



Morongo Basin Health Care District
Community Health Center
GOVERNING BOARD MEETING

MINUTES of Thursday, November 13, 2025, at 5:00 p.m.

This meeting convened on the District's campus at 6530 La Contenta Road, Suite 400, Yucca Valley, CA 92284. The meeting was also accessible by Microsoft Teams remote platform.

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

Vision Statement: *A healthy Morongo Basin.*

Core Values: *Commitment, Collaboration, Accountability, Dignity, Integrity, and Equity*

PRESENT:

- Cody Briggs (*present*)
- Dianne Markle-Greenhouse (*present*)
- Gloria Cabrera (*present*)
- Hermoine Guttierrez Rios (*absent*)
- Jackie Todd (*present*)
- Marc Greenhouse (*present*)
- Lisa Ryan (*present*)
- Pat Cooper (*present*)
- Sean Loomis (*present*)

STAFF:

- Beverly Krushat, Board Clerk (*present*)
- Cindy Schmall, CEO (*remote*)
- Debbie Anderson, CFO (*remote*)
- Fredi Levitt, BH Manager (*absent*)
- JJ Greer, SR Site Supervisor (*remote*)
- Janeen Duff, Director Strategic Initiatives (*present*)
- Jill Goodwin, Clinical Services Manager (*absent*)
- Kim Harrison, Business Office Services Director (*present*)
- Mia Fisher, Dental Manager (*present*)
- Sheri Tincher, Patient Financial Manager (*present*)
- Tina Huff, Integrated Health Services Director (*absent*)
- Tricia Gehrlein, CPE/CO (*remote*)

CALL TO ORDER – Board meeting was called to order by Mark Greenhouse at 5:00 p.m.

ROLL CALL - Beverly Krushat called roll call and confirmed there is a quorum.

OBSERVANCES –

Dianne Markle-Greenhouse led the pledge of allegiance.

Sean Loomis read the Mission, Vision, and Core statements.

PUBLIC COMMENTS –

Eric Menendez expressed his heartfelt gratitude to CHW Gladys Cardenas for her exceptional assistance during a challenging time. Ms. Cardenas went above and beyond to support me when I was hospitalized in New York. Her dedication and care truly made a significant difference.

APPROVAL OF MEETING AGENDA -

Motion 25-119: MSC (Ryan/Markle-Greenhouse) 8/0/1 motion carried to approve November 13, 2025, agenda.

APPROVAL OF CHC CONSENT AGENDA –

Motion 25-120: MSC (Ryan/Markle-Greenhouse) 8/0/1 motion carried to approve October 9, 2025 meeting minutes.

DISCUSSION AND APPOINTMENT OF POTENTIAL BOARD MEMBER – Cindy Schmall, CEO

Potential board member was not available for this meeting. This agenda item was tabled until the December 11, 2025 meeting.

INTRODUCTION OF NEW STAFF – Cindy Schmall, CEO

I am pleased to introduce Kelly Hedges Wehner, our new Director of Patient Care Services for the clinics. Kelly has been with us for just over a month and has already taken on the management of the adult, pediatric, behavioral health, and dental clinics. By assuming these responsibilities, Kelly allows Tricia Gehrlein and me to focus more on tasks aligned with our titles. We are thrilled to have Kelly as part of our team, and we invite you to warmly welcome him at your meetings.

LEGISLATIVE CHANGES UPDATE – Cindy Schmall, CEO & Tricia Gehrlein, CPE/CO

Due to the recent government shutdown, we are unable to provide updates on the legislative changes at this time. However, it appears that the government is now reopening. We are closely monitoring developments that may affect clinics, including the extension of health care credits under the Affordable Care Act for individuals with private insurance, as well as telehealth regulations.

ANNUAL CEO PERFORMANCE EVALUATION – Cindy Schmall, CEO

It's that time of year again when we conduct the CEO evaluation in collaboration with the District Board. For those of you who are new, this process includes a special subcommittee, comprising some members from our board and the District Board, which conducts the performance evaluation and collects feedback to represent the entire CHC board. Currently, the District Board has requested a revision of the evaluation tool we've been using. Unfortunately, due to illness and my resulting unavailability, I haven't been able to address this task yet. Therefore, I propose we defer this matter to next month. While this delay will set us back slightly, it is manageable and I hope it won't be an issue for you either. We will revisit this topic and engage in more detailed discussions come December.

Q3 QUALITY REPORT: UDS/PATIENT SATISFACTION/SAFETY – Tricia Gehrlein, CPE/CO

CPE/CO Gehrlein opened the discussion by highlighting that as of September 30th, our third-quarter results have concluded. Today, I'll be updating you on some positive trends we've observed since the report was compiled. Specifically, our UDS (Uniform Data System) measures have improved further, as anticipated. As we stand at the end of quarter three, transitioning to quarter four, it's crucial to remember that for us to capture the necessary quality measures effectively, patients must have regular visits with their primary care providers. This is fundamental to demonstrating the quality of care we provide. Unfortunately, during the first and second quarters, many of our patients engaged with dental or behavioral health services but had not yet seen their primary care providers. This shift is a contributing factor to the enhanced quality outcomes that we will delve into shortly.

You'll notice that we've made progress in almost all areas of our measures. Any metric displayed in green indicates that we've achieved our 2025 goals. Yellow signifies we're nearing our targets, while red highlights areas needing significant improvement.

While there are still items marked in red, I want to emphasize the dedicated efforts of our pediatric physicians. They've made notable strides, with one metric improving from 52 to 63 in just one quarter—a commendable increase exceeding expectations.

Regarding mammograms, I've previously highlighted this issue and will continue to do so. As of August, High Desert Medical Center was scheduling mammograms for January or later. This delay prevents us from improving this measure because our patients can't access timely mammogram appointments.

CEO Schmall updated the board on recent discussions with High Desert Medical Center and potential collaboration opportunities with IEHP. We've been exploring a partnership with IEHP on their mobile program, which could be beneficial for our efforts. However, we're still finalizing some details. According to Karen Follis, the CEO of High Desert Medical Center, a key challenge they've faced is the retirement of one of their two part-time mammography technicians. This has impacted their ability to maintain service levels, but they are actively recruiting a replacement. Once they hire a full-time technician, we anticipate their services will return to normal.

In the meantime, we've been investigating alternative solutions. I recently discussed with Kelly the possibility of arranging transportation to San Geronio Hospital, which is another district hospital in our area, approximately 45 minutes away. Unlike High Desert, San Geronio has available openings and no scheduling issues. We are committed to resolving these challenges efficiently and will keep you informed of any developments.

CPE/CO Gehrlein was asked “what is the aspirin use”?

One of the key measures we encounter revolves around patients with a specific cardiac diagnosis being prescribed IBD aspirin. Currently, we have 40 patients who qualify for this treatment. Out of these, 18 patients have received and adhered to the medication, while 22 have not, either due to personal choice or lack of prescription opportunity. Increasing adherence is notably more challenging with a smaller patient population, as improving our performance metrics necessitates convincing all 22 remaining patients to take the medication. This presents a significant hurdle in boosting our overall score.

Between the two clinics, last year the IEHP's quality measures report combined our patients from 29 Palms and Yucca Valley into a single document. However, they have recently separated these into two distinct reports. I forgot to keep this change in mind when I shared the handouts with Beverly, so I will now display both reports on screen. If anyone wishes to view them individually, please let me know, and I can arrange that.

It's important to note that we receive these reports, which are supposed to be updated monthly. The report I'll discuss today is slightly dated, from early September. What I do with these reports and the UDS reports is compare them while considering their differences. UDS includes patients we've actually seen, assessing how well we provided care during their visits. In contrast, IEHP measures quality scores for patients assigned to us, regardless of whether they've visited us.

In the final column of the report, you can see our progress towards metrics like colorectal cancer screenings. For instance, in our Split Rock center, we would need 18 more patients screened to reach the highest reimbursable tier. Achieving the highest tier for all measures is crucial for optimal patient outcomes and financial incentives. As for Yucca Valley, we were only seven screenings away from the top tier in colorectal cancer.

Each month, our quality team—Angie, Denise, and I—reviews these reports to identify improvement opportunities. Denise meticulously examines each non-compliant patient’s chart to verify documentation accuracy. For example, she ensures that colorectal cancer screenings are properly recorded and reported to IEHP. During our deep dive into colorectal cancer screenings in September, we identified over 40 patients who had undergone appropriate screenings but lacked documentation in the records. We have since updated the charts, resolving this issue.

I’m pleased to share that, as indicated in the notes, Yucca Valley has now achieved the fourth goal target, and Split Rock has improved from being 18 screenings away to just 9. This example highlights the continuous behind-the-scenes efforts to ensure our patients receive excellent care, and that we receive due recognition for our compliance and diligence.

CEO Schmall took a moment to acknowledge the tremendous efforts of Tricia and the clinical team, along with Kim Harrison from Business Services and all of our MA staff and providers. They've all worked tirelessly to manage these developments effectively. The board truly has a robust team dedicated to ensuring the quality of care for our patients and actively adapting to ongoing changes. As Tricia mentioned, last year, we handled these tasks within a single framework; this year, it's split into two different areas, often with minimal notice.

I'd also like to recognize Angie Villaluz, who shares responsibility for maintaining our quality standards. The dedication of everyone involved in improving our metrics and ensuring proactive patient follow-up deserves commendation. Kudos to all of you for your hard work and commitment.

Motion 25-121: MSC (Ryan/Markle-Greenhouse) 8/0/1 motion carried to accept and file the Q3 Quality Report: UDS /Patient Satisfaction Safety Report. Motion was inadvertently referred to as Motion 25-122; however, it is actually 25-121.

SEPTEMBER 2025 FINANCIAL REPORT – Debbie Anderson, CFO

OVERVIEW

The clinic financials for the month of September show income of \$18,013 and year to date shows income of \$176,551. (See Table 2 & 3)

The clinic financials did better than we were expecting. They had a tiny bit of income but considering we were expecting losses, this is better than we were anticipating. Quality, another MAT grant payment, and patient services income all contributed to the better than expected bottom line. For the adult providers who went out on leave or left during September, they all made their visits for the month, leaving only one provider slot that didn’t produce visits. So once again the anticipated downward projection of visits is being pushed off to October. A more detailed analysis of the visits is shown in Table 1.

Table 1 - Monthly visits by location

Clinic	Dept.	9/30/2025			Year to Date		
		Actual	Budget	Variance	Actual	Budget	Variance
YV	Adult	770	631	139	2,212	1,925	287
	Pediatrics	439	349	90	1,369	1,063	306
	Behavioral Health	351	473	(122)	1,115	1,440	(325)
	Dental	446	374	72	1,217	1,139	78
	Chiropractic	346	291	55	1,069	886	183
	Total	2,352	2,118	234	6,982	6,453	529
29P	Adult	483	450	33	1,472	1,370	102
	Pediatrics	340	274	66	984	834	150
	Dental	172	185	(13)	475	560	(85)
	Total	995	909	86	2,931	2,764	167
	Total all clinics	3,347	3,027	320	9,913	9,217	696

CLINIC CHANGE IN NET POSITION

Table 2 Clinics September 2025

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Patient services (net)	697,226	634,474	62,752	9.89%
Grant Revenue	127,742	127,742	-	0.00%
340B Revenue	49,735	28,521	21,213	74.38%

Table 2 (continued)

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Capitation Fees	183,824	180,832	2,992	1.65%
Records & Interest	141	146	(5)	-3.41%
Cost Report Adjustments	(137,361)	(137,360)	(0)	-0.00%
Quality	80,972	21,042	59,930	284.82%
Other/Misc	20,000	-	20,000	100.00%
	1,022,279	855,396	166,883	19.51%
Salaries - Clinic	469,872	511,976	42,103	8.22%
Fringe - Clinic	99,833	110,918	11,085	9.99%
Phys Fees - Clinic	90,620	69,765	(20,855)	-29.89%
Purchases Services - Clinic	62,607	61,325	(1,282)	-2.09%
IT, Network & Phones - Clinic	15,399	24,459	9,061	37.04%
Supplies - Clinic	30,609	31,519	910	2.89%
Supplies - 340B	35,764	24,155	(11,609)	-48.06%
R&M - Clinic	22,303	6,404	(15,899)	-248.26%
Leases/Rentals - Clinic	100	142	42	29.41%
Utilities - Clinic	8,778	9,219	441	4.78%
Ins - Clinic	287	302	14	4.75%
Other - Clinic	10,112	7,654	(2,458)	-32.11%
Depreciation	19,734	18,792	(943)	-5.02%
	866,018	876,628	10,611	1.21%
Operating Income/(Loss) before Allocation	156,261	(21,232)	177,493	835.96%
Allocation of Overhead for Health Centers	(138,817)	(177,457)	38,640	21.77%
Operating Income/(Loss) after Allocation	17,444	(198,689)	216,133	108.78%
Non-Operating	568	-	568	-100.00%
	568	-	568	-100.00%
Change in Net Position	18,013	(198,689)	216,701	109.07%

Table 3 Clinics Year to Date

Clinics	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Patient services (net)	2,173,935	1,933,634	240,301	12.43%
Grant Revenue	680,840	408,754	272,087	66.56%
340B Revenue	131,615	86,921	44,693	51.42%
Capitation Fees	555,918	542,495	13,423	2.47%
Records & Interest	724	445	279	62.57%
Cost Report Adjustments	(412,082)	(412,082)	0	0.00%
Quality	241,716	63,125	178,591	282.92%
Other/Misc	45,000	-	45,000	100.00%
	3,417,668	2,623,293	794,374	30.28%
Salaries - Clinic	1,471,275	1,535,926	64,652	4.21%
Fringe - Clinic	332,068	340,775	8,706	2.55%
Phys Fees - Clinic	257,535	212,617	(44,918)	-21.13%

Clinics	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Purchases Services - Clinic	200,130	185,491	(14,640)	-7.89%
IT, Network & Phones - Clinic	61,741	73,378	11,638	15.86%
Supplies - Clinic	194,759	96,059	(98,700)	-102.75%
Supplies - 340B	82,480	73,309	(9,171)	-12.51%
R&M - Clinic	48,644	19,315	(29,329)	-151.84%
Leases/Rentals - Clinic	300	425	125	29.42%
Utilities - Clinic	28,441	29,348	907	3.09%
Ins - Clinic	862	905	43	4.76%
Other - Clinic	37,600	23,193	(14,406)	-62.11%
Depreciation	61,073	56,374	(4,698)	-8.33%
	2,776,908	2,647,116	(129,792)	-4.90%
Operating Income/(Loss) before Allocation	640,760	(23,823)	664,582	2789.71%
Allocation of Overhead for Health Centers	(464,777)	(540,820)	76,043	14.06%
Operating Income/(Loss) after Allocation	175,983	(564,643)	740,625	131.17%
Non-Operating	568	-	568	-100.00%
	568	-	568	-100.00%
Change in Net Position	176,551	(564,643)	741,194	131.27%

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	FY 25-26
Jul	2,942	3,283	3,091	2,877	2,670	2,758	3,030	3,467
Aug	3,766	3,587	3,015	3,425	3,315	3,195	2,975	3,099
Sep	3,043	3,501	3,065	3,134	3,256	2,593	3,041	3,347
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	3,648	-
May	3,662	2,200	3,043	3,239	3,247	3,143	3,564	-
Jun	3,344	2,786	3,082	3,218	2,939	2,652	3,275	-
Total	40,466	38,672	37,250	37,415	36,425	35,106	39,166	9,913
Total YTD	9,751	10,371	9,171	9,436	9,241	8,546	9,046	9,913

Motion 25-123: MSC (Ryan/Markle-Greenhouse) 8/0/1 motion carried to accept and file the September 2025 Financial Report.

SPLIT ROCK UPDATES – *Cindy Schmall, CEO*

A presentation of the Split Rock updates was shown and CEO Schmall informed the board of the different areas that have been completed or are about to be completed.

CALENDAR REVIEW – *Cindy Schmall, CEO*

CEO Schmall reviewed the calendars with the board members, discussing the upcoming events and talks.

BOARD MEMBER COMMENTS –

Pat Cooper thanked Cindy Schmall, Debbie Anderson, and Tricia for all of the information she received tonight. She commented that it was the most positive information she has received yet..

Mark Greenhouse thanked Cindy Schmall for all of the information he received tonight.

Diane Markle-Greenhouse thanked our incredible staff. Welcome, Kelly, and because of all of you, our healthcare district exists and we move forward and we improve and we've touched the lives of so many people. Our Community board continues to do good work.

ADJOURNMENT – Meeting adjourned at 5:52 p.m.



Cody Briggs, Secretary of the Board