



Morongo Basin Health Care District
Community Health Center
GOVERNING BOARD MEETING

MINUTES of Thursday, December 11, 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 (*absent*)
- Esther Watson (*present*)
- Gloria Cabrera (*absent*)
- Hermoine Guttierrez Rios (*absent*)
- Jackie Todd (*present*)
- Marc Greenhouse (*present*)
- Lisa Ryan (*present*)
- Pat Cooper (*present*)
- Sean Loomis (*present*)

STAFF:

- Angie Villaluz, Quality Manager (*remote*)
- Beverly Krushat, Board Clerk (*present*)
- Cindy Schmall, CEO (*remote*)
- Debbie Anderson, CFO (*remote*)
- Fredi Levitt, BH Manager (*present*)
- 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 –

Marc Greenhouse read the Mission, Vision, and Core statements.

PUBLIC COMMENTS – There were no public comments.

APPROVAL OF MEETING AGENDA -

Motion 25-124: MSC (Cooper/Ryan) 7/0/3 motion carried to approve December 11, 2025, agenda.

APPROVAL OF CHC CONSENT AGENDA –

Motion 25-125: MSC (Ryan/Briggs) 7/0/3 motion carried to approve November 13, 2025 meeting minutes.

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

Ms. Watson brings a wealth of perspective and valuable experience, coupled with a strong ability to listen and empathize. Having been a caregiver for family members with diverse medical needs for many years, she has developed a deep understanding and compassion for others. Additionally, her role as a facilitator for the NAMI Family-to-Family program and experience teaching Social Impact for two years have further honed her ability to connect with and support individuals facing various challenges.

Ms. Watson served as the President of ICON, the Illustration Conference, from 2014 to 2016. Additionally, she was a board member of the Art Center College of Design Faculty Council, acting as Secretary, from 2012 to 2014. In 2014, she also participated as a member of the 870 Exhibition Committee at ACCD. Her skills and experience are in grant writing, outreach/advocacy, and special events.

As a full disclosure, Jackie Todd informed the board that Ms. Watson is her daughter-in-law and asked if anyone had any concerns with this. There were no concerns from board members.

Motion 25-126: MSC (Ryan/Todd) 7/0/3 motion carried to appoint Esther Watson to the CHC board..

ACCEPT ERIC MENENDEZ RESIGNATION – Cindy Schmall, CEO

CEO Schmall informed the board that Mr. Menendez submitted his resignation a while ago to go into effect February 2026. However, in order to facilitate getting a replacement before our HRSA follow-up visit, we needed to accept the resignation sooner rather than later. This will give the replacement ample time to get educated on HRSA.

Motion 25-127: MSC (Ryan/Todd) 7/0/3 motion carried to accept Eric Menendez's resignation.

BEHAVIORAL HEALTH PRESENTATION –Freda Levitt, BH Manager

Freda Levitt manages the behavioral health program, which is the clinical part of Morongo Basin. She is also a licensed clinical social worker degree, so I carry a small case load too. Our goal in BH is to support and empower patients experiencing mental health and/or substance use conditions along their path for wellness, recovery, and resiliency.

Our target population that we go to is as young as four years old to 70 plus and the mental health issues we deal with are anxiety, depression, schizophrenia, autism, DHD, personality disorder and substance abuse.

CEO Schmall interjected that the reason that we only see our own patients, is that you have to be a patient of the Morongo Basin adult medical or pediatric clinics because HRSA requires that care be coordinated between the two we have to have certain medical information about that patient or we're unable to really treat them successfully. So that's why we limit it to our own patients.

And exclusionary would be somebody who needs higher-level care, if they're suicidal with a plan, they need to go to a psychiatric facility, but once they were discharged, they could come to us. The services that we offer are short-term, 6 to 18 months. We offer individual therapy, which is talk therapy, basically one-on-one with a licensed clinical social worker and we deal with their trauma and developing coping skills. We see a lot of MAT patients because I have extended experience with substance abuse. Psychiatry, we do diagnostic and medication monitoring, work alongside the psychiatrist, and do some case management/care coordination. She continued the presentation by introducing her staff.

APPROVAL OF ANNUAL CEO EVALUATION TOOL REVISION – *Cindy Schmall, CEO*

CEO Schmall explained that part of the board's responsibility is to help and assist in the CEO performance evaluation. The District board had asked to have the lengthy tool revised. In the District By-Laws it specifically states what the CEO is responsible for. She explained that she took the key performance indicators, which were key areas that we need to focus on as an organization, and took the original evaluation tool and entered it into the format that you are reviewing now.

1. Introduction to Bylaws Criteria:

- Each criterion in the bylaws is annotated alphabetically at the bottom of each section. For instance, section A corresponds to the initial bylaws.
- Each lettered criterion has been incorporated into the bylaws to ensure comprehensive coverage and alignment with roles and responsibilities as the CEO.

2. Categories for Key Performance Indicators (KPI):

- The criteria are categorized into specific areas of focus:
 - Operations
 - Quality
 - Advocacy and Policy Making
 - Finance
- These categories are concise and straightforward, allowing for easy evaluation of performance and alignment with organizational goals.

3. Quality Assurance:

- Aims to ensure the delivery of the highest quality services to patients and clients, categorized under "Quality."
- Quality reports, provided quarterly by Tricia, offer data that confirms adherence to quality standards.

4. Board Approval and Implementation:

- The district board has reviewed and approved the structure and content of the bylaws and evaluation process.
- The document is now presented for further input and clarification.

5. Integration of Previous Goals:

- Page 13 outlines goals developed last year in collaboration with the district board following the previous year's evaluation.
- Existing goals are to be integrated into the evaluation body where applicable, rather than being listed separately.

6. Discussion and Clarifications:

- All aspects have been crafted to be concise and easily interpreted by stakeholders.
- Any questions or need for further clarification can be addressed in this forum.

7. SMART Goals Overview:

- SMART is an acronym used in goal setting, representing:
 - Specific
 - Measurable
 - Achievable
 - Relevant
 - Time-bound

If someone has more queries or needs deeper insights into specific sections, it would be best addressed in the broader meeting. This approach offers a structured overview that aligns responsibilities with organizational expectations, ensuring cohesive operations and accountability.

Motion 25-128:: MSC (Briggs/Watson) 7/0/3 motion carried to accept the updated CEO Evaluation Tool as presented.

APPOINT TWO CHC REPRESENTATIVES TO THE CEO EVALUATION AD-HOC COMMITTEE – Cindy Schmall, CEO

After a brief discussion Cody Briggs and Marc Greenhouse volunteered to sit on the CEO Evaluation Ad-Hoc Committee.

Motion 25-129:: MSC (Ryan/Todd) 7/0/3 motion carried to appoint Cody Briggs and Marc Greenhouse to the CEO Evaluation Ad-Hoc Committee.

OCTOBER 2025 FINANCIAL REPORT – Debbie Anderson, CFO

OVERVIEW

The clinic financials for the month of October show a loss of \$(37,652) and year to date shows income of \$138,899. (See Table 1 & 2)

Considering the number of providers that have turned over/out on leave, the October financials did fairly well. The clinics did show a net loss, but we have been expecting that and the loss for the clinics was minor at \$(37,652). Operating expenses for the month were \$898,346 and budget was \$921,762, so now that some of the larger expense variances that we talked about in previous months have completed, the expenses seem to be coming more back in line with budget. Quality payments were confirmed to change in January 2026.

There are further changes coming to the 340B program. HRSA is doing a pilot rebate program, which means the monies we currently receive for certain (not all) drugs will be paid as a rebate (instead of when the pharmacy purchases the drug). This means that the payments will experience a longer lag time.

CLINIC CHANGE IN NET POSITION

Table 1 Clinics October 2025

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Patient services (net)	725,400	694,900	30,501	4.39%
Grant Revenue	127,742	127,742	-	0.00%
340B Revenue	46,064	31,237	14,827	47.46%
Capitation Fees	183,988	180,832	3,156	1.75%
Records & Interest	82	160	(78)	-48.90%
Cost Report Adjustments	(137,361)	(137,360)	(0)	-0.00%
Quality	47,065	21,042	26,023	123.67%
Other/Misc	20,000	-	20,000	100.00%
	1,012,981	918,552	94,429	10.28%
Salaries - Clinic	497,624	535,247	37,623	7.03%
Fringe - Clinic	111,799	123,514	11,714	9.48%
Phys Fees - Clinic	94,510	76,409	(18,101)	-23.69%
Purchases Services - Clinic	57,125	62,091	4,965	8.00%
IT, Network & Phones - Clinic	27,215	24,459	(2,756)	-11.27%
Supplies - Clinic	36,630	34,521	(2,109)	-6.11%
Supplies - 340B	34,912	25,843	(9,069)	-35.09%

Table 1 (continued)

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
R&M - Clinic	9,425	6,609	(2,815)	-42.59%
Leases/Rentals - Clinic	100	142	42	29.41%
Utilities - Clinic	6,261	5,716	(545)	-9.53%
Ins - Clinic	287	302	14	4.75%
Other - Clinic	6,686	8,117	1,431	17.63%
Depreciation	15,771	18,792	3,020	16.07%
	898,346	921,762	23,416	2.54%
Operating Income/(Loss) before Allocation	114,634	(3,210)	117,844	3671.10%
Allocation of Overhead for Health Centers	(152,286)	(194,357)	42,071	21.65%
Change in Net Position	(37,652)	(197,567)	159,915	80.94%

Table 2 Clinics Year to Date

Clinics	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Patient services (net)	2,899,335	2,628,534	270,802	10.30%
Grant Revenue	808,583	536,496	272,087	50.72%
340B Revenue	177,679	118,159	59,520	50.37%
Capitation Fees	739,907	723,327	16,579	2.29%
Records & Interest	806	605	201	33.16%
Cost Report Adjustments	(549,442)	(549,442)	0	0.00%
Quality	308,781	84,167	224,614	266.87%
Other/Misc	45,000	-	45,000	100.00%
	4,430,648	3,541,845	888,803	25.09%
Salaries - Clinic	1,968,899	2,071,174	102,275	4.94%
Fringe - Clinic	443,867	464,288	20,421	4.40%
Phys Fees - Clinic	352,045	289,026	(63,019)	-21.80%
Purchases Services - Clinic	257,256	247,582	(9,674)	-3.91%
IT, Network & Phones - Clinic	88,956	97,838	8,882	9.08%
Supplies - Clinic	231,389	130,580	(100,809)	-77.20%
Supplies - 340B	117,392	99,152	(18,240)	-18.40%
R&M - Clinic	58,069	25,925	(32,144)	-123.99%
Leases/Rentals - Clinic	400	567	167	29.42%
Utilities - Clinic	34,702	35,064	362	1.03%
Ins - Clinic	1,149	1,207	57	4.75%
Other - Clinic	44,286	31,311	(12,975)	-41.44%
Depreciation	76,844	75,166	(1,678)	-2.23%
	3,675,254	3,568,878	(106,376)	-2.98%
Operating Income/(Loss) before Allocation	755,394	(27,033)	782,427	2894.37%
Allocation of Overhead for Health Centers	(617,063)	(735,177)	118,114	16.07%
Operating Income/(Loss) after Allocation	138,331	(762,210)	900,541	118.15%
Non-Operating	568	-	568	-100.00%
	568	-	568	-100.00%
Change in Net Position	138,899	(762,210)	901,109	118.22%

Patient services (net) variance is due to higher visit counts in earlier months. Grant revenue variance is due to spending for the ARP capital and HIV grant that was not budgeted (the supplies – clinic line is also higher because some of the expenses for this grant spending is in this line). 340B revenue is higher because we anticipated a trend of more restrictions on the program for the budget period, which has not happened yet. Quality is higher because the quality payments reductions will take effect January 1st. R&M is higher than budgeted due to clinics replacing some windows at the various buildings, which individually don't meet the criteria for capitalization.

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	3,296
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	13,209
Total YTD	13,302	14,263	12,435	12,718	12,312	11,573	12,743	13,209

CEO REPORT – Cindy Schmall, CEO

CEO Schmall showed a presentation of the recent updates to the Split Rock clinic site location. This was well received from the board. She also informed the board of the new wheelchair accessible vehicle that was purchased to drive patients to appointments. We purchased the vehicle with funds from Hi Desert Memorial Healthcare Foundation and a donation from Basin Transit Authority.

CPE/CO Gehrlein stated that our patients had limited access to get their mammograms unless they went to Palm Springs, San Gorgonio, and other places as HDMC’s Mammo tech retired and they are having difficulty recruiting. Working with Inland Empire Health Plan (IEHP), IEHP offered to bring their mobile unit to our region if the District would host it and make it open to all IEHP members in the region. Doing so falls within the mission of the District, arrangements were made for December 22nd, at the District offices in suite 500. Diana Anderson and her team will be handling the outreach to our patients and getting them scheduled so that we have an idea on who and how many we can expect. IEHP is asking that we book 90 people with the hopes that 30 will attend. We have 325 patients to outreach to so hopefully it will come together very well. We are looking for additional dates in 2026. HDMC has contracted for three months with a traveler Mammo Tech. There is such a significant need in the community that we need to be very proactive and continue to bring the unit up as often as they are willing to have it here.

CALENDAR REVIEW – Cindy Schmall, CEO

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

BOARD MEMBER COMMENTS – None

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



Cody Briggs, Secretary of the Board