



*Morongo Basin Health Care District*  
**Community Health Center**  
**GOVERNING BOARD MEETING**  
**MINUTES of Thursday, February 8, 2024, 6:00 p.m.**

*This meeting convened on the District's campus at 6530 La Contenta Road, Suite 400, Yucca Valley, CA 92284. 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 (*absent*)
- Patricia "Pat" Cooper (*present*)
- Bryan Goldfarb(*present*)
- Nicola Keller (*present*)
- Jennifer Rendon (*absent*)
- Cecelia St. Clair (*absent*)
- Heidi Stiemsma (*present*)
- Jackie Todd (*absent*)

**STAFF:**

- Cindy Schmall, CEO
- Joe Ruddon, CCPO
- Debbie Anderson, CFO
- Beverly Krushat, Executive Assistant
- Tina Huff, Chief Clinical Officer
- Angie Villaluz, Sr. Manager, Quality Program
- Kathy Alkire, Patient Educator (*remote*)

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

**ROLL CALL:** Beverly Krushat, EA, conducted roll call and declared that the Board did not have a quorum. At this time, the Board decided that they would have a discussion on the agenda items but take no action on any of the items.

**OBSERVANCES:**

Pledge of Allegiance – Heidi Stiemsma led the pledge.  
Pat Cooper read the mission, vision, and core statements.

**PUBLIC COMMENTS:** None

**APPROVAL OF MEETING AGENDA:**

- **Motion 24-15:** No action taken.

**APPROVAL OF CHC CONSENT AGENDA:**

- **Motion 24-16:** No action taken  
Minutes of the Governing Board regular business meeting dated January 11, 2024

**STRATEGIC PLANNING PRESENTATION**

CEO Cindy Schmall presented the Strategic Planning Presentation to the CHC Board. This was followed by a brief discussion period with the Board members. No action was taken.

**ACTION REPORTS**

FINANCIAL REPORT – Debbie Anderson, CFO – Because of a lack of quorum, February’s Financial Report will be reviewed at the next CHC Board meeting on March 14, 2024, at 6:00 p.m.

**STAFF REPORTS**

QUALITY REPORT (Q4) - Angie Villaluz, Sr. Manager Quality Program, presented the Q4 Quality Report She presented a hand-out with the Uniform Data Set (UDS) quality measures and measurement status.

UDS Clinical Quality Measures	Goal	2023	2022
Childhood Immunizations	40%	24.49%	21.37%
Childhood BMI	68%	73.26%	69.88%
Adult BMI	65%	75.89%	81.49%
Cervical Cancer Screening	55%	40.35%	32.90%
Breast Cancer Screening	50%	50%	42%
Tobacco Screening	85%	95%	84.60%
Statin Therapy	76%	76.96%	79.75%
IVD – Use of ASA/Antiplatelet	80%	68.97%	76.83%
Colorectal Cancer Screen	52%	54.70%	46.%
HIV Linkage to Care	100%	No Data	No Data
HIV Screening	80%	75.85%	64.79
Depression Screening	70%	63.46%	48.74%
Depression Remission	14%	8.70%	0.00%
Dental Sealants	96%	92.74%	90.58%
Controlling High B/P	60%	55.34%	66.40%
Hemoglobin A1c Control	32%	30.66%	34.17%

Ms. Villaluz reported that there were 8 patient grievances from October to December, this is a decrease from the 11 received in Q3. There were 2 incident reports from October to December, also decreased from the 7 reported in Q3. Incident types were one (1) harmful action towards staff and one (1) unexpected hospitalization after clinic visit, both incidents were addressed appropriately. Rounds were completed from October to December in all ten buildings/locations of the organization. No area of concern noted.

Clinics had two (2) reportable diseases, treated, and reported per San Bernardino Public Health Guidelines. Medication/vaccine storage temperature, two (2) excursions in December. Both were reported per VFC Guidelines, with no loss of vaccines. The wasted/expired medication were Oral Glucose (YV Peds) and Aspirin (YV and SR Adults). There were no HIPAA violations reported. The staff participated in the Great Shakeout that was conducted on 10/19/2023. We had BioMed equipment testing and all equipment passed except for one (1) Autoclave in Dental. IEHP P4P Compliance was \$4.79 at the end of the quarter with no penalty.

STAFF REPORT – Tina Huff, Chief Clinical Operations Officer, stated that the 2023 final Pay 4 Performance (P4P) with IEHP reflects a change from \$1.14 at the beginning of the year to our current payment per assigned member of \$4.90. She introduced a new Psychiatric Nurse Practitioner, Brianna Subero, to the Board. The current Psychiatrist, Dr. Kassner has given notice and will be leaving at the end of the month. We have hired a full-time Physicians' Assistant, Anisha Jackson, who will be working five (5) days a week in the Yucca Valley Adult Clinic. Two (2) medical assistants will be joining the team this month, (1) for adults and (1) for pediatrics.

CEO REPORT – CEO Cindy Schmall informed the Board that the permitting and paperwork for the Split Rock Project is in its last stages with 29 Palms and the Van Dyke Corporation (29 Palms) has been selected to do the grading. Tina Huff, Chief Clinical Operations Officer, and CEO Cindy Schmall interviewed Dr. Thompkins, a physician from Arizona, who is interested in working with us. We are planning to bring her on in an administrative role in a per diem status initially as she will not be able to work in a clinic without a California License. Additionally, we have interviewed Dr. Binderman, whom we hope to help us with building templates and educating providers on coding processes that will help capture how much work the providers are doing. We are still looking for patient board members, please help by identifying interested individuals.

**BOARD CALENDAR:**

Calendars were reviewed for February and March 2024, noting that the previous Brown Act class, which was scheduled for February 17, 2024, was canceled.

**BOARD MEMBER COMMENTS:** No comments.

**MEETING ADJOURNMENT:** Meeting was adjourned at 7:33 p.m.

  
Heidi Stiemsma, Secretary of the Board

*Minutes recorded by Beverly Krushat, Executive Assistant*