

**NOTICE AND AGENDA OF MEETING
OF THE BOARD OF DIRECTORS
MENDOCINO COAST HEALTH CARE DISTRICT**

Thursday October 28, 2021

5:00 P.M. Closed Session

6:00 P.M. Open Session

Join Meeting

<https://us06web.zoom.us/j/83282689724?pwd=eENmTk1VVXU3NUJzb2wzTk9BaS9ndz09>

Meeting ID: 832 8268 9724

Passcode: 627898

One tap mobile

+13462487799,,83282689724#,,,,*627898#

Dial by your location

+1 253 215 8782 US

Meeting ID: 832 8268 9724

Passcode: 627898

<https://us06web.zoom.us/j/kdrsPIsX7M>

PLEASE TAKE NOTICE a Regular Board of Directors meeting has been called for Thursday October 28, 2021 at 6:00 pm. **This meeting will be held via Zoom Conference only in order to reduce the risk of spreading coronavirus (COVID-19) and pursuant to the Governor's Executive Orders N-25-20 and N-29-20 and as ratified by BOD Resolution 22021**

Board Priorities

- Develop and expand community partnerships and communication
- Plan wisely for the future while maintaining fiscal integrity
- Maintain and improve the physical plant
- Ensure the continuity of quality healthcare in our rural community.

1. **5:00 P.M. CLOSED SESSION CALL TO ORDER AND ROLL CALL**

1.1 Call to order and roll call

1.2 The Chair will verbally identify the agenda items to be considered during closed session as listed below.

2. **PUBLIC HEARING FOR CLOSED SESSION**

Members of the public may take this opportunity to comment on closed session agenda items. Under the requirements of the Brown Act open meeting law, members of the community wishing to address an item on the closed session agenda may do so at this time. Items not on the agenda cannot be addressed at this time. A three-minute limit is set for each speaker on all items. The total time for public input on each item is limited to 20 minutes. (Government Code 54954.3).

3. **CLOSED SESSION**

The Board will adjourn to closed session pursuant to Government Code 54950 - 54962.

3.1 Public Employment: District Manager. (Government Code §54954.5 & 54957)

3.2 Proprietary strategies on seismic compliance. (Government Code §37606 and Health and Safety Code §32106) Discussion will concern 2030 seismic compliance as it relates to the lease agreement with Adventist Health. Estimated disclosure to take place at next regular meeting of the MCHCD BOD.

4. **6:00 P.M. RECONVENE TO OPEN SESSION**

4.1 Call to order and roll call

4.2 Closed session disclosure

Any reportable action taken during closed session will be disclosed at this time.

4.3 Approval of the agenda

Items to be removed from the agenda or changed should be done at this time.

4.4 Approval of Minutes

TAB 1

4.4.1 Special Meeting BOD September 29, 2021 (most recent meeting)

4.4.2 Special Meeting BOD August 12, 2021 (previous meeting)

4.4.3 Special Meeting BOD August 26, 2021 (previous meeting)

5. **REPORTS FROM BOARD MEMBERS**

Board Director Reports. Non agenda item comments from the members of the Board of Directors. No action will be taken on any items.

6. **PUBLIC COMMENTS**

This portion of the meeting is reserved for persons desiring to address the Board of Directors on non-agenda issues. Please state your name for the record. A three-minute limit is set for each speaker on all items. The total time for public input on each item is limited to 20 minutes (Government Code 54952). The Brown Act does not permit the Board to take action on any item that is not on the agenda.

7. **INFORMATION/DISCUSSION/POSSIBLE ACTION ITEMS**

7.1 Audit Report: Redding/DZA

TAB 2

7.2 Update on District's response to a FOIA request: Sara Spring

7.3 Community Survey Update: John Redding and Norman de Vall

TAB 3

7.4 Finance Report: John Redding

TAB 4

7.5 Hubs and Routes Update: Amy McColley and Sara Spring

7.6 Website update: John Redding www.mchcd.org

7.7 AB 361 Resolution: Jessica Grinberg

TAB 5

8. FUTURE AGENDA ITEMS

9. ADJOURNMENT

Dated: October 25, 2021

STATE OF CALIFORNIA)
COUNTY OF MENDOCINO

I declare under penalty of perjury that I hold the position of Secretary of the Mendocino Coast Health Care District Board of Directors; and that I posted the original signed notice at the North and Patient Services Building Lobby entrances to the Adventist Health Mendocino Coast Hospital on October 25, 2021

Sara Spring, Secretary of the MCHD BOD

All disabled persons requesting disability related modifications or accommodations, including auxiliary aids or service may make such request in order to participate in a public meeting to Sara Spring, Secretary of the Board of Directors, 700 River Drive, Fort Bragg, CA 95437 no later than 1 working day prior to the meeting that such matter be included on that month's agenda.

TAB 1

Minutes for meetings of the Board of Directors meetings as follows:

- Special Meeting BOD September 29, 2021
- Special Meeting BOD August 12, 2021
- Special Meeting BOD August 26, 2021

MINUTES

SPECIAL MEETING OF THE BOARD OF DIRECTORS MENDOCINO COAST HEALTH CARE DISTRICT

Wednesday, September 29, 2021

6:00 P.M. Open Session

Meeting via Zoom Conference

CONDUCT OF BUSINESS:

1. 6:00 P.M. OPEN SESSION CALL TO ORDER- Ms. Jessica Grinberg, Chair

2. ROLL CALL

Present: McColley, Spring, Redding, Grinberg

Absent: de Vall

3. PUBLIC COMMENTS None

4. APPROVAL OF THE AGENDA Ms. Jessica Grinberg, Chair

Moved by: Redding. Seconded by McColley

Vote:

Redding Yes

McColley Yes

Spring Yes

Grinberg Yes

de Valle Absent

5. INFORMATION/ACTION: Hubs and Routes Update: McColley and Spring

Dr. Jennifer Kreger provided background information on the Hubs & Routes program. Maps were shown of the area of service. These are informational and educational maps. She also described how a questionnaire is being used to assess the abilities of community members during various disasters.

Redding asked what the role of the district would be at the time of a crisis. Also asked which organization(s) will be responsible to provide the rescue service during a crisis. Dr. Kreger said the district is providing the tools the rescue teams.

Dr. Kreger has hosted "sign up" events and is planning additional ones.

Motion made by McColley to establish a committee for the purpose working with Hubs and Routes.
Seconded by Spring.

Discussion on the structure of the committee and the needs of the program took place. There was an emphasis on questions regarding the scope of insurance needed for events and for the project.

Vote:

McColley	Yes
Spring	Yes
Redding	Yes
Grinberg	Yes
de Vall	Absent

6. **INFORMATION/ACTION:** Consideration of potential sublease plans of 516 Cypress Drive, Fort Bragg CA. Jessica Grinberg, Chair

Redding asked questions about the 1-4 spaces on the engineering plans of the Crisis Respite Center (CRT) and about inpatient services. Dan from RCS explained those areas will be used for clients needing overnight stays and that overnight stays do not constitute an inpatient status. Patients are in the facility on a volunteer basis and are therefore not considered to be inpatients.

Redding asked about the headcount of 15. Dan explained the headcount includes 4 overnight beds and the daytime services being provided.

Redding asked the city manager about notice to the community. Tabatha responded this has not been done yet. She said the use is “permitted by right” and does not need to go through the usual notice process.

McColley moved to approve the plans presented to the board. Spring seconded

Vote:

Redding	Yes
McColley	Yes
Grinberg	Yes
Spring	Abstain
de Vall	Absent

7. **INFORMATION/ACTION:** Final Review of Assignment and Assumptions Agreement for 721 River Drive, Fort Bragg CA. Jessica Grinberg, Chair

John Redding requested a summary of the key points. Eric Antonini, of JLL, reported this agreement signs the lease of 721 River Drive, the location of the clinic, over to AH. There are five years remaining on the lease. This agreement allows AH to be able to negotiate with the owners of the property over the remainder of the lease and at time of renewal. He and Redding noted that although this agreement is being addressed now, AH has been paying the rent since July 1 of 2020.

Redding moved to accept the Assignment and Assumptions of the lease. McColley seconded.

Vote:

Redding	Yes
McColley	Yes
Grinberg	Yes
Spring	Absent
De Vall	Absent

8. **INFORMATION/ACTION:** AB 361 Resolution, Initial Adoption. Ms. Jessica Grinberg, Chair **TAB 3**

McColley moved to adopt the resolution. Redding seconded.

Vote:

McColley	Yes
Redding	Yes
Grinberg	Yes
Spring	Absent
de Vall	Absent

9. **FUTURE AGENDA ITEMS:** Ms. Jessica Grinberg, Chair

Hubs & Routes committee structure. Measure C update. Audit report. CARES audit report.

10. **PUBLIC COMMENTS**

This portion of the meeting is reserved for persons desiring to address the Board of Directors on non-agenda issues. Please state your name for the record. Time is limited to 3 minutes per speaker.

11. **COMMENTS/INFORMATION FROM BOARD OF DIRECTORS**

Redding shared the agenda and the packet may now be found on the mcdh.org website. He is working on the new website to resolve issues and to take control over the content.

McColley shared she feels we have an opportunity to improve communication, posting, collaboration and attendance.

12. **ADJOURNMENT:** Ms. Jessica Grinberg, Chair

Respectfully submitted by:

Jessica Grinberg, Chair
Oct. 23, 2021

MINUTES

**NOTICE AND AGENDA OF SPECIAL MEETING
OF THE BOARD OF DIRECTORS
MENDOCINO COAST HEALTH CARE DISTRICT**

Thursday, August 12, 2021

5:00 P.M. Closed Session

6:00 P.M. Open Session

Meeting via Zoom Conference

Jessica Grinberg is inviting you to a scheduled Zoom meeting.

Topic: BOD Special Meeting

Join Zoom Meeting

<https://us06web.zoom.us/j/85411363379?pwd=SkdmNUtNOW8waWNjL0oxTXlpS3p5QT09>

Meeting ID: 854 1136 3379

Passcode: 647136

One tap mobile

+13462487799,,85411363379#,,,,*647136# US (Houston)

+17207072699,,85411363379#,,,,*647136# US (Denver)

Dial by your location

+1 346 248 7799 US (Houston)

+1 720 707 2699 US (Denver)

+1 253 215 8782 US (Tacoma)

+1 312 626 6799 US (Chicago)

+1 646 558 8656 US (New York)

+1 301 715 8592 US (Washington DC)

Meeting ID: 854 1136 3379

Passcode: 647136

Find your local number: <https://us06web.zoom.us/j/85411363379?pwd=SkdmNUtNOW8waWNjL0oxTXlpS3p5QT09>

PLEASE TAKE NOTICE a Regular Board of Directors meeting has been called for Thursday, August 12 2021 at 6:00 pm. **This meeting will be held via Zoom Conference only in order to reduce the risk of spreading coronavirus (COVID-19) and pursuant to the Governor's Executive Orders N-25-20 and N-29-20.**

No physical location from which members of the public may observe the meeting and offer public comment will be provided.

CONDUCT OF BUSINESS:

1. **5:00 P.M. CALL TO ORDER:** Ms. Jessica Grinberg, Chair

2. **ROLL CALL**

Present: Redding, Spring, McColley, Grinberg
Absent: Da Vall

3. **PUBLIC COMMENTS**

None

4. **CLOSED SESSION**

a) **Information/Action:** Public Employment: District Manager.
Government Code §54954.5 & 54957.

b) **Information/Action:** Proprietary strategies on community outreach
Government Code §37606 and Health and Safety Code §32106.
Discussion will concern potential new programs.
Estimated Date of Public Disclosure: November 1, 2021

5. **6:00 P.M. OPEN SESSION CALL TO ORDER-** Ms. Jessica Grinberg, Chair

6. **ROLL CALL**

Present: Redding, Spring, McColley, Grinberg
Absent: de Vall

7. **REPORT ON CLOSED SESSION MATTERS**

a) **Information/Action:** Public Employment: District Manager.
Government Code §54954.5 & 54957

Motion to approve hiring Jacob Peterson as District Manager pending negotiation of contract by
McColley and Spring.

Moved by Redding Second by McColley

Vote: McColley yes; Spring yes; Redding yes; Grinberg yes

8. **PUBLIC COMMENTS**

Judy Leach provided an update on hospital matters including an update on COVID guidelines.
Introduction of Warren Tate as AH CFO for Mendocino County.

9. **APPROVAL OF THE AGENDA:** Ms. Jessica Grinberg, Chair

Moved by Spring. Second by McColley

Vote: McColley yes; Spring yes; Redding yes; Grinberg yes

NEW BUSINESS:

10. **INFORMATION/ACTION:** Consideration of potential sublease of 516 Cypress Drive, Fort Bragg CA.
Jessica Grinberg, Chair **TAB 1**
Board discussed the need for additional information and to have the item brought back to the board for a vote. AH agreed to collect the information and return to the board. No action taken, information only.
11. **INFORMATION/ACTION:** Consideration of Assignment and Assumption of lease 155 Boatyard Drive
Jessica Grinberg, Chair **TAB 2**
Judy Leach expressed an appreciation for the Boatyard Hospice Thrift Store. Board expressed an interest in handing over the lease to AH.
Moved by McColley. Second by Redding
Vote: McColley yes; Spring yes; Redding yes; Grinberg yes
12. **INFORMATION/ACTION:** Consideration of approval of professional services agreement with District legal counsel.
Jessica Grinberg, Chair **TAB 3**
No action taken. Information only. Negotiation of contract to be done by McColley and Spring, as indicated in closed session report.
13. **FUTURE AGENDA ITEMS:** Ms. Jessica Grinberg, Chair
Proper notice and posting of the agenda. CRT with presentation from AH.
14. **PUBLIC COMMENTS**
This portion of the meeting is reserved for persons desiring to address the Board of Directors on any matter which the District has jurisdiction. You may state your name and address for the record. Time is limited to 3 minutes per speaker. The Board of Directors can take no action on your presentation but can seek clarification to points made in your presentation or comments.
- BROWN ACT REQUIREMENTS:** Pursuant to the Brown Act, the Board of Directors cannot discuss issues or take action on requests during this comment period.
15. **COMMENTS FROM BOARD OF DIRECTORS**
Redding: successful meeting with Warren Tetz. Worked with him and with Judy H to cleanup financials.
McColley thank the efforts of staff
Spring announced MCHCD providing lunch to hospital staff as a support during the COVID challenge.
16. **ADJOURNMENT:** Ms. Jessica Grinberg, Chair

Respectfully submitted by:

Jessica Grinberg, Chair
Oct. 23, 2021

End of Minutes

MINUTES
BOARD OF DIRECTORS MEETING
THURSDAY, AUGUST 26, 2020

The Board of Directors of the Mendocino Coast Health Care District met in Open session at 5:01 pm. Jessica Grinberg, Chair presiding. Because of the covid emergency, the meeting was held via Zoom.

PRESENT: Mr. de Vall, Ms. McColley, Ms. Grinberg, Mr. Redding, Ms. Spring

I. CALL TO ORDER:

An Open Session of the Board of Directors of the Mendocino Coast Health Care District convened at 5:01 p.m. via Zoom with Chair Grinberg presiding.

II. ROLL CALL:

PRESENT: Mr. de Vall, Ms. McColley, Ms. Grinberg, Mr. Redding, Ms. Spring Board Members
BOARD MEMBERS ABSENT: None

III. PUBLIC COMMENTS

Malcom MacDonald asked if the Board had hired Jacob Patterson to be the District Manager and commented that there is insufficient public information to know. He commented that Board packets are on occasion not fully complete, namely, some Tab items were blank. He concluded his remarks by saying the Board had failed to properly notify the public and that this might bring unwanted attention from the Grand Jury and others.

IV. CLOSED SESSION

The Board then convened a Closed Session with two agenda items

- a. Information/Action: Public Employment: District Manager Government Code § 54957
- b. Information/Action: Proprietary strategies on community outreach survey Government Code §37606 and Health and Safety Code §32106 Discussion will concern potential new programs Estimated Date of Public Disclosure: November 1, 2021

V. OPEN SESSION RECONVENED AT 6:00 PM

VI. REPORT FROM CLOSED SESSION

Chair Grinberg indicated that there was nothing to report out from the Closed Session

VII. PUBLIC COMMENTS

There were no public comments.

VIII. APPROVAL OF THE AGENDA

Mr. de Vall moved and Ms. Spring seconded that the agenda be approved. The motion carried by a unanimous vote.

IX. Meeting Minutes

Ms. Spring, the Board Secretary, did not submit meeting minutes from the previous Board meeting.

X. AGENDA ITEM # 10 (OLD BUSINESS)

INFORMATION/ACTION: Ratification or reconsideration of the action items from the August 12, 2021 meeting.

1. Assignment and Assumption of lease 155 Boatyard Drive -- Jessica Grinberg, Chair
 - Supporting information was found in Tab 1 which is not reproduced here because this agenda item was deferred to a future meeting.
 - Ms. McColley commented that subsequent to the Board approving the assignment of the lease at its previous meeting, new concerns were raised by Mr. Ben Drurie, legal counsel, Hooper & Lundy.
 - Those concerns were the lack of identification of fixtures to be kept or assigned. These were to be included in Appendix B of the draft Agreement but were not.
 - New language was introduced into the Assignment agreement including the revised starting date of Agreement and language that clarified that the Lease would revert to the District in the event that Adventist Health exited the Lease Agreement.
 - Ms. McColley introduced a motion to rescind the previous vote and to consider the revised Agreement. There was no second but a discussion ensued.
 - The revised language and identification of the fixtures were not available at the time of the meeting.
 - This agenda item was deferred to a future meeting by a vote of 4-0 with Mr. da Vall abstaining.

Action item: Revisit the Assignment Agreement at a future Board meeting

2. Approval of professional services agreement with District legal counsel
 - Ms. McColley introduced a motion to consider the professional services agreement with Mr. Jacob Patterson. Ms. Spring seconded for discussion.
 - Chair Grinberg clarified that the previous vote to approve the agreement was taken at a meeting that was improperly noticed and therefore was not official. She further commented that the corrective action is to reconsider all action items from the previous meeting.
 - Mr. McDonald commented that the action regarding the agreement lacked transparency. He then read prepared comments that included a concern for the lack of minutes. He indicated that he was confused by matters that had transpired over the role of Mr. Patterson. He commented that the agreement was faulty and reflected upon the person who wrote it. He was concerned that the Board was not fully aware of what he characterized as a controversy surrounding Mr. Patterson. He asked if the Board had discussed conflict of interest by the nature of his legal representing Board members. He concluded that Mr. Patterson was unqualified for the job. His comments went well past the three minutes allowed.
 - Mr. Redding commented that he did not consider Mr. McDonald to be a credible source of advice, noting his seeming obsession with Mr. Patterson led him to assert that Patterson was a controversial figure based on vague conversations with others and further noting the MacDonald had falsely accused Redding of lying to the FPPC.
 - Mr. da Vall interrupted to say that comments should be address the motion.

- A vote took place on the motion
 - i. Redding voted yes
 - ii. De Vall and Spring voted no
 - iii. McColley and Grinberg abstained.
 - iv. The motion was defeated by a vote of 1-2.

XI. AGENDA ITEM # 11 (OLD BUSINESS)

INFORMATION/ACTION: Consideration of potential sublease of 516 Cypress Drive, Fort Bragg, California. Jessica Grinberg, Chair. Supporting Information was included in TAB 2 – Sublease terms and draft resolution approving sublease

- Note: New people entered the meeting. These were Judson Howe (AH), Judy Leach (AH) Warren Tetz (AH), Eric (JLL), Bernie Norvell (FB), Tabatha Miller (FB)
- Ms. McColley immediately spoke up in favor of the Sublease. She first advised her Board colleagues to “stay in their lane” and let the planning process be performed by the Fort Bragg. She then introduced a motion to approve the Board Resolution by which the sublease would be approved and was seconded by Ms. Spring
- Mr. Redding asked for clarification of the use envisioned for the Cypress Facility, including the possibility that there would be an overnight population.
- Dan Anderson, Director, Redwood Community Services described the intended use of the facility. He described it as an outpatient service, providing medical and psychiatric care to people, housing those in need of crisis respite, and so on. Respite means that patients can leave voluntarily, which differentiates it from a Crisis Residential Center.
- Mr. de Vall expressed a concern for the impact it would have on nearby residences.
- Ms. Tabatha Miller, the City Manager of Fort Bragg, said the nearby residences would indeed receive notification of the planned use of the Cypress facility. Mr. Redding commented that this statement by Ms. Miller allayed his concern considerably.
- Ms. Grinberg made a request that in the future the Board be given 1-2 months lead time to review matters brought to it for a decision. Mr. de Vall affirmed that idea.
- The Board then voted on the motion and it was approved by a unanimous vote.

Action Item: Upload a copy of the signed Resolution to the District’s digital storage vault so it can be posted at the District’s website.

XII. AGENDA ITEM #12 (New Business)

INFORMATION/ACTION: Discussion of means of public engagement, including meeting notice methods and procedures, physical and electronic agenda posting locations, and district email accounts. Consider action to identify and recognize an official District notice board location, official District website, official District email accounts, and future hours of operation for the District Office. Amy McColley, Vice Chair

- Ms. Spring discussed ways to distribute the notice of Board meetings more widely by using community Facebook pages, the MCN list serve and our website.
- Ms. McColley discussed the possibility of using services provided by Fort Bragg to assist in

the developing website, recording meetings, and similar services. Ms. Spring committed to contacting Ms. Miller

- Ms. Spring introduced a motion seconded by Mr. Redding that the agenda be distributed by Spring on Facebook District 4 and 5 Facebook page, by de Vall using the MCN lists and contacting the city of Fort Bragg. The motion passed by a unanimous vote.

Action item: Spring to reach out to Tabatha Miller

Action item: de Vall and Spring as described above before each Board meeting

XIII. AGENDA ITEM #13 (New Business)

INFORMATION/ACTION: Discussion of District policies and procedures for the potential disposition of surplus property owned or leased by the District. Consider declaring surplus and approving the potential disposition of District property identified as non-functioning or obsolete by Adventist Health and direct staff or District Legal Counsel to coordinate with Adventist Health concerning the disposition of that property. Jessica Grinberg, Chair.

- Ms. McColley introduced a motion to accept the recommendations regarding the distribution of the surplus equipment, seconded by Mr. de Vall.
- The ensuing discussion was about making the effort to reach out to more community groups who may have an interest in purchasing the equipment.
- Ms. McColley modified her motion and de Vall seconded so that the District would reach out to community as describe above. **The motion was approved by a unanimous vote but no action item was specified.**
- At this point, Mr. de Vall left the meeting.

XIV. AGENDA ITEM #14 (Reports)

INFORMATION/ACTION: Receive report and presentation of the results of the FY 2020 audit by Kami Matzek and Josh Rettinghouse of DZA. John Redding, Treasurer

- This item was deferred to a future Board meeting.

XV. AGENDA ITEM #15 (Reports)

INFORMATION/ACTION: Receive finance report and proposed budget amendments. Consider adopting proposed budget amendments and other related actions. John Redding, Treasurer

- Mr. Redding noted that the District budget adopted last month was provisional and that he took the action to update it. He presented this budget for approval.
- Ms. Spring introduced a motion to accept the financial report, which included the revised budget which was seconded by Ms. McColley. The motion passed 4-0 with Mr. de Vall not present.
- The approved budget is attached.
- Further comments discussed the status of the CARES audit, the gradual increase in the District's ability to be independent of AH financial services.

XVI. AGENDA ITEM #16 (New Business)

FUTURE AGENDA ITEMS: Ms. Jessica Grinberg, Chair

- Ms. Spring said she would report on her meeting with Tabatha Miller and suggested discussing paying off some of the loans.
- Mr. Redding asked that the audit report by DZA be on the agenda for the next meeting, preferably near the beginning.
- Ms. McColley asked that there be a discussion on the format of Board meetings.

XVII. AGENDA ITEM #17

PUBLIC COMMENTS

- Ms. Judy Leach, President of the hospital, commented that as
- In patient census is 21, the highest in years.
- ICUs are full and people are waiting in the ER due to surge
- Expressed her gratitude for the District's providing employees with a well-received chicken sandwich lunch

XVIII. AGENDA ITEM #18

BOARD COMMENTS

- Ms. McColley thanked Mr. McDonald for his comments and said how challenging it is to work and find time to devote volunteer time.
- Ms. Spring echoed that sentiment and pledged to "do better".

XIX. ADJOURNMENT

The meeting was adjourned at 8:35 pm by Chair Grinberg

Meeting minutes prepared and submitted by:

John Redding, Treasurer of the Board

October 12, 2021

(Attachment follows)

ATTACHMENT

Board Budget changes

1. Replaced office manager with a higher level person
2. Added Financial Services by K. McKee & Co.
3. Combined Legal Services (inside and outside)
4. Eliminated outside consulting services
5. Paid HCL insurance in one payment
6. Revised CARES Audit to \$23,500 as invoiced in August
7. No change to the District's budget

Notes

- Budget projects a \$95k loss
- One time expenses are \$43,500
- Contingency or reserves are \$37,000

Cash Flow by Month	Notes	CY 2021												Annual											
		FY2022																							
		July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June												
Receipts																									
Allocation from District's Net Cash Flow		\$	250,000																						
Dividend from LAIF investments	0.44%	\$	14,849,709	\$	5,445	\$	5,445	\$	5,445	\$	5,445	\$	5,445	\$	5,445	\$	5,445	\$	65,339						
Total Receipts		\$	255,445	\$	5,445	\$	5,445	\$	5,445	\$	5,445	\$	5,445	\$	5,445	\$	5,445	\$	315,339						
Expenses																									
Open Management Position(s)		\$	80,000			\$	6,667	\$	6,667	\$	6,667	\$	6,667	\$	6,667	\$	6,667	\$	66,667						
Contributions to HSA	\$600	6	\$	3,600	\$	3,600	\$	3,600	\$	3,600	\$	3,600	\$	3,600	\$	3,600	\$	3,600	\$	43,200					
Financial Services K. McKee & Co.	\$ 500		\$	500	\$	500	\$	500	\$	500	\$	500	\$	500	\$	500	\$	500	\$	6,000					
Legal Services	\$ 9,000 per month		\$	9,000	\$	9,000	\$	9,000	\$	9,000	\$	9,000	\$	9,000	\$	9,000	\$	9,000	\$	108,000					
DZA audits	\$27,000 for FY2021 audit							\$	27,000											\$	27,000				
D&O Insurance	\$22,022 per year		\$	22,022																	\$	22,022			
Healthcare Entity Comprehensive Liability	\$10,189 per year		\$	10,189																		\$	10,189		
Property Tax Administrative Services	\$16,680 per year		\$	16,680																			\$	16,680	
Utilities	Est. date of occupancy is January.									\$	1,000	\$	1,000	\$	1,000	\$	1,000	\$	1,000	\$	1,000	\$	6,000		
Property Insurance for 775 River Drive										\$	2,000												\$	2,000	
Office Expenses	\$ 50 per month		\$	50	\$	50	\$	50	\$	50	\$	50	\$	50	\$	50	\$	50	\$	50	\$	50	\$	600	
Phone and Internet	\$ 100 per month		\$	100	\$	100	\$	100	\$	100	\$	100	\$	100	\$	100	\$	100	\$	100	\$	100	\$	1,200	
Hospital Anniversary activities	\$ 5,000 one time		\$	5,000																				\$	5,000
Refurbishment of Neva Canon Room	\$15,000 one time				\$	15,000																		\$	15,000
Potential New Programs	\$20,000 per year		\$	1,667	\$	1,667	\$	1,667	\$	1,667	\$	1,667	\$	1,667	\$	1,667	\$	1,667	\$	1,667	\$	1,667	\$	20,000	
CARES Audit	\$23,500			\$	23,500																			\$	23,500
Other (including memberships)																									
Sum of Expenses		\$	68,808	\$	38,417	\$	36,583	\$	21,583	\$	21,583	\$	48,583	\$	24,583	\$	22,583	\$	22,583	\$	22,583	\$	22,583	\$	373,058
Contingency	10%	\$	6,881	\$	3,842	\$	3,658	\$	2,158	\$	2,158	\$	4,858	\$	2,458	\$	2,258	\$	2,258	\$	2,258	\$	2,258	\$	37,306
Net Operating Balance		\$	179,757	\$	(36,813)	\$	(34,797)	\$	(18,297)	\$	(18,297)	\$	(47,997)	\$	(21,597)	\$	(19,397)	\$	(19,397)	\$	(19,397)	\$	(19,397)	\$	(95,025)
Cash Flow		\$	179,757	\$	142,943	\$	108,146	\$	89,850	\$	71,553	\$	23,556	\$	1,959	\$	(17,438)	\$	(36,834)	\$	(56,231)	\$	(75,628)	\$	(95,025)

End of minutes

TAB 2

Audit Report

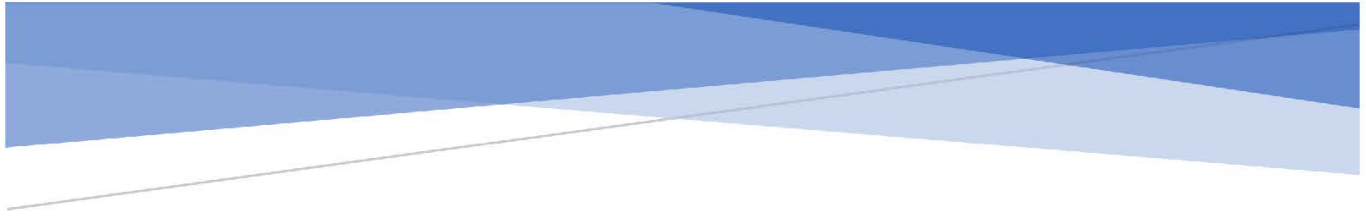
The full report which consists of multiple documents can be found here:

[FY2020 Audit Report](#)

TAB 3

SURVEY REPORT

Starts on the next page



MENDOCINO COAST HEALTH CARE DISTRICT
COMMUNITY HEALTH CARE

A Public Agency

SURVEY TO ASSESS THE RESULTS OF AFFILIATION

Abstract

This report contains the results of a “sense of the community” survey conducted by the Mendocino Coast Health Care District. The purpose of this survey is to measure the changes in health care services one year after the start of the affiliation between the District and the Adventist Health Network



Survey to Assess the Results of Affiliation

1. Purpose of this Survey

In November 2019, voters approved by an overwhelming margin the affiliation of the Mendocino Coast Health Care District (“District) and the Adventist Health Network (AH) whereby AH would operate the hospital on behalf of the public. In the prelude to this vote, representatives of the District held twelve townhall meetings throughout the District to advise the public on the benefits of affiliation. During this time, both the District and AH made promises and otherwise created expectations for how health care would improve as the result of affiliation.

In conjunction with the first anniversary of affiliation on July 1, 2021, the District with the support of AH decided to survey the community to learn if those promises and expectations are being met. This report contains the results of that survey.

2. Survey Methods

In preparation of the survey, three Focus Group meetings were held during mid-July. Each meeting was two hours long and included six or more participants. Several general questions were asked an example of which was “Were you able to schedule an appointment in a timely way?” A moderator facilitated the ensuing interactive discussion. Notes were taken and analyzed to synthesize the comments into a specific set of questions that would be used in the survey the broader community.

The type of survey conducted is sometimes referred to as a Community Pulse survey to distinguish it from the more scientific and costly survey that selects respondents at random. The survey tool used was a service provided by Alchemer and the survey questions were made available at the Alchemer website: <https://survey.alchemer.com/s3/6463315/New-Survey> .

The following zip codes, which together make up the area served by the District, were surveyed:

Westport	95488
Fort Bragg	95437
Caspar	95420
Mendocino	95460
Comptche	95427
Little River	95456
Albion	95410
Elk	95432
Manchester	95459
Point Arena	95468
Gualala	95445





Survey to Assess the Results of Affiliation

Many news and social media outlets were used to reach respondents as can be seen below.

- [Fort Bragg Advocate editor repley@advocate-news.com](mailto:repley@advocate-news.com)
- [Mendocino Beacon Editor: Robin Epley, repley@advocate-news.com](mailto:repley@advocate-news.com)
- [MendoFever](#)
- [Mendocino Voice Info@mendovoice.com](mailto:Info@mendovoice.com)
- Independent Coast Observer Gualala
- [The Anderson Valley Advertiser Bruce Anderson, editor editor@theava.com](mailto:editor@theava.com)
- [The Elk Web info@elkweb.org](mailto:info@elkweb.org)
- [Point Arena](#)

Facebook Pages:

- Mendocino County District 4
- Mendocino County District 5
- Fort Bragg Wellness
- Life on the Mendocino Coast
- Ted Williams
- Several Community Groups

In addition, many MCN List Serves were used. All together these outlets had the potential to reach over 10,000 to 20,000 people.

The survey was conducted between August 3rd and October 5th, a total of five weeks.

3. Demographic Description of Respondents

There was a total of 505 responses. As might be expected, the bulk of the responses were from people over the age of 60 as seen below. Females were 75% of the respondents and there few responses from those who identified as Hispanic, which is information of itself.

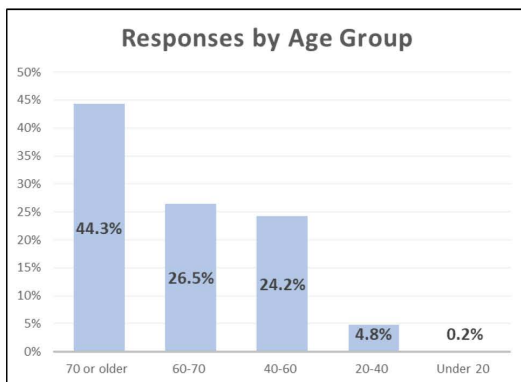


Figure 2

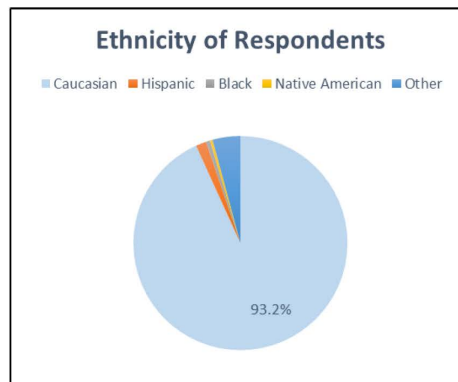


Figure 2



Survey to Assess the Results of Affiliation

The number of responses was greatest for Fort Bragg. But when adjusted for the number of households, the responses were more evenly distributed as can be seen below. The response rate per household is 4.7% and 6-8% in many of the zip codes. *This is considered to be an excellent rate of response.*

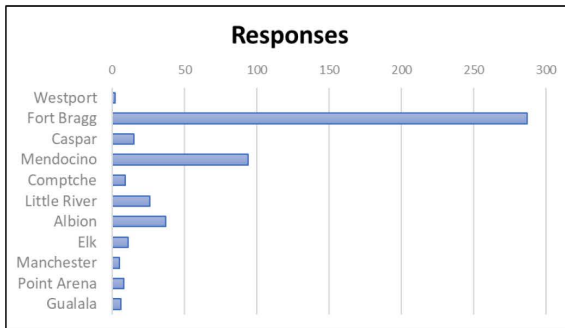


Figure 3

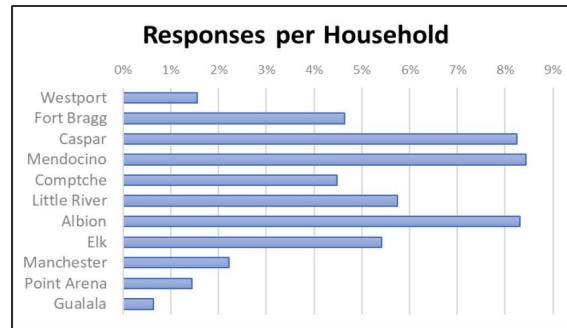


Figure 4

4. Specific Results

The results in this portion of the survey¹ are broken down by the hospital, clinic, Urgent Care and the Emergency Room. For each grouping, two questions were asked: what was your experience there in the last year? And has the care improved in the last year? These questions align with the purpose of the survey – is the District and AH team meeting its promises?

In addition, three open ended questions were asked in which the respondents were asked to describe both a positive and a negative experience and to suggest improvements. For each question about 500 comments were received for a total of 1,500. As will be described later, an attempt was made to synthesize these as much as possible. The comments are all anonymous and are available for viewing if requested.

a. The Hospital

Respondents were asked to rate recent experiences with the hospital where recent means in the last 12 months. *Positive responses outnumbered the negatives by a 3-1 margin (56% to 18%).* Nearly ¼ of respondents rated their experience as “excellent”, a real bright spot. This reassuring finding, however, is tempered by the fact that nearly ½ of the respondents said that they have not experienced an improvement in health care, a key goal of affiliation. Please see the graphs on the next page.

¹ Several specific areas of health care were surveyed ranging from the hospital to the ER. In another portion of the survey, people were asked more general questions such as “Would you recommend the hospital or clinic to a friend?”



Survey to Assess the Results of Affiliation

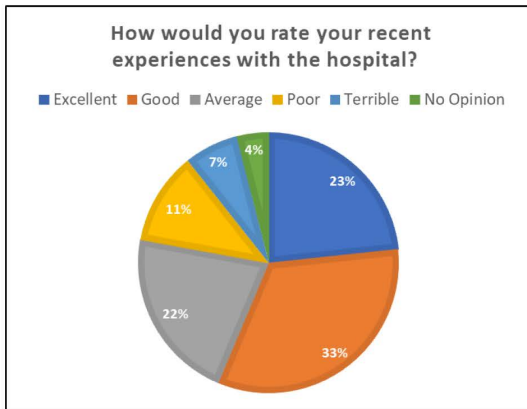


Figure 5

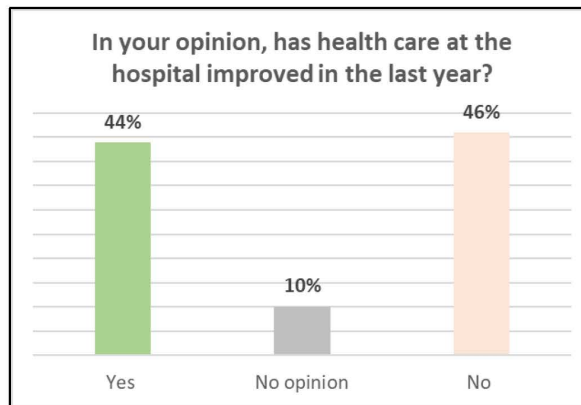


Figure 6

b. The Clinic

Like the hospital, positive experiences with the clinic outpaced the negative ones, in this case by a 2-1 margin. However, respondents indicated by a large margin that the health care at the clinic has not improved in the last year. As will be discussed later, this general lack of improvement could be explained by the long wait times prevalent at the clinic, not necessarily the care given.

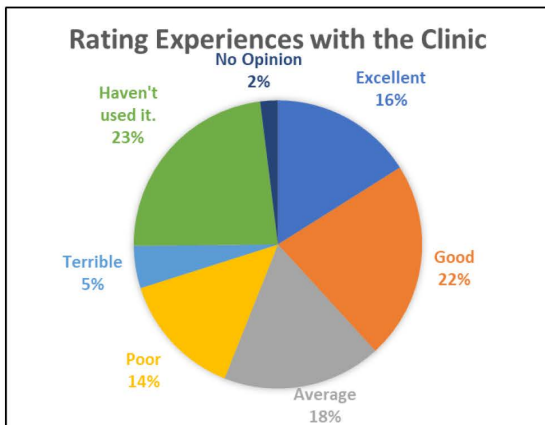


Figure 7

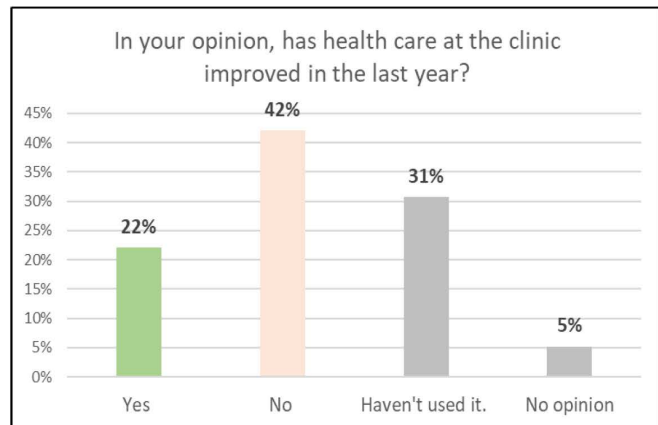


Figure 8



Survey to Assess the Results of Affiliation

c. The Emergency Room

The results for the ER follow previous patterns. Positive to negative responses, of the 49% that used the ER, were 1.8 to 1.0. In the interest of keeping the survey short, respondents were not asked for their opinion on whether the health care provided improved or not.

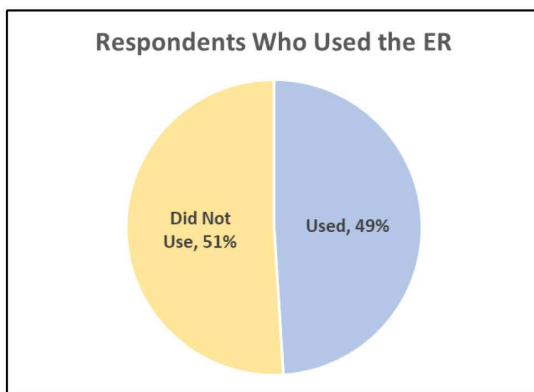


Figure 3

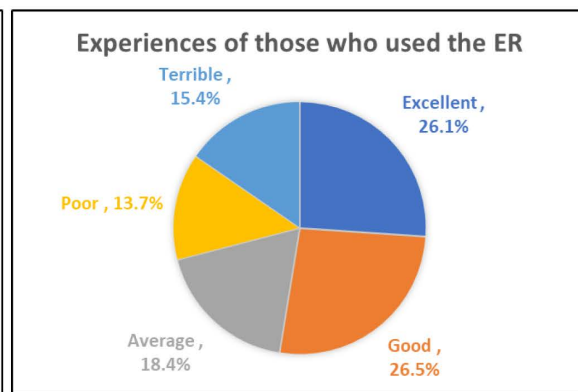


Figure 4

d. Urgent Care

An important finding is that over half of the respondents have never used Urgent Care, the same number percentage as those using the ER. It is perhaps an indicator that patients are simply bypassing Urgent Care for the ER. This hypothesis is seeming supported by the fact that as many people as not reported that Urgent Care did not meet their needs.

Table 1: Does Urgent Care Meet Needs?

Response	Percent of Total
Yes	45%
No	51%
No opinion	4%

e. Timely Access to Care

One expectation that was carefully cultivated during the affiliation process was that access to care would improve significantly. An increase in primary care providers was a major selling point for the affiliation.



Survey to Assess the Results of Affiliation

Significant frustration with timely access to care first surfaced in the Focus Group meetings and the survey confirms that half of the community is disappointed that access to care has not improved.

In answer to the question “Do you have time access to health care providers, 51% said No and 45% said Yes (4% did not offer an opinion.)

The CMS benchmark shown below was made available for those who needed a reference point.

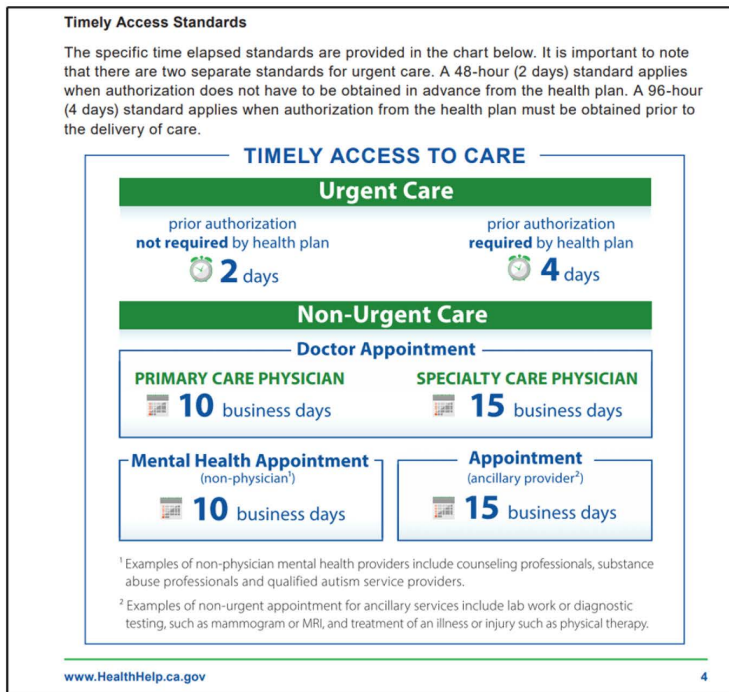


Figure 5



Survey to Assess the Results of Affiliation

f. Medical Diagnosis

The last of survey question having to do with specific areas of health care is Medical Diagnosis. This was included in the survey because of the significant concern expressed by many participants of the Focus Group meetings, concerns mostly about the ER.

The results are similar to that for other areas surveyed but with a somewhat smaller positive to negative count, 1.7 to 1.0. *One area of concern is that 25% of the respondents were not satisfied with the medical diagnosis including 7% who believe that a wrong diagnosis was made.*

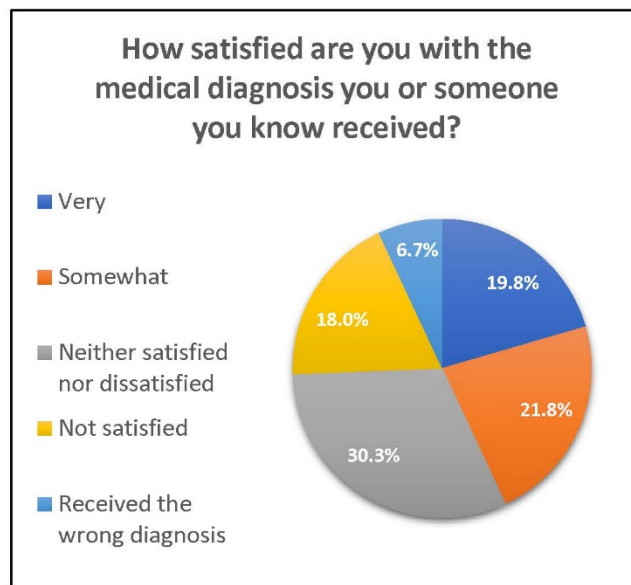


Figure 6



Survey to Assess the Results of Affiliation

c. Do you seek basic health care services elsewhere because of a negative perception of the hospital or clinic?

The reason this question was included is that prior to affiliation a sizeable portion of the community refused or at least reluctant to use the hospital because the perception had firmly taken hold that quality of care was poor. At one time it was estimated that 30% of the health care consumed by residents of the District was out of the area. One of the goals of affiliation was to counter that perception and thereby see an increase in the use of coastal providers.

The survey strongly suggests that the negative perception still persists.

Table 3

Yes	42%
No	55%
No opinion	3%

d. Would you recommend the use of the hospital or clinic to a friend for basic health care?

This is an “acid-test” type of question. Although many respondents expressed concerns, some of which are significant, the overwhelming majority would still recommend the hospital and clinic for *basic* health care. This is a good sign that the community is still invested in health care delivery as provided by AH in affiliation with the District. And wants it to succeed. This is further evidenced by the many suggestions for improvement which is an upcoming topic of discussion.

Table 4

Yes	59.6%
No	28.7%
Not for this service	6.9%
No opinion	4.8%

6. Summary of comments on positive and negative experiences

Written comments were submitted by 85 people which is an amazing 17% of all respondents. The following is a summary of those comments grouped by health care service.

- a. The Hospital. Comments are equally divided between negative and positive. There is no predominant complaint but vary from administrative issues to mis-diagnosis. However, there does seem to be a concern that the relationship between patient and provider is rushed and dispassionate. *On the positive side, many people think care at the hospital has*



Survey to Assess the Results of Affiliation

improved under the wings of AH. The majority of comments were that good to excellent care that was received.

Three bright spots shown consistently throughout the survey: blood work and the phlebotomists; cataract surgery; and imaging.

- b. The Clinic. As noted earlier, about 70% of the respondents have use the Clinic in the past year. Of those, 2/3 indicate that care at the clinic has not improved compared to the 1/3 that say it has. The comments about the clinic mirror that ratio. There were 57 examples of a negative experience and 25 positive ones, a 2-1 ratio. A frequent and often impassioned comment was that scheduling an appointment is a long ordeal and the wait time to get an appointment is far too long. Some indicated this leads to life threatening cases.
- c. Urgent Care. As already noted, less than half of those surveyed have used Urgent Care. Many responses were critical of the fact that this facility was not open on weekends and found the wait times to be too long. Perhaps this suggests why more people don't use it. Of those who used Urgent Care, the number of comments on positive and negative experiences were about same.
- d. Emergency Room. There were 57 negative and 28 positive comments about the ER, some of which were long and detailed. A majority of the negative comments were about very long wait times and mis-diagnosis. Positive experiences were just the opposite with respondents commenting that they were treated quickly and effectively. This seeming contradiction results from, in all likelihood, inconsistency of treatment. The significant number of negative
- e. The number one criticism which is expressed over and over again is the lack of timely access to care and the lengths endured to schedule an appointment. The number one compliment seems to be that once a patient sees a provider, the experience is overwhelming good.

7. Suggestions for Improvements

Nearly 80% of the respondents, a total of 383, provided suggestions for improving the services provided by hospital, clinic, ER and other health care areas. *These suggestions will be reviewed carefully with the intent of creating actionable items and making continual improvement in health care delivery.*

A few observations can be made at this time. A very large number of the suggestions are to add more health care providers and thereby alleviate the wait times. There was a significant number of suggestions having to do with improving the quality of the interaction between patient and provider. Numerous suggestions had to do with bringing more specialists to the Coast on a permanent basis.

There are many, many more suggestions that will be reviewed in time.



Survey to Assess the Results of Affiliation

8. Acknowledgements

The Board of Directors would like to thank those 507 people who took the survey and provided us with their comments and suggestions. This feedback is essential for meeting our goals of continually improving health care in our coastal community.

We also want thank the people who participated in the Focus Group meeting. Last, our thanks all those who helped disseminate the survey to the public.

9. Next Steps

The results of this survey will be reviewed by a team composed of representative from the District and Adventist Health for the purpose of creating an action plan to address areas on concern and to ensure that the health care services that the public indicates are doing well continue to do so.

The final step will be to conduct a townhall meeting to discuss the survey results, review the action plans and to invite public comments on both.

TAB 4

FINANCE REPORT

1. Transition to K. McKee and Company is nearly complete
 - Paying the District's bills
 - Will produce financial reports once they receive FY2021 data
2. Completed the Provider Relief Funding (CARES) audit reporting
 - Reporting prepared by [FTI Consulting](#) assisted ably by Judy Hougland
 - The District received \$5.7M in unsolicited funds. Able to keep \$4.4M due to covid costs and lost revenues.
3. Audits
 - FY2020 completed
 - DZA will begin the FY2021 audit as soon as they receive the FY2021 data
4. Recent transactions have been very favorable to the District.
 - DHCS reconciliation FY2017 \$1,123,756
 - PHP direct payment for FY2020 \$1,151,967
 - Medical overpayment Clinic FY2020 \$(457,255)
 - IGT payment \$(135,286)
 - CARES funding to be recognized \$4,400,000

Notes:

- 1) DHCS reconciliation was for the first half of FY2017 so additional money for the second half is likely.
- 2) CMS reconciliation for FY2021 is still pending -- \$2,100,000. Note to AH.
- 3) The District is still participating in Inter Governmental Transfer or IGT program. The District paid in \$135,000 in October. Payouts are due in 1st or 2nd Quarter 2022 and are typically 10x what is put in.

5. Measure C Oversight Committee
 - Met on October 13th
 - [Agenda and meeting minutes](#)
 - I provided the information to the right.
 - I estimate that the current balance of Measure C funds is \$216,000.
 - Next meeting will be November 15th. Mr. Warrant Tetz, CFO for the Mendocino hospitals, has been invited to participate and answer questions on the projects funded by Measure C money.

On 4/30/21, \$939,389 was transferred from the Measure C account to the Improvements Account to reimburse AH for the following:

• ATS	\$314,126
• HVAC	\$135,692
• Deferred Maintenance	\$269,097
• Med Air Replacement	\$49,934
• Zoll Defibrillator	\$170,540
• Total	\$939,389

Submitted on Oct. 25, 2021 by John Redding, Treasurer

TAB 5

RESOLUTION NO. 32021

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE MENDOCINO COAST HEALTH CARE DISTRICT PROCLAIMING A LOCAL EMERGENCY, RATIFYING THE PROCLAMATION OF A STATE OF EMERGENCY BY GOVERNOR NEWSOM ON SEPTEMBER 16, 2021 AND AUTHORIZING REMOTE TELECONFERENCE MEETINGS OF THE LEGISLATIVE BODIES OF MENDOCINO COAST HEALTH CARE DISTRICT FOR THE PERIOD OCTOBER 1, 2021 THROUGH OCTOBER 30, 2021 PURSUANT TO BROWN ACT PROVISIONS.

WHEREAS, the MENDOCINO COAST HEALTH CARE DISTRICT is committed to preserving and nurturing public access and participation in meetings of the Board of Directors; and

WHEREAS, all meetings of MENDOCINO COAST HEALTH CARE DISTRICT's legislative bodies are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code 54950 – 54963), so that any member of the public may attend, participate, and watch the District's legislative bodies conduct their business; and

WHEREAS, the Brown Act, Government Code section 54953(e), makes provisions for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions; and

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558; and

WHEREAS, a proclamation is made when there is an actual incident, threat of disaster, or extreme peril to the safety of persons and property within the jurisdictions that are within the

District's boundaries, caused by natural, technological, or human-caused disasters; and

WHEREAS, it is further required that state or local officials have imposed or recommended measures to promote social distancing, or, the legislative body meeting in person would present imminent risks to the health and safety of attendees; and

WHEREAS, such conditions now exist in the District, specifically, a State of Emergency has been proclaimed by Governor Newsom on March 4, 2020 and Governor Newsom signed into law Assembly Bill 361 on September 16, 2021; and

WHEREAS, on June 15, 2021 Mendocino County Department of Public Health issued an Order directing all individuals in the county to continue to follow state requirements directed by the governor and state public health officer; and

WHEREAS, the Board of Directors does hereby find that the SARS-CoV-2 Virus continues to impact our community, and, in-person meetings may create an environment where transmission of SARS-CoV-2 could be spread and has caused, and will continue to cause, conditions of peril to the safety of persons within the District that are likely to be beyond the control of services, personnel, equipment, and

facilities of the District, and desires to proclaim a local emergency and ratify the proclamation of state of emergency by the Governor of the State of California and by local officials; and

WHEREAS, as a consequence of the local emergency, the Board of Directors does hereby find that the legislative bodies of Mendocino Coast Health Care District shall conduct their meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953, as authorized by subdivision (e) of section 54953, and that such legislative bodies shall comply with the requirements to provide the public with access to the meetings as prescribed in paragraph (2) of subdivision (e) of section 54953; and

WHEREAS, Mendocino Coast Health Care District Board of Directors will post an Agenda online, in accordance with Brown Act requirements, make the meetings available online and allow for public participation in the meetings of the Board of Directors.

NOW, THEREFORE, THE BOARD OF DIRECTORS OF MENDOCINO COAST HEALTH CARE DISTRICT DOES HEREBY RESOLVE AS FOLLOWS:

Section 1. Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.

Section 2. Proclamation of Local Emergency. The Board hereby proclaims that a local emergency now exists throughout the District, and in-person meetings may create an environment where transmission of SARS-CoV-2 could be increased and has caused, and will continue to cause, conditions placing the health and safety of persons within the District at risk.

Section 3. Ratification of Governor's Proclamation of a State of Emergency. The Board hereby adopts the Governor of the State of California's Proclamation of State of Emergency, effective as of its issuance date of March 4, 2020.

Section 4. Remote Teleconference Meetings. The Board Chair is hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this Resolution including, conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of the Brown Act.

Section 5. Effective Date of Resolution. This Resolution shall take effect November 1, 2021 and shall be effective until November 30, 2021, or such time the Board of Directors adopts a subsequent resolution in accordance with Government Code section 54953(e)(3) to extend the time during which the legislative bodies of Mendocino Coast Health Care District may

continue to teleconference without compliance with paragraph (3) of subdivision (b) of section 54953.

PASSED AND ADOPTED by the Board of Directors of MENDOCINO COAST HEALTH CARE DISTRICT this 28th day of October, 2021, by the following vote:

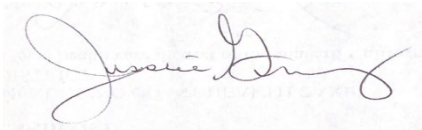
AYES:

NOES:

ABSENT:

ABSTAIN:

ATTEST:

A handwritten signature in black ink, appearing to read "Jessica Grinberg", is written over a light blue grid background.

Jessica Grinberg

Chair, Mendocino Coast Health Care District Board of Directors

END OF PACKET