

Falls Community Health Governing Board Minutes

Thursday, April 16, 2026, at 12:00 pm

Present: Amanda Willard, Madeline Shields, Lee Jensen, Dr. Bill Schultz, Moses Pessima, Erin Healy, Jaci Kramer, Murat Sincan-Virtual,

Absent: Josh Keller, Gwen Fletcher, Carlos Castillo,

Staff Present: Joe Kippley, Amy Richardson, Dr. Jen Tinguely, Vanessa Sweeney, Katie Wick, Michelle Jarding, Lisa Stensland

Call to Order: Amanda Willard called the meeting to order at 12:04 pm. Roll call: V Murat, P Jaci, P Madeline, P Lee, P Moses, A Gwen, P Amanda, P Bill, A Carlos, A Josh

A motion was made to approve the minutes for Falls Community Health Governing Board dated March 19, 2026, supported by Madeline seconded by Erin, motion carries. Roll call: Y Murat, Y Jaci, Y Madeline, Y Lee, Y Moses, A Gwen, Y Amanda, Y Bill, A Carlos, A Josh Y Erin

PUBLIC INPUT: None at this time

FINANCIALS:

The Falls Community Health reports attached are through the month ending March 31, 2026. We are 25% through the fiscal year. The last financial statements presented were through the month of February 28, 2026.

Operating Revenues:

- Net Patient Revenue consists of all patient charges and adjustments. Total Net Patient Revenue for March came in at \$385,012, YTD actual is 30% compared to annual budget.
- Total Grant Revenue for March of \$304,004 includes grant revenue from Community Health Center, Ryan White Part C, HIV Prevention and Colon.
- Total Other Revenue for March is \$14,699 which consists of Medicaid Managed Care payments and Lewis Drug 340b revenue.

Total Operating Revenue YTD March is \$1,996,406, which is 27% YTD actual to annual budget.

Operating Expenses: Operating expenses are classified within 7 categories. Total expenses were \$1,101,917 for the month of March.

- Personnel expenses are 20% of the budget and March had 2 pay periods. 2026 is \$419,987 favorable to YTD budget.
- Professional Services are 22% of the YTD budget. This category includes payments for services like Center for Family Medicine, Minnehaha County quarterly shared facility costs, interpreter services, transportation for patients, clinic security, lab testing fees, and phone answering services, etc.
- Rentals are 90% of the YTD budget. Technology charges were recorded in January this year, instead of March like in previous years.
- Repair and Maintenance is 12% of the YTD budget.
- Supplies and Materials are 21% of YTD budget. Category includes expenditures like general medical, lab and dental supplies, office supplies, immunization & pharmaceuticals, electronic medical and dental software system fees, patient education supplies, and claims processing.
- Training is 19% of the YTD budget. Most expenses are continuing education expenses and licensure renewals.
- Utilities are at 16% YTD budget. Most of this expense occurs quarterly and the last payment occurred in March 2026.

Total Operating Expenses YTD March are \$2,978,858 which is 22% YTD actuals to annual budget.

Non-operating Revenue (Expense):

- Total nonoperating revenue (expenses) is 28% of the YTD budget and includes payments from AAA recovery collections, USD dental clinic rent, and interest for March.

Net Income (Loss):

- March actual amounts show a net loss of (\$350,967) and YTD net loss of (\$905,587).

A motion was made to approve the financial report as presented, supported by Moses, seconded by Erin. Motion carried. Roll call: Y Murat, Y Jaci, Y Madeline, Y Lee, Y Moses, A Gwen, Y Amanda, Y Bill, A Carlos, A Josh Y Erin

Productivity:

Medical total visits year to date through March: the providers are at 4,377 visits. The nurses have had 11 visits this year. Total medical visits year to date are 4,388.

The dentists have had 1,851 visits year to date. Hygiene has 363 visits year to date. Total dental visits are 2,214.

The dietitian had 39 visits this year. Mental Health had 146 YTD visits. CD Counselor had 0 visits YTD. Case Management has 159 visits. March totals are 6,946 total visits, which is 89% to goal.

QUALITY:

UDS Report:

Falls Community Health is required to submit an annual data report called Uniform Data System (UDS) for grant compliance. The report includes patient demographics and financial status, revenue and expenses and quality measures and diagnoses. The federal government and FCH uses this information to show and monitor program improvements, monitor quality programs and track fiscal performance.

In 2025 the clinic saw 9,766 patients, 26% of whom live in the 57103-zip code, 22% in 57104. 70% of the patients range from 19-64 years of age and are almost split 50/50 male-female. 47.6% are white, 22.8% are black, 13.3% are American Indian. 1,975 of the patients list they are homeless with 711 in transitional housing and 653 are doubling up. There are more than 30 different languages making 17% of the patients have limited English proficiency. Spanish and Swahili are the top two languages after English. 44% of the patients are covered by Medicaid, 18% private insurance, 11% by Medicare, 27% uninsured.

ACCESS:

Dr. Cornelia Sallar – no concerns with Avera credentialing and no changes to privileging

A motion to accept credentialing and privileging of Dr. Cornelia Sallar supported by Erin, seconded by Bill, motion carried. Roll call: Y Murat, Y Jaci, Y Madeline, Y Lee, Y Moses, A Gwen, Y Amanda, Y Bill, A Carlos, A Josh Y Erin

CMS Preparedness Standards & Update:

CMS preparedness rule requires the clinic as an FQHC to have and maintain an emergency preparedness plan. Our emergency operation plan includes policies and procedures that include evacuations and sheltering. The plan allows us to communicate with staff, patients and external partners to provide ongoing care under an emergency using redundant systems. The plan also calls for ongoing training and testing which includes online training and drills.

The Emergency Preparedness Plan requires facility-specific plan that identifies hazards and outlines how the facility will respond to and recover from events. By requirement it must be updated every two years. Policies and procedures must be reviewed every two years. Emergency communication plan ensures the facility can communicate effectively during a crisis-with staff, patients, families, and external partners. The plan must

include contacts for staff, contractors, and participating physicians, emergency contacts at local, state, tribal, regional and federal levels; a method for sharing patient status and location.

Ongoing staff training and regular emergency drills test the plan's effectiveness and maintains readiness. As and FQHC we must participate in at least two preparedness training/exercises per year.

PUBLIC HEALTH DIRECTOR UPDATE:

City Updates

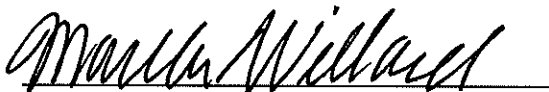
- Opioid Settlement Awards
 - The Link
 - Center for Family Medicine
 - Midwest Street Medicine

Clinic Updates

- Strategic Plan Updates
 - Staff Retention Rate
 - New employee onboarding sessions
 - New Recognition Program
 - Open Scheduling for patients
- Plan for Marketing Campaign
 - Medical Clinic construction project – awaiting county approval

Motion to adjourn supported by Moses seconded by Madeline, motion carries. Roll call: Y Murat, Y Jaci, Y Madeline, Y Lee, Y Moses, A Gwen, Y Amanda, Y Bill, A Carlos, A Josh Y Erin

12:58 pm



Amanda Willard –Chair May 21, 2026

Upcoming meeting: June 18, 2026

