



*Morongo Basin Health Care District*  
**Community Health Center**  
**GOVERNING BOARD MEETING**

**MINUTES of Tuesday, February 26, 2019, 5:30 p.m.**

**District Administrative Offices: 6530 La Contenta Road, Suite 200, Yucca Valley CA 92284**

*Mission Statement: To provide affordable, quality healthcare to the communities we serve.*

*Vision Statement: We will improve the health of the community by increasing access to care in the Morongo Basin.*

**PRESENT:**

- Paul Hoffman, Chairperson (Comm. Rep)
- Mary Ann Shirbroun, Secretary (Pt. Rep)
- Marge Doyle, Treasurer (Community Rep)
- Barbara "Cassie" Souter, Member (Pt. Rep)
- Beverly Scott, Member (Pt. Rep)
- Bryan Goldfarb, Member (Community Rep)
- Patricia "Pat" Cooper, Member (Pt. Rep)

**STAFF:**

- Jackie Combs, CEO
- Alexandra Barba, CHC Board Clerk
- Karen Graley, Director Communications
- Joe Ruddon, Director Business Development
- Kathy Alkire, CHC Quality Director
- Cindy Schmall, Director Operations
- Tricia Gehrlein, Director Population Health
- Debbie Anderson, Controller
- Janeen Duff, CHC Dental Manager

**CALL TO ORDER: 5:38 p.m.**

**ROLL CALL:** Quorum was met.

**OBSERVANCES:**

- Marge Doyle led the assembly in the Pledge of Allegiance.
- Paul Hoffman read the mission and vision statements.

**PUBLIC COMMENTS:**

There were no public comments. However, Mr. Hoffman announced that he will ask for public comment before every item.

**APPROVAL OF MEETING AGENDA: Motion 19-06**

**Motion** by Marge Doyle to approve the meeting Agenda as presented; motion seconded by Bryan Goldfarb; motion passed by unanimous vote.

**APPROVAL OF JANUARY 22, 2019 CHC MEETING MINUTES: Motion 19-07**

**Motion** by Marge Doyle, second by Barbara Souter, to approve the Governing Board meeting minutes dated January 22, 2019 as presented. The motion passed by unanimous vote.

**BOARD PRESENTATION**

Ms. Gehrlein presented the service utilization patterns of the Morongo Basin Community Health Center (MBCHC). More specifically, she covered the 2018 UDS data on patient visits by age, zip code, financial status and insurance compared to the previous year. She also covered the number of patient visits by location compared to the previous year. She highlighted that the Mobile Medical Unit (MMU) will change the demographics served as it will help reach other populations in more rural areas. Ms. Gehrlein emphasized that

she will be covering quality of care and the results of the 2018 patient satisfaction surveys during closed session.

**ACTION ITEMS:**

▪ REAFFIRMATION OF THE CHC BOARD MEMBERS

Mr. Hoffman requested that the Board reaffirm all new members, as installed at the Director's meeting. Member, Cecelia St. Clair, could no longer serve the board as she informed the CEO that she was related to an employee of the Morongo Basin Community Health Center which is in violation of the CHC Bylaws.

**Motion to reaffirm the CHC Board members; motion by Marge Doyle, second by Barbara Souter; approved by unanimous vote. Motion 19-08**

▪ APPOINTMENT OF NEW CHC BOARD MEMBER, PATRICA COOPER

**Motion to appoint Patricia Cooper to the CHC Board; motion by Mary Ann Shirbroun, second by Barbara Souter; approved by unanimous vote. Motion 19-09**

▪ APPOINTMENT OF NEW CHC BOARD MEMBER, BEVERLY SCOTT

**Motion to appoint Beverly Scott to the CHC Board; motion by Marge Doyle, second by Mary Ann Shirbroun; approved by unanimous vote. Motion 19-10**

▪ APPROVAL TO DISSOLVE SUBCOMMITTEES

**Motion to delete the Board Development committee; motion by Mary Ann Shirbroun, second by Barbara Souter; approved by unanimous vote. Motion 19-11**

**Motion to delete the Finance committee; motion by Marge Doyle, second by Barbara Souter; approved by unanimous vote. Motion 19-12**

**Motion to delete the Outreach and Education committee; motion by Marge Doyle, second by Barbara Souter; approved by unanimous vote. Motion 19-13**

**Motion to delete the Policy committee; motion by Mary Ann Shirbroun, second by Barbara Souter; approved by unanimous vote. Motion 19-14**

▪ APPROVAL OF THE CHC SERVICES, LOCATIONS, HOURS OF OPERATION

Ms. Combs listed all of the services the MBCHC offers, including the hours of operation of each clinic. She further reported that she is in search of another Medical Physician that can help supervise more NP/PA providers. Dr. Salhotra is currently our only Adult Primary Care Physician and is already supervising 3 providers for the clinics, plus 1 NP in his own private office, which is the maximum number of NP/PA's he can oversee. With more NP/PA's, the MBCHC could further expand its services, which is a goal for the near future.

**Motion to approve CHC services, locations, and hours of operation; motion by Mary Ann Shirbroun, second by Marge Doyle; approved by unanimous vote. Motion 19-15**

▪ APPROVAL OF PROVIDER CREDENTIALS– *Cindy Schmall, Director Operations*

Ms. Schmall read through the recommendation to approve credentialing for Nurse Practitioner, Shirley Duncan. She assured the Board that she has undergone the necessary background and licensing checks and recommends she be credentialed.

**Motion to approve credentials as presented; motion by Mary Ann Shirbroun, second by Barbara Souter; approved by unanimous vote. Motion 19-16**

Ms. Schmall read through the recommendation to approve credentialing for Physician Assistant, Valerie Sanders. She assured the Board that she has undergone the necessary background and licensing checks and recommends she be credentialed.

**Motion to approve credentials as presented; motion by Marge Doyle, second by Mary Ann Shirbroun; approved by unanimous vote. Motion 19-17**

▪ APPROVAL OF POLICIES

**Policy CHC-DH-003 Same-Day Dental Sealants in 6-9 year-old Children**

Dental Manager, Janeen Duff, presented an overview and rationale for a proposed dental policy for Same-Day Sealants. Ms. Duff stated that the placement of dental sealants on newly erupted permanent first molars (6-year molars) can dramatically lower the risk for caries in patients' adult teeth. She provided information about the new trend among FQHC's to place dental sealants on at-risk children during the first visit, versus later in treatment planned appointments. She further explained that a dental prophylaxis aids in preventing gum disease, and that the dental cleaning has traditionally been performed during the first or second dental visit, regardless of age. Yet children are generally at greater risk for tooth decay versus periodontal disease (gum disease) in later adult life. The customary treatment sequencing has often rescheduled the pediatric patient for dental sealants later in planned appointments. However, she stressed that an at-risk patient's need for dental sealants can quickly evolve into the need for restorations (fillings) in as little as six months. Her reasoning for the Same-Day Sealant policy was to address our patients' compliance/no-show challenges, stating that our clients often don't return for follow-up visits, therefore emphasizing that dental sealant placement should supersede dental cleanings in our caries prone 6-9 year old patient base. The paradigm shift and new policy is to treatment plan these children according to their greatest risk for caries, placing dental sealants during their first visit, and if time does not permit, rescheduling the dental cleaning for another visit. Ms. Doyle asked Ms. Duff if this is the standard of care and Ms. Duff stated, "This is best practice and cutting edge treatment planning." The policy will ultimately help improve dental care of all the children (ages 6-9) and address our yearly UDS measure with HRSA.

**Motion to approve policy CHC-DH-003 Same-Day Dental Sealants in 6-9 year-old Children; motion by Mary Ann Shirbroun, second by Marge Doyle; policy approved by unanimous vote. Motion 19-18**

**Revised Policy CHC-PC-106 Patient Appointment Scheduling**

Ms. Combs explained that there are not many open appointments available for walk-ins, therefore the first available appointments will be offered to patients and walk-in patients will be added to the day's schedule when possible. Walk-in opportunities with the nurse practitioner and/or physician assistant for non-scheduled appointments will be from 9:00am to 10:00am and from 1:00pm to 2:00pm Monday through Friday. Ms. Scott asked if this policy works the same for Behavioral Health (BH) patients, but Ms. Combs replied that she does not think the Behavioral Health department accepts walk-ins; however, she will bring this information back to the Board at the following meeting. Ms. Shirbroun inquired about patients who are in crisis and Ms. Combs stated that these patients are referred to the crisis clinic. Ms. Combs highlighted that a new Nurse Practitioner will begin working for the BH clinics in two months which will increase appointment availability.

**Motion to approve Revised Policy CHC-PC-106 Patient Appointment Scheduling; motion by Mary Ann Shirbroun, second by Beverly Scott; policy approved by unanimous vote. Motion 19-19**

**Policy CHC-PC-173 Mandatory CURES 2.0 Consultations**

Ms. Combs reported that the Mandatory CURES 2.0 Consultation is a new requirement by the state of California and by the Pharmacy Board. The purpose of the policy is as follows: "The mandatory consultation requirement of SB-482 will require health care practitioners to consult CURES database to review a patient's controlled substance history. The Controlled Substance Utilization Review and Evaluation System (CURES) was certified for statewide use by the Department of Justice. Health care practitioners will consult CURES prior to prescribing, ordering, administering, or furnishing a Schedule II-IV controlled substance." Ms. Combs emphasized that the Mandatory CURES 2.0 Consultation will help reduce opioid addictions and ensure that patients are not prescribed multiple doses of a medication. Ms. Shirbroun asked if the providers are solely responsible for checking the Mandatory CURES 2.0 Consultation. Ms. Combs shared that a provider or a designated medical assistant can print a CURES report for patients.

**Motion to approve policy *CHC-PC-173 Mandatory CURES 2.0 Consultations*; motion by Bryan Goldfarb, second by Marge Doyle; policy approved by unanimous vote. Motion 19-20**

▪ EVALUATION OF CEO

Ms. Combs explained that HRSA requires that the CHC Governing Board complete a 90-day Evaluation of the CEO. Mr. Hoffman, Ms. Shirbroun, and Ms. Doyle agreed to form an Ad-hoc Committee so they can complete Ms. Combs's 90-day Evaluation before the next CHC Governing Board meeting. Mr. Hoffman directed Alexandra Barba, Board Clerk, to coordinate with the Ad-hoc Committee members to schedule a meeting date and time. Mr. Hoffman also requested that Ms. Combs complete a self-evaluation and have it ready for each Ad-hoc Committee member before their meeting. Ms. Combs agreed. The 90-day Evaluation will be brought back to the full Board and discussed in Closed Session.

**Motion to create an ad-hoc committee for CEO evaluation process; motion by Paul Hoffman, second by Barbara Souter; approved by unanimous vote. Motion 19-21**

**REPORTS**

▪ FINANCE REPORT – *Deborah Anderson, Controller*

Ms. Anderson provided the board with a summary of the financial reports for December 2018 and year to date. She explained that contractual adjustments have been over budget every month during this budget year which started July 1, 2018. Ms. Anderson defined the term "contractuals" to the new Board members who inquired about what it meant in relation to the budget. Ms. Anderson further added that because of the complexity of restating the budget related to contractuals the budget will not be restated to the board in March. The finance team will only be restating contractual allowances and expenses related to the 340B Program. Ms. Combs, CEO, briefly explained what the 340B Program is, as a few of the Board members had never heard of the program. Ms. Combs plans to have a presentation on the 340B program for the new CHC Board.

Lastly, Ms. Anderson reported that the contractual rate is currently budgeted at 16.6% of patient revenue; the recommendation would be to restate the budget to 37% of patient revenue. This is the trending amount including November and December calculations. Ms. Anderson shared that, overall, we are 16k off from the budget which is only 6.6 percent. Ms. Doyle asked Ms. Anderson and Ms. Combs if the finance team could begin reporting hours per visit, or an HPU, as she believes this information would help the Board see the productivity of the clinics in a more effective way. Ms. Doyle noted that the MBHD is currently preparing for HRSA's visit in April, and therefore does not expect the finance team to begin working on the report she has asked for until after HRSA's visit. Ms. Combs and Ms. Schmall, Director of Operations, assured her that this report can be presented to the board in the coming months. Ms. Combs reviewed the graphs to show each service line and patient volumes. The Board had no further questions or comments; however, Mr. Hoffman highlighted that in the future, the finance report needs to be an action item so the Board may formally accept it.

CEO REPORT – *Jackie Combs, CEO*

Ms. Combs presented her CEO report to the Board and highlighted that HRSA (Health Resources and Services Administration) would like to meet with members of the CHC Board on April 3<sup>rd</sup> from 12-1pm in the District Office. She also noted that the Mobile Medical Unit (MMU) has already helped provide dental services to 19 children in the past 2 months and will be going out to provide medical services, for the first time, to Wonder Valley tomorrow, February 27<sup>th</sup>, 2019. The MMU is already helping the MBCHC expand its medical and dental services to help meet the needs of more of the Morongo Basin community.

**BOARD CALENDAR:**

- Healthcare District's Board Meeting on March 7, 2019 at 5:30 p.m.; All CHC Board members are invited to attend to receive Brown Act Training.
- Next CHC Governing Board Meeting: March 14, 2019 at 6:00 p.m.

**ITEMS FOR NEXT MEETING AGENDA:**

- Review and Approval of Bylaws
- CEO Evaluation
- Establish Quarterly Meetings with MBHD Board

**MEMBER COMMENTS:**

- Ms. Scott and Ms. Shirbroun are enjoying the new experience of serving the CHC Board.
- Ms. Souter is impressed by the amount of respect and order in the meetings.
- Ms. Cooper is happy to be back and thanked the staff for making it out to the CHC Board meetings.
- Ms. Doyle welcomed Ms. Scott and Ms. Cooper to the CHC Governing Board. She thanked Ms. Gehrlein for her presentation on the UDS measures and thanked Ms. Anderson for her elaborate financial report. She is pleased about the direction the CHC Board is heading and is delighted about working towards cutting edge, quality of care.
- Mr. Hoffman is thrilled about being on the CHC Board and thanked everyone for their contributions. He is anxious about the MMU and its services and would like to ride on it one day with Mr. Ruddon, Director of Business Development. He encouraged the rest of the Board to do the same so they can witness the impact it has on the community themselves and bring back their own feedback.

**OPEN SESSION ADJOURNED:**

Paul Hoffman adjourned the open session at 6:51 p.m.

**CONVENE TO CLOSED SESSION:**

The Governing Board convened at 6:52 p.m. to Closed Session pursuant to:

- *Pursuant to section 32155 of the Health and Safety Code: report involving Quality Assurance Matters.*

**RECONVENE TO OPEN SESSION:**

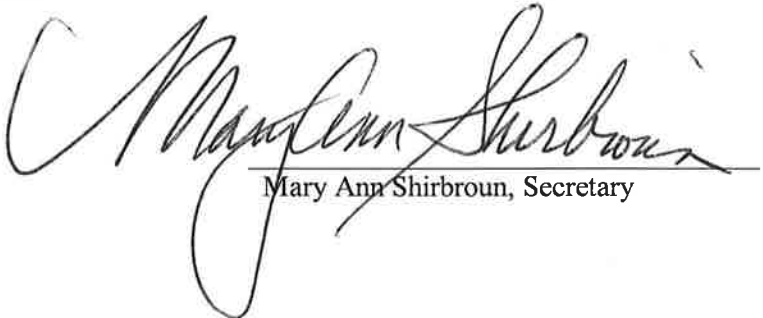
CHC Board Chair, Paul Hoffman, reported out from closed session that the Board received a report on Quality of Care and Patient Satisfaction. No other action was required.

**MEETING ADJOURNMENT**

Paul Hoffman adjourned the meeting at 7:15 p.m.

*Minutes recorded by Alexandra Barba, Board Clerk*

  
Paul Hoffman, Chairperson

  
Mary Ann Shirbroun, Secretary