



Morongo Basin Health Care District  
Community Health Center

## GOVERNING BOARD MEETING

### MINUTES of Thursday, October 12, 2023, 6:00 p.m.

This meeting convened on the District's campus at 6530 La Contenta Road, Yucca Valley, suite 400. The meeting was also accessible by Microsoft Teams remote platform.

**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:

- Cody Briggs (*present*)
- Patricia "Pat" Cooper (*present*)
- Bryan Goldfarb (*present*)
- Nicola Keller (*present*)
- Jennifer Rendon (*remote emergency*)
- Cecelia St. Clair (*not present*)
- Heidi Stiemsma (*present*)
- Jackie Todd (*present*)
- Jack Williams (*present*)

#### STAFF:

- Cindy Schmall, CEO
- Karen Graley, Board Clerk (*remote*)
- Joe Ruddon, Chief Community Programs Officer
- Tina Huff, Chief Clinical Operations Officer
- Tom Mannix, HR Director
- Janeen Duff, Program Development Liaison
- Kathy Alkire, Patient Educator

**CALL TO ORDER:** The meeting was called to order by Nicola Keller at 6:00 p.m.

**ROLL CALL:** Karen Graley, board clerk, conducted roll call and declared a quorum. Jennifer Rendon joined the meeting late by remote platform. There was discussion about her only observing the meeting because board members cannot participate by remote (Brown Act) unless specific criteria is met, i.e. medical emergency. She stated she was physically unable to attend because of medical emergency wherein, at the last minute, she did not have transportation to the meeting. A poll was taken of board members who viewed her emergency as valid, and she was invited to participate in the meeting as a full board member.

#### OBSERVANCES:

Jackie Todd 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 23-57:** Motion by Jack Williams to approve the meeting Agenda as presented; motion seconded by Cody Briggs; the motion passed by unanimous vote.

#### APPROVAL OF CHC CONSENT AGENDA:

**Motion 23-58:** Motion by Heidi Stiemsma, second by Pat Cooper, to approve the Consent Agenda as presented; the motion passed by unanimous vote. There was no discussion.

- Minutes of the Governing Board regular business meeting dated September 21, 2023

## **ACTION ITEMS**

### **APPOINTMENT OF CHC BOARD MEMBERS TO CEO PERFORMANCE EVALUATION COMMITTEE**

Cindy Schmall introduced the action item and referred board members to the explanation in the agenda packet. Two CHC Governing Board members will join the District Board to form an ad hoc committee for the CEO performance evaluation. There was discussion about Pat Cooper and Heidi Stiemsma not being eligible to represent CHC as they sit on the District's board. The intent is to have full representation of the CHC board in this process. Nicola Keller may be available. The board chose to appoint Pat Cooper and Heidi Stiemsma as representatives; if Nicola Keller is available or another board member becomes available, then Pat and Heidi will yield as CHC representatives on the committee.

**Motion 23-59:** Motion by Jackie Todd to appoint Pat Cooper and Heidi Stiemsma to sit on the CEO Performance Evaluation Committee; seconded by Cody Briggs; motion passed by unanimous vote.

## **DISCUSSION**

### **STRATEGIC PLANNING FOR CHC**

Ms. Schmall stated the District board is moving forward with a new strategic plan but this board has a different focus than the overall District agenda. She asked the board members to present initiatives specific to the health center. The exercise began by reviewing the Board Self-Assessment Survey Summary. She reviewed survey scores with the board and asked for feedback.

- **Mission and Vision:** she asked if board members felt that our mission, vision, and values align with where the board is now. There was consensus that there was alignment. There was no other feedback about mission, vision, or values.
- **Strategic Directions:** There was little discussion. Jack Williams said, "Overall we're doing a good job." Cody Briggs "Ditto."
- **Leadership Structure and Processes:**
  - Question #5 "New board members go through an orientation process." It was noted that some board members did not receive an orientation under previous administrators. Bryan Goldfarb said he was unable to attend the meeting where the Brown Act education was presented, and another education opportunity has not presented. After discussion, consensus was the board would like Brown Act education. Staff will schedule a BBK attorney who specializes in the Brown Act to present to the board.
  - Question #10 "The board chair keeps a tight rein on digressions, members' side discussions, and issues that have already been addressed," with one score at 2 (somewhat disagree). Cindy Schmall stated, "This board doesn't have the kind of problems I've seen in other board meetings. We don't get a lot of interruptions and you speak very collectively and collaboratively and with a lot of dialogue with each other, but it's not disruptive or negative." Brief discussion followed her statement. Overall, the board members were okay with the way things are being managed during meetings.
  - Question #22 "Board members have a clear and comprehensive understanding of the changing healthcare environment (local, regional and national) and its effects on the organization," with one score of 3 (somewhat agree). Cindy Schmall stated that we are a member of the Community Health Association Inland Southern Regio (CHAISR) who has an advocate focused on legislation specific to health centers. Staff will schedule her to give an update on legislative issues effecting the CHC.

- Question #27 “Board members receive agendas and meeting materials at least one week in advance of board meetings.” The minimum timeframe required by the Brown Act is 72 hours before the board meeting. Sometimes staff have published the agenda the Friday before a meeting whenever possible. Discussion, everyone is comfortable with the 72-hour Brown Act window.
- Question #37 “The board has a conflict resolution process,” one score of 1 (do not agree). Cindy Schmall explained that we do have a conflict resolution process which is defined in the CHC bylaws. She suggested comprehensive board orientation be presented in January.
- Community Relationships: Cindy Schmall asked if anyone had a comment about community relations; Bryan Goldfarb noted that board members cannot make statements in the community to be misconstrued as an official position of the board.
- Board Recruitment: There was no discussion relative to the survey. Cindy Schmall said she had consulted our attorney regarding family members sitting simultaneously on the same board. It was determined there was no conflict of interest, but she did recommend that if Cecelia’s St. Clair’s family member applies to serve on the CHC board, that Cecelia abstain from the vote to appoint the family member.
- Relationship with CEO: No concerns were presented.
- Financial Leadership: Question #2” The board measures operational performance against the plans [budget],” two scored Not Sure. The question was not clear, that “plan” should have been “budget.” We do discuss the budget at every meeting and often have considerable discussion about the monthly report.
- Community Health: No concerns were presented.
- Comments: were reviewed.

Cindy Schmall said she didn’t see anything in the survey responses that were of concern or required further attention.

She continued with the strategic plan discussion and asked for board member feedback on potential initiatives.

Bryan Goldfarb shared that he had spoken with another healthcare district’s representative who stated they also had a problem with mental health recruitment. They supplemented services with a group therapy approach. Cindy Schmall responded that we don’t do groups because we can’t bill for the group visits. We could host the group but would only be able to bill for one patient visit. She stated that because the department is fully staffed, we have eliminated the patient-wait list and are taking care of our patients. Cindy Schmall praised Tina Huff who pulled the program together and has successfully turned it around. The behavioral health industry is moving to an integrated program (Equity Access and Practice Transformation). One of its initiatives is an integrated program of behavioral health and medical teams working collaboratively to serve the patient. Together they create a plan of care for the patient defining what services are needed, prescriptions, etc. Currently patients are waiting only days to get a behavioral health appointment where previously they were waiting for months. However, CHC is going to explore group sessions and we can place it on the strategic plan.

Jack Williams asked about other behavioral health services such as grief counseling. Cindy Schmall responded that staff has been discussing grief counseling for patients. We think this is

a needed benefit for our patients even if we do not get reimbursement. There was consensus to explore grief counseling as a strategic plan initiative.

Bryan Goldfarb inquired about providing a half-way house for behavioral health patients. Cindy Schmall advised that we are limited in our scope of service. IEHP will not pay for that service. Behavioral health beds are the domain of the county. However, she suggested that we can recommend exploration of the issue to the District board to collaborate with the county and state to provide that service in the Morongo Basin.

Cody Briggs asked about preventative medicine for mobility issues. Heidi Stiemsma noted the District's Take A Hike program. Cindy Schmall acknowledged it could be explored, possibly collaborating with Healthy Generations and other organizations in the Basin. Mobility falls under rehab. Jennifer Rendon noted there is a local business in Yucca Valley and 29 Palms that provides rehab services. Jack Williams spoke against the title of "rehab." Cindy Schmall clarified she was referring to the modality of physical therapy such as balance training to help strengthen muscles against falling. Cindy suggested community wellness paths, stating, "We have properties throughout the District where we could create community walking paths with exercise stations." Bryan Goldfarb added we could consider classes for teaching people how to manage mobility issues, such as a safe way to fall. There was consensus to add this to the strategic plan initiatives list.

Bryan Goldfarb asked if the diabetic/nutrition program was still being offered. Cindy Schmall confirmed that Kathy Alkire still maintains patient education but we could consider expanding the program. She also noted that the Basin has a difficult patient population that is not engaged in health behaviors. Bryan Goldfarb suggested cooking demonstrations to engage the population. Jennifer Rendon suggested incorporating local businesses into the program who could be involved as a cooking demonstrator. There was board consensus to add nutrition education to the list of initiatives.

## **REPORTS**

### **FINANCE REPORT** – *Cindy Schmall, CFO*

The clinic financial report for the month August show a loss of \$(20,284) and year to date of \$(79,321). Cindy Schmall noted that even though we lost money in August, we were budgeted to lose \$78,000 in August.

The finance department has been working on integrated payments with eClinicalWorks (eCW). This has involved working with a new credit card vendor, getting new card swiper equipment, and working with eCW on setup. This should give patients more options for payment, including the ability to log into the Healow portal and pay online. It also means that payments taken at the front desk will go directly into eCW instead of a third-party portal. It should make our payments process more efficient and less prone to errors.

Patient services revenue (net) is down due to one dental provider budgeted, but who has not yet started. Also, one provider is out on extended leave. This also is why salaries are under budget. Grant revenue variance is due to the loss of personnel to provide grant duties. A replacement is being sought. Capitation fees variance is due to more patients on the capitation roster than budgeted. Quality variance is due to ongoing efforts to bolster quality. Purchased services variance is due to less legal fees than budgeted and outside contractor for cost reporting not expended yet. Since providers have been out, medical supplies are also under budget. Also supplies include vaccinations which typically are incurred in the fall.

**Motion 23-60:** Motion by Pat Cooper to accept the financial report; second by Bryan Goldfarb; motion passed by unanimous vote.

STAFF REPORT – *Tina Huff, Chief Clinical Operations Officer*

Ms. Huff referred the board to her written report in the agenda packet. She spoke to the IEHP Pay for Performance (P4P) program which has a preventative health focus. We increased reimbursement by meeting IEHP goals, raising reimbursement from \$1.19/patient in January to \$3.63 in September. Staff had been doing the screenings all along but not coding it correctly. Now we have a monitoring system in place to code our compliance. Having lab services on site also improves patient compliance.

Bryan Goldfarb asked about such low reimbursement rates (\$1.19/patient). Debbie Anderson, CFO, explained that there is standard reimbursement through the capitation rate that is subject to Medi-Cal reconciliation (if overpayment is determined in the annual audit, CHC reimburses Medi-Cal the overpayment). This P4P program is labeled as “quality” payments and are not part of the Medi-Cal reconciliation process. These monies are retained by the health center without threat of forfeiture. Performance on the quality measures directly impact the bottom line. Cindy Schmall stated, “We focused on the key measures for HRSA that overlapped to IEHP thereby satisfying both entities. We are now ready to expand to quality measures specific to IEHP.”

CEO REPORT – *Cindy Schmall, CEO*

Ms. Schmall referred the board to her written report in the agenda packet. She spoke to legislative bill SB-525 Health Care Worker Minimum Wage. The bill is before the governor for signature. It raises the employee minimum wage to \$21, across the board in all positions in healthcare. The projected cost to the state is \$44 billion. The legislature decided to stair-step the increase over two years. For CHC, calculating just the people on staff who are currently below the \$21/hour rate will cost CHC \$218,000 to raise them to the new minimum wage. Then the equity factor is another \$500,000 in the first year. In 2025 the minimum wage increases again with an annual increase of 3.5% in perpetuity. This will impose a significant impact on us. We will be hiring additional staff to focus on the quality measures which will increase the reimbursement to cover some of the mandated increases. The bill is targeted at community health centers. This legislation has been brewing a long time. It does not take into consideration our rural setting with lower socio-economic dynamics.

Bryan Goldfarb asked about outsourcing services to reduce labor costs. Debbie Anderson noted that we already outsource some services such as referrals. There was discussion about what can be outsourced.

**BOARD CALENDAR:**

Nicola Keller reminded board members to attend Saturday’s Health Fair.

**MEMBER COMMENTS:**

PAT COOPER: Thanked staff for their work and excellent information presented tonight.

CINDY SCHMALL introduced Tom Mannix, HR Director.

**MEETING ADJOURNMENT**

The meeting was adjourned at 7:45 p.m.

*Minutes recorded by Karen Graley, Board Clerk*



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Cecelia St. Clair, Secretary