailto:jdunn@ci.missoula.mt.us">jdunn@ci.missoula.mt.us</a>	406-552-6157	(Appointed) Dec. 2013	Secretary as of 10/2021
Green, Annie*	<a href="mailto:annie.green@gmail.com">annie.green@gmail.com</a>	406-240-0239	Mar. 2021	N/A
Kero, Patty*	<a href="mailto:pmpcherson20@gmail.com">pmpcherson20@gmail.com</a>	406-529-5335	Nov. 2021	N/A
<b>Melvin, Joe*</b> Treasurer	<a href="mailto:jmelvinmt@gmail.com">jmelvinmt@gmail.com</a>	406-207-8107	Jan. 2019	Treasurer as of 10/2021
Raines, Jay*	<a href="mailto:mrjayraines@gmail.co">mrjayraines@gmail.co</a>	406-274-1493	Jan. 2024	N/A
Strohmaier, David	<a href="mailto:dstrohmaier@missoulacounty.us">dstrohmaier@missoulacounty.us</a>	406-258-4877 C= 529-5580	(Appointed) Jul. 2019	N/A
Thane, Mark	<a href="mailto:mt59801@gmail.com">mt59801@gmail.com</a>	406-552-3957	Oct. 2019	N/A
<b>Walters, Kathleen*</b> Chairwoman	<a href="mailto:kathleen@montanarealtynetwork.com">kathleen@montanarealtynetwork.com</a>	406-880-8818	Jul. 2013	Chair as of 10/2023
Weist, Jeff*	<a href="mailto:jeffweist@yahoo.com">jeffweist@yahoo.com</a>	406-241-4802	Mar. 2020	N/A
Wolfram, Nathalie*	<a href="mailto:nathalie.wolfram@gmail.com">nathalie.wolfram@gmail.com</a>	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	<a href="mailto:sheineman@missoulacounty.us">sheineman@missoulacounty.us</a>
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*Healthy People, Strong Communities*



## 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
5/10/24	DEI overview with Skye
6/14/24	Budget Discussion/Phases – Finance Dept - 2 SLT members who have goals formulated for their department to discuss
	Board Governance
	Open – Board of Directors Discussion
	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
	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.*



