



Hi-Desert Memorial Health Care District dba
Morongo Basin Healthcare District
BOARD OF DIRECTORS REGULAR MEETING MINUTES

March 7, 2019 at 5:30 p.m.

Convened at the District Offices

6530 La Contenta Road, Suite 100, Yucca Valley CA 92284 | 760.820.9229

- **Mission Statement:** *To improve the health and wellness of the communities we serve.*
- **Vision:** *A healthy Morongo Basin.*
- **Core Values:** *Commitment, Collaboration, Accountability, Dignity, Integrity.*

Board of Directors:

- Director Armstrong
- Director Doyle
- Director Evans
- Director Markle-Greenhouse
- Director Sullivan

Staff Present:

- Jackie Combs, CEO
- Karen Graley, Board Clerk
- Cindy Schmall, Director Operations
- Joe Ruddon, Director Business Development
- Tricia Gehrlein, Director Population Health
- Deborah Anderson, Controller
- Kathy Alkire, Director Education
- Alex Barba, Communications
- Stephanie Eigner, CHC Clinic Manager

Public Present:

- Beverly Scott, CHC board member
- Paul Hoffman, CHC board member
- Pat Cooper, CHC board member
- Mary Ann Shirbourn, CHC board member
- Barbara Newman, CHC board member
- Barbara Souter, CHC board member

-
- Robert Hargreaves, Partner BB&K
 - Jenna Hunt, Hi-Desert Star
 - Eric Knabe, Z107fm

CALL TO ORDER

Director Armstrong called the meeting to order at 5:30 p.m.

ROLL CALL

Karen Graley, Board Clerk, conducted roll call. All Directors were present for a quorum.

OBSERVANCES

Director Doyle read the mission, vision and core value statements.

Paul Hoffman led the assembly in the pledge to the American flag.

PUBLIC COMMENT

No public comment presented.

APPROVAL OF MEETING AGENDA

Motion 19-18: Director Sullivan motioned to approve the meeting agenda as presented; motion seconded by Director Greenhouse; Director Armstrong asked to move the finance report to the first report presented; motion passed by unanimous vote.

APPROVAL OF CONSENT AGENDA

The Consent Agenda presented the minutes of the regular business meeting of the Board of Directors, February 7, 2019.

Motion 19-19: Director Doyle motioned to approve the consent agenda; motion seconded by Director Evans; motion passed by unanimous vote.

EDUCATION

CALIFORNIA LAW: BROWN ACT OVERVIEW, *Robert Hargreaves, Partner, Best, Best & Krieger, Attorney at Law*

Mr. Hargreaves greeted the assembly with introductions. The healthcare district is a public entity, therefore, the public has the right to participate in the district's business meetings. The published agenda is the primary tool to inform the public and media about business meetings.

The Brown Act defines a meeting as anytime the board meets for the purpose of making decisions and exchanging information for a collective conference. Therefore, any communication outside of a published meeting that incorporates a majority of board members is considered a meeting by the Brown Act. Without an agenda, the Brown Act defines that meeting as illegal. This includes intermediary conversations and email threads where knowledge is transferred between board members.

At meetings, the public may address the board on any topic, even a topic not on the agenda. Mr. Hargreaves complimented the Board on the agenda format they use because it defines timeframes for public speaking. The board members cannot incorporate those comments into the current meeting agenda because the topic was not published to the public.

The Brown Act provides limited exceptions to meet in closed session. Healthcare district exceptions include peer review (quality review) and trade secrets. Only individuals who are necessary for the specific business topic may attend closed sessions. The public may challenge a closed session by filing a formal complaint with the District Attorney.

Director Armstrong invited the attending Community Health Center (CHC) board members and public members to ask questions of Mr. Hargreaves. There was discussion about how to apply the Brown Act to the District and CHC boards.

Director Sullivan asked Mr. Hargreaves to speak to the scenario of both boards meeting in closed session on a common point of the organization's business. As long as the meeting is published and only those who need to be in the closed session are attending, there is no conflict with both boards meeting in closed session. He also spoke to the importance of confidentiality related to closed session meetings.

Director Evans asked him to further clarify "trade secrets." It covers sensitive information in the district's competitive business environment; it provides for the confidential discussion of business items that are specific to the organization when there is a need to protect that information.

ACTION ITEM

FORM AD HOC COMMITTEE FOR CEO EVALUATION PROCESS

Director Armstrong asked the board members who would like to sit on the committee. There was brief discussion. He, himself, requested to sit on the committee; Director Greenhouse also volunteered to serve.

- *Motion 19-20*: Motion to appoint an ad hoc committee to define the CEO evaluation process. Motion by Director Doyle to appoint Directors Armstrong and Greenhouse, second by Director Sullivan; motion passed by unanimous vote.



REPORTS

FINANCIAL REPORT – *Debbie Anderson, Controller*

Ms. Anderson reported that during February, budget modifications were looked at in order to restate the budget. Once this process was started, it became apparent that it was going to take more work to restate the budget than anticipated, mostly due to the complexity of the contractuals. Contractuals (combined by funding type) need to land at about 37%-40% to be consistent with what is actually occurring. However, due to the fact that contractuals are a percentage of gross patient revenue, total dollars for gross patient revenue would need to be restated in the budget, and contractuals by funding stream (IE: dental, Medi-Cal, Medicare, private pay, and self-pay) would need to be analyzed, projected based upon revised income figures as discussed above, and then calculated to ensure the various funding streams are reasonable based on dollars, percent, and in total tie to 37%-40%. Additionally, the original budget for dental had net dollars in the gross revenue income line and zero on the contractuals line. This was done because billing had barely begun to take place with the dental claims, and no history existed to see what the contractual rate might be. As such, all income and contractual budget line item would need to be reworked based on a six-month trend of dental actual data.

Director Doyle commented as treasurer of the CHC board, and stated that she had asked Ms. Anderson to focus on next year’s budget rather than focusing on contractuals.

REVENUE

Consolidated Analysis

Overall, operating income is **(16%)** under budget, a dollar amount of **\$(171,520)**. Results have been summarized below.

Income	Actual Mth	Budget Mth	Over/(Under)	% of Budget
District	254,695	239,680	15,015	6.26%
Clinics	614,080	800,615	(186,535)	-23.30%
	868,775	1,040,295	(171,520)	-16.49%

Year to date operating income is **(2%)** under budget, a dollar amount of **\$(109,871)**.

Income	Actual YTD	Budget YTD	Over/(Under)	% of Budget
District	1,812,542	1,671,491	141,051	8.44%
Clinics	5,109,716	5,360,638	(250,922)	-4.68%
	6,922,258	7,032,129	(109,871)	-1.56%

District & Community Health Center Analysis

The monthly variances broken down by revenue category is provided below.

Description	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Lease & Rental Income	169,081	169,081	-	0.00%
Grant Income	-	583	(583)	-100.00%
Tax Revenue	50,000	50,000	-	0.00%
Transportation	7,117	7,330	(213)	-2.91%
Other	70	-	70	0.00%
Investment Income	28,402	12,686	15,716	123.88%
Bad Debt Recovery	26	-	26	0.00%
Total District	254,695	239,680	15,015	6.26%
Patient services	960,952	721,328	239,624	33.22%
Contractuals	(245,010)	(119,546)	(125,463)	104.95%
340 B Revenue	35,812	35,031	781	2.23%
Capitation Fees & Other	16,888	19,291	(2,404)	-12.46%
Grant Revenue	(154,562)	144,511	(299,073)	-206.96%
Total Clinics	614,080	800,615	(186,535)	-23.30%
Grand Total	868,775	1,040,295	(171,520)	-16.49%



District operational revenue for January 2019 is 6% over budget, a dollar amount of \$15,015. This is due to investment income, which continues to exceed budgeted amounts.

Community Health Center revenue for January 2019 is **(23%)** under budget, a dollar amount of **\$(186,535)**. Clinic services are up, resulting in higher than budgeted patient services. Also, the budget has dental income (net of contractals) whereas the actual has gross dental income and contractals in the contractals line. Finally, please note the contractual percentage for the budget is not as high as what is currently trending in the actual numbers.

With regards to the 340B program, last month was down compared to budget, but this month it shows on track. This will continue to be looked at for trends.

Finally, grant revenue shows the largest variance for the month because the corresponding A/R (accounts receivable) for the HRSA grant was reversed. As of 6/30/18, the HRSA grant receivable was \$574,552, and now this A/R account shows zero.

The year to date variances broken down by revenue category is provided below.

Description	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Lease & Rental Income	1,183,565	1,183,565	0	0.00%
Grant Income	22,922	3,904	19,018	487.16%
Tax Revenue	350,000	350,000	-	0.00%
Transportation	61,288	49,079	12,209	24.88%
Other	10,628	-	10,628	0.00%
Investment Income	181,976	84,943	97,032	114.23%
Bad Debt Recovery	2,164	-	2,164	0.00%
Total District	1,812,542	1,671,491	141,051	8.44%
Patient services	5,910,418	4,829,762	1,080,656	22.37%
Contractuals	(2,245,393)	(800,441)	(1,444,952)	180.52%
340 B Revenue	215,724	234,554	(18,830)	-8.03%
Capitation Fees & Other	194,035	129,168	64,867	50.22%
Grant Revenue	1,034,932	967,595	67,337	6.96%
Total Clinics	5,109,716	5,360,638	(250,922)	-4.68%
Grand Total	6,922,258	7,032,129	(109,871)	-1.56%

Variance recap history is as follows:

District

- Grant Income due to MBTA grant
- Transportation variance due to more trips performed than anticipated at budget time
- Other income variance due to a one-time County of San Bernardino Refund
- Investment income continues to exceed budgeted amounts

Clinics

- Patient services variance due to more services being performed
- Clinic services are up, the budget has dental income (net of contractals) whereas the actual has gross dental income and contractals in the contractals line, and the contractual percentage for the budget is not as high as what is currently trending in the actual numbers.
- Capitation Fees & Other variance due to a onetime \$75,000 payment toward credentialing a mental health services psychiatrist being recognized in one month, instead of throughout the year, capitation fees being higher than budgeted, and private insurance quality incentive payments.
- Grant Revenue variance due to higher grant HRSA revenue than budgeted

EXPENSE

Consolidated Analysis

Monthly operating expenses are **(3%)** over budget, a dollar amount of **\$(21,729)**.

Expense	Actual Mth	Budget Mth	(Over)/Under	% of Budget
District	223,548	203,360	(20,188)	-9.93%
Clinics	647,131	645,591	(1,540)	-0.24%
	870,679	848,951	(21,729)	-2.56%

Year to date operating expenses are **(2%)** over budget, a dollar amount of **\$(91,171)**.

Expense	Actual Mth	Budget Mth	(Over)/Under	% of Budget
District	1,385,714	1,365,459	(20,255)	-1.48%
Clinics	4,393,565	4,322,650	(70,915)	-1.64%
	5,779,279	5,688,108	(91,171)	-1.60%

District Analysis

District operating expenses for January 2019 are **(14%)** over budget, a dollar amount of **\$(20,188)**.

Description	Actual Mth	Budget Mth	(Over)/Under	% of Budget
Salaries - District	114,097	110,744	(3,353)	-3.03%
Fringe - District	14,003	29,413	15,410	52.39%
Phys Fees - District	-	-	-	0.00%
Purchases Services - District	14,454	15,152	698	4.61%
Supplies - District	5,912	7,587	1,675	22.08%
R&M - District	2,895	1,653	(1,242)	-75.10%
Leases/Rentals - District	6,867	4,740	(2,127)	-44.87%
Utilities - District	1,746	1,048	(697)	-66.53%
Ins - District	15,523	12,585	(2,938)	-23.35%
Other - District	48,051	20,437	(27,614)	-135.12%
Total District Before Allocation	223,548	203,360	(20,188)	-9.93%
Allocation of Overhead for Health Centers	(56,250)	(56,250)	-	0.00%
Total District After Allocation	167,298	147,110	(20,188)	-13.72%

The biggest variance this month are the fringe benefits and the other expenses.

Fringe benefits are over mostly due to excess PTO used during the month as compared to budget. (remember, PTO used is a credit, and thus reduces expenses, which is why overall fringe is under budget).

Other- District expenses are over due to pre-employment/recruiting. In January, a permanent placement fee was paid which caused this variance.

District operating year to date expenses for January 2019 are **(2%)** under budget, a dollar amount of **\$(20,255)**.

Description	Actual YTD	Budget YTD	(Over)/Under	% of Budget
Salaries - District	757,654	741,504	(16,150)	-2.18%
Fringe - District	150,578	196,939	46,361	23.54%
Phys Fees - District	-	-	-	0.00%
Purchases Services - District	98,911	101,452	2,541	2.51%
Supplies - District	32,020	50,800	18,781	36.97%
R&M - District	12,070	11,068	(1,001)	-9.05%
Leases/Rentals - District	36,197	31,740	(4,457)	-14.04%
Utilities - District	12,442	7,019	(5,423)	-77.26%
Ins - District	124,470	88,095	(36,375)	-41.29%
Other - District	161,373	136,841	(24,532)	-17.93%
Total District Before Allocation	1,385,714	1,365,459	(20,255)	-1.48%
Allocation of Overhead for Health Centers	(393,750)	(393,750)	-	0.00%
Total District After Allocation	991,964	971,709	(20,255)	-2.08%



Variance recap history is as follows:

- Fringe benefits variance mostly due to SUTA & group health insurance. SUTA had no invoice for 1st quarter, so a cost savings took place here. Group health insurance is also experiencing some cost savings. Health is actually higher than budget, but the employee portion of health wasn't calculated correctly in the budget, so health insurance actual to budget shows a savings.
- Supplies variance due to not having purchased as much minor office equipment.
- Insurance variance due to higher premiums than budgeted for liability/malpractice insurance and the final workers compensation audit amount for FY 17-18 included in FY 18-19 expenses.
- Other expense due to pre-employment/recruiting, in particular permanent placement fees

Community Health Center Analysis

Community Health Center operating expenses for January 2019 are **(0%)** over budget, a dollar amount of **\$(1,540)**.

Description	Actual Mth	Budget Mth	(Over)/Under	% of Budget
Salaries - Clinic	286,001	300,871	14,870	4.94%
Fringe - Clinic	39,364	70,776	31,412	44.38%
Phys Fees - Clinic	184,431	148,277	(36,154)	-24.38%
Purchases Services - Clinic	32,312	40,002	7,690	19.22%
Supplies - Clinic	44,479	31,326	(13,154)	-41.99%
R&M - Clinic	4,512	4,715	202	4.29%
Leases/Rentals - Clinic	28,529	28,901	372	1.29%
Utilities - Clinic	6,929	7,004	75	1.07%
Ins - Clinic	-	309	309	100.00%
Other - Clinic	20,573	13,410	(7,164)	-53.42%
Total Clinic Before Allocation	647,131	645,591	(1,540)	-0.24%
Allocation of Overhead for Health Centers	56,250	56,250	-	0.00%
Total Clinic After Allocation	703,381	701,841	(1,540)	-0.22%

Fringe benefits variance is mostly due to excess PTO used during the month as compared to budget. (remember, PTO used is a credit, and thus reduces expenses, which is why overall fringe is under budget).

Physician fees are over budget. The Physician fees are due to higher services being performed in the areas of Peds and Chiro, as well as paying for Orthopedics services. Orthopedics and YV Chiro had no budget for FY 18-19.

Purchased services are under budget because the California Teleconnect credits kicked in starting January and the clinics were awarded a large back credit for overpaid services.

Supplies are over due to 340B difference between budget and actual. The budget number is only \$574 for the whole year, which is quite a bit below what is trending for expenses.

Other expenses are over budget due to a new web based training module purchased.

Community Health Center operating year to date expenses through January 2019 are **(2%)** over budget, a dollar amount of **\$(70,915)**.

Description	Actual YTD	Budget YTD	(Over)/Under	% of Budget
Salaries - Clinic	1,941,618	2,014,526	72,908	3.62%
Fringe - Clinic	365,055	473,892	108,836	22.97%
Phys Fees - Clinic	1,109,710	992,811	(116,899)	-11.77%
Purchases Services - Clinic	269,218	267,842	(1,376)	-0.51%
Supplies - Clinic	332,276	209,747	(122,529)	-58.42%
R&M - Clinic	11,231	31,567	20,337	64.42%
Leases/Rentals - Clinic	194,530	193,511	(1,019)	-0.53%
Utilities - Clinic	50,528	46,897	(3,631)	-7.74%
Ins - Clinic	-	2,069	2,069	100.00%
Other - Clinic	119,399	89,786	(29,612)	-32.98%
Total Clinic Before Allocation	4,393,565	4,322,650	(70,915)	-1.64%
Allocation of Overhead for Health Centers	393,750	393,750	-	0.00%
Total Clinic After Allocation	4,787,315	4,716,400	(70,915)	-1.50%

Variance recap history is as follows:

- Fringe benefits variance mostly due to PTO & group health insurance. PTO is hard to predict from year to year and budget amounts should be based on kind of logical formula versus what took place the previous year. Group health insurance is also experiencing some cost savings. Health is actually higher than budget, but the employee portion of health wasn't calculated correctly in the budget, so health insurance actual to budget shows a savings.
- Physician fees variance due to higher services being performed
- Supplies variance due to a very low budget number for 340B expenses.
- R&M (repair & maintenance) variance due to budget including R&M on the mobile clinic, but the MMU only received HRSA approval recently, so it hasn't been heavily used enough in order to need R&M.
- Other variance due to advertising & transportation. Advertising caused by shift of expense coding and advertising done for clinics is being coded to the clinics (instead of district), and transportation caused by more trips performed than anticipated at budget time.

NET INCOME

Putting it all together, January 2019 operating net income (EBITDA) is **(101%)** under budget, a dollar amount of **\$(193,248)**.

Net Income District	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Income	254,695	239,680	15,015	6.26%
Expense	(223,548)	(203,360)	(20,188)	-9.93%
Operating Income	31,147	36,320	(5,173)	-14.24%
Allocation of Overhead for Health Centers	56,250	56,250	-	0.00%
Operating Income after Allocation	87,397	92,570	(5,173)	-5.59%
Non-Op Income & Expense, inc depreciation	(29,440)			
Change in Net Position	57,957			

Net Income Clinic	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Income	614,080	800,615	(186,535)	-23.30%
Expense	(647,131)	(645,591)	(1,540)	-0.24%
Operating Income	(33,051)	155,024	(188,075)	-121.32%
Allocation of Overhead for Health Centers	(56,250)	(56,250)	-	0.00%
Operating Income after Allocation	(89,301)	98,774	(188,075)	-190.41%
Non-Op Income & Expense, inc depreciation	(14,977)			
Change in Net Position	(104,278)			

Net Income Combined	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Income	868,775	1,040,295	(171,520)	-16.49%
Expense	(870,679)	(848,951)	(21,729)	-2.56%
Operating Income	(1,904)	191,344	(193,248)	-101.00%
Allocation of Overhead for Health Centers	-	-	-	0.00%
Operating Income after Allocation	(1,904)	191,344	(193,248)	-101.00%
Non-Op Income & Expense, inc depreciation	(44,416)			
Change in Net Position	(46,321)			

Please note the wide variance is due to the reversing of the A/R as mentioned in the income section. Year to date operating net income (EBITDA) through January 2019 is **(15%)** under budget, a dollar amount of **\$(201,042)**.

Net Income Clinic	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Income	5,109,716	5,360,638	(250,922)	-4.68%
Expense	(4,393,565)	(4,322,650)	(70,915)	-1.64%
Operating Income	716,151	1,037,989	(321,837)	-31.01%
Allocation of Overhead for Health Centers	(393,750)	(393,750)	-	0.00%
Operating Income after Allocation	322,401	644,239	(321,837)	-49.96%
Non-Op Income & Expense, inc depreciation	(77,175)			
Change in Net Position	245,227			

Net Income Combined	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Income	6,922,258	7,032,129	(109,871)	-1.56%
Expense	(5,779,279)	(5,688,108)	(91,171)	-1.60%
Operating Income	1,142,979	1,344,020	(201,042)	-14.96%
Allocation of Overhead for Health Centers	-	-	-	0.00%
Operating Income after Allocation	1,142,979	1,344,020	(201,042)	-14.96%
Non-Op Income & Expense, inc depreciation	(155,073)			
Change in Net Position	987,905			

Even though Operating income is **(15%)** under budget, it should be noted that income and expense both are only 2% off budget. Also, contractals were initially analyzed in total. Based on that analysis, the net effect of higher income and higher contractals (at the 37% rate) would cause net income to drop about \$400,000 (table 13). Seeing the effect of a budget readjust on contractals, the operating income above would actually show about \$200,000 over budget.

Budget Now	Budget S/B	Difference
4,829,762.00	5,779,790.84	950,028.84
(800,441.00)	(2,151,416.16)	(1,350,975.16)
4,029,321.00	3,628,374.68	(400,946.32)
-16.57%	-37.22%	

BALANCE SHEET AND CASH FLOW - Tenet Lease deposit of \$2,000,000 was received.

Director Greenhouse asked about the clinic payment for capitation fees, which was from IEHP for Dr. Puglisi's recruitment.

Director Armstrong spoke to the issue of the mid-year budget restatement and his disappointment that it was decided not to invest the time so late in the fiscal year. He noted that the board has been asking for the restatement for several months and reiterated how important it is to the board when they ask for specific information. While he understands the circumstances that led to the decision not to invest the time for restatement of the budget, he hopes that staff is more responsive to board requests in the future.



Motion 19-21: Director Sullivan motioned to accept the financial report as presented; motion seconded by Director Greenhouse; motion passed by unanimous vote.

TRANSPORTATION UPDATE – *Joe Ruddon, Director Business Development*

Mr. Ruddon began his update with a PowerPoint presentation. He provided an overview of the department and its purpose to transport clients to and from healthcare appointments within the Morongo Basin. We serve a vast, rural geography. There are five employees in the department, a scheduler (who made 25,286 client telephone calls last year), three full time drivers and one per diem driver. Two of the drivers are also trained to drive the mobile medical unit.

The transportation industry tracks one-way trip; the team drove 8,456 one-way trips last year. We serve CHC patients (delivering approximately \$352,000 in patient revenue) as well as “out of network” patients to 35 other clinics and offices for a total of 95,770 miles last year. The program is working at capacity. There is a patient waiting list for transport; currently we are scheduling transportation two weeks in advance. We are working through the scheduling process to better facilitate scheduling CHC patients.

We are exploring expanding services to incorporate HDMC Behavioral Health patients for their IOP program, approximately 25 patients/day, five days a week. We are waiting for a contract to reimburse for transportation services. Mr. Ruddon will meet with the HDMC Auxiliary for a significant donation towards the purchase of a vehicle for this new service.

We continue to explore grant support for the program.

Director Evans complimented Mr. Ruddon on presenting his staff and the testimonials in the presentation. She suggested exploring a behavioral health related grant since HDMC reached out to the LIFT program for assistance.

Director Doyle complimented Mr. Ruddon on his presentation. She asked for clarification about the Chrysler program for acquiring new transport vehicles.

Director Greenhouse shared that four weeks ago she observed a LIFT van picking up a patient and how caring staff was while onboarding the client and explaining safety precautions for transport.

Director Sullivan also thanked Mr. Ruddon for his presentation and noted that the transportation program is one of those departments that shines in our community. It is a growing program.

Director Armstrong asked Mr. Ruddon to email the service map to him so he could read it better. The approximate revenue generated to the clinics by the LIFT program is \$352,000; an equivalent amount is also being provided to community providers and facilities. He asked Mr. Ruddon to explore billing the those medical offices for the transportation of their patients. Director Armstrong is looking to better fund the LIFT Transportation program.

FACILITIES REPORT – *Cindy Schmall, Director Operations*

Ms. Schmall reported on recent upgrades to District properties. Specifically, the administrative building has new paint and colors; inside the admin building security doors have been installed in the hallways and privacy screens at the registration counter in preparation for our behavioral health department moving into the building. In the Yucca Valley adult clinic a new provider work space was created as well as the pharmacy prescription team and the clinical manager and supervisor were moved to a new work space.



The Directors were complimentary of the property upgrades. Director Doyle complimented Ms. Schmall on the professional presentation. Director Armstrong noted that the interior colors are warm and inviting. Outstanding job.

MORONGO BASIN HEALTHCARE DISTRICT – Jackie Combs, CEO

Ms. Combs gave a verbal report:

- Working with clinic operations for HRSA survey in April;
- Working through the new patient health record to improve reporting data;
- Pleased with the mobile medical unit operations; started with MUSD school sites and have now launched medical services at a Wonder Valley site. The MMU is scheduled for Landers and Copper Mountain College in March. We have determined that it is best to coordinate the site visit with other scheduled events to draw more patients;
- The District is sponsoring the Flying Doctors on April 13 at the CMC Bell Center; free vision and dental care will be provided by volunteers;
- Donna Johnson, a 52-year employee of the District, passed recently; staff is supporting her Celebration of Life at the Helen Gray Education Center this Saturday.

Director Evans asked how the MMU is promoted in the community. Mr. Ruddon stated through news releases, contact person distributes our flyers, on the MBHDistrict.org website and Facebook.

CALENDAR REVIEW AND COORDINATION

The calendars for the Board of Directors were reviewed and coordinated. It was noted that the board, beginning with April, will meet once a month rather than twice. Director Doyle noted that the quarterly Foundation meetings need to be scheduled. Mr. Armstrong requested that the MMU schedule be included.

NEXT AGENDA ITEMS

- None presented.

DIRECTOR COMMENTS

- DIRECTOR EVANS: “The MMU is fantastic, it’s a beautiful thing, and it sounds like the program is going well.” She also commented that she likes the way it is being promoted in the community.
- DIRECTOR DOYLE: “Thank you for the presentations; good job. Thank you to members of the CHC board who joined our meeting tonight; I appreciate the boards working together. Joe – you run the two most popular programs in the district; of course what we do every day in the clinic is critical, but in terms of programs provided to the community, what we hear about, are the LIFT and MMU programs. I appreciate the media helping us promote the MMU. Congratulations to all for a job well done. Appreciate all of the hard work.”
- DIRECTOR GREENHOUSE: clarified if the MMU will be at the Flying Doctors event; Mr. Ruddon replied that it was considered but that its presence could be distracting; people are there for a specific purpose. The MMU will be at the health fair and possibly other appropriate events.
- DIRECTOR SULLIVAN: thanked everyone for coming and for the excellent presentations tonight. “Great to see the MMU has launched, compliments to the team making that happen. We’ll be looking for more good reports.”
- DIRECTOR ARMSTRONG: “There are moments when we sense that this organization is operating on all cylinders. We’re 3% off budget which is minimal, and it’s because staff is doing a fine job. Appreciate all the work.”

MEETING ADJOURNED TO CLOSED SESSION at 6:15 after a brief break.

- Pursuant to Government Code section 32106 of the Health and Safety Code: Report involving Trade Secret. Estimated date of public disclosure is projected for April, 2019.

RECONVENED TO OPEN SESSION at 7:15 to receive Closed Session report.

Director Armstrong requested more information be brought back to the Board of Directors when it becomes available.

MEETING ADJOURNMENT

Director Armstrong adjourned the meeting at 7:17 p.m.

Board meeting minutes recorded by K. Graley, Board Clerk.



Bob Armstrong, President



Dianne Greenhouse, Secretary