

**Falls Community Health Governing Board Minutes**  
**Thursday, January 18, 2018 at 12:00 pm**

**Present:** Susy Blake, Linda Karnof, Gwendolyn Martin-Fletcher, Jim Kellar, Bruce Vogt, John Peterson, Cindy Binkerd

**Absent:** Katie Reardon, Brent Christiansen, Tracy Johnson, Jonathon Ott

**Staff Present:** Jill Franken, Amy Richardson, Kelly Piacentino, Dr. Jennifer Tinguely, Vanessa Sweeney, Lisa Stensland

Call to Order: The meeting was called to order by Bruce Vogt at 12:00 pm.

A motion was made to approve the consent agenda items including the minutes for Falls Community Health Governing Board dated December 21, 2017, and the QA/QI minutes dated December 18, 2017 supported by Jim, seconded by Linda, motion carries.

The board received a thank you note from the Mayor for their input on Jill's review.

**FINANCIAL REPORT:**

**DRAFT-Preliminary Year End**

The Falls Community Health reports attached are through the month ending December 31, 2017. We are 100% through the fiscal year. The last financials presented were through the month of November 2017.

**Operating Revenues:**

- Net Patient Revenue consists of all patient charges/fees. Total Net Patient Revenue for December came in at \$487,672 which is 101% of the YTD actuals to annual budget.
- Total Grant Revenue of \$263,338 includes grant drawdowns from the Community Health Center, Ryan White Part C, and HIV Prevention and Refugee grants.
- Total Other Revenue is \$3,517 for December.

Total Operating Revenues YTD December is \$9,456,945 which is 103% YTD actuals to annual budget.

**Operating Expenses:** Operating expenses are classified within 7 categories. Total expenses were \$1,016,578 for the month of December.

- Personnel expenses are at 96% of the budget. December had 3 pay periods. 2017 is \$241K favorable to YTD budget.
- Professional Services are at 106% of the YTD budget. This category includes payments to Center for Family Medicine, locum providers, interpreter services and laboratory expenses.
- Rentals are at 101% of the YTD budget. Technology charges occur in July of every year.
- Repair and Maintenance is at 90% of the YTD budget.
- Supplies and Materials are at 96% of YTD budget. Category includes general medical and dental supplies, immunization & pharmaceuticals as well as the monthly maintenance of the electronic medical and dental software systems. 2017 is \$26K favorable to YTD budget.
- Training is at 104% of the YTD budget. The majority of expense are continuing education expenses and out of state travel.
- Utilities are at 89% YTD budget. The majority of this expense occurs quarterly. Last payment occurred in December.

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

- Other Revenue is at 170% of the budget and includes USD dental lease payments and recovery of prior year revenue.
- Estimated Uncollectible Revenue is (\$152,018) for December 2017.

**Net Income (Loss):** December actuals are showing net loss of (\$392,282) and YTD net loss of (\$1,174,141). 2017 is 101% YTD actuals to annual budget.

A motion was made to accept the financial report as presented, supported by Jim and seconded by Gwen, motion carries.

**QUALITY:**

## Peer Review-

Behavioral health services has 3 staff members providing mental health services and 1 chemical dependency counselor. There was 100% return rate from them and no issues identified, although some comments needed clarification. In 2018 the psychiatrist provider will be included with the medical providers for peer review. Dr. Tinguely has done this in the past and we are looking for another way to review the psychiatrist.

The medical reviews are on the 15<sup>th</sup> cycle of quarterly reviews. The APP's and faculty are in 100% compliance, 67% of the residents were reviewed by the faculty. No major findings at this time, just some documentation that has been difficult to find.

Dental reviews for the doctors are done by Dr. Schmitz, with no major findings.

**ACCESS:**

In February Mary Lisa Borgstadt will be starting, she will be replacing Karissa Zimmer.

The part time provider Tonya Llanque who is credentialed temporarily is going through the process. She is able to work 28 hours per week and will help out for another provider's maternity leave.

**BOARD SELF-ASSESSMENT REVIEW**

The review looks very good. We could look at using focus groups to help with the upcoming competing application grant. We can start looking at this in March.

**EXECUTIVE DIRECTOR'S REPORT:**

See report below.

A motion to adjourn, supported by Jim, seconded by Linda, motion carries.

12:50 pm

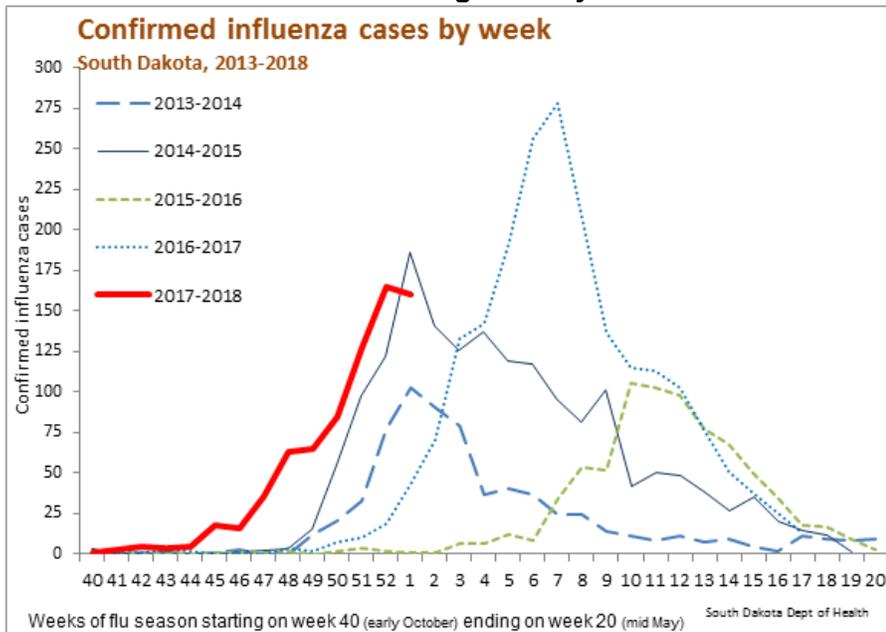


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H. Bruce Vogt- Board Chair February 15, 2017

## January 2018 Falls Community Health Executive Director Board Update

### Influenza Season for week ending January 6<sup>th</sup>:



### From the SD Health Alert Network dated 12/27/2017:

In the United States (U.S.), influenza activity has increased significantly over recent weeks with influenza A(H3N2) viruses predominating so far this season. In the past, A(H3N2) virus-predominant influenza seasons have been associated with more hospitalizations and deaths in persons aged 65 years and older and young children compared to other age groups. In addition, influenza vaccine effectiveness (VE) in general has been lower against A(H3N2) viruses than against influenza A(H1N1)pdm09 or influenza B viruses. Last season, VE against circulating influenza A(H3N2) viruses was estimated to be 32% in the U.S. CDC expects that VE could be similar this season, should the same A(H3N2) viruses continue to predominate. For this reason, in addition to influenza vaccination for prevention of influenza, the use of antiviral medications for treatment of influenza becomes even more important than usual. The neuraminidase inhibitor (NAI) antiviral medications are most effective in treating influenza and reducing complications when treatment is started early. Evidence from previous influenza seasons suggests that NAI antivirals are underutilized in outpatients and hospitalized patients with influenza who are recommended for treatment.

### Community Conversations:

- Alicia and Shelly Ten Napel, (CHAD) met with Don Lee, the new Director of Urban Indian Health. UIH is an FQHC but is not 330 grant funded. They wanted to understand what it meant to be a 330 CHC, which was shared with them by Alicia and Shelly. If we are aware of any interest in UIH making application for 330 funding we will update the board.
- Alicia and Jill met with SD Department of Behavioral Health to understand the process of becoming accreditation through that agency. This accreditation would allow for a mechanism for FCH to be reimbursed for behavioral health services provided to Medicaid recipient patients, and put FCH in a position of being eligible for state indigent funds in the future.

## Health Center Funding Cliff NACHC Update dated 1/17/2018:

- Last night, House leaders released a [short-term Continuing Resolution](#) that extends government funding through February 16<sup>th</sup>. While it does include six years of additional funding for the Children’s Health Insurance Program (CHIP), it does not include any funding for community health centers, the National Health Service Corps (NHSC), the Teaching Health Centers Graduate Medical Education (THCGME) program, or any other critical “health care extenders.”
- We want to emphasize that this in no way reflects any failures in advocacy. Your response to our repeated calls for action has been tremendous, and it is clear that as a result of your hard work there are many, many Members who feel strongly that CHC funding should be included in the package alongside CHIP funding. As we shared in our last update, a recent score from the Congressional Budget Office indicated that six years of funding for CHIP can be enacted at no cost to the federal budget. We believe that this is the reason that CHIP was included while other health policy extensions, including health center funding, were not.
- While opportunities to add CHC funding back into the final package may be slim, we believe we should continue to put pressure on Members until every last vote is counted. This is not final yet. Votes are being counted right now to determine whether this version of CR legislation can pass. That’s why we need Members to continue to weigh in with their Leadership TODAY, and to carry the simple but strong message that *“CHC funding MUST be included as part of this week’s CR. Health centers cannot wait an entire month – until February 16<sup>th</sup> – for the next opportunity to enact stable funding.”*
- We have a very small window to influence events, and there are a variety of political and policy factors at play here that are beyond our control. You will likely hear from Members that do not want to vote against CHIP funding and do not want to risk a government shutdown. We understand those concerns and are simply asking them to consider any and all avenues to add our funding back in before a final version of the legislation is passed on January 19.