



MORONGO BASIN HEALTHCARE DISTRICT

AGENDA

HI-DESERT MEMORIAL HEALTH CARE DISTRICT dba MORONGO BASIN HEALTHCARE DISTRICT **BOARD OF DIRECTORS REGULAR BUSINESS MEETING**

June 5, 2025 at 6:00 p.m.

District Offices | 760.820.9229

6530 La Contenta Road, Suite 400, Yucca Valley, CA 92284

INSTRUCTIONS FOR JOINING THIS MEETING REMOTELY

This public meeting may be accessed through the Microsoft Teams platform. Join the meeting by (1) visiting the District website at MBHDistrict.org and (2) selecting at the top of the page the purple tab "Board Meeting Agendas" (3) Click on the URL link presented under the agenda buttons. Access to the meeting will require the download of the Microsoft Teams application on the device used if not already done so.

CALL TO ORDER

ROLL CALL

READING OF MISSION, VISION & CORE VALUES STATEMENTS

- **Mission Statement:** *To improve the health and wellness of the communities we serve.*
- **Vision:** *A healthy Morongo Basin.*
- **Core Values:** *Commitment, Collaboration, Accountability, Dignity, Integrity, Equity.*

PLEDGE OF ALLEGIANCE - *Please stand as able.*

PUBLIC COMMENTS

The public comment portion of this agenda provides an opportunity for the public to address the Board of Directors on items not listed on the agenda that *are of interest to the public at large* and are within the subject matter jurisdiction of this Board. The Board of Directors is prohibited by law from taking action on matters discussed that are not on the agenda, and no adverse conclusions should be drawn if the Board does not respond to public comments at this time. In all such instances we will be unable to respond. Comments are to be limited to three minutes per speaker respond publicly because of California Brown Act and/or due to patient confidentiality obligations. In all cases, your concerns will be referred to the Chief Executive Officer for review and a timely response, and shall not exceed a total of 20 minutes. All comments are to be directed to the Board of Directors and shall not consist of any personal attacks. Members of the public are expected to maintain a professional, courteous decorum during their comments. Public input may be offered on an agenda item when the item comes up for discussion and/or action. Members of the public who wish to speak should notify the meeting chairperson through the application's "Chat" option.

APPROVAL OF MEETING AGENDA

- **Motion 25-39** to approve the meeting agenda as presented.

APPROVAL OF CONSENT AGENDA -----Tab 1

Minutes of the regular business meeting of the Board of Directors, May 1 and special meeting dated May 22, 2025.

- **Motion 25-40** to approve the consent agenda as presented.

PRESENTATION

- DESERT CARE NETWORK UPDATE – *Linda Evans, Chief Strategy Officer, Desert Care Network*
- FY25-26 BUDGETS – *Debbie Anderson CFO*

ACTION ITEMS

POLICY APPROVAL – *Cindy Schmall, CEO* -----Tab 2

- **Motion 25-41** to approve policy HR-217 Paid Sick Leave as presented.

CAPITAL REQUEST FOR SPLIT ROCK PROJECT – *Cindy Schmall, CEO* -----Tab 3

- **Motion 25-42** to approve \$51,665 for Split Rock project storm drain basin and piping.

APPROVE AUDITOR FOR FY24-25 – *Debbie Anderson, CFO*

Motion 25-43 to approve Dingus, Zarecor & Associates PLLC for the annual audit for FY24-25.

DISCUSSION – VACANT SEAT – *Cindy Schmall, CEO*

Effective January 1, 2025, the Board of Directors had a vacant seat on its board for voting-zone #3. A Public Notice of Vacancy was issued to the community and a special meeting to appoint the seat was scheduled. However, the special meeting was canceled as no qualified candidate presented for consideration at that time. The 60-day window to appoint the seat closed March 1. Staff will provide an update to the Directors during the discussion.

DISCUSSION – FEDERAL LEGISLATIVE CHANGES – *Cindy Schmall, CEO*

As requested at the February regular business meeting, this discussion is for updates on new information resulting from federal legislative changes.

REPORTS

HUMAN RESOURCES REPORT – *Tela Thornett, HR Manager* -----Tab 4

FINANCIAL REPORT – *Debbie Anderson, CFO*-----Tab 5

- **Motion 25-44** to accept monthly financial report(s)

CEO REPORT – *Cindy Schmall, CEO* -----Tab 6

CALENDAR REVIEW -----Tab 7

DIRECTOR COMMENTS

ADJOURN MEETING

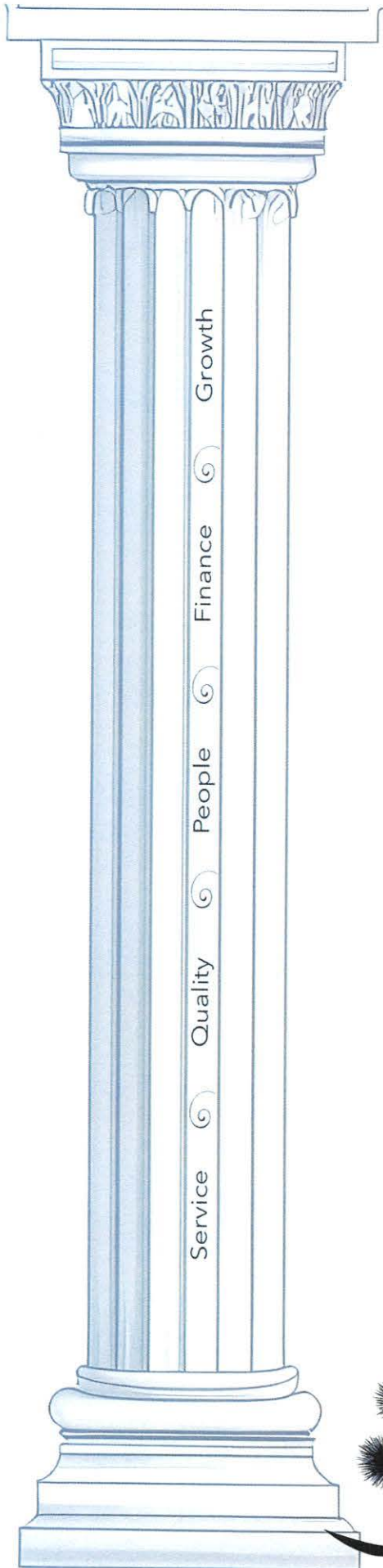
I CERTIFY THAT A COPY OF THIS AGENDA WAS POSTED PER SECTION 54954.2 OF THE CALIFORNIA GOVERNMENT CODE.


Karen Graley, Board Clerk

Posted: June 2, 2024

The Morongo Basin Healthcare District Board of Directors' meeting facility is accessible to persons with disabilities. If assistive listening devices or other auxiliary aids or services are needed to participate in the public meeting, requests should be made through the Staff Aide at least three (3) business days prior to the meeting. The Board Clerk's telephone number is 760.820-9229 and the office is located at 6530 La Contenta Rd, #100, Yucca Valley, CA. California Relay Service is 711.

In conformity with Government Code Section 54957.5, any writing that is a public record, that relates to an item listed on this agenda, and that will be distributed to all or a majority of Morongo Basin Healthcare District Board of Directors less than twenty-four (24) hours prior to the meeting for which this agenda relates, will be available for public inspection at the time the writing is distributed. This inspection may be made during the meeting at the address/meeting room(s) listed above or an electronic copy may be requested in advance of the meeting via email message to kgraley@MBHDistrict.org.



TAB #1 CONSENT AGENDA

**MINUTES FOR
LAST MONTH'S MEETINGS**



**MORONGO BASIN
HEALTHCARE DISTRICT**

MorongoBasinHealth.org

Hi-Desert Memorial Health Care District dba
Morongo Basin Healthcare District
BOARD OF DIRECTORS REGULAR MEETING MINUTES
May 1, 2025 at 6:10 p.m.

Convened on the La Contenta campus; the public was invited to attend the meeting on campus or via Microsoft Teams, an electronic, remote platform.

- **Mission Statement:** *To improve the health and wellness of the communities we serve.*
- **Vision:** *A healthy Morongo Basin.*
- **Core Values:** *Commitment, Collaboration, Accountability, Dignity, Integrity, Equity.*

Board of Directors:

- Director Cooper
- Director Evans
- Director Markle-Greenhouse
- Director Stiemsma

Administrative Staff:

- CEO Cindy Schmall
- Debbie Anderson, CFO
- Tricia Gehrlein, CPE & CO (*remote*)
- Karen Graley, Board Clerk (*remote*)
- Janeen Duff, Director Strategic Initiatives (*remote*)
- Beverly Krushat, Administrative Services Manager

Guests

- Linda Evans, Chief Strategy Officer, Desert Care Network
- Eric Menendez, CHC board member and guest (*remote*)

CALL TO ORDER

Director Stiemsma called the meeting to order at 6:10 p.m. The meeting followed the Foundation board meeting which preceded this meeting at 6:00 p.m.; and was convened on the La Contenta campus and by electronic platform using Microsoft Teams platform.

ROLL CALL

Karen Graley, Board Clerk, conducted roll call and declared a quorum.

OBSERVANCE

Reading of District statements and reciting the pledge of allegiance was waived as the observances were administered in the preceding Foundation meeting.

PUBLIC COMMENT

No public comment was presented.

APPROVAL OF THE MEETING AGENDA

- **Motion 25-34:** Director Greenhouse motioned to approve the meeting agenda without the Human Resources quarterly report; second by Director Evans, motion passed by unanimous vote.

APPROVAL OF THE CONSENT AGENDA

- **Motion 25-35:** Director Evans motioned to approve the minutes of the regular meeting of the Board of Directors on April 3, 2025, as presented, second by Director Greenhouse motion passed by unanimous vote.



BUSINESS ITEMS REQUIRING BOARD ACTION

DISCUSSION – FEDERAL LEGISLATIVE CHANGES

Cindy Schmall stated there were no new communications or information to present regarding anticipated federal or state changes that would influence District operations. CEO Schmall will attend the ACHD meeting in Sacramento next week and expects to receive information then.

STAFF REPORTS

HRSA ONSITE VISIT

Tricia Gehrlein, CPE & CO prepared a spreadsheet summarizing the findings of the HRSA auditors from their recent site visit. CEO Schmall reviewed the findings with the Directors.

- The Community Needs Assessment was last updated in 2023; these auditors expressed disappointment that the reported data for local mortality and morbidity was not provided in the document. Staff will be updating the assessment document with the requested data.
- On the HRSA form 5A the auditors directed that some services were listed to an incorrect category, such as psychiatry which we listed under mental health. The auditor stated it should be listed as a specialty service. CHC has provided psychiatry services for more than 10 years and this placement was not called out in previous audits. The auditor also took issue with how some items were categorized on the HRSA form (column 2 rather than in column 3).
- The clinical, quality and financial departments did well in the survey.
- In past surveys if a document wasn't uploaded but could be produced during the survey, a pass was granted. It was different this year and passes weren't given.
- The auditor recommended a credential committee be established. Such committees are used in large operations such as hospitals with many providers, however with the infrequent hiring of physicians, staff has deemed such a committee as unnecessary.
- The auditor recommended more detailed documentation in CHC board meeting minutes. As an example, the board's review of facility locations, services and hours or the discussion surrounding those agenda items were not captured in the minutes; or that the board approved the HRSA grant. Amendments will be added to complete the documentation.
- We have had board member retention and recruitment issues for this past grant timeframe and only had 50% of the board as patients, not 51%. They also took issue that we did not have a Latino to represent our patient base. Also, we have no documentation that current board members are not related to District employees.
- They called out inconsistencies between the CHC bylaws and the co-application agreement.

The HRSA auditors will re-survey the health center in a year. There were comments and discussion by the Directors regarding the overall survey. The Directors noted that no critical deficiencies were found and concluded that it was a fine survey. Eric Menendez (guest and CHC board member) made comment that he did not feel the auditors met his expectation for professional demeanor when interviewing board members.

FINANCIAL REPORT

Ms. Anderson reported that the consolidated financials for the month of March 2025 show income of \$608,605 and year to date income of \$3,789,074. Non-clinic financials for March show income



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- We have had board member retention and recruitment issues for this past grant timeframe and only had 50% of the CHC board as patients, not the required 51%. They also took issue that we did not have a Latino to represent our patient base, and that we have not documented that current board members are not related to District employees.
- They called out inconsistencies between the CHC bylaws and the co-application agreement.

The HRSA auditors will re-survey the health center in a year. There were comments and discussion by the Directors regarding the overall survey. The Directors concluded that no critical deficiencies were found and making it a good survey. Eric Menendez (guest and CHC board member) made comment that he did not feel the auditors met his expectation for professional demeanor when interviewing CHC board members.

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of \$280,571 and a year-to-date income of \$3,481,086. The clinic financials for the month of February show income of \$328,034 and year to date income of \$307,987.

PPS adjustments received in FY 24-25 have been identified. As a reminder, we recognized \$841,569 of PPS adjustments in the previous fiscal year (FY23-24) that related to prior fiscal years. In the current fiscal year, we are recognizing \$613,424 PPS adjustments that relate to FY 23-24 and prior, bringing the total to \$1,454,993 of back PPS adjustments.

To date, the clinic financials show income of \$307,987. If we back out the \$613,424 of prior year PPS adjustments, then the clinic financials land at a net deficit of (\$305,437). However, this is still much better than the projected (budgeted) loss of (\$2,046,989). As a reminder, budgets are based on known information and expectations that are likely to occur. When those expectations differ, that is when we get budget variances. For this year, most of the differing expectations have been positive, which is why the clinics are doing so much better than projected.

However, there is one projection that is critical that the board understands - the line item of cost report adjustments, which year to date has a \$205,000 positive impact on revenue. Cost report adjustments are how we attempt to reconcile the interim rate payments received for Medi-Cal patients to what in fact we should receive from the state. For example, if we believe based on facts & circumstances that we will need to pay back \$1.5 million, we will accrue this liability on the balance sheet and recognize this as an expense on the Statement of Revenue, Expenses and Change in Net Position (P&L). Then, in a later year when the payment reconciliations are completed and finalized, the change between what was originally anticipated to what is actually going to be paid is then recognized on the P&L. An example: if we accrued \$1.5 million, but in fact wind up having to pay \$1.6 million, then the difference of 100K we have to pay is then recognized on the P&L as an expense. On the other hand, if we only have to pay \$1.3 million, then the savings of 200K gets recognized on the P&L as income. Since these are big numbers, the estimates can have a significant impact on the P&L change in net position. This is one of the reasons why this line is separated in the presentation of the P&L's, so the board can understand the impact these estimates have on the P&L change in net position.

All of this means that due to the multi years it takes to fully reconcile a fiscal year payment reconciliation with the state, a P&L for any given year is never going to be 100% isolated to that year alone. Because of the necessary material estimates needed for the payment reconciliations, a current year P&L will always have figures adjusting the P&L up or down due to latest data received from the state for prior years. The goal of course is to have these estimates be as accurate as possible so that the adjustments are minimal and immaterial.

Patient visits continue to increase.

Directors expressed appreciation for Ms. Anderson's explanation of such a complex process.

- **Motion 25-36:** Director Evans motioned to accept the financial report as presented, second by Director Greenhouse; motion passed by unanimous vote.

CEO STAFF REPORT

CEO Cindy Schmall reported:

- Chamber Mixer: Protesters lined the street which probably scared attendees away. The Town of Yucca Valley was well represented (Mayor and Town Council members) showed up at the event and provided an opportunity for staff to engage with them. We also



connected with a woman who recently relocated to the Basin who does acupuncture. Overall, it was a good event despite the low attendance.

- Legislative review: Ms. Schmall presented a printout from the ACHD Legislative Committee that listed state bills under consideration. The list was reviewed by the Directors.
- Yucca Valley campus: A few staff have been relocated to the newly purchased building next to the Yucca Valley health center (Ancillary Services building). The new location is more convenient for patients to access medical records requests or the patient financial services department for sliding fee program and other financial discussions with patients.
- The HRSA capital grant for the Split Rock project has been extended to August.

Eric Menendez requested to make a public comment related to the legislative portion of the CEO report. He inquired about SB588, the proposed legislation for freestanding medical emergency facilities in California. "I've worked in states like Florida where these independent emergency facilities are very mainstream, they do kind of take the burden off hospital emergency departments for acute care. I think it's something we should have on our radar. I read about SB588. It's a study to provide recommendations for freestanding emergency departments to complement existing healthcare systems in rural, disadvantaged and undeserved areas. And, you know, given the strain on our resources here, I think it's something, you know, we should have on our radar to support."

CEO Schmall thanked Mr. Menendez for his comments and explained that the board cannot respond to his comments as the topic presented is not listed on the agenda. She then acknowledged Linda Evans of Desert Care Network who also requested to make comment.

"Regarding Senate bill 588, it was presented through Senator Ochoa Bogh's office in the health committee and sponsored by the Desert Healthcare District's president, Carole Rogers. The bill has been shelved for two years. It was to fund an initial study. Freestanding emergency facilities have been tried in California for many, many years with opposition from a variety of groups, including labor unions, but nonetheless, there was a concern about rural access to care in the East Valley of the Coachella Valley, let alone other parts of the state. We supported that initiative as did Morongo Basin Healthcare District, we appreciate that. But it looks like, at this time based on the meeting yesterday, the bill was put on a two-year hold."

CEO Schmall thanked Ms. Evans for the status of SB588.

Director Evans asked about the status of telehealth legislation and that Ms. Schmall advocate its support during the ACHD advocacy week.

CALENDAR

The Directors reviewed the monthly board calendars. There was a brief discussion about Director Stiemsma being absent from the June meeting and the importance of the remaining Directors' attendance to keep a quorum for the June meeting.



DIRECTOR COMMENTS

DIRECTOR COOPER thanked Debbie Anderson for her financial report.

DIRECTOR GREENHOUSE: "Once again, thank you to staff for all your hard work."

DIRECTOR EVANS thanked everyone for their continuing commitment to the District. She called out Karen Graley and Beverly Krushat for their support to board members. She reiterated that "the HRSA audit was not egregious and there was a lot done really well. I know those minor things will be corrected." She thanked Eric Menendez for attending the meeting.

DIRECTOR STIEMSMA: "I'm glad the HRSA audit was not egregious. I'm looking forward to the health fair this weekend."

CLOSED SESSION

At 7:03 p.m. the open session was adjourned. The Directors convened a closed session pursuant to Government Code 54957 for a conference involving employee performance evaluation, CEO at 7:20 p.m.

MEETING ADJOURNED

The Directors reconvened to open session and adjourned the meeting at 7:20 p.m. Director Stiemsma reported that the board reviewed the information presented, there was no action.

Patricia Cooper, Secretary of the Board

Board meeting minutes recorded by K. Graley, Board Clerk.

Hi-Desert Memorial Health Care District dba
Morongo Basin Healthcare District
BOARD OF DIRECTORS SPECIAL MEETING MINUTES
May 22, 2025 at 6:00 p.m.

Convened on the La Contenta campus; the public was invited to attend the meeting on campus or via Microsoft Teams, an electronic, remote platform.

- **Mission Statement:** *To improve the health and wellness of the communities we serve.*
- **Vision:** *A healthy Morongo Basin.*
- **Core Values:** *Commitment, Collaboration, Accountability, Dignity, Integrity, Equity.*

Board of Directors:

- Director Cooper
- Director Evans
- Director Markle-Greenhouse
- Director Stiemsma (not present)

Administrative Staff:

- Cindy Schmall, CEO
- Tricia Gehrlein, CPE & CO (*remote*)
- Karen Graley, board clerk (*remote*)

Guests:

- Linda Evans, Chief Strategy Officer, Desert Care Network
- Karen Faulis, CEO Hi-Desert Medical Center
- Marc Greenhouse, guest and CHC board member

CALL TO ORDER

Director Greenhouse called the meeting to order at 6:00 p.m. The meeting was convened on the La Contenta campus and by electronic platform using Microsoft Teams platform. Director Stiemsma was not present due to a conflict of interest with the issue being considered.

ROLL CALL

Board clerk Karen Graley conducted roll call and declared a quorum.

OBSERVANCE

Director Cooper read the mission and vision statements. Director Evans led the assembly in the pledge of allegiance.

PUBLIC COMMENT No public comment was presented.

APPROVAL OF THE MEETING AGENDA

- **Motion 25-37:** Director Evans motioned to approve the meeting agenda; second by Director Cooper, motion passed by unanimous vote.

PRESENTATION and DISCUSSION

DESERT CARE NETWORK

Linda Evans introduced the issue, acknowledging the support of the Morongo Basin Healthcare District in November 2024 for Measure M on the general election ballot. Over 72% of voters approved Measure M for the continued lease and purchase of Desert Regional Medical Center to Tenet Health.

There was opposition from Eisenhower Medical Center at the time because they did not like the non-compete provision in the agreement that's been in place for 30 years. Per their attorney's recommendation, Desert Healthcare District opted to file for court validation as per California law.



The validation process is not mandatory but in doing so, it required posting for public information. On the last day of the notice, Eisenhower Medical Center challenged the filing with a demure about Tenet Health's participation in the validation process rather than challenging Desert Healthcare District who initiated the validation. On Tuesday, the Palm Springs Superior Court made a tentative ruling that rejected Eisenhower's claim. Eisenhower offered oral arguments on Tuesday and the judge is supposed to issue his final ruling on Friday.

The portion of the contract Eisenhower argued against was the inability to file lawsuits against what has been in the agreement for 30 years. Additionally, there is a hearing on June 2 against Desert Healthcare District and Tenet for an anti-trust provision kept in the agreement, that Eisenhower Medical Center is excluded from district grant monies per the non-compete clause.

The public has shown support for the healthcare district's position through letters-to-the-editor at Desert Sun. Desert Care Network is asking for a letter of support to Desert Healthcare District from the Board of Director of Morongo Basin Healthcare District as a demonstration of district-to-district support, as provided last year for Measure M.

Director Greenhouse asked for clarification why Eisenhower Medical Center is doing this. What do they gain? Linda Evans responded that they are unhappy over the non-compete clause in the purchase agreement; they want access to grant funds. Tenet doesn't want the healthcare district to give funds to Eisenhower to compete with Tenet. Tenet does not receive grant monies from the healthcare district. The agreement clause protects a level playing field between the competing medical centers.

MOTION FOR DISCUSSION

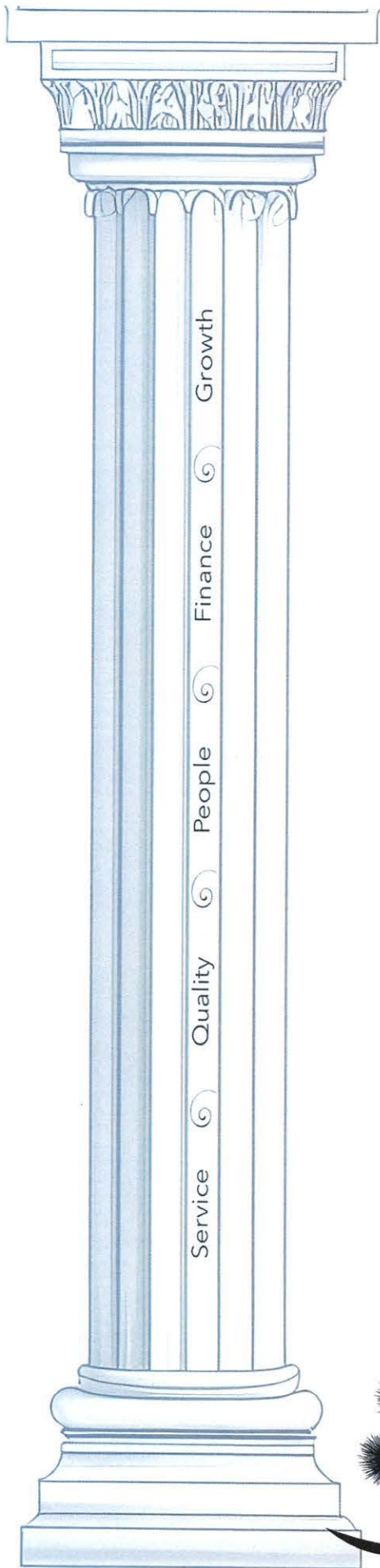
Director Greenhouse called for the motion so the Directors for discussion of the issue. Motion made by Director Evans, second by Director Cooper, to issue a letter of support for the Superior Court to validate the lease/purchase agreement between Desert Healthcare District and Tenet Healthcare to continue operation of Desert Regional Center by Tenet Healthcare.

Director Evans thanked Linda Evans for reaching out to them for support. She continued, "The measure went to voters and should be supported. The process has been followed. My recommendation is to support Desert Healthcare District's position. If Cindy Schmall needs to make any public statement, recognizing the importance of leaving it in the voters' hands, we would support that. This challenge imposes risk to both healthcare districts and our constituents. We don't have anything personal against Eisenhower. We're here to work collaboratively, we serve similar communities, but we must protect our constituents. We must do what's best for our District and keep Tenet in place so our lease with Tenet Healthcare is not jeopardized. And so, that means we offer the requested letter of support."

There was no further discussion. Director Greenhouse called for the vote. The motion to issue a letter of support passed by unanimous vote.

MEETING ADJOURNED

The special meeting was adjourned at 6:25




TAB #2
ACTION ITEM

POLICY APPROVAL
HR-217 Paid Sick Leave



MORONGO BASIN
HEALTHCARE DISTRICT
MorongoBasinHealth.org

 <p>MORONGO BASIN HEALTHCARE DISTRICT</p>	<p>DEPARTMENT / MANUAL: HUMAN RESOURCES</p>
<p>ORIGINAL DATE: December 2023</p>	<p>REVIEW & REVISION DATES: 12/23, 1/25</p>
<p>TITLE: PAID SICK LEAVE</p>	<p>APPROVED BY:</p> <p>ADMIN: _____ Date: _____</p> <p>CEO: _____ Date: _____</p> <p>GOVERNING BOARD: _____ Date: _____</p>

PURPOSE

To define the Morongo Basin Healthcare District (MBHD) policy and guidelines for paid Sick Leave pursuant to California Labor Code section 245.

POLICY

MBHD provides 5 days or ~~40~~50 hours of paid sick leave to all part- and full-time eligible hourly employees and provides exempt employees with 40 hours of paid sick leave annually beginning January 1 (not the first pay period of the year). An employee becomes eligible for paid sick leave by working at least 30 days within a year. Before an employee can take any sick leave, they must satisfy the 90-day employment period.

A lump sum will be provided on January 1 of each subsequent year, as long as the employee remains eligible.

Unused sick leave, granted under this policy, **does not carry over** from one (1) year to the following year and will not be paid out at the time of separation from employment. However, employees re-employed with MBHD within a year of separation will have the sick leave granted under this policy, for that year, made available to them for the remainder of the year.

PROCEDURE

Existing employees will receive a lump sum of his/her calculated~~40 hours of~~ paid sick leave on **January 1st** of each year. A newly hired employee will receive a lump sum of 40 hours after working for 90 days.

In the event a pay period falls after January 1st but includes days an employee was off sick before January 1st, the employee will be entitled to use the prior year paid sick leave still available and will not use the new year's paid sick leave.

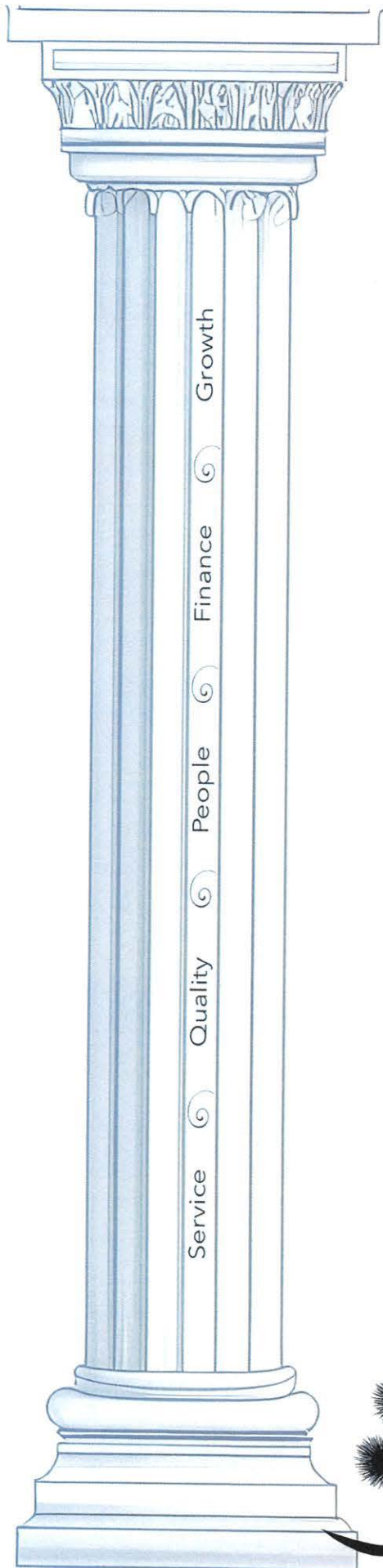
For example:

- a) If the pay period begins on December 28th and the employee calls off sick on December 31st and still has Paid Sick Leave, the employee would take that time from their existing bank. However, if the employee has no Paid Sick Leave available then they would use PTO, or the time would be unpaid time off if they have no PTO available.
- b) If the pay period begins on December 28th and the employee calls off sick on January 2nd, the employee would use Paid Sick Leave from the January 1st bank.

- 1) Employees requesting time off under this policy should provide as much advance notice to the Manager/Supervisor as possible.
- 2) The employee will provide Human Resources, a doctor's release to work, with or without restrictions, after an absence of three (3) or more days due to illness.
- 3) Leave under this policy may run concurrently with leave taken under other applicable guidelines and local, state, or federal law, including leave taken pursuant to the California Family Rights Act (CFRA) or the Family and Medical Leave Act. Leave under this policy may be used in connection with the diagnosis, care, or treatment of an existing health condition for, or the preventive care of an employee or an employee's immediate family member. "Family member" for purposes of this policy includes, spouses, registered domestic partners, children (regardless of age), parents (including stepparents, and parents-in-law), grandparents, grandchildren, siblings, or a designated person. Employees are limited to identifying one designated person per 12-month period. For purposes of this policy, the 12-month period is measured on a calendar year basis.
- 4) Leave under this policy may also be used for employees who are the victims of domestic violence, sexual assault, or stalking. If you would like more information about leave under this policy, you may contact Human Resources.
- 5) Sick leave may be used in accordance with California Paid Sick Leave (PSL) guidelines:
 - Recover from physical/mental illness or injury
 - To seek medical diagnosis, treatment, or preventative care
 - To care for a family member who is ill or needs medical diagnosis, treatment, or preventative care

REFERENCE:

California Paid Sick Leave



TAB #3
ACTION ITEM

CAPITAL REQUEST



MORONGO BASIN
HEALTHCARE DISTRICT
MorongoBasinHealth.org



MORONGO BASIN HEALTHCARE DISTRICT

Morongo Basin Healthcare District Board of Directors Staff Report/Recommendation June 5, 2025

SUBJECT:

Storm drain basin and piping at Split Rock

INTRODUCTION:

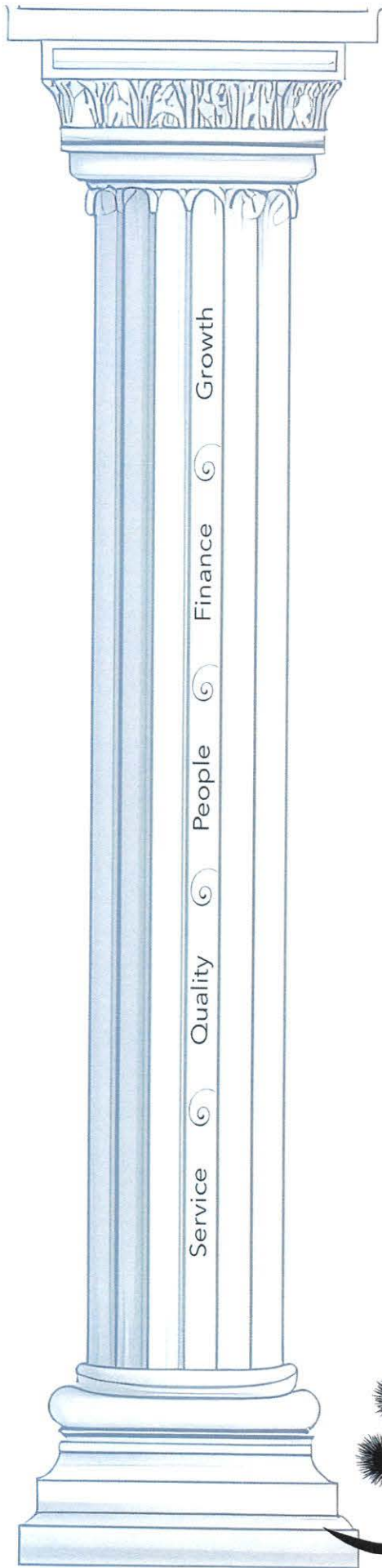
The City of 29 Palms requires that the property at Split Rock have additional drainage. Grading and concrete work has begun on the site and staff is requesting funding to complete the storm drain and piping.

FACTS BEARING ON THE ACTION:

\$51,665 is required to complete the storm drain basin and piping. We received multiple bids but due to difficulty getting vendors to come to our location, we determined it was best to award the bid to Van Dyke Corp as they have been responsive to our needs.

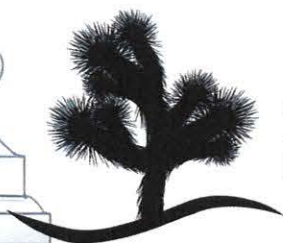
ACTION RECOMMENDED:

Staff recommends approval of the requested \$51,665 to complete the work.



TAB #4 REPORTS

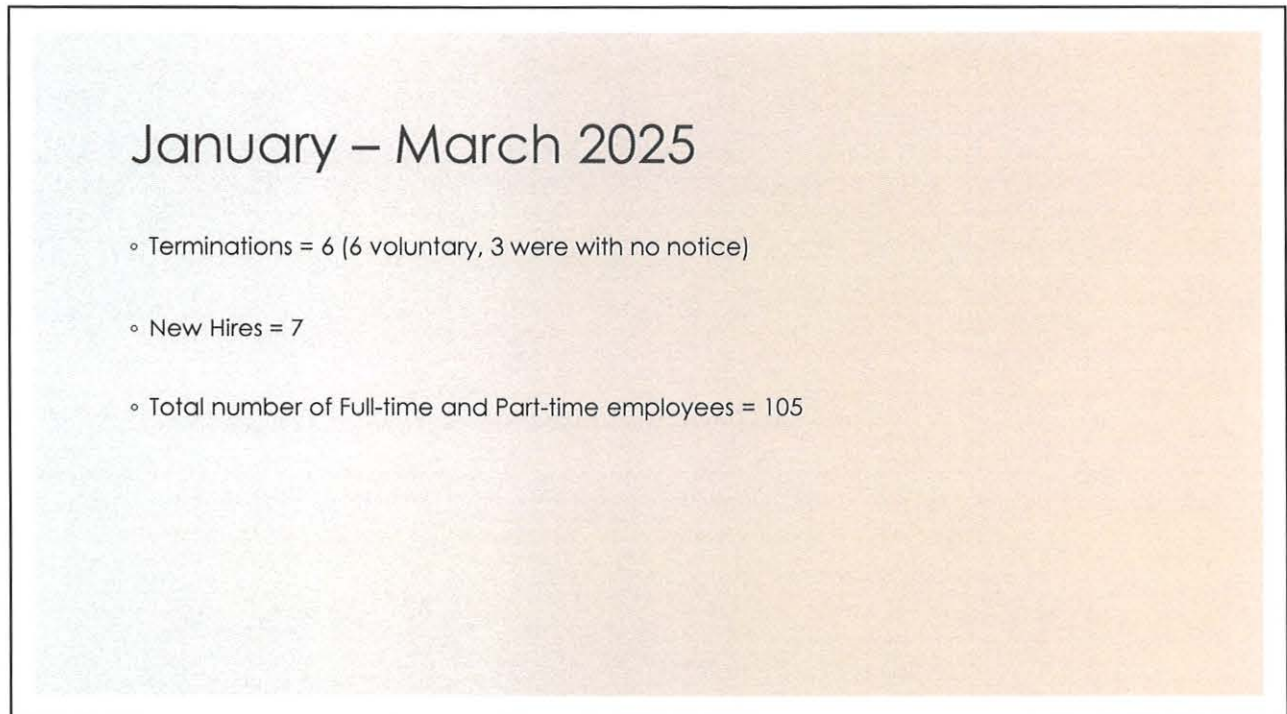
HUMAN RESOURCE REPORT



**MORONGO BASIN
HEALTHCARE DISTRICT**
MorongoBasinHealth.org



1



2

TURNOVER RATE FOR THE QUARTER

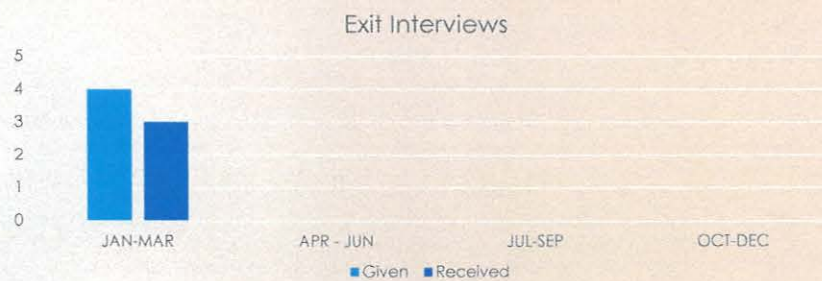
For the quarter = 6%

Target is less than 10% per national recommendations

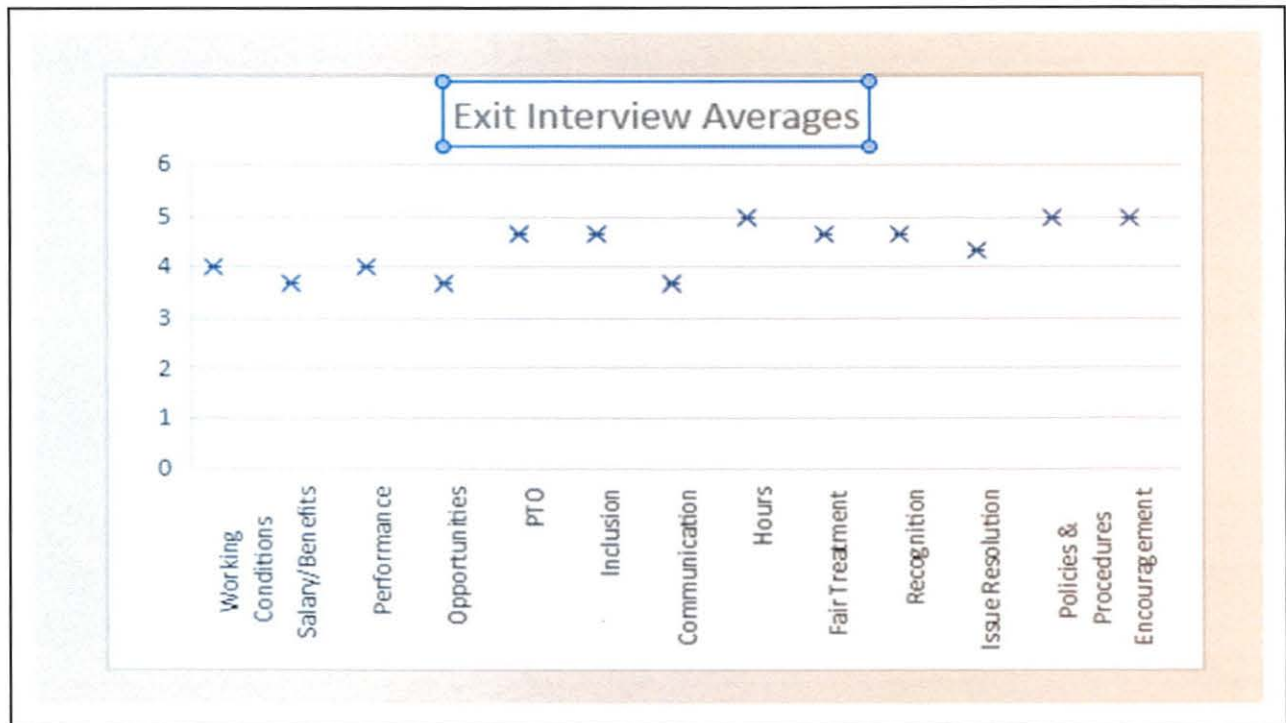
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Exit interviews

- We sent out 4 exit interviews and received back only 3.
- There were no trends to report.



4



5

Employee Engagement Survey

An employee engagement survey was issued to employees in late February of this year.

2024 Results

Survey Score: 3.82 out of 5.00

Key Focus Areas: Communication, Inclusion, and Recognition

Improvement Plans: Department Communication Boards, SharePoint Homepage, HR Employee Rounding, and Employee Forums each quarter *Managers were also asked to get with their teams on different ways to recognize their employees for their accomplishments.

2025 Results

Survey Score: 4.33 out of 5.00 (13% Increase)

We are currently reviewing the data to identify our key focus areas to establish improvement plans.

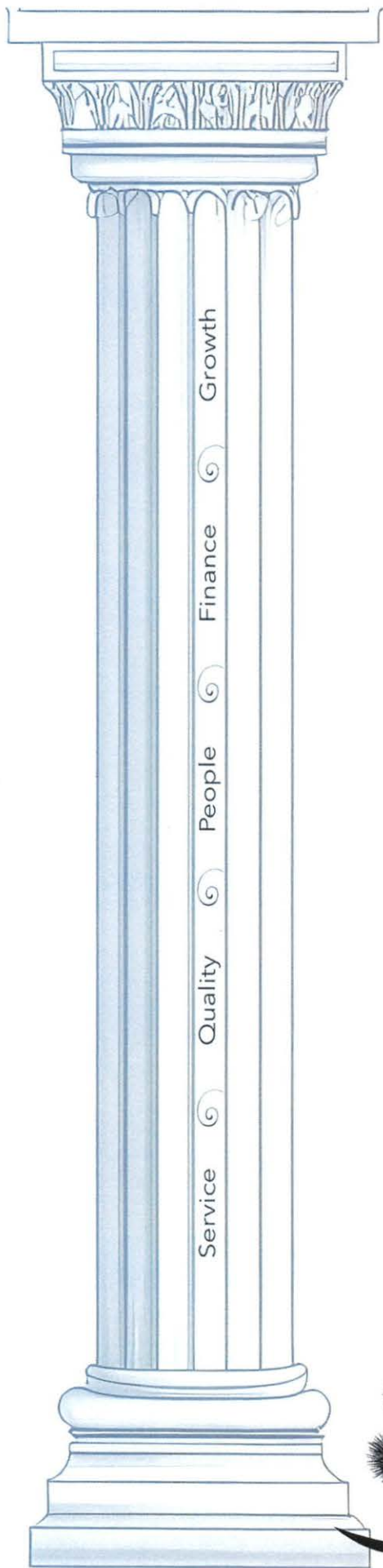
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TAB #5 REPORT

MONTHLY FINANCIAL REPORT



**MORONGO BASIN
HEALTHCARE DISTRICT**
MorongoBasinHealth.org



MORONGO BASIN HEALTHCARE DISTRICT

6530 La Contenta Road, Suite 100, Yucca Valley California 92284 | 760.820.9229

May 27, 2025

To: MBHD Board of Directors

From: Deborah Anderson, CFO

Re: CFO's Report for April 2025

OVERVIEW

The consolidated financials for the month of April show income of \$661,255 and year to date shows income of \$4,450,328. (See Table 1 & 2)

The non-clinic financials for the month of April show income of \$571,844 and year to date shows income of \$4,052,930. (See Table 3 & 4)

The clinic financials for the month of April show income of \$89,410 and year to date shows income of \$397,398. (See Table 5 & 6)

Clinic financials are once again showing income for the month of April. Patient services revenue is up, largely due to increased visits. This month the clinics landed at 3,640 visits, which is the second highest month of visits for the fiscal year (the first was October with 3,697 visits).

Additionally, since we are receiving our full PPS rates now (and no longer any interim rates), this causes the contractual allowances (CA's) to go down. We are estimating CA's to be around 40% instead of the 50% we budgeted for. This is contributing to the positive net surplus since contractual allowances are a contra account that offsets revenue recognized. However, it is important to understand that contractual allowances are estimated; it is not known how much we will ultimately receive on open claims until enough time has passed that the claim is either collected or written off. Since we just received the PPS allowances for BH recently, not enough history exists at the new rate to determine the best CA percentage. As such, analyzed guesses are made but ultimately could change. At year end a detailed subsequent cash analysis is performed, and this leads to a much better CA percentage estimate that then is used for the next fiscal year.

CONSOLIDATED CHANGE IN NET POSITION

Table 1 Consolidated April 2025

Consolidated	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Income	1,382,052	1,093,649	288,403	26.37%
Expense	(1,291,712)	(1,263,904)	(27,808)	-2.20%
Operating Income/(Loss) before Allocation	90,340	(170,255)	260,595	153.06%
Non-Operating	570,914	326,509	244,406	74.85%
Change in Net Position	661,255	156,254	505,001	323.19%

Table 2 Consolidate Year to Date

Consolidated	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Income	12,712,046	10,767,574	1,944,472	18.06%
Expense	(11,889,024)	(12,575,312)	686,288	5.46%
Operating Income/(Loss) before Allocation	823,023	(1,807,738)	2,630,760	145.53%
Non-Operating	3,628,171	1,092,977	2,535,193	231.95%
Change in Net Position	4,450,328	(714,761)	5,165,089	722.63%

NON-CLINICS CHANGE IN NET POSITION

Table 3 Non-Clinics April 2025

Non Clinic	Actual Mth	Budget Mth	Over/(Under)	% of Budget
GRANT REVENUE	1,272	-	1,272	100.00%
TENET LEASE -Amort of \$2M lease	200,482	203,054	(2,572)	-1.27%
INTEREST INCOME	839	21	818	3925.88%
OTHER OPERATING REVENUE	5,170	125	5,045	4036.00%
	207,763	203,200	4,563	2.25%
Salaries	134,990	163,332	28,342	17.35%
Fringe	35,138	43,831	8,693	19.83%
Purchased Services	49,431	7,552	(41,879)	-554.51%
IT, Network & Phones	21,267	19,216	(2,051)	-10.67%
Supplies	1,827	4,948	3,122	63.08%
R&M	5,514	4,378	(1,136)	-25.95%
Leases/Rentals	124	26	(98)	-380.51%
Utilities	2,755	4,189	1,435	34.25%
Insurance	10,023	14,971	4,949	33.06%
Other	20,357	20,669	312	1.51%
Depreciation	61,202	60,172	(1,030)	-1.71%
	342,628	343,285	657	0.19%
Operating Income/(Loss) before Allocation	(134,865)	(140,085)	5,220	3.73%
Allocation of Overhead for Health Centers	135,795	198,323	(62,528)	-31.53%
Operating Income/(Loss) after Allocation	930	58,238	(57,308)	-98.40%
Non-Operating Tax Revenue	355,128	318,121	37,007	11.63%
Non-Operating Investment Income	209,063	1,664	207,399	12465.14%
Non-Operating Rental Income	6,723	6,723	-	0.00%
	570,914	326,509	244,406	74.85%
Change in Net Position	571,844	384,747	187,098	48.63%

- Purchased services variance is due to unexpected legal fees incurred.

Table 4 Non-Clinics Year to Date

Non Clinic	Actual YTD	Budget YTD	Over/(Under)	% of Budget
GRANT REVENUE	65,969	58,750	7,219	12.29%
TENET LEASE -Amort of \$2M lease	2,024,556	2,030,542	(5,986)	-0.29%
INTEREST INCOME	10,637	208	10,428	5005.41%
OTHER OPERATING REVENUE	6,538	1,250	5,288	423.06%
	2,107,700	2,090,751	16,949	0.81%

Table 4 (continued)

Non Clinic	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Salaries	1,347,250	1,618,467	271,217	16.76%
Fringe	305,063	354,925	49,861	14.05%
Purchased Services	141,043	91,102	(49,941)	-54.82%
IT, Network & Phones	167,480	192,165	24,685	12.85%
Supplies	31,296	47,459	16,163	34.06%
R&M	52,424	43,486	(8,938)	-20.55%
Leases/Rentals	490	259	(232)	-89.56%
Utilities	45,127	49,907	4,780	9.58%
Insurance	263,656	324,346	60,691	18.71%
Other	176,584	201,274	24,690	12.27%
Depreciation	611,948	601,717	(10,231)	-1.70%
	3,142,362	3,525,107	382,745	10.86%
Operating Income/(Loss) before Allocation	(1,034,662)	(1,434,356)	399,694	27.87%
Allocation of Overhead for Health Centers	1,486,287	1,902,101	(415,814)	-21.86%
Operating Income/(Loss) after Allocation	451,625	467,744	(16,120)	-3.45%
Non-Operating Tax Revenue	1,121,841	935,280	186,561	19.95%
Non-Operating Investment Income	2,412,573	90,464	2,322,109	2567%
Non-Operating Rental Income	67,756	67,233	523	0.78%
Discontinued Operations	(865)	-	(865)	0.00%
	3,601,306	1,092,977	2,508,328	229.49%
Change in Net Position	4,052,930	1,560,722	2,492,209	159.68%

- Salaries & fringe variance is due to positions budgeted not filled along with staff turnover, so savings took place.
- Savings are occurring in IT due to software costs going down due to changes in the structuring of Microsoft licenses and applications for staff.
- Insurance variance due to workers compensation & property insurances not increasing as much as they have in past years (30% increases in PY versus 15% in current year)
- Other variance is due to less community relations costs & vehicle costs than budgeted
- Allocation of overhead variance is due to less overhead being moved to the clinics.
- Tax variance due to higher property values.
- Investment income variance is due to market factors including interest/dividend rates and realized/unrealized losses on investments.

CLINIC CHANGE IN NET POSITION

Table 5 Clinics April 2025

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Patient services (net)	887,026	662,398	224,628	33.91%
Grant Revenue	142,752	127,742	15,010	11.75%
340B Revenue	42,864	31,924	10,940	34.27%
Capitation Fees	186,807	166,695	20,112	12.07%
Records & Interest	65	140	(75)	-53.51%
Cost Report Adjustments	(135,354)	(141,667)	6,312	4.46%
Quality	50,128	43,217	6,912	15.99%
	1,174,289	890,449	283,840	31.88%

Table 5 (continued)

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Salaries - Clinic	519,259	528,194	8,935	1.69%
Fringe - Clinic	143,523	115,573	(27,950)	-24.18%
Phys Fees - Clinic	81,185	109,898	28,713	26.13%
Purchases Services - Clinic	62,950	64,806	1,856	2.86%
IT, Network & Phones - Clinic	19,009	17,393	(1,616)	-9.29%
Supplies - Clinic	42,781	31,428	(11,353)	-36.12%
Supplies - 340B	33,793	21,180	(12,613)	-59.55%
R&M - Clinic	8,333	4,698	(3,635)	-77.38%
Leases/Rentals - Clinic	100	377	277	73.49%
Utilities - Clinic	7,241	5,001	(2,240)	-44.79%
Ins - Clinic	486	152	(334)	-219.14%
Other - Clinic	12,629	7,329	(5,300)	-72.32%
Depreciation	17,796	14,590	(3,207)	-21.98%
	949,084	920,618	(28,465)	-3.09%
Operating Income/(Loss) before Allocation	225,205	(30,170)	255,375	846.47%
Allocation of Overhead for Health Centers	(135,795)	(198,323)	62,528	31.53%
Change in Net Position	89,410	(228,493)	317,903	139.13%

- Patient services variance due higher visits performed than budgeted & an increase in PPS rate.
- Fringe benefits are over budget and physician fees are under budget due to providers who switched from being independent contractors to coming onto payroll.

Table 6 Clinics Year to Date

Clinics	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Patient services (net)	7,505,271	6,353,000	1,152,271	18.14%
Grant Revenue	1,771,366	1,333,853	437,512	32.80%
340B Revenue	345,001	306,179	38,822	12.68%
Capitation Fees	1,819,797	1,666,949	152,847	9.17%
Records & Interest	1,689	1,343	347	25.81%
Cost Report Adjustments	(1,205,094)	(1,416,667)	211,572	14.93%
Quality	366,318	432,167	(65,849)	-15.24%
	10,604,346	8,676,823	1,927,523	22.21%
Salaries - Clinic	4,657,406	5,233,926	576,520	11.02%
Fringe - Clinic	1,078,233	1,101,424	23,191	2.11%
Phys Fees - Clinic	1,042,315	1,054,024	11,709	1.11%
Purchases Services - Clinic	626,011	647,266	21,255	3.28%
IT, Network & Phones - Clinic	240,900	173,927	(66,974)	-38.51%
Supplies - Clinic	410,983	301,421	(109,562)	-36.35%
Supplies - 340B	254,704	205,933	(48,772)	-23.68%
R&M - Clinic	58,311	46,185	(12,126)	-26.26%
Leases/Rentals - Clinic	9,135	3,773	(5,362)	-142.13%
Utilities - Clinic	65,154	63,235	(1,920)	-3.04%
Ins - Clinic	3,490	1,523	(1,967)	-129.22%
Other - Clinic	132,645	71,673	(60,971)	-85.07%
Depreciation	167,373	145,897	(21,477)	-14.72%
	8,746,662	9,050,205	303,543	3.35%

Table 6 (continued)

Clinics	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Operating Income/(Loss) before Allocation	1,857,685	(373,382)	2,231,066	597.53%
Allocation of Overhead for Health Centers	(1,486,287)	(1,902,101)	415,814	21.86%
Operating Income/(Loss) after Allocation	371,398	(2,275,482)	2,646,880	116.32%
Non-Operating	26,000	-	26,000	-100.00%
	26,000	-	26,000	-100.00%
Change in Net Position	397,398	(2,275,482)	2,672,880	117.46%

- Grant revenue variance due to bookings for the ARP equipment grant and the continuation of the HIV grant.
- Capitation fees variance is due to higher capitation due to absorbing patients from a local doctor's office that no longer services IEHP patients.
- Cost Report adjustments due to the filing of the FY 23-24 payment reconciliations
- Quality payments are not as high due to complexities of timing, bundled scores, improvement from the previous year, and other factors.
- Salaries variance is due to positions budgeted not filled along with staff turnover, so savings took place.
- Due to the ARP grant, IT equipment & supplies are bought that were not accounted for in the budget.
- Supplies 340B variance is due to less drug replenishment done at 340B pricing due to drug restrictions
- The other variance is due to recruitment fees paid for the new Split Rock doctor, and more providers taking advantage of training monies allowable under their contracts.
- Depreciation variance is due to depreciation on new items that were not accounted for in the original budget.
- Since there were less expenses than budgeted in district (non-clinics P&L) for the month, the allocation of overhead expenses is not as much as budgeted.
- The non-operating variance is due to a one time donation by the foundation.

Statement of Net Position

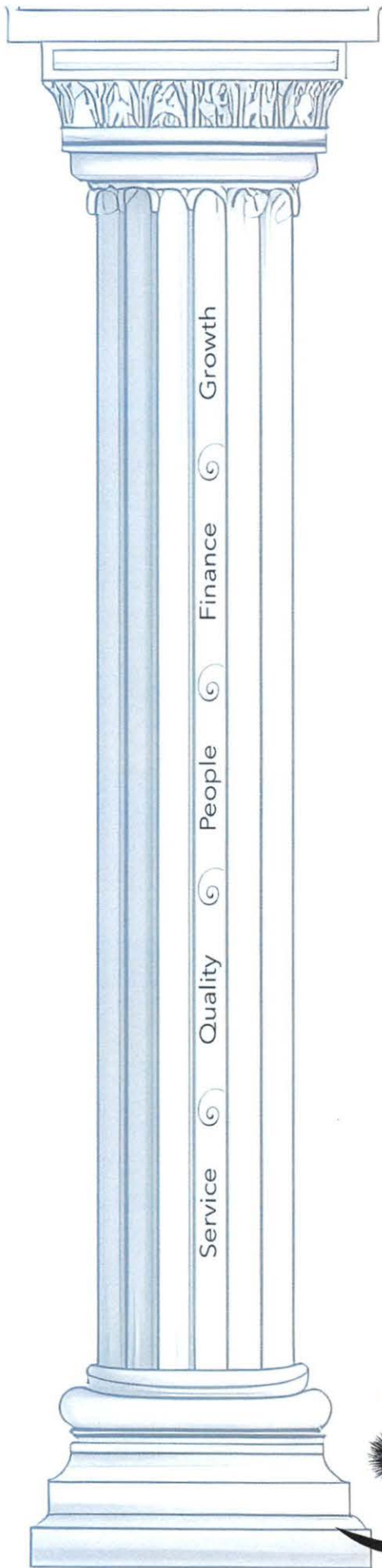
Assets and Deferred Outflow of Resources	June 30, 2024 (Audited)	Apr 30, 2025 (Unaudited)	Difference
Current Assets			
Cash and cash equivalents	2,848,886	1,792,206	(1,056,680)
Investments	35,667,736	39,080,309	3,412,573
Receivables			-
Patients	726,951	778,713	51,762
Estimated third-party payer settlements	-	-	-
Accrued Interest	582,899	375,443	(207,456)
Lease	834,202	873,671	39,469
Rentals	81,901	14,678	(67,223)
Grants	273,957	165,158	(108,799)
Other	248,691	227,367	(21,324)
Receivables Sub-Total	2,748,601	2,435,029	(313,571)
Prepaid expenses	180,606	90,085	(90,520)
Total current assets	41,445,828	43,397,630	1,951,802
Noncurrent Assets			
Lease receivable	26,019,890	25,146,219	(873,671)
Capital assets, net	8,195,555	9,603,187	1,407,632
Total Noncurrent Assets	34,215,445	34,749,406	533,961
Deferred Outflow of Resources			
Prepaid water capacity fee	223,831	149,221	(74,610)
Total Assets and Deferred Outflow of Resources	75,885,105	78,296,257	2,411,152
Liabilities, Deferred Inflow of Resources, and Net Position			
Current Liabilities			
Accounts payable	547,811	130,196	(417,614)
Accrued payroll and related liabilities	314,215	302,379	(11,836)
Accrued paid time off	236,880	241,206	4,325
Estimated 3rd party payor settlements	2,774,073	2,429,410	(344,663)
Current portion of long term debt	167,667	90,584	(77,083)
Deferred Revenue	-	-	-
Total Current Liabilities	4,040,647	3,193,776	(846,871)
Noncurrent Liabilities			
Long-term debt, net of current portion	270,910	212,051	(58,858)
Total Liabilities	4,311,556	3,405,827	(905,729)
Deferred inflow of resources			
Deferred lease revenue for hospital and equipment	27,015,408	25,881,961	(1,133,447)
Total Deferred Inflow of Resources	27,015,408	25,881,961	(1,133,447)
Net position			
Net investment in capital assets	26,019,890	25,146,219	(873,671)
Restricted by donors for specific operating purposes	-	-	-
Unrestricted	18,538,250	23,862,249	5,323,999
Total net position	44,558,140	49,008,468	4,450,328
Total Liabilities, Deferred Inflow of Resources, and Net Position	75,885,105	78,296,257	2,411,152

MORONGO BASIN HEALTHCARE DISTRICT
Schedule of Investments
Apr 30, 2025

Description	Institution	3/31/2025	4/30/2025	Variance
Public Interest Acct	PWB	2,963,994.56	1,839,424.22	(1,124,570.34)
Less O/S checks	PWB	(64,046.71)	(52,418.32)	11,628.39
		2,899,947.85	1,787,005.90	(1,112,941.95)
M & O Acct	PWB	1,000.00	1,000.00	-
Revenue Acct	PWB	1,000.00	1,000.00	-
Payroll Acct	PWB	1,000.00	1,000.00	-
FSA Acc't	PWB	1,000.00	1,000.00	-
Sub-Total		2,903,947.85	1,791,005.90	(1,112,941.95)
Investment Access**	RBC	35,330,958.44	35,485,298.90	154,340.46
Money Market	RBC	3,225,435.52	3,236,478.79	11,043.27
Total Value of Accts		38,556,393.96	38,721,777.69	165,383.73
Est Accrued Bond Int.		314,852.95	358,531.77	43,678.82
Total Portfolio Value		38,871,246.91	39,080,309.46	209,062.55
Total Cash		41,460,341.81	40,512,783.59	(947,558.22)
Total Market Value		41,775,194.76	40,871,315.36	(903,879.40)

Chart A – Visits History Chart

Month	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	FY 24-25
Jul	2,942	3,283	3,091	2,877	2,670	2,758	3,030
Aug	3,766	3,587	3,015	3,425	3,315	3,195	2,975
Sep	3,043	3,501	3,065	3,134	3,256	2,593	3,041
Oct	3,551	3,892	3,264	3,282	3,071	3,027	3,697
Nov	3,229	3,353	2,627	3,116	2,936	2,928	2,952
Dec	2,858	3,304	2,976	2,705	2,881	2,556	3,027
Jan	3,698	4,010	2,921	2,925	3,001	3,226	3,316
Feb	3,198	3,763	3,190	3,068	2,882	2,980	3,303
Mar	3,515	2,927	3,516	3,332	3,331	3,032	3,338
Apr	3,660	2,066	3,460	3,094	2,896	3,016	3,640
May	3,662	2,200	3,043	3,239	3,247	3,143	
Jun	3,344	2,786	3,082	3,218	2,939	2,652	
Total	40,466	38,672	37,250	37,415	36,425	35,106	32,319
Total July - April	33,460	33,686	31,125	30,958	30,239	29,311	32,319



TAB #6 REPORT

CEO STAFF REPORT



**MORONGO BASIN
HEALTHCARE DISTRICT**

MorongoBasinHealth.org



MORONGO BASIN HEALTHCARE DISTRICT

6530 La Contenta Road, Suite 100, Yucca Valley California 92284 | 760.820.9229

June 5, 2025

To: Board of Directors
From: Cindy Schmall, CEO
Re: CEO Board Report

DISTRICT

- In the admin suite, Janeen Duff and Dianna Anderson have moved to where HR had been located, giving them needed space for community relations supplies. HR was moved into the office next to me providing better communication between me and Tela.
- Tricia Gehrlein and I are attending an online compliance certification training program through MGMA and hope to have that completed within the next month. This will support the risk mitigation practices that the District needs to help protect us in the future.
- Debbie Anderson and I have been working on budget proposals and hope to have this finalized for the July board meeting for approval.
- I will be on vacation from June 18 to July 5 and in my absence, Tricia Gehrlein will be available for staff.

HEALTH CENTER

- The HRSA Site Visit Plan of Correction was submitted. We still have several contract issues that we were unable to resolve by the HRSA due date. We continue to work towards resolution.
- Patient-centered staff (Quality, Enrollment, Medical Records and Financial Services) have been moved into the Ancillary Services building (new building) to be closer to the clinics and provide easier access for patients. This relocation is working well.
- The CHC Board now has 10 members as required by HRSA. However, only 50% of board members are patients of the health center. HRSA requires 51% of board members be health center patients. We are working to recruit a patient that is Hispanic (to represent Latinos in our community as identified during the site visit) and who is willing to serve on the board.



MORONGO BASIN HEALTHCARE DISTRICT

6530 La Contenta Road, Suite 100, Yucca Valley CA 92284 | 760.820.9229 | MorongoBasinHealth.org

May 28, 2025

Board of Directors
Desert Healthcare District
1140 N. Indian Canyon Drive
Palm Springs CA 92262

Morongo Basin Healthcare District Board of Directors wishes to state their support of Desert Healthcare District regarding the validation of the new lease agreement with Tenet Healthcare.

In the Spring of 2024, we participated in the public forums that resulted in the voters approving a new 30-year lease with Tenet Healthcare for Desert Regional Medical Center. We thank you for your leadership in seeking a validation action to ensure that the lease agreement and the will of the voters stand.

We are greatly disheartened that Eisenhower Medical Center is wasting valuable resources in trying to thwart this standard validation process when such validation provides long-term financial certainty and the continued provision of healthcare services to the communities of Coachella Valley. The agreement ensures that Desert Healthcare District does not need to raise nearly \$220 million to complete the required seismic retrofitting of Desert Regional Medical Center, and thereby also ensures the continued critical funding for local nonprofits that you support. It seems to us worthwhile to seek such financial certainty considering the potential federal and state cuts to safety net programs.

Morongo Basin Healthcare District leases the Hi-Desert Medical Center to Tenet Healthcare and is also a partner in the Desert Care Network. Your success with Tenet Healthcare in the Coachella Valley is directly tied to our success in ensuring the residents of the Morongo Basin continue to have access to critical healthcare needs.

Our Board of Directors is committed to honoring the will of the people we represent. We firmly respect and support your commitment to the same.

Respectfully submitted on behalf of our Board of Directors,

Misty Evans
Board of Directors

LETTER READ AT DESERT HEALTHCARE DISTRICT'S MAY BOARD MEETING



MORONGO BASIN HEALTHCARE DISTRICT

6530 La Contenta Road, Suite 100, Yucca Valley CA 92284 | 760.820.9229 | MorongoBasinHealth.org

May 29, 2025

Letter to the Editor
Desert Sun
DesertSun.com

This past Tuesday, the Morongo Basin Healthcare District sent our colleagues at the Desert Healthcare District a letter regarding Eisenhower Medical Center's attempt to block the validation process of the Desert Regional Medical Center lease agreement. Our Board of Directors stands in support of Desert Healthcare District's efforts to honor the will of the people by seeking official validation action, a standard practice for agreements of this size.

For the benefit of your readers, I want to share a few important points:

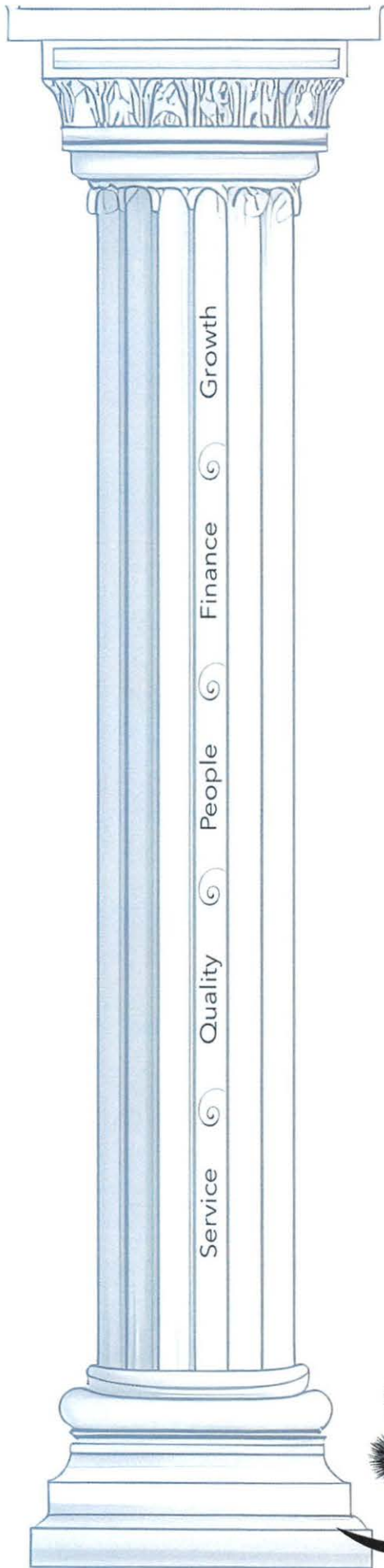
- The lease agreement with Desert Healthcare District saves taxpayers millions of dollars. The nearly \$220 million cost to seismically retrofit the hospital is fully covered by the lease agreement – a massive savings to the Coachella Valley community.
- The agreement ensures the continued funding for local nonprofits that the District supports, providing critical health care services throughout the Valley.
- And finally, especially in this period of uncertainty with the potential of federal and state cuts to safety net programs, it is worthwhile for the District to seek long-term certainty.

The Morongo Basin Healthcare District firmly supports Desert Healthcare District's commitment to honoring the will of the people they represent.

Respectfully submitted,

Misty Evans
Morongo Basin Healthcare District Board of Directors

LETTER SENT TO DESERT SUN "LETTER TO THE EDITOR"



TAB #7

CALENDAR REVIEW

BOARD MEETING
MONTHLY CALENDARS



MORONGO BASIN
HEALTHCARE DISTRICT

MorongoBasinHealth.org

MAY 2025

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

CALENDAR OF BOARD MEETINGS

JUNE 2025

JULY 2025

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5 6:00p District Board of Directors	6	7
8	9	10	11	12 5:00p CHC Governing Board	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3 Independence Day	4	5

JUNE 2025

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

CALENDAR OF BOARD MEETINGS

JULY 2025

AUGUST 2025

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
29	30	1	2	3	4 Independence Day	5
6	7	8	9	10 Board meeting rescheduled for holiday observance 6:00p District Board of Directors	11	12
13	14	15	16	17 5:00p CHC Governing Board	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2

JULY 2025

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

CALENDAR OF BOARD MEETINGS

AUGUST 2025

SEPTEMBER 2025

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
27	28	29	30	31	1	2
3	4	5	6	7	8	9
CELEBRATING COMMUNITY HEALTH CENTERS WEEK						
10	11	12	13	14 6:00p District Board of Directors	15	16
17	18	19	20	21 5:00p CHC Governing Board	22	23
24	25	26	27	28	29	30
31 Labor Day	1	2	3	4	5	6