



Morongo Basin Health Care District
Community Health Center

GOVERNING BOARD MEETING
MINUTES of Thursday, June 10, 2021, 6:00 p.m.

- Convened via GoToMeeting, an electronic, remote-site platform temporarily permitted as per the Executive Order issued by California's Governor in response to the COVID-19 pandemic.
- Additionally, a physical meeting was convened on the District's campus at 6530 La Contenta Road, Yucca Valley, suite 700. The public was screened for COVID-19 symptoms before entering the building and were asked to wear a facemask while inside. Seating was limited to accommodate the six-foot distancing guidelines.

Mission Statement: To improve the health and wellness of the communities we serve.

Vision Statement: A healthy Morongo Basin.

Core Values: Commitment, Collaboration, Accountability, Dignity, Integrity

PRESENT:

- Misty Evans Sharma, Chairperson (*on-site*)
- Beverly Scott, Vice Chairperson (*remote*)
- Bryan Goldfarb, Treasurer (*remote*)
- Patricia "Pat" Cooper, Member (*on-site*)
- Alejandro Penalva, Member (*not present*)
- Cecelia St. Clair (*on-site*)
- Dale Mondary, Member (*remote*)

STAFF:

- Jackie Combs, CEO
- Karen Graley, Board Clerk
- Cindy Schmall, COO
- Janeen Duff, manager mobile dental program

CALL TO ORDER: 6:00 p.m.

ROLL CALL: Karen Graley, board clerk, conducted roll call and declared a quorum.

OBSERVANCES:

- Cecelia St. Clair led the assembly in the Pledge of Allegiance.
- Pat Cooper read the mission and vision statements.

PUBLIC COMMENTS:

No public comments were presented.

APPROVAL OF MEETING AGENDA:

- **Motion 21-31:** Motion by Cecelia St. Clair to approve the meeting Agenda as presented; motion seconded by Dale Mondary; the motion passed by unanimous vote.

APPROVAL OF CHC MEETING MINUTES:

Motion 21-32: Motion by Cecelia St. Clair, second by Beverly Scott, to approve the Governing Board meeting minutes dated May 13, 2021; the motion passed by unanimous vote

PRESENTATION

STRATEGIC PLAN – Jackie Combs, CEO

Ms. Combs presented the strategic plan PowerPoint which has been updated with the added strategy for homelessness (strategy 7) as requested by the MBHD board of directors at their June 3 meeting.

Cecelia St. Clair asked for information about the HIV strategy. Ms. Combs stated that testing is not being done in the Morongo Basin; there are very few HIV services in the Basin. She has reached out to

Desert AIDS Project in Palm Springs and they agreed to support our staff and providers with education as needed.

Beverly Scott asked about the racism strategy and if we were going to collaborate with the Town of Yucca Valley who has recently placed the issue on their meeting agenda.

Cecelia St. Claire asked about the “immediate food assistance” in the clinics and if a food handlers license was required. Ms. Combs said the District is working with FIND food to provide the food. Beverly Scott asked about the status of the MBHD grant to purchase a solar refrigeration unit as part of the District’s initial Food Project. The purchase and installation did not happen and Ms. Combs is following through to bring closure to the project.

Misty Evans commented that this is a terrific strategic plan as it is community based. The focus on the homeless issue and the collection of Morongo Basin data will greatly benefit the community.

ACTION ITEMS

ACCEPT RESIGNATION OF BOARD MEMBER – *Misty Evans, Chairperson*

Misty Evans introduced the action item.

- **Motion 21-33:** Motion by Cecelia St. Clair to the resignation of Barbara “Cassie” Souter from the CHC Governing Board; second by Pat Cooper; motion passed by unanimous vote.

Misty Evans thanked Cassie for her service to this board and wished her well. When asked about fulfilling the minimum board members required by HRSA, Ms. Combs stated that we are recruiting one patient and one community member to fill vacant seats.

DISCUSSION

ROTATION OF GOVERNING BOARD MEMBERS – *Misty Evans, Chairperson*

Misty Evans read Section 4 from the CHC Bylaws, which framed the discussion.

“Members of the CHCH Board shall serve terms of three years. The terms of members shall be staggered such that three or four seats shall become vacant each year. Vacancy for non-members and members shall be equally staggered to permit continuity in both membership categories from year to year. Initial appointees to the CHC board shall be appointed to reduced terms to permit the establishment of such staggered terms. Members shall be required to be reappointed at the expiration of each term. In the event that member is not reappointed, a vacancy shall be created. District board members serving on the CHC board shall be exempt from the three-year term and rotate as determined by the District board.”

A list of start dates was provided showing the appointment date for those CHC members currently seated. At the conclusion of the three-year term, the exiting board member will advise the board clerk if they wish to reapply for another term. There was discussion around the language in the Bylaws; general consensus to revisit the language of that section and clarify the rotation.

REPORTS

FINANCIAL REPORT– *Deborah Anderson, CFO*

Deborah Anderson reported that visits for April slipped down to 3,278 (last month they were 3,481). Even though they trended downwards, this is still the second highest month of visits for the fiscal year and since COVID starting affecting visits.

Also, \$100,000 was spent that met criteria for the Rural health stimulus monies in April, although this included some onetime expenses that won’t be incurred in either May or June. However, the plans

discussed to spend down the stimulus monies were not being implemented until May. Remaining stimulus monies last month for rural health were at \$326,118 and for this month they are at \$226,097. In addition, a private grant was due to end on April 30 and we were able to obtain an extension so that we could try to spend down 100% of those monies.

The change in net position for the clinics unfortunately was a large loss. Due to the significance of the loss, it warrants a bit of discussion.

Patient services revenue is actually higher than most months to date. Contractuals is comprised of real & estimated. Real was quite a bit higher because the income for past couple of months was significantly higher (and remember, real contractuals are booked into the general ledger when the payment hits, which is usually 2-3 months after the service). Additionally, estimated contractuals are up due to adjustments that should have been placed in March were placed in April as well as due to there being higher income. When this adjustment is made, net patient services revenue lands at about \$565,000, more in line with expectations that correlate to visits (IE: Visits were the second highest of the year, and revenue is only about \$7,000 from being the second highest of the year). When net patient income is combined with grant revenue & other revenue, it is the fourth highest month of the fiscal year (and would be the second highest if you discounted First Five revenue included in October & November, which is not in April or April revenue). In short, revenue really is not the main issue for the loss for the month.

When we look at expenses, however, we can see expenses as a % of revenue increased for April. In the clinic analysis section, the reasons for line items differences are given. However, there were a couple of large one-time expenses, there is additional expenses due to April being a third payroll month, new rates of pay (raises) started in April, and staffing is settling back to levels that are more normal.

Based on the deep dive analysis, it is not expected that May and June will be as large of a loss as April. However, this is dependent upon grant income being recognized and visits trending upwards and not downwards.

Year to date clinic operating loss after allocation came in at \$(237,088), and the change in net position came in at \$(267,493), both of which were below budgeted expectations.

There was extensive discussion about financial trending as presented in the April financial report.

Motion 21-34: Motion by Pat Cooper to accept the CHC financial reports for April 2021; second by Cecelia St. Clair; motion passed by unanimous vote.

QUALITY UPDATE – Jackie Combs, CEO

Ms. Combs introduced the power point presentation for the Quality Assurance / Performance Improvement Report. She presented a list of Quality Assurance measures regarding safety performance, infection control measures, and risk management. There were no trends or deficiencies noted for the reported period. There were also no incident reports, patient grievances, or HIPPA violations.

Additionally, Ms. Combs presented quarter one 2021 patient satisfaction data compared to quarter four 2020 for medical, behavioral, and dental services. There was little difference between the two quarters. Lastly, Ms. Combs presented quarter one 2021 Uniform Data System results compared to 2020 annual results. There was little difference between results from 2020 and quarter one 2021. As an action to the unchanging patient satisfaction scores, and the Uniform Data System results, a review of all the services, UDS measures, patient satisfaction, and the need for closer monitoring of patient volumes and financials, Ms. Combs presented a reorganization of clinic leadership. The current leader has done an

outstanding job managing the many tasks of the clinics. However, the plan is to put an RN manager in each clinic for more direct supervision and opportunities for improvement.

Bryan Goldfarb made recommendations for tools to help improve staff performance. Beverly Scott asked about staff morale; Ms. Combs relayed that staff were excited about having a manager physically in the building throughout office hours. Misty Evans stated she thought the restructuring is going to be helpful in raising UDS scores.

CEO REPORT – Jackie Combs, CEO

Ms. Combs referred the board to Tab 4 of the agenda packet for her written report. There was no discussion.

BOARD CALENDAR:

- Shared meeting will be scheduled in August

ITEMS FOR NEXT MEETING AGENDA:

- Bylaws review of Section 4 language for clarification of the process.


MEMBER COMMENTS:

- PAT COOPER: “Thank you for the strategic plan and the quality report.”
- BEVERLY SCOTT: She attended the mural unveiling at Split Rock; “Joe Rudson did a great job in putting that event together. The healthcare District is doing a great job in connecting with the community.”
- CECELIA ST. CLAIR: “I am very happy with the progress and reports we are seeing.”
- DALE MONDARY: no comment
- BRYAN GOLDFARB: He thanked Debbie Anderson for her hard work with the finance reports. Based on dialogue during the financial report, he said, “I hope we don’t leave improvement in finances and data to chance. I’m looking forward to seeing improved scores.”
- ALEJANDRO PENALVO: Not present.
- MISTY EVANS: Thanked the board for the great discussion tonight and the great reports.

MEETING ADJOURNMENT

The meeting adjourned at 8:17 p.m.

Minutes recorded by Karen Graley, Board Clerk



Misty Evans, Chairperson



Pat Cooper, Secretary